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Prevalence of Mental Disorders in The Community Lamongan-Indonesia: Results of Early Detection with The Community Mental Health Nursing (CMHN) Approach

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Abstract--- *Mental disorders are a common problem among people and they have an additional burden on the state and lead to a decrease in human productivity. The purpose of this study was to estimate the prevalence of mental disorders in Lamongan-Indonesia with the community mental health nursing approach. The research method used descriptive design. This research was conducted in the area of the community from 2017 to 2018. It involves researchers and was done in collaboration with 140 (121 women and 19 men) mental health workers for early detection. The respondents in this research were 2385 families. The sampling technique in this study was multistage random sampling. The variable of this study is mental disorders in the families. The evaluation of mental disorders was done using interviews and questionnaires developed by the East Java Province Mental Health Team. Analysis of the data used a univariate analysis with frequency tabulation. Symptoms of mental disorders were detected in 87 families (3.6%), 530 families (22.2%) were at risk of mental disorders, and 1768 families (74.2%) were in good mental health. Among the 87 families who have symptoms of mental disorders, 51 (58, 6%) were treated pharmacologically by reason of insanity. From the early detections, there are still families that show symptoms of mental disorders and the risk of mental disorders. It shows the need for systematic monitoring of the status of mental disorders in the community.*

Keywords--- *Mental disorders; Early detection; CMHN*

I. INTRODUCTION

The incidence of mental disorders in Indonesia is increasing every year. An estimated 450 million people worldwide

suffer from mental disorders, around 10% are adults and 25% of the population are estimated to have a mental disorder at a certain age during their lives. Based on the results of basic health research in 2013, the prevalence of mental disorders in Indonesia was 1.7 per mile and it increased to 7.0 according to the 2018 basic health research results [1]. This shows a very high increase in Indonesia.

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The prevalence of mental-emotional disorders in populations aged >15 years also increases [2], where in 2013 the prevalence in Indonesia was around 6% it increased to 9.8% in 2018 [3]. The prevalence of households with schizophrenia ART in East Java is 6.4%, depression incidence 4.53% with a higher population of women. At present in Lamongan the number of people with mental disorders reaches 3,051 people, while in 2019 there were 2,801 people. This shows that the number of people with mental disorders has increased every year.

Disorders of the soul as symptoms manifested through impairment of behavioral or psychological functions that are measured based on the concept of norms and are associated with distress or illness, come not only from the expected response to certain events or the limitations of the relationship between the individual and the surrounding environment (4). A severe mental disorder is when a person loses the ability to recognize reality, relate to other people and behave strangely [4].The increase in the global number of people suffering from mental disorders has an impact on families and communities. Impacts caused by mental disorders can be divided into social and economic impacts. Social impacts can be exclusion, insults, ridicule, being separated from the environment and causing fear in the community. While the economic impact is the decline in the productivity of patients with mental disorders and their caregivers, economic burdens and decreased quality of life [4]. The amount of burden that must be borne by families, communities, and countries due to the increase in mental disorders needs serious attention by working to increase knowledge and understanding of mental disorders and striving to be able to prevent and overcome them.

There are 3 types of efforts to prevent and manage mental disorders in the community, including primary prevention, secondary prevention, and tertiary prevention [5]. Primary prevention is carried out on healthy groups where it aims to prevent the onset of mental disorders and to maintain and improve the mental health of the community [6]. In secondary prevention, the focus of the activities is on people at risk, the purpose is to reduce the incidence of mental disorders [7]. In tertiary prevention, the focus of the activities is on community groups with mental disorders. Activities on prevention are in the form of rehabilitation by empowering patients and families to become independent.

Efforts to prevent and control mental disorders in the community are the joint tasks of the community and their apparatus and health workers in the working area of the local health center [8]. This prevention effort can be done in several stages. The first stage is to approach the local area apparatus and community leaders in the local area; the next step is to conduct psycho-education for the local area apparatus so that an understanding is obtained between health workers and regional apparatuses as well as community leaders about the importance of caring for community members with psychiatric disorders. The next stage is the regional apparatus and community leaders determining the representatives of the area to be facilitators for the community in the effort to overcome mental disorders in the community. Prevention efforts that can be done in the community are early detection of mental disorders as an initial step to map mental health problems in the community so that further prevention and control measures can be determined. Early detection activities can be carried out by mental health cadres who are expected to be able to run optimally when there is adequate support also from health workers in the associated health centers and the community in general, including the client's family so that the hope of the realization of a healthy mental health community can become a reality [9]. The purpose of this study was to estimate the prevalence of mental disorders with the community mental health nursing approach.

AI. METHODS

This research uses descriptive design. It was performed in 7 sub-districts in the Lamongan district, Indonesia from 2017-2018. It involved 2385 families as respondents. The sampling technique in this study used multistage random sampling. The study was conducted by researchers and in collaboration with 140 (121 women and 19 men) mental health professionals. Mental health cadres were previously given training for early detection of mental disorders. Early detection is done by home visits. This study has obtained ethical eligibility No.053 / EC / KEPK-S2 / 09/2017 from the Ethics Committee of the Institute of Health Science Muhammadiyah Lamongan.

The variable of this study is mental disorders. Evaluation of mental disorders using interviews and questionnaires developed by the East Java Province Mental Health Team was used to assess the level of mental disorders in the category

of good mental health, psychosocial/risk, and mental disorders. The good mental health category was ascertained by asking questions about the families' ability to realize their potential, overcome stress, work productively and contribute to society. The psychosocial category or risk means there are sick family members, pregnant women, lack of economy, loss of property, domestic violence and loss of family members. Categories of mental disorders are prolonged sadness, reduced ability to live every day, being angry without a cause, decreased motivation in activities, talking or laughing alone, reluctance to hanging out, shutting oneself in a room, not paying attention to cleanliness and wanting to kill oneself. Analysis of the data used a univariate analysis with frequency tabulation. All statistical analyzes were performed using SPSS 24.

BI. RESULTS

The prevalence of mental disorders confirmed by screening was carried out in 2385 families with these characteristics of the majority (70.8%) of extended families, 21.3% of nuclear families and 7.9% of others. Most families have good mental health. There are still families who experience mental disorders and psychosocial/ risk of mental disorders, even though the number is small. The results are presented in Table 1.

Table 1. Prevalence of mental disorders (n=2385 families)

Prevalence of mental disorders (%) Good mental health 1768 (74.2) Psychosocial/risk 530 (22.2) Mental disorders 87 (3.6)

Of 1768 families in good mental health, the majority of families can realize their potential, families can cope with stress, work productively and contribute to society. Of the 530 families who are psychosocial/risk most report lack of income and illness. A small proportion reported pregnant women, loss of property, unemployment, domestic violence and loss of family members. Of the 87 in the mental disorder category most talk or laugh alone, do not want to get along, shut themselves in a room, do not pay attention to personal hygiene, are angry without cause and have decreased motivation in activities. A small proportion reported prolonged sadness and wanting to commit suicide. The results are presented in Table 2.

Table 2. Symptoms of mental disorders in the family

Symptoms of mental disorders n (%)

Good mental health (n=1768)

9004 families can realize their potential 1521 (86.0) families can cope with stress 1439 (81.3) families work productively 1713 (96.8) families contribute to society 1604 (90.7)

Psychosocial/risk (n=530)

illness 214 (40.3) pregnant women 101 (19.1) lack of economy 326 (61.5)

Symptoms of mental disorders n (%) loss of property 8 (1.5) unemployment 11 (2.1) domestic violence 1 (0.2) loss of family members 87 (16.4)

Mental disorders (n=87)

9005 prolonged sadness 3 (3.4) are angry without cause 61 (70.1) decreased motivation in activities 40 (46.0) talk or laugh alone 80 (92.0) do not want to get along 81 (93.1) shut themselves in a room 66 (75.9) not pay attention to personal hygiene 75 (86.2) want to commit suicide 1 (1.1)

Among the 87 families who had symptoms of mental disorders, most were treated pharmacologically for psychiatric reasons and some were not treated pharmacologically. The results are presented in Table 3.

Table 3. Pharmacological treatment in 87 families with mental disorders

Pharmacological treatment n (%) Treated pharmacologically 51 (58.6) Not treated pharmacologically 36 (41.4)

IV. DISCUSSION

The group examined the majority of the families in good mental health. The prevalence of mental health category (no mental-emotional disorders) in Indonesia experienced an increase in percentage (5.8%) and a decrease in percentage in all categories of mental disorders around 50.0% [10]. The definition of mental health is not limited to the absence of mental disorders but includes the existence of functions and positive well-being. Positive functions and well-being make the family healthy soul, this condition is described by the family as being able to realize its potential, cope with stress, work productively and contribute to society. The findings reveal significant positive contributions in the community from those with good mental health [11].

In the examined group some families reported psychosocial/risk. A small portion of the risk of mental disorders occurs in pregnant women, victims of domestic violence and unemployment. Pregnant women aged between 16 and 24 years are at very high risk of experiencing mental disorders [12]. Young women (<25 years) are more likely to be victims

of domestic and sexual violence than older women [13] and have high rates of unemployment [14]. Most experienced a lack of income and illness. Socio-economic problems are the main cause of vulnerability for someone experiencing mental disorders. This vulnerability to low socioeconomic status is confirmed by other authors [15,16], who argue that their Malaysian and Indian men who come from low-income families are at risk of suicide. Someone who is sick at risk of mental disorders. Health problems are also confirmed as a risk of mental illness. Other findings reveal that women with gestational diabetes are at risk of developing mental disorders compared to women without gestational diabetes [17]. In addition, patients with chronic, acute or recurrent pancreatitis and diabetes are at high risk for developing mental disorders [18]. The existence of a lack of income, illness, pregnancy, being victims of domestic violence, unemployment increasing the prevalence of mental disorders.

In the examined group some families reported mental disorders (3.6%). This result is lower than the prevalence rates found in Malaga, Spain in the range of 6.0-6.8% [19,20]. Most have symptoms of anger without cause, decreased motivation in activities, talk or laugh alone, do not want to get along, shut themselves in a room and do not pay attention to personal hygiene. Among the 87 families who had symptoms of mental disorders, the majority (58.6%) were treated

pharmacologically. This is higher than the level of treatment found in the community (21.1%) for depressive symptoms [21] .

V. Conclusion

From the early detection, there are still families that show symptoms of mental disorders and are at risk of mental disorders. It shows the need for systematic monitoring of the status of mental disorders in the community. Nurses can follow up by providing nursing care to families with mental disorders and at psychosocial/risk.

ConflictOf Interest

An increase in mental disorders in Lamongan District each year.

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