Implementation of Early Detection of Mental Nursing in the Community

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A B S T R A C T S

Strengthening quality primary health care efforts, especially through increasing health insurance, increasing access and quality of basic and referral health services supported by strengthening the health system and increasing health financing. Policies related to early detection in public mental health preventive efforts are implied in the direction of Ministry of Health policies, namely Strengthening primary health care, Implementation of the Continuum of Care Approach, and Health Risk-Based Interventions.

A R T I C L E I N F O

1. INTRODUCTION

The mental health problem in Indonesia is enormous and creates a significant health burden. It is proven by the data reported in Riskesdas 2013, that the prevalence of mental emotional disorders (depression and anxiety) is 6% for those aged 15 years and over, this means that more than 14 million people suffer from mental emotional disorders in Indonesia. As for serious mental disorders the prevalence is 1.7 per 1000 population, this means that more than 400,000 people suffer from serious mental disorders. Furthermore, it was also reported that the number of shackling for serious mental disorders was 14.3% or around 57,000 cases of mental disorders experienced shackling (Ministry of Health, 2015). Mental disorders and drug abuse are also associated with behavioral problems that harm yourself, such as suicides. Data from the National Police Headquarters in 2012 found that the suicide rate was around 0.5% of the 100,000 population, which means that there were around 1,170 suicides reported in one year (Ministry of Health, 2015). The main priority of

the Ministry of Health in the 2015-2019 Strategic Plan is to develop Community-Based Mental Health Efforts (UKJBM) by prioritizing the role of Puskesmas and working with the community, preventing the increase of mental disorders in the community.

Mental health problems during the early years can have lasting consequences if left unresolved not only by placing the individual at increased risk of adversity in adult life, but also by placing increased pressure on the limited resources of community services. Early identification of children with behavioral disorders, and individuals at risk of developing mental health problems, is essential. Psychiatrists, based on their training and experience, have an important role to play in the early detection, assessment and treatment of mental disorders and problems in children and adolescents. Working with parents, children, families, service providers and early childhood educators, mental nurses need to raise awareness of prevention and early intervention for mental illness (Sawyer et. Al, 2000).

The first symptoms of psychosis usually appear in late adolescence and early adulthood. Before the psychosis problem arises, it will first cause awa symptoms called prodromal symptoms. However, routine early detection services are not always provided and very limited. The development of this disease is associated with reduced quality of life for clients and families, but also associated with higher costs in public services including health, social services and criminal justice (Knapp, McDaid and Parsonage, 2011).

One of the policies in preventing the increase in mental disorders in the community is the existence of a strategy of strengthening promotive, preventive and community empowerment as a strategy for the pillars of the healthy paradigm which is one of the three main pillars of the Healthy Indonesia Program launched by the Ministry of Health (Kemenkes, 2015).

Early detection services aim to identify early symptoms of psychosis, reduce the risk of transitioning to a psychotic disorder and shorten the duration of psychosis for those who are not treated. These services include the provision of cognitive behavioral therapy sessions, psychotropic drugs, and contact with psychiatrists. There is some evidence that these services can reduce the transition rate for psychosis (Knapp, McDaid and Parsonage, 2011).

2. METHODS

In the implementation of early detection, community mental nurses need to conduct community empowerment as a process of developing potential, both knowledge and community skills so that they are able to control themselves and be involved in meeting their own needs.

Cadres are a community resource that needs to be developed in the development of a mental health alert village. Empowerment of mental health cadres as potential workers in the community is expected to be able to support mental health programs in the community that are implemented in society. A cadre will be able to carry out activities if the cadre is given training from the start. The method for developing mental health cadres should be regular, systematic, rational, which is used to determine the number of cadres.

3. RESULTS AND DISCUSSION

On 20 November 2015, the village head of Cileles and his staff. On November 24, 2015 a mental health cadre training was carried out by Mental Nursing Lecturers. Data collection was carried out for 6 days, namely on 25-30 November 2015 by cadres, interviews and studies were conducted on 5 patients with mental disorders on November 21, 2015.

HEALTH CONDITION
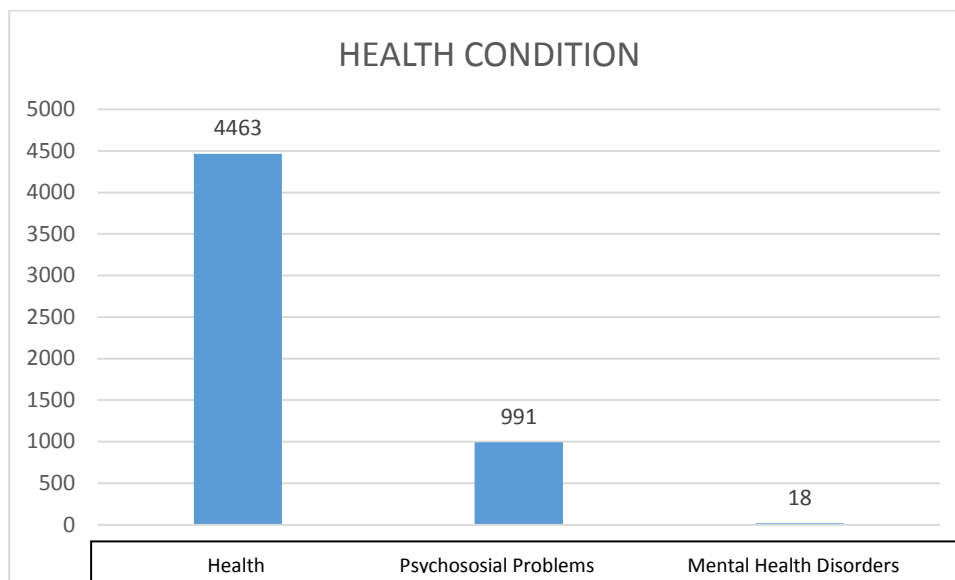
Based on the table above, it is known that of the 5472 people recorded, most of the people who were mentally healthy were 4463 (81.56%). Then for psychosocial problems as much as 991 (18.11%). Meanwhile, 18 people with disturbances (0.33%). Based on the results of the data collection, there were 18 people in Cileles Village who had mental disorders, while 5 people had been handled by the students with factors causing divorce, economy, illness due to infidelity, death of loved ones, and failure to achieve their desires.

Nursing diagnoses obtained on clients are low self-esteem, perceptual sensory disorders: hallucinations, risk of violent behavior, self-care deficits, and disorders of social interaction. The family diagnosis obtained was a lack of family knowledge, the inability of the family to care for, the unwillingness of the family to care for the patient.

Based on the data obtained from the results of the assessment, the actions taken for the patient are Social skills: making handicrafts: being able to make handicrafts in the form of home decorations / flowers from straws, farming therapy: clients are able to grow crops and care for plants, self-care therapy: clients able to care for themselves by looking cleaner and tidier than before, Behavioral therapy: token economy, activity therapy: clients are able to control themselves and have productive activities, occupational therapy. Actions for the family are carried out by psychoeducation therapy: the family is able to recognize problems, causes, how to overcome / treat, recognize signs of recurrence symptoms in clients, dzikir therapy and intervention in the environment by doing psychoeducation.

4. CONCLUSION

Based on the results of the preliminary data collection in Cileles village, it was found that a number of 18 Cileles villagers who experienced mental disorders were spread out in ten neighborhood units. Based on the overall data, there have been initial follow-up actions by students of five families whose family members have mental disorders. The focus of intervention is not only on clients who have mental disorders but also on therapy for their families. Of the five families who were treated, the therapy provided included social skills training, pet therapy, farming therapy, self-care therapy, Token Economy Behavior therapy, activity therapy, family psychoeducation, dhikr therapy, and social interaction therapy.

Based on the short-term goals made with the family, several therapies that have been applied to both families and clients, both affective and psychomotor, have been achieved. It's just that, the mid-term and long-term goals may still need to be reformulated in the next student program.

7. REFERENCES

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