Family And Counsellor Experience For Schizophrenic A Research Based On Community Health Mental Policy

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Abstract: Background To describe family and counsellor experience for schizophrenic a research based on community health mental policy Methods A Qualitative study with 2 focus groups made up of 2 primary healthcare professionals from the public health center and 8 family of schizophrenic. The focus groups were audio-recorded and the results transcribed. The analysis involved: a) Reading of the data looking for meanings b) Coding of the data by themes and extracting categories c) Reviewing and refining codes and categories d) Reconstruction of the data providing an explanatory framework for the meanings e) Discussion about the interpretations of the findings and f) Discussed with relevant professionals. Data regarding thematic content were analyzed. Results : Some families have ability to identify patients’ problem, activity of patients, give drug to patients, and go to public health care community. Counsellor had given support to family, given health consultation and training program in order to make schizophrenic patients able to work independently. The patients’ family hope to get some helps and the patients can get better. The barriers in patients care are the distance of health care facilities location from patients’ house, economic problems of patients’ family, patients have no intention to get medication, low support from policy maker and community. Conclusions: family and counsellor experience several barriers which need government and community support job vacant especially for schizophrenic patients. In this case political will take important role.

1 INTRODUCTION

Schizophrenic has caused a decrease in productivity and quality of life. Government efforts to prevent and reduce the impact of mental disorders is to provide mental health services to the community through mental health care system starting from the primary, secondary and tertiary levels. However, if it is linked to the burden of costs to be incurred, then the approach to the community will be more effective and efficient. Mental health services center in the past are specialist and developed for mental health services center and hospital.

Today's mental health services are undergoing fundamental changes, from closed mental health services to open services. In the treatment of mental disorders, the individual-clinical approach shifts to social productivity in accordance with the development of community mental health concepts. Community Mental health services are plenary, because the level of service is complete, consisting of specialist, integrative mental health services and with resources derived from the community. Services are provided on an ongoing basis, for both healthy and sick, at home and at health facilities, and for all ages. All the potentials and resources of the community are utilized to create an independent society.

Preliminary study results indicate that there are families who are unable to recognize family health problems. The family is not aware of the mental health problems facing family members. They tend to close themselves and advise family members who are mentally disturbed to be at home only. Patient care indicators, are also not well understood by the family. They assume that the patient's soul is in good condition when not angry. Patients who sleep a lot and wandering is considered as a natural thing.

The role of public health services center counsellors, and families in the care of patients with mental health disorders vital to improve the quality of life of patients. Ministry of Health regulations regulate the implementation of community mental health, but has not run optimally. An evaluation of
family roles and counsellors is required in the care of schizophrenic patients.

2 METHODS

The aim of this study was to describe family and counsellor experience for schizophrenic a research based on community health mental policy. This qualitative study was performed using focus groups (FGs) composed of doctor, nurse and family of schizophrenic. The research team was made up of experts in qualitative evaluation and research. The study was carried out in madiun during year 2017.

3 RESULT

Some families have ability to identify patient’s problem, activity of patients, give drug to patients, and go to public health care community. Counsellor had given support to family, given health consultation and training program in order to make schizophrenic patients able to work independently. The patients’ family hope to get some helps and the patients can get better. The barriers in patients care are the distance of health care facilities location from patients’ house, economic problems of patients’ family, patients have no intention to get medication, low suppot from policy maker and comunity.

4 DISCUSSION

There is a false perception in families where patients who are not angry are said to have recovered. Demanding on signs and symptoms of schizophrenia in the form of lazy activities, alienation, sleep, and hallucinations then the patient is still categorized as schizophrenia. The family does not know the signs and symptoms of schizophrenia, so that his family's perception has healed if not angry.

Theoretically the term remission (symptomatic relief) shows the patient, as the result of medication therapy is free from the symptoms of schizophrenia, but does not see whether the patient is able to function or not. The term recovery (cured completely) usually includes in addition to free from symptoms of hallucinations, delusions and others, the patient can also work or study according to expectations of the patient's own circumstances. In order to achieve a condition of healing and functioning, a schizophrenic patient requires medication, psychological counseling, social counseling, vocational training, and equal opportunities for all like other community members. It should be realized that the role of the family is very important in the healing efforts of schizophrenics. Family sufferer is very important source to facilitate psychosocial care, so do not stay away from patient, pay attention and affection so that patient do not feel ostracized.

If it is related to the level of family education, most informants have a history of primary school education. At the education level, the family is not easy to understand the problems faced by the family. One of the family duties in the field of health is to know family health problems. Health is a family need that should not be ignored because without health everything will not mean and because of health sometimes the power of resources and family funds run out. The inability of families to recognize health problems in the family one of them caused by lack of knowledge. Lack of family knowledge about understanding, signs and symptoms, care and prevention resulted in not optimal care.

The second patient's family experience is not knowing the side effects of the drug. Psychotic drugs have side effects making the patient drowsy. When the patient sleeps a lot after being given the drug, the family feels this effect interferes with the patient's life. The impact of this family's ignorance causes the medication that should be given, to be discontinued.

Theoretically treatment with antipsychotics effectively reduces the rate of occurrence of relapse but 30% - 40% of patients relapse at one year after discharge from hospital even though they continue taking the drug. Combining antipsychotic treatment with a psychosocial approach is an effective way compared to just the drug in preventing relapse in schizophrenic patients. The components of psychosocial therapy include:

a. Family and patient psychosis: patients, families and key people around the patient need to learn as much as possible about what is schizophrenia, how to treat it so that knowledge and skills are developed to prevent relapse.

b. Collaboration makes decisions: it is important for patients, families, and clinicians to decide together about therapy and its goals. If the patient has improved, he can be part of this decision-making.

c. Symptom monitoring and treatment: careful monitoring can convince patients to drink and
identify early signs of relapse so prevention can be done.

d. Assistance in the search for health services, insurance, etc.: Patients sometimes need help in finding other health services such as medical, dental, or seeking health insurance. The therapy team, patients and families should try to explore what sources can be obtained or provided. Included in it if the patient has started to want to work, find a suitable job.

e. Supportive therapy: including emotional support and reassurance and encourage healthy behavior of patients and help patients accept the situation.

f. “Peer support / self help group”: the presence of a group that has regular meetings depends on the needs and concerns of the group. Speakers can be invited to provide knowledge, there are also discussions and sharing that can be mutually reinforcing.

g. Set up a meeting schedule with your doctor.

h. Assertive community treatment.

i. Psychosocial rehab: help patients train skills with the goal of obtaining or keep the job.

j. Psychiatric rehab: teaching the patient the skills that making it able to achieve goals in the work, education, socialization and residence.

k. Rehabilitation of work: work training and training program which can help patients to men.

There is no single schizophrenic patient who has productive activities such as work, crafting and others. This can be caused by two factors: willingness and opportunity in work. There is an opinion that schizophrenia patients are actually able to work, but the result has been comfortable with not working already get the desired, then the patient becomes lazy to work.

Opportunity factors are influenced by 2 things: job training and job field itself. The main search for the study area is farm laborers. There is no special skill required in working as a farm laborer, but because the work is considered heavy the schizophrenic patient who wants to work as a farm worker does not exist.

Job training in the research area was never held. This situation makes the patient unable to work independently or self-employed. Sawmills around the study area do not provide patients the opportunity to work due to fear if the patient is angry.

The absence of positive activity in schizophrenic patients causes the patient to be alone. Patients feel unnecessary and useless so will isolate themselves. Isolation of self is the beginning of the hallucination. Patients who have hallucinations have the potential to commit acts of violence and endanger the public.

Next is a complaint about the patient. There are variations of patient complaints that are forgetful, irritable, not sleeping, lazy bathing, and bed wetting. Schizophrenic patients experience impairment in thought processes and emotions. This is in accordance with Eugen Bleuler's theory that in schizophrenic patients highlight the main symptoms of this disease is a divided soul, the cracking or disharmony between the process of thinking, feeling and deeds. Bleuler states schizophrenic patients experience primary symptoms such as impaired thinking processes, emotional disturbances, impaired will and autism and secondary symptoms of delusions, hallucinations and catatonic symptoms or other psychomotor disorders. As a result of this disorder the patient becomes forgetful, irritable, sleepless, lazy bathing, and bedwetting.

In addition to Eugen Bleuler theory there are other theories that mention schizophrenia is caused by dopamine enzyme abnormalities in the brain's nervous system thus disrupting the systemic functions and nerve impulses of the brain. This condition causes neurotransmitter failure in processing information to the brain resulting in unnecessary responses such as auditory hallucinations both visual and auditory, the existence of wisdom (false beliefs that are contrary to reality) resulting in abnormal behavior, delusion is the belief that a person seems to experience something (imaginary), chaotic communication, aloof and uncontrollable.

There are various activities in the treatment program that is to give medicine, not take medication, and do not regularly give medicine. Treatment programs can be divided into 3 stages: drug taking in health facilities, drug administration to patients and evaluation of treatment outcomes. At the stage of taking medication at a health facility (faskes) some families may take their own medications, some are facilitated by health cadres and others do not take medication. There is a long distance constraint between the faskes and the residents' house making the residents unable to take the drugs, besides the lack of attention of the policy holder for the formation of mental health cadres makes the drug is not well distributed.

The problem in the administration of drugs by the family is the way of giving medicine to the patient. When the drug is mixed with bananas or rice, the patient will recognize the food has been given the drug so it is not consumed by the patient.
There are no specific techniques that mention how to administer drugs to schizophrenic patients. Need for an evidence based study on how to administer drugs to schizophrenic patients. n medical guidelines, patients with psychiatric or schizophrenic disorders will be given antipsychotic medication, this drug serves to calms the patient on anxious or chaotic mind state, with relaxation and sleepy effects. Generally Schizophrenia patients will use this antipsychotic drug in the long run and some even up a lifetime. Given the large and long-term side effects, the dosage of the drug to the patient should be closely monitored. However, other treatments for schizophrenia that can be given are systematic Holistic Therapy Methods with Thibbun Nahawi and Eastern medicine that have been proven to successfully cure Schizophrenia patients such as Acupuncture Brain Stimulation and improvement of organ function. Ruqyah shariah or Qur'an Healing is a method of listening to the holy Theses of the Qur'an that simultaneously stimulates the brain, it can be medically proven that Ruqyah can stimulate neural networks throughout the body to the brain and also with God's permission blessing the Qur'an. (This program is very safe and open to all Religions, as belief and Religion are rights of Asasi). Cupping or hijamah-or cupping blood works to remove toxins in the blood, prevent blood clots, repair organs and bruise at the head point can improve brain nerve function. Religious deepening therapy works to stabilize emotions, focus and tranquility and closeness to God. Totok Nerves are useful for improving blood syringe and ensuring the body's nerves work best. Herbalogy is a standardized herbal therapy. Hypno therapy by exploring the subconscious and providing positive suggestions to improve psychological abnormalities. Psychological rehabilitation with persuasive approach method - cognitive, mental improving, behavioral correction with discipline reinforce rights and responsibilities, so that this therapy is able to form and stimulate normal behavior. Cognitive therapy and socialization.

Counselors have attempted to apply for training to labor agencies, health offices and NGOs. The relevant agency does not respond to the proposed job training proposal. Support from related offices can be psychosocial rehabilitation that is to help the patient train the skills with the aim of obtaining or maintaining the job, psychiatric rehabilitation is to teach the patient the skills that make him achieve the goals in the work, education, socialization and residence, and rehabilitation work that is work training and training program which can help patients to become full time workers.

The role of counselor is to eliminate the stigma of schizophrenia as an incurable disease. This view has been formed as a community attitude toward people with mental disorders. This has shaped the stigma and construct of social understanding of what is meant and the meaning of schizophrenia so that patients are excluded.

The first effort to be done to optimize the role of cadres is the elimination of stigma. Stigma is a multi-component concept that involves social labeling, stereotyping, and exclusion, loss of status, discrimination, all of which play a role in different forces between stigma and stigmatized groups (Szeto 2011). The stigma in a still-growing society about mental disorders has made people with mental disorders have difficulty in getting their privileges right. Kapelowicz et.al states that the stigma of the patient's family is affected by the frequency of contact with the patient and the symptoms / behaviors shown. The stigma in the society that people with mental disorders is strange, dirty, raging and unable to meet his personal needs.

Rusch et al. 2015 explains that the stigma is divided into two things: public stigma (public stigma) and stigma in the person (self stigma). Components in the stigma of society include stereotype, prejudice, and discrimination. Components of stereotypes in the stigma of society include negative beliefs about particular groups of people including incompetence, weakness, and harm. In the prejudice component there are elements of agreement on trust or negative reactions such as anger and fear. In the discrimination component there are elements of behavioral responses to judge such as avoiding to work and providing opportunities for household activities.

In the family constraints of distant health facilities, lack of funds and difficulties in providing drugs, while the constraints of counselors namely support related agencies, the role of society, funds, poverty of society, and knowledge of the community. The above obstacles can only be overcome with the support of related parties. Researchers can not provide concrete solutions, because the cost, thought, energy and time to solve the problem of schizophrenic patients takes a long time and a great cost.
5 CONCLUSIONS

Family and counsellor experience several barriers which need government and community support job vacant especially for schizophrenic patients. In this case political will take important role.

REFERENCES