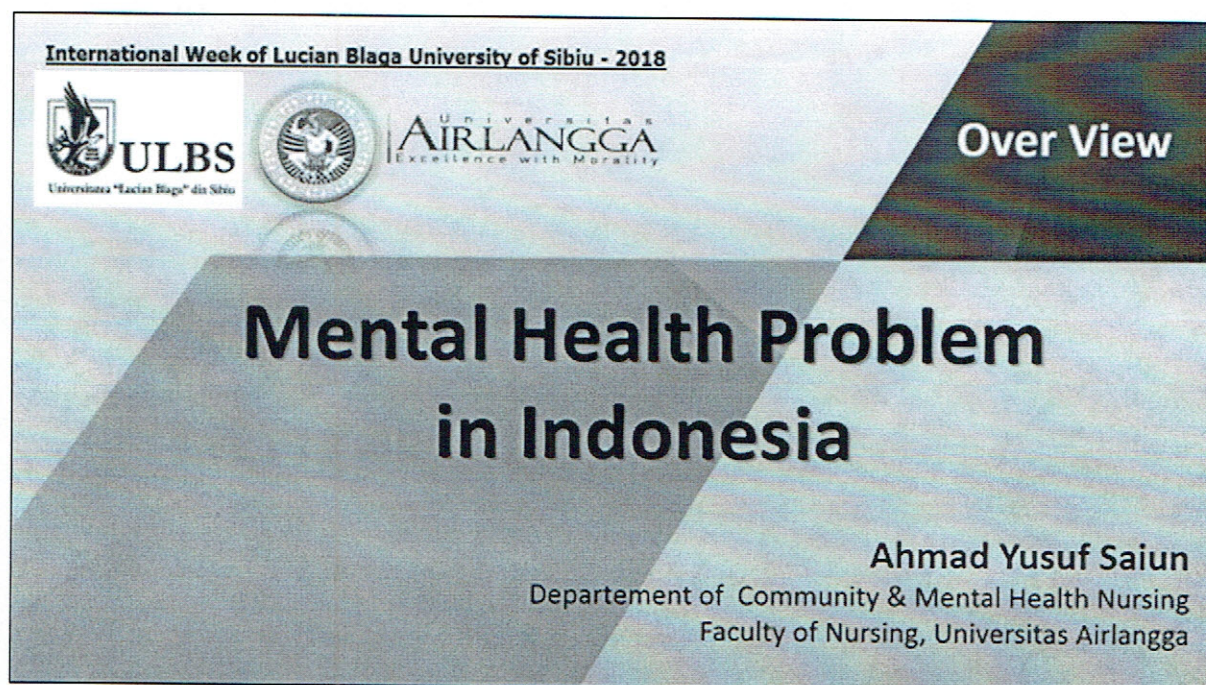


# OVER VIEW MENTAL HEALTH PROBLEM IN INDONESIA



Oleh:

**Dr. Ah. Yusuf, S.Kp., M.Kes.**

**Disampaikan pada:**

International Week for Teaching Assigment (incoming) Academic Year 2017 – 2018  
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## Over view Mental Health Problem in Indonesia

*Dr. Ah. Yusuf, S.Kp., M.Kes.*

### Background

Knowledge is global, research to acquire knowledge must be carried out by transcending national boundaries. International Week activities are held to achieve the above desires, conducted for Lecturers and Students, also by the managers of international activities (international office partnership) from each campus. It is also intended to organize the International Summer School at Lucian Blaga University of Sibiu (LBUS), so that the internalization process is fun and interesting for lecturers, students, Romanians and internationally generally.

It is undeniable that globalization has turned the world into a "global village", LBUS has been trying to increase its efforts to adjust its educational demands to new international demands. LBUS is part of the Erasmus + program and has so far developed more than 350 partnerships with universities from Europe and Asia. Every year there are around 150 international students coming to LBUS and about 200 going to partner universities, for study or exchange mobility.

Through this International Week at Lucian Blaga University of Sibiu program, I would like to be able to improve my teaching experience, and share my knowledge in International forums, get input from international forums to build the developing knowledge to implementing on the campus where I work. I also want to develop collaboration in terms of research and community service with international partners to be able to improve reputable International publications. In addition, I also want to adding my experience in learning in the International forum to increase my competencies and increase the Faculty branding in achieving the World Class University.

Activities undertaken include holding guest lectures, workshops, internationalization of university management, visiting Romanian cultural heritage center, music performances and traditional dance. My lecture is about "Over View Mental Health Problem in Indonesia". Carried out on Tuesday, May 15, 2018, at 08.00 to 10.00. The lectures were held at the Faculty of Medicine at Lucian Blaga University of Sibiu, especially to the Nursing Program students, accompanied by Lecturers from Lucian Blaga University. Lectures run smoothly with some discussion to deepen the material presented. Nursing is an emerging profession in Indonesia, government regulari already clear with the birth of nursing law number 23 year 2014, in its implementation need to learn more specially to other countries to improve nursing practice which will be developed in Indonesia. Nursing mental health is a specialization of nursing practice that applies behavioral science as its science and therapeutic self-use as its trick, in its implementation still found many obstacles, because apparently the problem of mental disorder is not only physical problem but also psychological, social, cultural and even spiritual. Instead care of mental disorders is not just a patient problem, but also the problem of families, groups, communities, governments that have developed cross-program and cross-sectoral. Therefore, we, while developing the mental health keperawata with a holistic approach

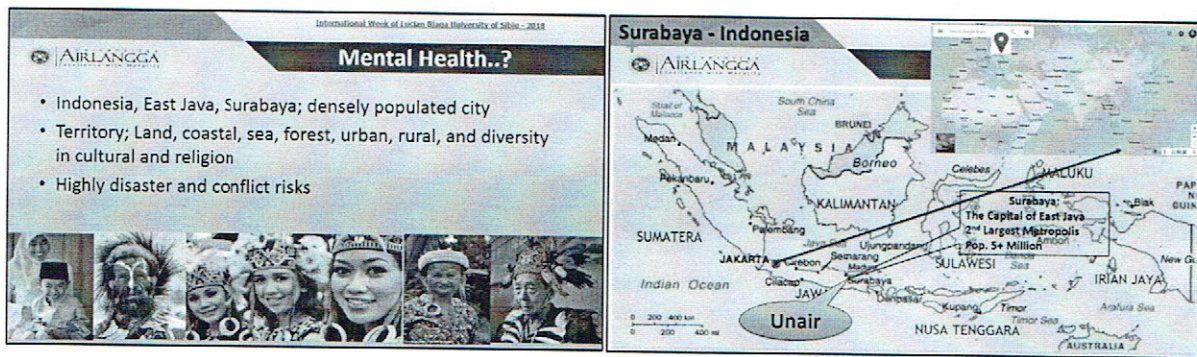
### Over View Mental Health Problem in Indonesia

#### Why mental health?.

This is a basic question to learn about mental helth in Indonesia. Indonesia, especially Jakarta and Surabaya is very densily populated city, so all of the population is in the stressfull contidition. The territory is containing land, coastal, sea, forrest, rural, urban and there are



many diversity in cultural and religion. This is a highly risk to conflicts and disaster, so the population will be on fully stress, anxiety and hopeless. In other sentences, we can say that Indonesia is a nation with full hazard. Hazard from the territories and from the potential of the social conflicts.



The highly risk for disasters is like a; earthquake and tsunami, volcano eruption, flood, flash flood and landslide, social conflicts, terrorism, forest fire, traffic accident, storm, hurricane, disease outbreak, and others.

### Mental Health Problem

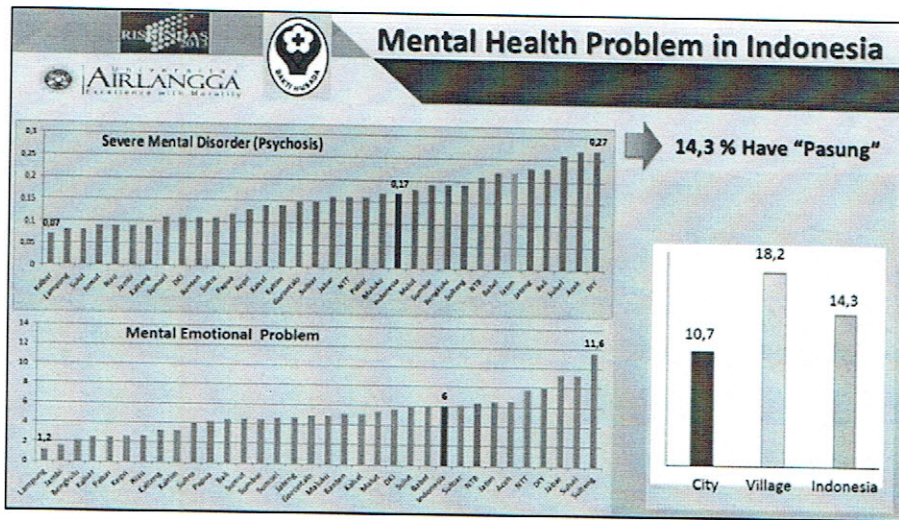
The soul is a human element that is non-material (there are components but not visible form), though the soul can be learned from the manifestation of the soul that is on awareness, tone of feeling, affection, emotion, thought process and psychomotor. Mental disorders are a set of symptoms of mental disorders, feelings and behavioral disorders that cause suffering and disruption of daily functions independently. Mental disorder is the existence of *hendaya* (limitations) in establishing relationships and limitation in relationships with himself, others and the environment.

The process of the occurrence of mental disorders can be viewed from the model; psychoanalysis, interpersonal, social, existential, supportive, communication, behavioral, medical models and adaptation models. The science of mental nursing, more often view mental disorders as a model of adaptation. Behavioral deviations occur because of the failure of adaptation to stress experienced. Basic health research data in 2013 shows there are 2 kinds of mental disorders, namely mental disorders and emotional mental disorders.

Mental disorder is a problem with cognitive and mal-adaptive behavior, still become a stigma in society. Family who have family member with mental disorder (Schizophrenic disease) can be experience with 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 will be appear of burden (subjective or objective burden). Objective burden related to sign and symptom of Schizophrenic disease that attack in patient, low of motivation, mood, affect 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 patient condition.





Revers to the result for the basic research on health condition in Indonesia (Ministry of Health, 2013) there are two kind of Mental disorder; (1) severe mental illness like a psychosis, and (2) mental emotional problem. The patient with psychosis, average 14,3 % have "Pasung" by their family. There is 10,7 % in the City and 18,02 in the village. "Pasung" or Sakle or Stocks is the act of binding, fixation with special equipment or exiled which makes the patient impossible to escape from that bond. this act is done by a desperate family with the treatment of patients who are not immediately successful. The family give the pasung for the patient some time use the wooden stocks in their leg, seclusion in specific area ar some time use the restrain in specific area (restrian and seclusion). Sorry, it is wrong, this is a violent of human right. This is the end of choice of treatment in family and community for cronic Schizophrenia. And it has passed, occured in some of our society. Mental disorder is not only patient problem, but also family, community, health workers and government problems. Not only physical problem, but also psychological, social, cultural and spiritual.

Now, not yet. Our efforts is; 1) strengthen regulation, policy global and national, 2) campain the stop stigma and discrimination for client with mental disorder, and 3) build commitment in cross sector and programme in our nation.

**Global Agreement**

AIRLANGGA

United Nations  
General Assembly  
16 September 2011

**Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases**

18. Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions;

**Indonesian Mental Health Law**  
No. 18 / 2014

New Spirit for:

- POLICY REFORMATION
- SOCIAL INCLUSION
- COMPLETELY REMOVE OF STIGMA
- REDUCTION OF DISCRIMINATION
- PREVENTION OF VIOLATION OF HUMAN RIGHT

New Regulations

Indonesia Free of "Pasung", 2019

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 inclusion, 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. And also in line with Political declaration of the high-level meeting of the General



Assembly (September, 2011) on the prevention and control of non-communicable disease is the recognize that mental and neurological disorder.

The urges member on meeting of WHO resolution on mental health problem (January, 2012) is develop comprehensive policies and strategies that address the promotion of mental health, prevention of mental disorders, and early identification, care, support, treatment and recovery of persons with mental disorders; and to give appropriate priority and streamlining to mental health...and to allocate appropriate resources. Now, we are state that mental health care reformation, is mental health services should be:

- Effective - achieve clinical outcomes
- Appropriate - relevant to needs
- Efficient - cost-effective
- Responsive - protect rights
- Accessible and equitable - geographic and financial accessibility, provided according to need
- Safe - for patients, staff, community
- Continuous - across time, programs, organisations
- Capable - knowledgeable and skilled staff

Mental health services must be able to respond to a very diverse range of needs (age, gender, diagnosis, phase of illness, cultural, etc.). mental health problem is every one business, involve all sector (Indonesian mental health law, 2014).

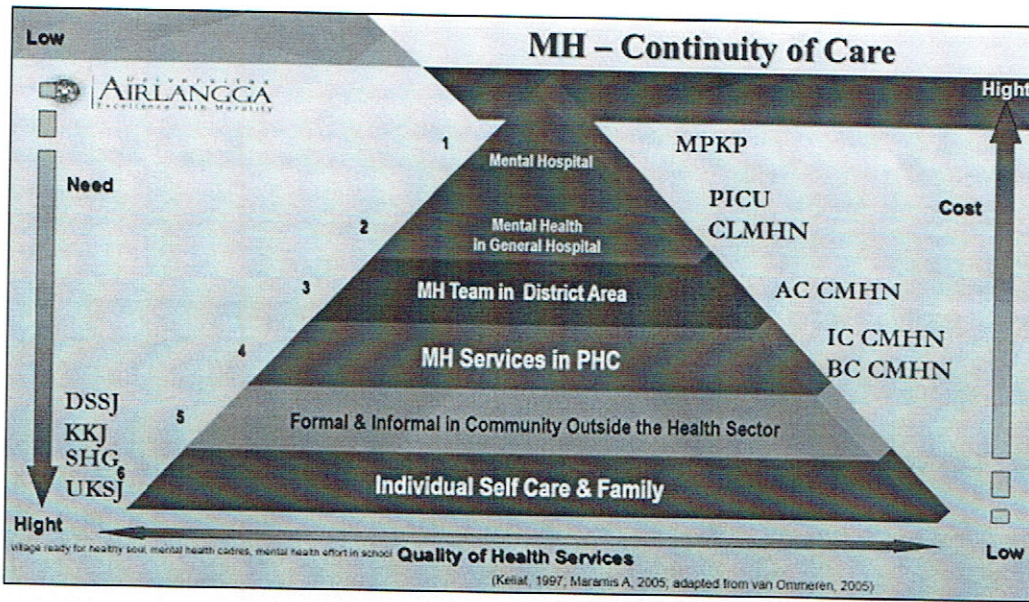


Nursing interventions can be done by helping the patient assess the stressor accurately, strengthening the source of coping in the form of training good personal habits, build positive beliefs and provide social support. The point is to give every human opportunity to achieve optimal work performance, every school children can achieve optimum learning achievement without any barriers from various parties. The mental health effort must be started before marriage, pregnancy and childbirth readiness, facilitating the first 1000 days of life until the elderly. Nursing orders are sustained from mental hospitals to families, groups and communities.

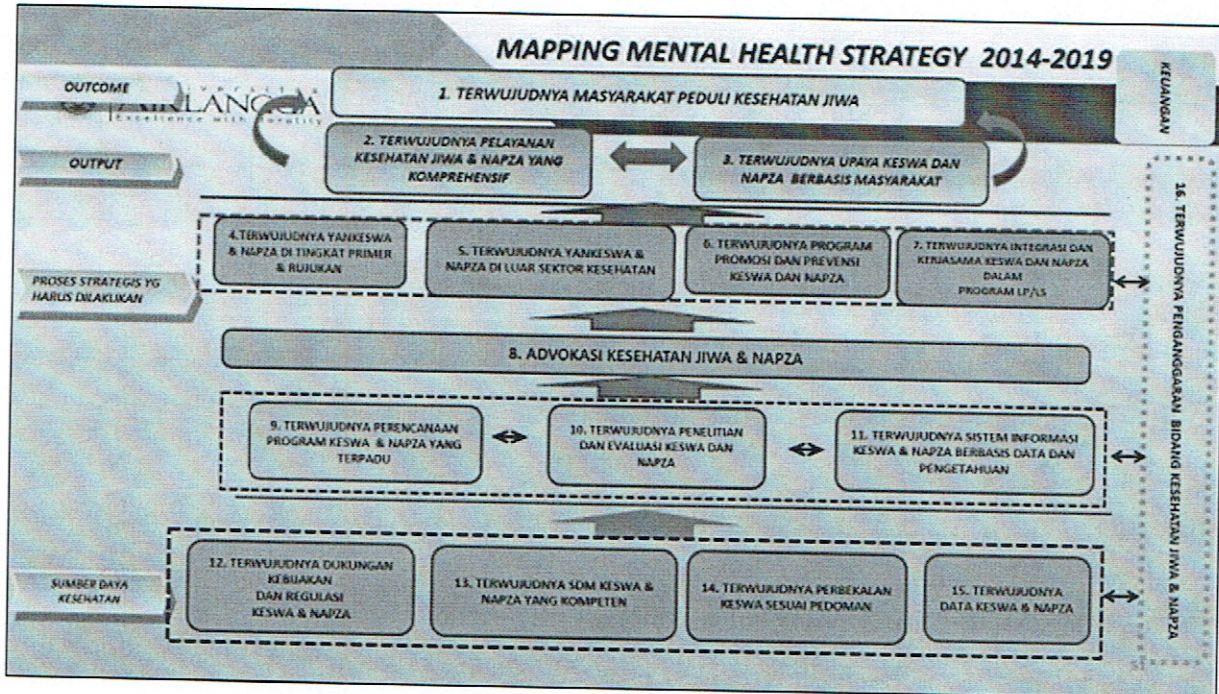
In the mental hospitals, we are focus to developing nursing interventions standar, especially for the severe mental disorder (schizophrenia, delution and hallucination). In general hospital, we are developed psychiatric intensive care unit (PICU) for emergencies in



psychiatric cases and also developed consultant liaison on mental health nursing (CLMHN), especially for patient with psychosocial problem, patient with physical disease involve destructive in psychological responses.



Mental health services in family and community, that focus on community mental health nursing (CMHN) programme. There are 3 basic competencies for basic course, intermediate and advance course in CMHN. This programme must be handled by the nurse that has duty in District area or in public health center (PHC) with coordination by nurse in mental hospital or lecturer in highly nursing education. In the formal and informal community outside health sector, we have developed the village ready for healthy soul in Indonesia we are calling desa siaga sehat jiwa (DSSJ), mental health cadres, mental health effort in school, and others.





In the comprehensive programme, ministry of health in Indonesia have a specific mapping for mental health strategy on 2014 – 2019, like in the up figure. The mapping strategy start from identify the target outcome, output, process that must be done, empowerment and finance. 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.

The promotive and preventive 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, mempunyai 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.

### Conclusion

There are two kind mental for health problem in Indonesia, severe mental health problem and psychosocial problem. The most commotion incident for mental health management in community in Indonesia is Pasung, it is wrong, discrimination and violent of human right. Now we are commitment with Indonesia free of pasung in 2019 with our special efforts is; 1) strengthen regulation, policy (global-national), 2) campaign; stop stigma and discrimination, and 3) build commitment in cross programme and sectors.

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# CERTIFICATE OF PARTICIPATION

*It is hereby certified that*

**AHMAD YUSUF**

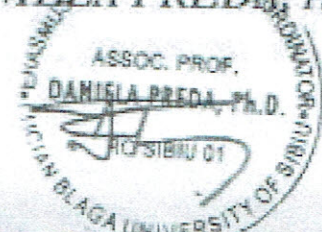
*from*

**UNIVERSITAS AIRLANGGA, INDONESIA**

*Has participated in the International Week  
of LUCIAN BLAGA UNIVERSITY OF SIBIU  
between 14 - 19 May 2018.*

*19<sup>th</sup> May, 2018*

*Erasmus+ Institutional Coordinator  
Assoc. Prof. DANIELA PREDA, Ph.D.*





**ERASMUS+**  
**Letter of confirmation for Teaching Assignment**  
**(Incoming)**  
**Academic Year 2017 – 2018**

To whom it may concern

Name of host institution / enterprise: **Lucian Blaga University of Sibiu**

Name of Participant: **prof. AHMAD YUSUF SAIUN**

This is to certify that that **prof. AHMAD YUSUF SAIUN** from **Airlangga University** has taken part in the Teaching Assignment of 12,8 hours within **Lucian Blaga University of Sibiu (RO SIBIU 01)** in the frame of **Erasmus+ Partner Countries programme**, grant agreement no. **2016-1-RO01-KA107-023983**.

Duration of stay (days): 10 days

From: 14.05.2018

Until: 23.05.2018

Date, place: 23.05.2018, Sibiu

Conf.univ.dr. Daniela PREDA,  
Erasmus+ Institutional Coordinator  
Lucian Blaga University of Sibiu





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**SURAT TUGAS**  
**No.1361/UN3/KP/2018**

Yang bertandatangan dibawah ini:

Nama : **Prof Dr. Mohammad Nasih, SE, MT, Ak., CMA**  
NIP : 196508061992031002  
Jabatan : Rektor

Menugaskan kepada :

No	Nama	NIP/NIK	Jabatan
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2.	Marcellino Rudyanto, Ph.D	196605181992031002	Dosen Fakultas Farmasi Universitas Airlangga

Untuk berpartisipasi dalam acara Erasmus+ : *International Week (Staff and Teaching Mobility)* , pada :

Tanggal : 11 – 23 Mei 2018  
Tempat : Lucian Blaga University of Sibiu, Rumania

Sebagai informasi, para delegasi dari Universitas Airlangga akan dibiayai oleh Erasmus+ selama kegiatan berlangsung. Demikian surat tugas ini dibuat untuk dilaksanakan dengan sebaik-baiknya.

Surabaya, 7 Mei 2018



Rektor,  
**Prof Dr. Mohammad Nasih, SE, MT, Ak., CMA**  
NIP. 196508061992031002