

EFFECTIVENESS OF GROUP ACTIVITY THERAPY: "*FAMILY GATHERING*", TO ENSURE FAMILY IN CARING FOR HOUSING DISORDERS AND PREVENTING HEALTH

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Abstract. Mental health problems in the community originate from three main things. The first is the public's understanding of the lack of knowledge about mental disorders, the second is the stigma about mental disorders that develops in the community and the last is the uneven distribution of mental health services. The purpose of this study was to apply Group Activity Therapy: "Family Gathering", to empower families in dealing with mental disorders at home and preventing relapses. The research method is a quasi-experimental design pre post intervention sample taken from families who have members with mental disorders in the city of Semarang with a total of 30 respondents. The results of the research analysis using the pair T test with statistical test results as follows: the details of the variables before and after the intervention are as follows: knowledge of P value of 0.787 no difference, P value of attitude 0.489 no difference, self-efficacy P value of 0.018 no difference, family role P value 0.000 there is a difference, independence. P value 0.813 no difference. So it can be concluded that the application of Group Activity Therapy: "Family Gathering", to maintain family care in treating mental disorders at home and preventing recurrence, namely from knowledge of attitude and independence there was an increase but not significant with P value > 0.005, while self-efficacy and mentoring family there is a significant difference with the P value <0.05.

Keywords: family gathering; family; independence; recurrence

INTRODUCTION

Mental health is an individual's ability to interact with other people and the surrounding environment in order to achieve optimal development by using his mental abilities (cognition, affection, and relationships) and consistent with applicable law (Prayunita, 2015). From this, if someone has a mental disorder, it will be difficult or even impossible to interact with other people and the environment around them.

Severe mental disorders are mental disorders characterized by impaired ability to judge reality or poor insight. Symptoms that accompany this disorder include hallucinations, illusions, delusions, impaired thought processes, thinking abilities, and strange behavior, such as aggressiveness or catatonic behavior. Severe mental disorders are known as psychosis and one example of psychosis is schizophrenia.

Severe mental disorders pose a burden to the government, families and society due to decreased patient productivity and ultimately creates a large cost burden for patients and families. From the government's point of view, this disruption costs a lot of health care costs. Until now, there are still shackles and mistreatment of patients with severe mental disorders in Indonesia. This is due to inadequate treatment and access to mental health services. One of the efforts made by the government through the Ministry of Health is to make Indonesia free from shackles because shackles and mistreatment are acts that violate human rights.

Recurrence of mental disorders is one

of the conditions that scourges society, so sufferers feel alienated and (Rus-Calafell, Gutiérrez-Maldonado, & Ribas-Sabaté, 2014). (Yunitasari, 2021), reported that 49% of Schizophrenic patients experienced re-hospitalization after 1 year of follow-up, while only 28% of non-Schizophrenic patients. (Lestari, 2019), reported that within 6 months after treatment, 30%-40% of patients had a relapse, whereas after 1 year after treatment 40%-50% of patients had a relapse, from 3-5 years after treatment, 65% were found. -75% of patients experience a relapse (Rahmawati, 2013). Based on the results of the study, 25% to 50% of clients who return home from the hospital do not take medication regularly (Rasmun, 2017). Gathering is an activity for large families, communities or companies designed to get refreshing together at a certain time and in one location, both indoors and outdoors in order to strengthen kinship, kinship and friendship. At the present time, there is a lot of decline in the word about Gathering. Activities carried out by a company for all employees and their families are commonly known as Family Gatherings. Some of the benefits of family gatherings are in addition to refreshing families who care for sick family members as well as reducing family member conflicts that occur during treatment. The hope is to create a new spirit in treating and preventing recurrence.

The family as the closest person to the client is the main support system in providing direct service when the client is at home. Therefore, the family has an important role in preventing disease recurrence in mental clients. Seeing the phenomenon above, the family needs to

have an understanding of how to treat family members with mental disorders.

The various efforts that have been made by the government have been various, however, there are still many mental disorders that have been declared cured after being treated in a mental hospital and then returning home, after several months or years being treated again, meaning that the client's recurrence rate is still very high.

From the various efforts and obstacles that occur according to the description above, I intend to try to apply "Group Activity Therapy (No): "Family Gathering", to make families and clients independent in treating mental disorders at home and preventing recurrence".

METHODS

This research will be conducted in a quasi-experimental with pretest and posttest designs. This research was conducted in Gemah Village in families with mental disorders in the city of Semarang. The research sample was taken by sampling with purposive sampling technique, with a total of 30 respondents from families with mental disorders.

RESULTS AND DISCUSSION

1. Characteristics of Family and Neighbors

Meanwhile, according to the results of this study, the characteristics of the respondents are as follows: the presentation of the characteristics of the most respondents with the number of respondents is 30, with the following

details, the age of the majority of respondents is 41-60 years, namely 80%, for the majority of education is high school 15%, while the majority work is housewives, because all respondents were female. The relationship between respondents and clients with mental disorders is the majority of neighbors, namely 53.3%, and the majority of clients have been sick for 6 to 10 years.

From the data above, the potential for family and neighbors is still good, thus it is hoped that with the characteristics of the existing respondents, client care can be optimal.

2. Family Knowledge About Treatment of Mental Disorder Clients at Home

Knowledge is the main aspect to determine a person's behavior to realize it or not, as well as to regulate his own behavior. Know, often becomes the basis of an action ([Sundani, 2020](#)). The emergence of health problems or diseases in a person is caused by that person's behavior. According to ([Ama, Wahyuni, & Kurniawati, 2020](#)), behavior is all activities or activities carried out by a person, both in the form of physical activities that can be observed or cannot be observed by others.

In the study, the level of knowledge of respondents about mental disorders at first was still lacking, it can be seen in the table that good knowledge before family gathering was 36.7% while after family gathering was 40%, there was a slight increase in the level of knowledge of respondents. This shows that there is hope that the treatment will be better, although it is less significant which is

shown by the probability value or p value of the Paired T test in table 7: 0.787 which means there is no difference in knowledge about mental disorders and treatment between before and after family gathering treatment, because the value of p value > 0.05 with 95% confidence value.

3. Attitudes of Families and Clients in Caring for Mental Disorders

The results of this study show that the attitude of support before family gathering is 70% while after family gathering is 76.7%, there is a slight increase in the attitude of respondents. The results of the bivariate analysis are the probability value or p value of the Paired T test in table 8 is 0.489 which means there is no difference in attitudes towards mental disorders and treatment between before and after family gathering treatment, because the p value > 0.05 with a 95% confidence value. .

Attitude is the most important concept in the study of human behavior. According to Schiffman and Kanuk cited by ([Mulyanti & Fachrurrozi](#), 2017) that attitude is an expression of feelings (inner feeling) that reflects whether a person is happy or not happy, likes or dislikes and agrees or not with an object. The object in question can be in the form of health behavior, especially for mental disorders. Meanwhile, according to Alport quoted by ([Mulyanti & Fachrurrozi](#), 2017) that attitude is a learned predisposition to respond to an object or class of objects in a consistently pleasant or unpleasant atmosphere. there is an increase to a

positive attitude although slightly from 70% to 76.7% it is hoped that there will be attention from the neighboring family in the treatment of mental disorders.

4. Self Efficacy (Ability) Family Ability, In Caring For Mental Disorders

Research proves that there is a relationship between self-efficacy and a person's healthy behavior. Based on research conducted by ([Hendiarto](#), 2014), concluded that there is a relationship between self-efficacy and healthy behavior. They state that individuals who have high self-efficacy tend to have healthier behavior, and conversely individuals who have low self-efficacy are more likely to have unhealthy behavior.

According to the results of this study, it showed that self-efficacy was able before family gathering was 56.7% while after family gathering was 83.3%, there was an increase in self-efficacy which was quite good. While the results of the bivariate analysis are the probability value or the p value of the Paired T test on 9 above is 0.018, which means that there is a difference in self-efficacy on treatment ability between before and after family gathering treatment, because the p-value <0.05 with a 95% confidence value. The mean value in table 9 shows a positive 0.250 which means that there is a tendency to increase ability after treatment on average 0.267. According to the above discussion, it is hoped that with the presence of significant changes in self-efficacy, optimal treatment will be increased.

5. The role of the family in the care of clients with mental disorders

Efforts to empower families as early detection and screening of community mental health were also welcomed by the Chairman of the Association of Indonesian Mental and Drug Dependent Hospitals (ARSAWAKOI) dr. H. Bambang Eko Sunaryanto, SpKJ, MARS, Limited and uneven distribution of mental health service personnel in Indonesia is still one of our main obstacles. In addition, the lack of interest and the changing locations of mental health workers often break the chain of access to care and treatment for ODGJ who require long-term therapy. We strongly encourage this family empowerment effort, because it will also significantly reduce costs.

From the results of the analysis of this study, the role of the family before the family gathering was 26.7%, while after the family gathering was 76.7%, there was an increase in the role of the family which was quite good and the results of the bivariate statistical analysis were the probability value or the p value of the Paired T test in table 10 was 0.000. which means that there is a difference in the role of the family in the treatment of mental disorders between before and after family gathering treatment, because the p value < 0.05 with a 95% confidence value. Therefore, it is expected that with significant results, it is hoped that the treatment of mental disorders in the community will be better.

6. Family Assistance on the Treatment of Mental Disorder Clients

Independence in assisting families with mental disorders so that they can access medical facilities independently, have medication compliance and have productive activities. This assistance can help recover from mental disorders and improve their quality of life. Assistance is also to increase the capacity of families, cadres and Puskesmas officers for mental disorders. Through coordination among relevant stakeholders, it also helps in providing integrated services for mental disorders.

The statistical analysis results show that family assistance before family gathering is 53.3% while after family gathering is 50%, there is a decrease in family assistance this is caused by several factors, including the time for assistance after treatment is not long, carried out a week after the intervention. So with a very short time and only done once the family has not been able to interpret. The probability value or p value of the Paired T test in table 11 is 0.813, which means there is no difference in the role of the family in the treatment of mental disorders between before and after the family gathering treatment, because the p value is > 0.05 with a 95% confidence value.

CONCLUSIONS

The application of Group Activity Therapy (TAK): "Family Gathering", to make families independent in treating mental disorders at home and preventing relapse, is from knowledge of attitude and

independence there is an increase but still less significant with P value > 0.005, moderate self-efficacy and family assistance there is a significant difference with P value < 0.05. Group Activity Therapy: family gatherings should be held periodically for families with mental disorders with the aim of reducing family fatigue and exhaustion for a long time.

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