

The Effect of Self-Help Group (SHG) on Family's Ability in Treating Person with Mental Illness (PWMI)

Enggal Hadi Kurniyawan^{1*}, Erti Ikhtiarini Dewi², Emi Wuri Wuryaningsih³, Fitrio Deviantony⁴,
Yeni Fitria⁵

^{1,2,3,4,5}Psychiatric Nursing, Faculty of Nursing, Universitas Jember, Indonesia; enggalhadi.psik@unej.ac.id (Corresponding Author)

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ABSTRACT

The community health center in Jember Regency has not been optimal in overcoming mental disorders in the community, causing increasingly complex mental health problems, and impacting not only individuals but families and society itself. The family approach using self-help group (SHG) therapy is one way to be able to provide treatment for a Person with Mental Illness (PWMI). The role of mental nurses is to explore mental health problems in PWMI and psychosocial problems in families with PWMI by giving SHG therapy. This study aimed to analyze the effect of self-help groups on the family's ability to care for PWMI. This study uses a pre-experimental design approach with a one-shot case study method. The measuring instruments used were self-help group SOP, PWMI daily living activity observation sheets, and a questionnaire on the family's ability to care for PWMI. The SHG will be held for four sessions involving PWMI, families, and the person in charge of mental health programs at the community health center. The results showed a significant increase in the family's cognitive abilities before and after getting a self-help group with a P-value of 0.040. and a significant increase in psychomotor abilities with a P-value of 0.043. It is hoped that nurses can form SHGs to improve PWMI care in the community.

Keywords: self-help group; person with mental illness; family

INTRODUCTION

Mental health is a feeling for every individual who feels happy, and healthy can accept himself and others as they are, can complete positive life challenges, and has a good attitude towards himself and others (Agustin et al., 2022). Schizophrenia is a mental disorder that is usually characterized by distortions in thought processes, abnormal affect, perceptual disorders, and autism (Handayani et al., 2022). Currently, the estimated number of people with mental disorders worldwide is around 450 million, including schizophrenia. Based on the results of the 2018 Basic Health Research (Riskesdas), cases of mental disorders in Indonesia have increased. This increase can be seen in the prevalence of households with Person with Mental Illness (PWMI) in Indonesia. There has been an increase in the number to 7 per mil households, meaning that per 1000 households, there are seven households with PWMI, so the number is estimated to be around 450 thousand heavy PWMI. At the same time, the prevalence in East Java is 6.4 per mil of households with household members with schizophrenia/psychosis mental disorders (Pusat Data Dan Informasi Kemenkes RI, 2019). The target of heavy PWMI in Jember Regency in 2020 is 4,671 people, while those receiving mental health services are 2,352. Thus, the coverage of severe PWMI health services in 2020 is 50.35% (Dinas Kesehatan Kabupaten Jember, 2020).

Community health centers have not been optimal for overcoming mental disorders in the community. This will lead to increasingly complex mental health problems that exist in the community so that it impacts not only individuals but families and society itself. Based on this phenomenon, efforts to solve mental health problems can be solved by various approaches. The family approach using Self Help Group (SHG) therapy is one way to provide treatment for PWMI (Widianti, et al., 2018). Families can be involved in PWMI care because they are known, trusted, and approved by nurses and patients. In addition, the family lives near the patient and helps volunteers (Qulud et al., 2021). The family is very close to the patient so that family support will provide many benefits for the patient's condition (Trisnadewi & Suniyadewi, 2022). One of the functions of the family is the support function, which is a form of attitude, action and

acceptance that is carried out by the family that lasts a lifetime (Pakilaran et al., 2022). Sources of family support can be in the form of support from father/mother, husband/wife, siblings, or external family social support (Suntari et al., 2022).

SHG is a therapy that involves a group of two or more people who desire to share problems and help each other with things that are experienced or that are the focus of attention, in this case, those related to mental problems (Turnip, 2020). SHG helps increase knowledge about mental disorders and various supportive services, decreasing feelings of self and increasing the need for groups, providing emotional support, sharing negative feelings, information about mental health problems, opportunities to understand other people's mental health experiences, and providing inspiration and mutual support. expectations, providing opportunities for social comparison, helping to deal with similar stressors and social networks, and reminding of the importance of self-care for mental health conditions (Utami et al., 2011; Arif et al., 2022). Peer social support means that peers provide moral encouragement, attention, spirituality, and information to improve good behavior (Maharani et al., 2022).

Research on families with Schizophrenia mental disorders at the Mental Polyclinic of Kalitidu Public Health Center shows that SHG improves the ability of families to care for people with schizophrenia (Efendi & Julianto, 2020). Research conducted by Yunita et al. (2020) also showed that SHG could be applied as an intervention for families to improve their quality of life while caring for schizophrenic patients. The importance of SHG on the family's ability to care for PWMI and the lack of optimal mental health services in the community to overcome mental disorders for both individuals and families are the background for the need for research on the Effect of SHG on Families' Ability in Caring for PWMI. This study aimed to analyze the effect of self-help groups on the family's ability to care for PWMI.

METHOD

This study uses a pre-experimental design approach with a one-shot case study method. The population is six families with PWMI. The sampling technique used in this study was purposive sampling based on inclusion and exclusion criteria. The measuring instrument used is a cognitive ability questionnaire and a family psychomotor ability questionnaire in treating PWMI. The data is presented in the form of a frequency distribution table and is presented as a percentage. Data analysis in this study used paired t-tests. This research has obtained permission from the Jember District Health Office.

RESULT

Table 1. Distribution of Family Characteristics with PWMI (n=6)

Characteristics	Frequency	Percentage
Relationship with patient		
Nuclear family	5	83.3
Not nuclear family	1	16.7
Education		
Low	4	66.7
Medium	2	33.3
Occupation		
Working	2	33.3
Doesn't work	4	66.7
Monthly income		
Less than the Regional Minimum Wage	4	66.7
More than the Regional Minimum Wage	2	33.3

Table 2. Analysis of the Difference in the Mean Cognitive and Psychomotor Abilities of Families Before and After Participating in The SHG (n=6)

Variable	Mean difference	p-value
Cognitive ability	13.67	0.040
Psychomotor abilities	54.50	0.043

DISCUSSION

Family Cognitive Ability in Treating PWMI

The results showed a significant increase in the family's cognitive abilities before getting SHG and after getting SHG, with a P-value of 0.040. The results of this study follow research conducted by Sulistyowati (2017) which showed that SHG increased the knowledge of the head of the family in decision-making in clients with depression.

SHG is helpful for group members to share knowledge and hopes for solving PWMI problems and finding solutions through groups. Members of the SHG group will provide information and experience in caring for PWMI so that it can be a solution and as a consideration for mutual assistance among other members of the SHG group. The information provided will improve the family's ability to deal with mental health problems. SHG will increase knowledge about mental disorders, provide emotional support, share negative feelings, provide opportunities to understand other people's mental health experiences and help deal with similar stressors (Utami et al., 2011; Arif et al., 2022)

The increase in cognitive abilities in this study was due to each member providing information and knowledge about mental health problems and how to treat PWMI. Sharing information makes families must seek much information from various available sources. Families with PWMI need mental health knowledge, so interest in getting information is very high because it is under family needs (Utami 2008).

Cognitive ability improvement can be made through SHG, which is conducted in four meetings. Achieving cognitive abilities is not difficult and does not take a long time. So, nurses who work in health centers and mental hospitals can improve the ability of families to treat PWMI by forming SHG.

Family Psychomotor Ability in Treating PWMI

The results showed a significant increase in the family's psychomotor abilities before getting SHG and after getting SHG, with a P-value of 0.043. This study's results align with the research of Utami et al. (2011), which showed an increase in the family's cognitive and psychomotor abilities in treating PWMI.

Each member of the SHG has experience caring for PWMI so they can become a role model for others. SHG members who interact with each other continuously will cause the exchange of information in terms of cognitive, behavioral, and environmental. SHG will increase the development of intrapersonal relationships, behavior, and interpersonal and interactive functions (Utami, 2008). The benefits most frequently mentioned by members of Self-Help Groups are reduced isolation, increased self-esteem, increased self-confidence, receiving information and practical support, feeling accepted, and learning new skills and coping strategies (Sulistyowati, 2019).

This study shows that SHG can improve the ability of families to care for PWMI. In this study, each group member experienced a significant increase because the SHG was carried out in two stages: the formation stage for three meetings and then the implementation stage by holding regular meetings. The formation stage is a fundamental step that must be carried out in this research because it explains the objectives, principles, usual rules, and how to implement the SHG. The researcher did a role play carrying out the five steps of the SHG activity and asked the family to do the role-play under the guidance of the facilitator to train the family's psychomotor abilities.

CONCLUSION

The cognitive ability of the family in caring for clients with mental disorders significantly increased after carrying out the SHG. The psychomotor ability of the family in caring for clients with mental disorders significantly increased after carrying out the SHG. It is hoped that nurses can form SHG to improve PWMI care in the community.

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