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Family Support for Healing Mental Disorder Patients with Social Isolation in the Work Area of Pasirkaliki Public Health Center, Bandung City

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ABSTRACT

The research with the title: Family Support for the Recovery of Mental Patients with Social Isolation in the Pasirkaliki Bandung Health Center Work Area in 2021, aims to identify differences in family support for the recovery of mental patients with social isolation before and after being given training and assistance. The research method used is quasi-experimental with one group pretest and posttest design with bivariate test using T-test. The population in this study was all families who had family members with mental disorders (social isolation) recorded at the Pasirkaliki Health Center in Bandung from January-June 2021 with a sample of 35 people. The results of the study after the provision of material and assistance by researchers are that there are significant differences in the level of physiological adaptation before and after health education is carried out where p-v = 0.001, there were significant differences in the level of adaptation of self-concept before and after the implementation of health education where the value of p-v = 0.045, there was no significant difference in the level of interdependence adaptation before and after the implementation of health education where the value of p-v = 0.068. The conclusion of this study is that there is an increase in family support for the recovery of mentally disturbing patients with social isolation after providing material and assistance to families in the care of social isolation patients, both physiological support, self-concept support and interdependence support. Likewise, the total adaptation support provided by families to mental patients with social isolation. The suggestion in this study is for the Puskesmas to hold trainings to improve the performance of its employees in the mental nursing service unit to further increase knowledge and understanding so that it can be applied to the community in developing.

INTRODUCTION

Mental disorders are one of the four main health problems in developed, modern and industrial countries (Mardjono, 1992 in Lendra Hayani 2010). Although mental disorders are not considered as things that cause death directly, the severity of the disorder in the sense of invalidity, both individually and in groups will be able to hinder development because they are unproductive and inefficient (Setyonegoro, 1992 in Lendra Hayani 2010).

One of the mental disorders that often occurs is patients with social isolation. Social isolation is a condition in which an individual experiences a decline or is even completely unable to interact with other people around him (Pardede, 2017). Patients may feel rejected, unaccepted, lonely and unable to form meaningful relationships with others. Social isolation behavior arises due to feelings of guilt or blaming the environment so that patients feel unworthy to be among other people in their environment. Lack of communication skills is data on verbal skills in patients with social isolation problems, this is due to family parenting that does not provide opportunities for patients to express their feelings and opinions (Linz & Strum, 2013). Introvert personality is a personality type that is often owned by patients with social isolation problems.

The characteristics of patients with this personality are to close themselves off from those around them. In addition, inadequate morale from the family is another factor that can cause patients to be unable to adjust their behavior in society, as a result, patients feel excluded or excluded from their environment (Podogrodza, 2014).

The family is the unit closest to the patient and is the "primary nurse" for the patient. Humans as social beings cannot live alone without the help of others. Physical needs (clothing, food, shelter), social needs (association, recognition, school, work) and psychological needs, including curiosity, security, feelings of religiosity, cannot be fulfilled without the help of others. Especially if the person is facing problems, both light and heavy (Mortazavi et al., 2020). When faced with a problem, a person will seek social support from the people around him, so that he feels valued, cared for and loved.

Social support is defined (Kuntjoro, in Munir, 2011) as verbal or non-verbal information, advice, real help or behavior provided by people who are familiar with the subject in their social environment or in the form of presence and things. Things that can provide emotional benefits or affect the behavior of the recipient. In this case, people who feel socially supported emotionally feel relieved because they are noticed, received advice or a favorable impression of themselves. According to (Eli, et al. in Munir 2011) social support is the availability of resources that provide physical and psychological comfort obtained through the knowledge that the individual is loved, cared for, valued by others and he is also a member of a group based on common interests.

People with mental disorders often experience greater stigma and discrimination from the surrounding community than individuals who suffer from other medical illnesses. They are often referred to as crazy (insanity or madness) (Ma, 2020). This treatment is caused by ignorance or misunderstanding from family or community members. This causes healthy social isolation sufferers to have a tendency to relapse again so that they require medical treatment and need treatment in a mental hospital. According to the author, people with social isolation who get family support have the opportunity to develop in a positive direction to the maximum, so that sufferers will have a positive attitude, both towards themselves and their environment because family is the first social environment known.

With balanced family support for the patient, it is hoped that he will be able to improve his recovery. According to Caplan, the family has four supportive functions, including: informational support, assessment support, instrumental support and emotional support. If from all this support we can measure whether or not family support for social isolation clients. As research conducted by (Mayang Ambari et al., 2010) with a sample of 30 respondents, it was found that family support made an effective contribution to social functioning in Schizophrenia patients after hospitalization by 69.9%.

Another study conducted by Rhizal Hamdani et al. (2015) from a sample of 85 people who were selected using a purposive sampling technique, it showed that family support for Schizophrenia patients who were undergoing treatment found that the level of implementation of taking medication in Schizophrenic patients was classified as obedient (89.41%), as well as Muttar, Muni (2011) in his research showed that from 24 respondents with good family support, there were 21 people (52.5%) who were declared cured. Healing and relapse of people with mental disorders is strongly influenced by the role or family support for people with mental disorders.

LITERATURE REVIEW

Social isolation from biological factors includes hereditary factors where there is a history of family members experiencing mental disorders. There is a risk of suicide, a history of illness or head trauma and a history of drug use. In addition, there are pathological conditions of the brain, which can be seen from the results of the examination of the structure of the brain through a CT scan and the results of an MRI examination to see disturbances in the structure and function of the brain (Thomb, 2000).

Social isolation of individual coping psychological factors used in patients with social isolation in dealing with their problems, is usually maladaptive. Commonly used coping include: repression, suppression, sublimation and projection. Social isolation behavior arises due to feelings of guilt or blaming the environment, so that patients feel unworthy to be among other people in their environment. Lack of communication skills, is a data assessment of verbal skills in patients with social isolation problems, this is due to family parenting that does not provide opportunities for patients to express their feelings and opinions. Introvert personality is a personality type that is often owned by patients with social isolation problems.

Socio-cultural predisposing factors in patients with social isolation, often caused by patients coming from low socioeconomic groups, this results in the patient's inability to meet needs. This condition triggers the emergence of continuous stress, so that the patient's focus is only on meeting his needs and ignoring the socialization relationship with the surrounding environment. Stuart & Laraia (2005) and Townsend (2005) say that the age factor is one of the causes of social isolation, this is due to the patient's low ability to solve problems and the lack of maturity of thinking patterns.

Patients with social isolation problems generally have a history of environmental rejection at the child's developmental age, so they are unable to complete their developmental tasks, namely dealing with other people. This experience creates a feeling of lack of confidence in starting a relationship, due to a fear of rejection from the environment. Stuart & Laraia (2005) said that the level of education is one measure of the patient's ability to interact effectively. Because the education factor greatly affects the ability to solve the problems at hand. Patients with social isolation problems usually have a history of being unable to interact and solve problems, this is due to the low level of patient education.

Precipitation factors found a history of infectious diseases, chronic diseases or abnormalities of brain structure. Another factor is the experience of abuse in the family. Application of rules or demands in the family or community that are often not in accordance with the patient and conflicts between communities. In addition, in patients who experience social isolation, it can be found that there are negative experiences of patients who are unpleasant to their self-image, unclear or excessive roles they have and experience an identity crisis. The experience of repeated failure in achieving expectations or ideals as well as a lack of appreciation from both oneself and the environment. The above factors cause disturbances in social interaction with others, which in turn becomes a problem of social isolation.

Signs and symptoms of social isolation can be assessed from the patient's expression which shows a negative assessment of social relationships and is supported by observational data.

Subjective data, patients express feelings of loneliness, feelings of insecurity, feelings of boredom and slow time, inability to concentrate, and feelings of rejection. Meanwhile, the objective data consisted of a lot of silence, not wanting to talk, being alone, not wanting to interact, looking sad, having a flat and shallow expression, and lacking eye contact.

Family can be viewed from the dimensions of blood relations and social relations. Family in the dimension of blood relations is a social unit that is bound by blood relations with one another. Whereas in the dimension of social relations, the family is a social unit that is bound by the existence of interconnectedness or interaction and mutual influence between one another, even though there is no blood relationship between them (Effendy, 2005).

Family is a social environment that is very closely related to someone. A complete and functional family and able to form homeostasis will be able to improve the mental health of family members and possibly increase the resilience of family members from mental disorders and emotional instability of family members. Mental health efforts should and should start from the family. Therefore, the main concern in mental health is working on the family so that it can provide a conducive climate for family members who experience mental health disorders (Notosoedirdjo & Latipun, 2005). As part of their duty to maintain the health of their family members, families need to organize and carry out health care activities based on whether family members are sure to be healthy and seek information about correct health that can be sourced from direct health workers or the mass media (Friedman, 1998).

According to Effendy (2005), there are several family functions that can be carried out by the family: a) The function of education, in this case the task of the family is to educate and send children to school to prepare for their maturity and future when they grow up; b) The function of child socialization, the task of the family in carrying out this function is how the family prepares children to become good members of society; c) Protection function, the family protects children and family members from bad actions, so that family members feel protected and feel safe; d) The function of feeling, the family maintains intuitively, feels the feelings and atmosphere of children and other members in communicating and interacting with each other so that there is mutual understanding with each other; e) Religious function, the family introduces and invites family members in religious life to instill the belief that there are other forces that govern this life and there will be another life after this world; f) Economic function, the family in this case looks for sources of life in fulfilling other family functions; and g) Biological function, the family continues the offspring as the next generation.

According to Feiring and Lews (in Friedman, et al 2010) there is strong evidence from the results of research which states that large families and small families qualitatively describe the developmental experiences of children who come from small families receiving more attention than children. who comes from a large family. In addition, the support provided by parents (especially mothers) is also influenced by age. According to Friedman, et al (2010), young mothers tend to be less able to feel or recognize the needs of their children and are also more egocentric than older mothers.

Another thing that affects other factors of family support is the economic class according to the parents. Socio-economic class includes the level of income or parental occupation and education level. In middle-class families a more democratic and just relationship may exist, while in lower-class families the relationship is more authoritative and autocratic. In addition, parents with middle social class have a higher level of support, affection and involvement than parents with lower social class (Friedman, et al 2010). Another factor is the level of education. The higher the level of education, the higher the possibility of support given to sick families. Marital status also matters. This is associated with increasing family members, support for sick members is also increasing. Another study conducted by Nugroho (2015) and Fatriana (2016), the factors that influence family support in care include age, gender, economy, knowledge, education and relationships with clients.

Adaptation Concept

Adaptation as a process and result of conscious and sensible individual's conscious and choice to create human integration and Roy's research scope focuses on increasing the complexity of individual and self-regulation of environment and on the relationship between and between humans, the universe and what is considered as supreme power or authority. Lord. Roy's philosophical assumptions have been refined using the main characteristic of "spiritual creation" which is the view that humans and the earth are one and both in God and part of God (Roy in Kozier et al, 2010).

The input to the adaptation process is a stimulus which is defined as something that causes a response. Stimulus can come from within or from outside the environment. Output is described as a form of behavior from the stimulus reception function which is the result of the process of adaptation level and indicates the ability of people to respond to existing conditions. Behavior as output in the adaptation system can be in the form of an adaptive or ineffective response.

Control in the adaptation system is described by Roy as a person's coping process which is divided into subsystems, namely cognators and regulators (Roy & Andrews in Adinugraha, 2014). According to Roy & Andrew in Adinugraha (2014).

METHOD

This study is a quasi-experimental study with a one group pretest and posttest design, with the number of samples in this study as many as 35 families. after the intervention was carried out. This intervention was carried out as an effort to increase the knowledge of family members in providing support for the recovery of mental patients (social isolation). The intervention was given with a small discussion method (lectures and questions and answers), using counseling materials in the form of illustrated stories/modules about how families provide support for healing patients with mental disorders in social isolation.

RESULT AND DISCUSSION

In the following, the results of the study are presented regarding "Family support for the recovery of mental patients with social isolation in the work area of the Pasirkaliki Public Health Center, Bandung City. The results of this study are displayed in tabular form as a supporter in the discussion and explain the results of the analysis of family

support for the recovery of mental patients with social isolation.

Table 1 describes the post-test of family support for the recovery of mental patients with social isolation with more high support, namely 25 (71.4%). Family support is the attitude, action and acceptance of the family towards its members. Family members view that people who are supportive are always ready to provide help and assistance if needed (Soetjiningsih, in Agus 2018). This is in line with the results of Munir's research (2011), where of the 40 respondents who gave good support, 24 (60%), of the patients who received good support from the family, 21 (52.5%) patients were declared cured. Sources of family support are most often provided by family members, close friends or spouses in marriage. High family support indicates that the level of family care for the health of people with mental disorders is well cared for. The family realizes that mental disorders and their therapy have physical and psychological impacts, to reduce the symptoms of these impacts, the family provides support so that the continuity of treatment undertaken by the patient can run smoothly so that his health improves and has the motivation to recover. Without family support, the health of people with mental disorders will experience a decline. Because psychologically, the ability to choose, distinguish, accept and decide what is good for their health, has decreased as well.

From table 2, it can be seen that the post test results of family support for the recovery of mental patients with social isolation were more adaptive, namely 26 (74.3%). Physiological adaptation involves the body's basic physiological needs and ways of adapting related to fluids and electrolytes, activity and rest, circulation and oxygen, nutrition and elimination, protection, sensory and neurological and endocrine functions (Roy in Kozier et al. 2010). Based on the results of the study, the physiological changes experienced by patients with mental disorders with social isolation are patients often withdraw from social life, do not care about their personal hygiene, do not want to communicate with others, cannot meet their nutritional needs. From these results it can be concluded that the physiological problems of mental patients with social isolation are still many and there is a need for treatment that involves the family, the treatment that can be given is by providing assistance on how to treat patients by involving them in every activity that can be tolerated. The results of the bivariate test obtained a p value = 0.001 so it can be concluded that there is a significant difference in the level of physiological adaptation before and after health education is carried out.

From table 3, it can be seen that the post-test results of family support for the recovery of mental patients with social isolation were more adaptive, namely 27 (77.1%). Adaptation of self-concept includes two components, namely the physical condition involving sensation and body image, and the personality of the self concerned which includes the ideal self, consistency and moral self-ethics (Roy in Kozier et al. 2010). A person's level of education can affect the amount of knowledge a person has which is obtained through the educational process undertaken both formally and non-formally (Afiyah, 2017). Based on the results of Afiyah's research, most of the respondents, namely 17 (53%) that the educational process affects the importance of self-adjustment or adaptation for someone in increasing their knowledge. From the results of this study, the researcher argues that the educational process, both formal and non-formal, will be easier to identify stressors within a person and from outside himself, so that the family will be able to provide support to patients with mental disorders with social isolation in obtaining healing. The results of the bivariate test obtained p value = 0.045, so it can be concluded that there is a significant difference in the level of adaptation of self-concept before and after health education is implemented.

From table 4, it can be seen that the post-test results of family support for the recovery of mental patients with social isolation are more adaptive, namely 28 (80%). Interdependence involves an individual's relationship with an individual who is meaningful to him/her and a support system that provides help, affection and attention (Roy in Kozier et al. 2010). From the results of research that has been done, it is known that 28 (80%) respondents responded adaptively feel they are still valuable to others, this is certainly not separated from the willingness of the family to provide emotional support.

Table 1.
Pre-test Family Support Frequency Distribution (n=35)

No.	Family support	Pre test		Post test	
		Frequency	Percentage	Frequency	Percentage
1.	Low Support	27	77.1	10	28.6
2.	High support	8	22.9	25	71.4
Total		35	100.0	35	100.0

Table 2.
Frequency Distribution of Physiological Adaptation Pre test and Post test (n=35)

No.	Physiological Support	Pretest		Post test	
		Frequency	Percentage	Frequency	Percentage
1	Maladaptive	22	62.9	9	25.7
2	Adaptive	13	37.1	26	74.3
Total		35	100.0	35	100.0

Table 3.
Frequency Distribution of Self-Concept Adaptation Pre-test and Post test (n=35)

No.	Physiological Support	Pretest		Post test	
		Frequency	Percentage	Frequency	Percentage
1	Maladaptive	23	65.7	8	22.9
2	Adaptive	12	34.3	27	77.1
	Total	Total	100.0	35	100.0

Table 4.
Frequency Distribution of Pre Test and Post Interdependence Adaptation Test (n=35)

No.	Physiological Support	Pretest		Post test	
		Frequency	Percentage	Frequency	Percentage
1	Maladaptive	23	65.7	7	20.0
2	Adaptive	12	34.3	28	80.0
	Total	35	100.0	35	100.0

CONCLUSION

Based on the results of this study, researchers will try to conclude. The conclusions and suggestions that can be drawn are: 1) There is a difference in the average value of family support for the recovery of mental patients with social isolation after providing material and assistance to families in the care of social isolation patients, both physiological support, self-concept support and interdependence support. ; and 2) There is no difference in the average value of family support for the recovery of mental patients with social isolation after providing material and assistance to families in the care of social isolation patients in interdependence adaptation, this is of course the family must provide continuous support in terms of interdependence adaptation support.

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