Holistic Nursing in Mental Health Disorder





Faculty of Nursing Universitas Airlangga Surabaya Indonesia



Oleh: Dr. Ah. Yusuf, S.Kp., M.Kes.

Keynot Speaker Pada:

17th International Conference on Healthcare and Life Science Research (ICHLSR), Global Research and Development Services (GRDS), Asian Institute of Technology (AIT), Conference Center, Klong Luang, Pathumthani 12120, Thailand, tanggal 22 – 23 July 2017

Link Proceeding di https://iaphlsr.org/proceeedings/41.pdf

Introduction

Good morning every body, i am very thank you with this opportunity, i can see you in this scientific meeting to share about holistic nursing in mental helath disorder in Indonesia. Let me introduction my self to you, my name is Yusuf, i am from Faculty of Nursing Universitas Airlangga Surabaya Indonesia.

This is my campus, with specific location be side Management office and Airlangga Hospital. Surabaya is the capital of Eas Java, a part of Provincy in Indonesia. Surabaya is the second largest Metropolis with population over than 5 million in the night, but over than 7 million people in the morning and day acitivity. You know, it tis a very crowdate city, but there are a very enjoy population.



Why Mental Health Problem ..?

The Surabaya, East Java is very densily populated city, so all of the population is in the stressfull contidition. The territory in East Java is containing land, coastal, sea, forrest, rural, urban and there are many diversity in cultural and religion. This is a highly risk to conflics and disaster.



There are many kinds of dissaster that can occur in Surabaya, East Java and all of area in Indonesia is; vulcano erruption, earthquake, flood, landslide, hurricane, people conflics,

terrorism, environment populations, disease outbreak, storm, drought, industrial accident, tsunami and the transpotation accident.

Indonesia is the Nation with full hazard, many kind and the of type disaster can occure in all of area with the emergency condition. Transportation accidents mostly occure in all of area. Some are highly risk to conflic and terrorism, landslide and flood. This stuation, make a population in Surabaya, East Java and Indonesia must be strongly vision to get positive feeling, acitivity and work hard to be intens in every people. If there are not condition, the population will full stress, anxiety and hopeless.

Revers to result for the basic research on health condition in Indonesia (Ministry of Health, 2013) there are two kind of Mental disorder; (1) severe mental ilness like a psychosis, and (2) mental emotional problem. The patient with psychosis, average 14,3 % have stocks by their family. There is 10,7 % in the City and 18,02 in the village.



There are 3 kinds type of stocks that majority familys judgment for the patient with chronic Schizofrenia is restrain, seclusion, and restrain plus seclussion. Some of people in Indonesia makes restrain for chronic mental illness with chain or permanent wooden in one place (figure restrain). This condition conduct in patient a long time, over than one year, some time for agressive patient will be stocks by restrain more than 5 years or as long live with restraint. Sorry, this is wrong, this is an neglected and violent of human right. Some of patient have a seclussion in specific area that are not achievable by others persons. And some patient have restratin and seclussion in specific area (like in that picture). Sorry, this is a part of stigma and discrimination in Indoneisa peoples. Mental disorder is still become a stigma in society, even until now. Problems emerge is due to maladaptive thought and behavior. Family who have family member with mental disorder can experience serious conflict, become an objective and subjective burden, blame each other, get involved in hostility among family members. Various negative effect faces by family can cause serious stress, ineffective family coping and failure of taking care of patient with mental disorder at home.

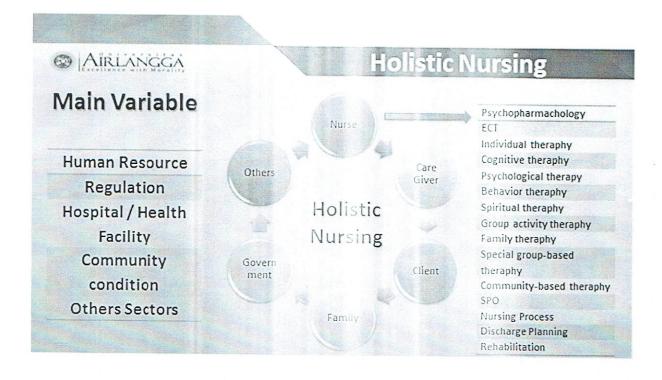
Family with one of their family member have a Schizophrenic desease, the family will appear of burden. There are two kind burden for family, related to subjective and objective burden. Objective burden related to sign and symptom of Schizophrenic desease that attack in patient, low of motivation, mood, afect and psychomotor. The patient not fullfillness in activity daily living routine, deficit in personal hygiene, required too long time to sleep, not working activity and other. The patient require to eat but not clean in plate after eat, bowl and urinary in any place, sleep a long time in any place and other. This condition make the family member feeling in objective burden with the patinet condition.

The subjective burden related to shame there are a family members with Schiziphrenia, stigma in group and community, and not positive progress in treatment. That ways make a family and ther family members shame, have a negative perception about Schizophrenia, negative health beleive, impairment of supports and interaction between family members. All of this conditions, make increasly stress in family, not support to the patient, wrong way to health seeking behaviors and give the patient miss treatment. This is the objective conditions in some of people in Indonesia with family member have a Schizophrenic desease.



Rever to this problems, researchers try to find a solution alternative by developing a holistic approach in treating patients mental disorders. That the problem of mental disorders is not only a patient problem, but also a family problem, caregivers, neighbors and the community. Psychiatric problems are not just physical, but also psychological, social and spiritual issues.

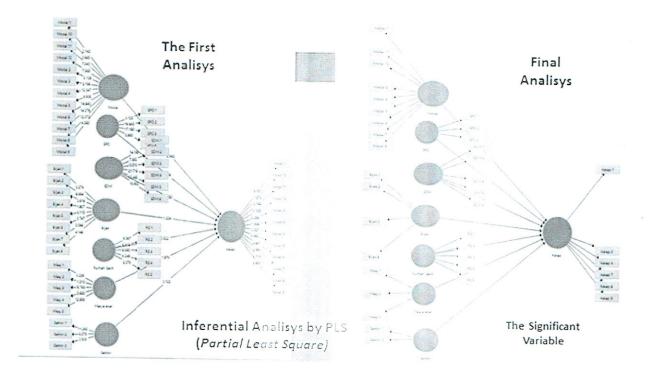
Researchers try to explore some variables related to mental nursing problems through in-depth interviews of family, caregivers and nurses. Some of the variables are holistic nursing care, modal therapy implementation, human health resources, policy, hospital conditions and mental health service facilities, community conditions and cross-cutting conditions around mental patients.



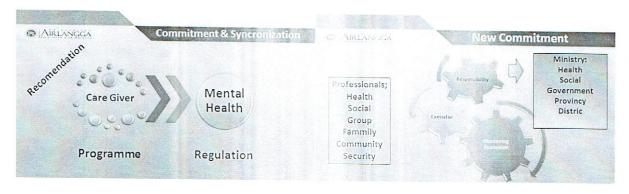
This study uses primary data obtained through direct data collection to nurse respondents in Dr. Soul Hospital. Radjiman Wediodiningrat Lawang and Mental Hospital Menur Surabaya, a total of 120 respondents.

The results of descriptive analysis include the characteristics of respondents and indicator variables of the holistic approach model in treating mental patients. The next step is an inferential analysis to determine the relationship of influence among exogenous variables on endogen. Based on the results of inferential analysis, there is a significant influence relationship between the constants and also known the model of holistic approach in caring for the right mental disorder patient in this case fit model as follows;

Based on the above model test results (next picture), all variables are known to significantly affect the implementation of holistic models in treating patients mental disorders, it's just that there are some insignificant variables. Therefore penilit can recommend that the implementation of holistic model in caring for mental disorders should pay attention to the aspects of the program responsible, implementing implementers monitoring evaluation.



The personal who responsibility to this Program are ministry of health, monitaring and evaluation by health ministry and interior ministry including Bupati, mayor and governor. Executives are all across the profession like health, social, groups, family, community even aparak police. Leading sector is the healthcare profession. The main struggle for the improvement of mental health services in Indonesia is the enactment of law number 18 of 2014 on Mental Health.



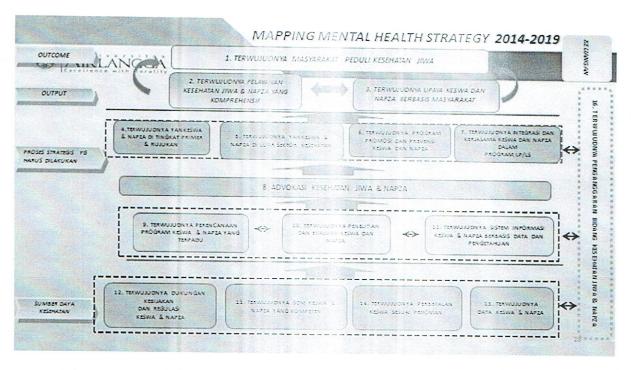
The Indonesian government build a new spirit to reductions for stocks in mentall ilness since bevore 2014. Now, we are commitment to promote Indonesia free of stocks in 2019. We have new regulations with Indonesians Mental Health Law no 18 / 2014. This is a new spirit for policy reformation, social inclussion, completely remove of stigma, reduction of discrimination and prevention of violation of human right. This regulation is rever to

WHO Mental Health Action Plan 2013 – 2020, ASEAN Mental Helath Task Force, Sustainable Development Golas 2015 – 2020.

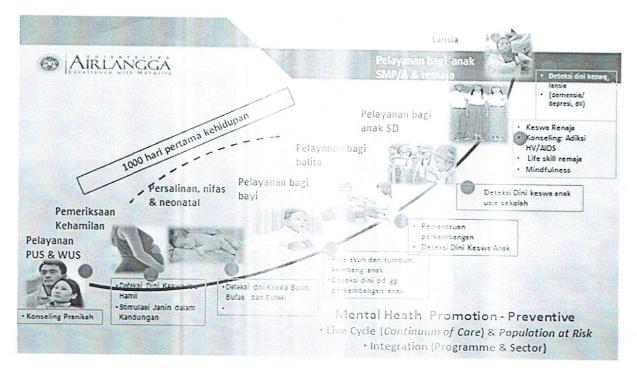
Policy statement for this action is regulated in National Development Plant 2014 – 2019 from Ministry of Health is; change of people structure, epidemiologycal transition to increase of health elderly and prevent of mental ilness. The program target is increase public health status, decreasing un-infectious desease (hart attack, diabetes, stroke, hypertention, and mental health).

Reveral communication also give stright between mental hospital, family patient, health care facilities in district area. Specific mental hospital to solve any problem with treatment in Schizophrenic client, health care facilities in any district to development community mental health care that solve many problem for mental health and psychosocial problem. Group and family to development self help group for patinet with mental illness in family.

Policy statement for National programming for Mental Health well being in Indonesia for year 2014-2019 is like this picture;



The main objective of the program is the realization of mental health care community, the steps that must be achieved before is the realization of comprehensive mental health services, community-based services, there are primary and primary health care services, cross-sector program, promotive and preventive efforts in mental health services. Overall, the description of promotion and preventive efforts of mental health services are as follows;



The promotive and prefentive efforts are carried out comprehensively throughout the entire human life cycle, since seeking a partner until death. When a man will choose a husband or wife, counseling needs to be done so that the selected candidate is appropriate, no family ties, blood descendants, mepunyai certain diseases or health problems. When married, it should be monitored how they develop responsibilities in performing the role of function as husband or wife, when the wife is pregnant, should continue to get positive support from the husband, when the first child is born the division of duties and responsibilities of the household must be arranged, who cares, etc. When the first child attends school, adolescents, choose a girlfriend, ready to marry, have grandchildren, until dying still have to get the support of mental health services. Thus mental health efforts must be prevented since counseling before marriage until dying.



One more thing to do for all of us, especially families and caregivers. We can all contribute to building mental health if we want to change my word to us. That everything that happens in our lives is happening because of the support of everything, not just me that determines success. The point of mutual respect between people, among family members is the key to the occurrence of mental health. Thank you.

Daftar Bacaan

- Allport, G.W. 1935. Attitudes dalam Handbook for Social Psychology. C.Murchison (ed), Worcester. Mass: Clarc University Press.
- Benov, E., Siiri E., Elena F., Elisa H., Aine M., Edwin N., Sara P., Carina T. 2013. Stigma of Schizophrenia: Assesing Attitudes among European University Students. Journal of European Psychology Students.
- Corrigan, P. W., & Watson, A. C. 2002. Forum-Stigma And Mental Illness: Understanding The Impact of Stigma on People with Mental Illness. World Psychiatry.
- Corrigan, P. W., Watson, A. C., & Millier, F. E. 2006. Blame. Shame and Contamination: The Impact of Mental Illness and Drug Dependence Stigma on Family Members. Journal of family Psychology. 20 (2), 239-246.
- Goffman E. 1963. Stigma: Notes on the management of spoiled identity. Englewood Cliffs, NJ: Prentice Hall.
- Gray, D. 2003. Gender and Coping: The Parents of Children with High-functioning. Autism. Social Sciences Medicine. 56, pp. 631-642.
- Harrison, J & Gill, A. 2010. The Experience and Consequences of People with Mental Health Problems, The Impact of Stigma Upon People with Schizofrenia: a Way Forward, Journal of Psychiatric and Mental Health Nursing, Vol. 17.
- Kemenkes RI. 2012. Buku Pedoman Penghapusan Stigma & Diskriminasi bagi Pengelola Program, Petugas Layanan Kesehatan dan Kader. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan & Direktorat Pengendalian Penyakit Menular Langsung.
- Kemenkes RI. 2015. Rencana Strategis Kementerian Kesehatan Tahun 2015-2019. Kemkes Jakarta.
- Yusuf, A., Rizky F. PK., Hanik EN. 2015. Buku Ajar Keperawatan Kesehatan Jiwa. Jakarta: Salemba Medika.



UNIVERSITAS AIRLANGGA FAKULTAS KEPERAWATAN

Kampus C Mulyorejo Surabaya Telp. (031) 5913257 Fax. 5913257 Website: http://www.ners.unair.ac.id : e-mail : dekan.ners@unair.ac.id

SURAT TUGAS

Nomor: 1944/UN3.1.13/KP/2017

Wakil Dekan II Fakultas Keperawatan memberikan tugas kepada:

Nama: Dr. AH. Yusuf, S.Kp, M.Kes..

NIP. : 196701012000031002

Sebagai Key Not Speaker pada kegiatan Global Riserch & Development Service (GRDS) di Asian Institute of Technology Converence Center, Klong Luang, Pathumtani 12120, Thailand pada tanggal 22 – 23 Juli 2017

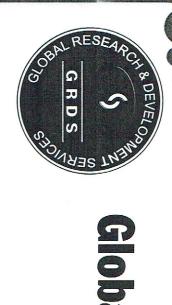
Demikian surat tugas ini dibuat, agar dilaksanakan dengan sebaik-baiknya.

Surabaya, 18 Juli 2017

a.n. Dekan Wakil Dekan II

Eka Misbahatul M.Has, S.Kep,Ns., M.Kep

NIP. 19850911201222001



Global Research & Development Services

www.grdsweb.com • info@grdsweb.com

Participation Certificate

This certificate of honor is awarded to

Ah. Yusuf

Lecturer and Researcher on Mental Health Nursing, Faculty of Nursing Universitas Airlangga, Surabaya, Indonesia

KEYNOTE SPEAKER

In technical presentation and research contribution to

17th International Conference on Healthcare & Life-Science Research (ICHLSR), held at Asian Institute of Technology (AIT), Conference Center, Bangkok, Thailand

Organized By: International Association for Promotion of Healthcare and Life-Science Research (IAPHLSR)

GRDS Conference Secretariat

22-23 July 2017



