Early detection of family mental health based on community mental health nursing toward a healthy life alert village in Indonesia

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ABSTRACT

Background: Mental disorders become a serious mental health problem in Indonesia. Based on basic health research, in 2013, the prevalence of national severe mental disorders was 1.7%. Improper handling by a part of the community is that the number of people with mental disorders is still high. Early detection of family mental health is an effort carried out by mental health cadres to find out the mental health condition of the family, as an increase in community-based mental health services through the formation of a healthy mental alert village. **Objectives:** The purpose of this study was to identify the family mental health classification and the formation of a healthy mental alert village. **Materials and Methods:** This research method is quantitative and qualitative, using quantitative survey with a cross-sectional approach that is descriptive. Qualitatively, the process of forming a healthy mental alert village with the Community Mental Health Nursing approach. This study involved 336 families consisting of 1297 household members who came from all ages as respondents, obtained when determining the village of Tahulu as a village of healthy mental alertness. The sampling technique used is clusters sampling. Early detection is carried out by cadres who have been trained for the previous 2 days. **Results:** The results of this study showed that most families in the village of Tahulu, Merakurak District, Tuban Regency, were healthy families (70.83%), a small percentage 25% of families were at risk, and 3.27% were disturbed. Most of the inhabitants of Tahulu village were classified as healthy as 1085 people, or around 89.45% of the total population studied, 9.48% at risk of psychosocial problems, and 1.07% at risk. Most nursing diagnoses that arise are anxiety, based on information obtained anxiety that arises due to thinking about the illness, family economic problems, and social relations. **Conclusion:** The conclusion of this study is that most families in the village of Tahulu are healthy souls and a small number of families have people with mental disorders who need further and special actions. Some recommendations are for the village government to allocate funds for the sustainability of the village to be healthy. To open the Psychology of the Soul at the community health center to facilitate mental health services. For the Tuban District Health Office to facilitate the referral process, and for the East Java Provincial Health Office to direct guidance to mental health cadres in the village of Tahulu. Mapping of family mental health will provide appropriate health services according to community needs as a form of secondary prevention.

KEY WORDS: Community; Nursing; Mental Health; Village

INTRODUCTION

Mental disorder is a serious problem in Indonesia, although it has not become a top priority for national health policy. Mental health is a healthy mental condition that is prosperous can live harmoniously and productively in every aspect of one's life. Healthy soul is an individual who has the full

awareness of his ability, is able to deal with the stress of a normal life, is able to work productively and fulfill his needs, can participate in the environment, and receive well what is in him and feel comfortable with others. If the range shifts to the middle there will be psychological or social problems and has the potential to be the cause of mental disorders. The rightmost pole in the healthy range - mental illness is a mental disorder that is a change in the functioning of the soul so that it will become an obstacle in carrying out social roles.

Based on basic health research, in 2013, the prevalence of national severe mental disorders was 1.7 million, which showed that there were still many mental disorders in Indonesia. Improper handling by some people also requires special attention, namely the high number of people with mental illness. Approximately 14% of 1655 households that have family members with severe mental disorders, and most in rural areas with the largest group of people in the lowest quintile of the ownership index. Tahulu Village is one of the villages in Merakurak District, Tuban Regency. Consisting of 4 hamlets, namely Pelang, Krajan, Kenthu, and Bancang, has 1313 households with a total population of 4435 people. The new Tahulu village has 26 cadres and has never received mental health cadre training. Based on basic health research, in 2013, the number of people with severe mental disorders was 0.22%, mild 6.5%, and pasung 14.3% of the total population. Hence, the estimation of the incidence of people with mental disorders in the village of Tahulu is a mild mental disorder of 289 people, weighing 10 people while the pasung amounted to 635 people. The number of estimates can also illustrate the economic potential lost in the village of Tahulu, Merakurak district, Tuban regency per month due to people with severe mental disorders. The potential economic range lost per month amounted to 31,014,180 rupiahs based on unproductive human resources, namely the estimated number of people with severe mental disorders of 10 people multiplied by the regional minimum wage of Tuban regency in 2018 amounting to 2,067,612 rupiahs plus the number of caregiver (50 %) of the estimated number of people with severe mental disorders multiplied by the regional minimum wage. The burden of families living with people with mental disorders includes several factors and both economically and socially.

Stigma in the community toward people with mental disorders also complicates the handling of people with mental disorders comprehensively. Stigma against people with mental disorders has two main components, namely those that are public (the general reaction of the public to people suffering from mental disorders) and stigma of individual stigma (the person's own prejudice against mental disorders that they suffer and tend to return to themselves) so that the role of mental health servants is very important in efforts to prevent primary, secondary, and tertiary community-based. As an alternative way to overcome the problem, namely by applying early detection of community mental health based

on Mental Health Nursing Community, the results can be used Public Health Centers in reference to determining mental health problems include visits to people with severe and mild mental disorders and pasung, gap coverage and treatment (which comes from 100% JML coverage divided by the estimated number of people with severe, mild, and passive mental illness at 100%) and mental health management in their working area. This problem can be answered by making the village a healthy mental alert village. The village of healthy mental alert requires the existence of cadres who are in accordance with the criteria of the cadres and cadres must be trained first before carrying out their roles. One role that must be carried out is early detection of family mental health. The cadre will greatly assist health workers as healthcare workers. Where the role of mental health servants is very important in the prevention of primary, secondary and tertiary community-based.

Focus of community mental nursing services is comprehensive, holistic, and comprehensive nursing services that focus on people who are mentally healthy, vulnerable to stress (risk of mental disorders), and in the recovery and prevention of relapse stages. Comprehensive nursing services are services focused on primary prevention on healthy members of the community, secondary prevention of community members who experience psychosocial problems (risk of mental disorders), and tertiary prevention in psychiatric patients with the recovery process.

The government has declared Indonesia free in 2014 pasung, in 2011, but the program has not shown a significant and comprehensive treatment in the early treatment of people with mental disorders so that it is revised into a free Indonesia pasung program 2019. The burden of families living with family members of mental disorders includes several factors, both economically and socially. As illustrated in the description of the above data on the potential of the lost economy, and socially the stigma in the community against mental illness sufferers also complicates the handling of people with mental disorders comprehensively.

Early detection of mental health services based on the Mental Health Nursing Community toward a healthy mental alert village is secondary prevention by involving the ability of mental health cadres to find out the mental health conditions of families who live in villages with a healthy mental alert. Detection results are mental health, risk of psychosocial problems and mental disorders so that early detection is needed to provide mental health services more comprehensively. The effort to be more intensive must be supported by the village apparatus and related agencies across programs and sectors through the realization of a village of healthy mental alertness. The formation of the village of mental health alertness through several steps, namely the selection of villages that will be used as a pilot, socialization of the village concept of mental health alert to community leaders through village community

meetings, selection of mental health cadres, mental health cadre training, and the implementation of the role of mental health cadres and monitoring and activity evaluation.

MATERIALS AND METHODS

The method in this study is quantitative and qualitative, using quantitative survey with a cross-sectional approach that is descriptive. A qualitative process is a process of forming a healthy mental alert village with the Community Mental Health Nursing approach. This research is the implementation of Community Mental Health Nursing, which is a comprehensive, holistic, and comprehensive nursing service, where the data of early detection and problems are from the community, by the community and for the community in a self-monitoring survey by cadres. The data obtained focuses on people who are mentally healthy, vulnerable to stress (risk of mental disorders) and in the recovery phase and prevention of relapse of mental disorders. In carrying out this approach the community is as a partner, characterized by the entire plan of activities and the results are informed to the community, the execution time is negotiated and flexible. Based on this approach, the Healthy Alert Village is expected to be realized. Read more about this research process:

Choosing the village that will be used as a healthy mental alert village based on studies in the initial survey, selected the village of Tahulu as the chosen village for a healthy mental alert village so that all the families in the village of Tahulu as a study population of 1313 families, the sample size was obtained using estimated proportions with bound of error are B = 0.05 and p because it is unknown then it is considered 0.5, and $n = 1313$, then n plus 10% of n is obtained to anticipate the sample that is drop out technique of 338 families, the sampling used is cluster sampling, by determining in advance the sampling unit to be randomly taken as a sample and then taken part of the elementary unit of the cluster as a survey sample. The selected sampling unit is Bancang hamlet from the four existing villages, namely Pelang, Krajan, Kenthu, and Bancang hamlets. Data analysis is done descriptively, while qualitative data are presented in the narrative.

RESULTS

Based on data collection of early detection carried out by mental health cadres against 336 families with 1213 household members in the Bancang village Tahulu sub-district, Merakurak District, the obtained data were depicted in Table 1.

Most of the families in the Tahulu village, Merakurak district, and Tuban regency are healthy families (70.83%), a small percentage 25% of families are at risk and 3.27% are disturbed. Families with a healthy classification mean that the family does not show deviant behavior, both the risk of psychosocial

Table 1: Distribution of frequency of the classification of family soul health (healthy families, risks, and disorders) in Tahulu village, Merakurak district, Tuban district, 2018

CA	Classification of family soul health			Total
	Healthy (%)	Risk (%)	Disorders (%)	
CA08	68 (74.73)	22 (24.18)	1 (1.10)	91
CA09	49 (83.05)	7 (11.86)	3 (5.08)	59
CA10	52 (71.23)	17 (23.29)	4 (5.48)	73
CA11	36 (59.02)	23 (37.70)	2 (3.28)	61
CA12	33 (63.46)	18 (34.62)	1 (1.92)	52
Total	238 (70.83)	87 (25.89)	11 (3.27)	336

CA: Citizens association

Table 2: Distribution of frequency of the classification of mental health of residents of healthy households, risks, and disorders in Tahulu village, Merakurak district, Tuban regency, 2018

CA	Mental health classification of respondents			Total
	Healthy (%)	Risk (%)	Disorders (%)	
CA08	272 (91.89)	23 (7.77)	1 (0.34)	296
CA09	203 (93.12)	12 (5.50)	3 (1.38)	218
CA10	249 (90.22)	22 (7.97)	5 (1.81)	276
CA11	181 (84.58)	30 (14.02)	3 (1.40)	214
CA12	180 (86.12)	28 (13.40)	1 (0.48)	209
Total	1085 (89.45)	115 (9.48)	13 (1.07)	1213

CA: Citizens association

problems and mental disorders. In families at risk psychosocial problems are families who have physical problems, both sick and pregnant women. Psychosocial problems are disturbances in work, disturbances in the household, social conflicts, and mental problems such as worry, anxiety, and anxiety. Families with mental disorders are families whose family members have behaviors showing signs of mental disorders such as prolonged long-term sadness, reduced ability to perform daily activities, decreased motivation, anger for no reason, talking to laugh alone, raging, being alone, not wanting to hang out, not pay attention to appearance even say or try to commit suicide.

This classification will facilitate cadres and health workers in providing appropriate care according to the needs of the community. In the healthy group and the risk of cadres doing activities to move healthy families to participate in mental health counseling activities by nurses conducted every 2 weeks with the aim of motivating and encouraging healthy families to attend counseling. In the mental disorder group, cadres move people with mental disorders to take group activity therapy by nurses who are held biweekly with the aim of motivating and encouraging people with mental disorders to attend group activity therapy.

Most of the population of Tahulu Village, Merakurak District, Tuban Regency is classified as healthy, namely as many

as 1085 people or around 89.45% of the total population studied. 9.48% were at risk of psychosocial problems and 1.07% were at risk. The focus of mental health services that can be done on healthy residents is primary prevention that aims to prevent mental disorders, maintain, and improve mental health. The target is that members of the community who have not experienced mental disorders according to age groups, namely children, adolescents, adults, and elderly.

Activities in primary prevention are health education programs, development stimulation programs, mental health socialization programs, stress management, and preparation for parenthood. Stigma in the community concerns that people with mental disorders are considered as a disaster or disaster. This is due to a lack of understanding from the public about mental disorders that lead to mistaken treatment and attitudes toward people who have mental illness. Some people believe that mental disorders are believed to be dangerous and unpredictable, lacking competence, unable to work, must be treated at the Mental Hospital and never recover. This stigma will make the family embarrassed and be resigned so that storage is the best alternative to solve problems.

Based on Table 3, the highest number of healthy household members is in the group >18–34 years and >34–64 years, which is categorized in the adult age group. Nursing services are given continuously from the uterus to the elderly. Activities carried out in healthy groups at this stage of development are providing health education to parents including education to be a parent, education about development in parents including education to be a parent, education about child development according to age, monitoring, and stimulating development and socializing children and the environment, health education overcomes stress (stress due to work, marriage), a social support program that is how to overcome loss. Drug abuse prevention programs, namely health education by coping with coping with stress, assertive training expresses desires and feelings without hurting people, exercises affirmation by strengthening the positive aspects that exist in a person. The suicide prevention program is to provide information to increase public awareness about signs of suicide, provide a safe environment to prevent suicide and practice adaptive coping skills.

Most nursing diagnoses that arise are anxiety, based on information obtained anxiety that arises due to thinking about the illness, family economic problems, and social relations. Most anxiety occurs in the age group >34–64 years. While the type of nursing diagnosis in people with mental disorders is social isolation, hallucinations and risk of violent behavior.

Research Results with Qualitative Methods

The steps in the formation of a healthy mental alert village are the selection of villages for the village of healthy mental alertness, village socialization of healthy mental alertness to community leaders through village community meetings,

Table 3: Distribution of frequency of the population (household members) healthy soul based on age groups in Tahulu village, Merakurak district, Tuban regency, 2018

Age	CA					Total
	CA08	CA09	CA10	CA11	CA12	
0–1, 5	3	6	3	3	4	19
>1, 5–3	8	1	5	0	6	20
>3–6	11	6	13	6	9	45
>6–12	37	13	24	19	9	102
>12–18	25	17	24	18	19	103
>18–34	67	38	51	48	44	248
>34–64	100	96	106	70	74	446
>64	21	26	23	17	15	102
Total	272	203	249	181	180	1085

CA: Citizens association

Table 4: Types of people with health problems in the population risk group in the village of Bancang. Tahulu Merakurak district, Tuban regency, 2018

CA	Risk nursing diagnosis			Total
	Anxiety	Grieve	Body image	
CA08	19	0	4	23
CA09	11	1	0	12
CA10	19	1	2	22
CA11	24	5	1	30
CA12	28	0	0	28
Total	101	7	7	115

CA: Citizens association

Table 5: Types of nursing diagnosis of people with mental disorders in household members of Tahulu village, Merakurak district, Tuban regency, 2018

CA	Nursing diagnosis of people with mental disorders			Total
	Social isolation	Hallucinations	Risk of violent behavior	
CA08	1	0	0	1
CA09	2	0	1	3
CA10	1	2	2	5
CA11	1	0	2	3
CA12	0	0	1	1
Total	5	2	6	13

CA: Citizens association

selection of mental health cadre candidates by village heads and researchers and village midwives (1 mental health cadre for 20–25 families), mental health cadre training, implementation of the role of mental health cadres, monitoring, and evaluation.

After the selection of a cadre of 17 people, then the training of mental health cadres was conducted with the researcher as

the chairman of the implementation committee located in the Tahulu village hall with a detection place of Bancang village, Tahulu village. Cadre training as data collection staff and as a driver of the community in the village of healthy mental alert for 2 days (15 h) on August 6, 2018, and August 7, 2018, by lecturing, question and answer, role play, field practice, and discussion. The material on the 1st day included Building Learning Commitments and introductions of participants, the concept of community mental health, cadre communication, early detection of family mental health and role play, as well as material on the village of mental health alert. On the 2nd day with the agenda of early detection field practice beginning with pre-conference (to find out the cadre readiness), early detection practices and home visits, post-conference (to find out feedback from practice) followed by data input (data recapitulation) and presentations and discussions. The discussion material presented was reports of early detection of family mental health and home visits, the benefits of community mental health cadre training (cadres, communities, villages, and community health centers), barriers to the application of mental health cadres (cadres, communities, and villages), training recommendations (Dinas Provincial Health, District Health Services, Community Health Centers and Villages), and planning of action.

The results of the discussions presented by the full cadre are as follows: Advantages for cadres is to get the mental health knowledge of the community and the role of mental health cadres in the village to be mentally alert, able to know the state of health in the community, obtain mental health data in the community, be able to know people who are at risk and healthy people, can detect early mental disorders, and can stay in touch with the population. The benefit for the community is that the community knows about mental health, is more aware of families who have mental disorders early, people who have risky families or disruptions can be directly responded to by mental health cadres, the community knows about mental health and increases insight into the importance of the health of others from information delivered by cadres. The advantage for the village is that it facilitates the data collection of early detection of the risk of people with mental disorders, the formation of a village with a healthy mental alert, contributing to village data and related institutions regarding the mental health conditions of the community. The advantage for puskesmas is to provide facilities to the puskesmas to detect mental health in the community, facilitate handling or care in dealing with household members at risk of mental disorders so that it can reduce residents at risk and mental disorders.

Obstacles to the implementation of the role and function of mental health cadres for cadres, namely many residents who have not been reached, residents always ask the cadres "what do you want?" The journey to the residents is very tiring and hot because the distance between one house and another takes a long time, the condition of many houses is empty because the residents do daily activities (practicum is done in the morning). Obstacles from the community, namely the community do not understand mental health, most people fear being asked for donations and taking up the community's time to carry out their activities at work.

Obstacles from the village are that there is no budget to support the role of mental health cadres and there is no operational budget for the village to be mentally healthy.

The recommendations proposed by mental health cadres in this mental health alert village for the East Tawa Provincial Health Office are to increase awareness of the community who need special attention on mental health, providing financial assistance to people who need special attention, especially for people with mental disorders. Further rehabilitate people with mental disorders; please hold direct reviews and coaching in the village of Tahulu. Recommendations for the District Health Office to increase awareness of the community, who need special attention to mental health, facilitate the referral process, bring in mental specialists to deal with people with mental disorders and foster cadres in carrying out their roles and functions.

Recommendations for puskesmas to ask for counseling assistance for healthy families, at-risk families and with people with mental disorders; provide direct treatment of people at risk and people with mental disorders, provide immediate action for people at risk or disruption if the puskesmas is able, prepared or provided psychologist to facilitate the handling of mental health problems.

The recommendation for the village is that the village government is expected to budget funds for the activities of mental health and village operational cadres, and is expected to continue to socialize and improve awareness of the community, especially regarding the mental health of the community.

As a follow-up plan that is compiled as the next performance and reported during monitoring evaluation, the cadre determines the activities, objectives of the activities, implementation time, objectives, responsibilities, and methods implemented. More activities planned are revisions to the results of early detection with data input methods, continuing early detection of community mental health by door to door method, socialization of the performance results of cadres and villages on healthy mental alertness by village community consultation methods, socializing to the public about health by counseling methods, socialization for pregnant/nursing mothers with counseling and training methods on how to breastfeed with Exclusive Breastfeeding, explore the potential of people at risk and in people with mental disorders using methods to further study hobbies and hobbies. While for insight, it is planned to conduct a comparative study with the method of learning while recreation by visiting the village, a healthy alert soul that

has succeeded in caring for people with mental disorders to productive.

The results of the discussion and report on the performance of mental health cadres were presented at the village community meeting as well as the socialization of the formation of a healthy mental alert village in the village of Tahulu as the implementation of the research results. The establishment of a mental health alert village with the following indicators: There are village community forums, basic health-care facilities and referral systems, community-based health efforts developed, systems for observing disease and community-based risk factors, community-based emergency and disaster prevention systems, efforts to create and the realization of a healthy environment, efforts to create and realize clean and healthy living behavior, and efforts to create and realize nutritional cadres.

Before the village consensus meeting was held, the researchers together with cadres who were also village officials conducted a village consensus deliberation on Friday, August 10, 2018, with the results; the formation of the village community consultation committee.

The results of the village community deliberation were the socialization of the village of Tahulu as a village of mental health alertness and the presentation of the results of the performance and discussion of mental health cadres. The results of the discussion during the village consensus meeting were that the report on the results of the performance and discussion of mental health cadres as well as the formation of a village with a healthy mental alert was the material for the puskesmas in preparing and realizing the innovative puskesmas program. Sub-district social welfare workers will develop a village of mental health alert in the relevant social ministry program. The Tahulu village community, represented by community leaders, better understands the mental health of the community by presenting the description of family mental health and will be more open in providing information about health, especially the health of the family's soul to cadres and health workers. As proof of family has been reviewed is the proof of a special sticker that has been attached to the door of the house by the cadre after interviewing the family.

DISCUSSION

Most families in the village of Tahulu are healthy families, and small percentage is at risk and disruption. The most classified healthy household members are in the age group >18–34 years and >34–64 years. At risk household members the emerging nursing diagnoses are mostly anxiety, and a small proportion of grieving and body image. In household members, the disorder of nursing diagnoses that arise is social isolation, hallucinations, and a history of violent behavior.

Mental health cadre training is held for 2 days at Tahulu Village Hall. The socialization of the village of Tahulu as a village of healthy mental alertness and the submission of cadre performance reports was carried out through village community meetings by producing several recommendations. The recommendations include the Office of the East Java Province to supervise directly to the village of Tahulu, for the Tuban District Health Office to facilitate the process of referring people with mental disorders, to the Merakurak community health center to open a mental polyclinic and provide specialist staff, and to the village Government previously, to provide budgetary allocations for funds for village operations, and healthy mental health caders.

CONCLUSION

This study is that most families in the village of Tahulu are healthy souls and a small number of families have people with mental disorders who need further and special actions. Some recommendations are for the village government to allocate funds for the sustainability of the village to be healthy. To open the Psychology of the Soul at the community health center to facilitate mental health services. For the Tuban district Health Office to facilitate the referral process, and for the East Java Provincial Health Office to direct guidance to mental health cadres in the village of Tahulu. Mapping of family mental health will provide appropriate health services according to community needs as a form of secondary prevention.

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