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Programme of Eradicating *Pasung* in Lamongan Through Community Mental Health Nursing Approach

1st Abdul Rokhman
Faculty of Health Science
Universitas Muhammadiyah Lamongan
Lamongan, Indonesia
ns.abdulrokhman@gmail.com

2nd Nur Hidayati
Faculty of Health Science
Universitas Muhammadiyah Lamongan
Lamongan, Indonesia
deyyacutez@gmail.com

3rd Moh. Saifudin
Faculty of Health Science
Universitas Muhammadiyah Lamongan
Lamongan, Indonesia
saifudin.stikes@gmail.com

Abstract— Background. *Pasung* (physical restraint) in people with mental illness is commonly found in Lamongan. In 2014, Lamongan Government launched the 2017 Lamongan Free from *Pasung* program based on Community Mental Health Nursing (CMHN). The aim of this program was to free all patients in *pasung* throughout Lamongan. The purpose of this study was to describe the evaluation results of Free from *Pasung* program in Lamongan. Methods. This study used a descriptive design with a retrospective observation carried out on all patients in *pasung* in Lamongan Community Health Center during 2014-2017. Results. The number of mental illness patients in 2014-2017 was 3002 patients, 186 (6.2 %) were in *pasung*, consisting of 127 men (68.3%) and 59 women (31.7 %). At the end of 2017, all patients in *pasung* had been released. Discussions. The community-based 2017 Lamongan Free from *Pasung* program is a very important program and has been proven to be successful in releasing all patients in *Pasung*. Conclusions. This program should be carried out continuously to evaluate the possibility of re-*pasung* cases and early detection of new *pasung* cases so that interventions can be carried out as early as possible.

Keywords— free from *pasung*, mental illness, community

I. INTRODUCTION

Rapid socio-economic changes and a non-conducive political situation have an impact on increasing mental illnesses in human life [1]. The changes have an impact on stress in individuals with various signs of symptoms [2]. In certain environmental conditions, individuals may experience mental illness [3].

People with mental illness will experience cognitive, emotional, perceptual, and behavioral disorders [4]. In general, people with mental illness (ODGJ) are unable to carry out basic functions independently, such as the personal hygiene, appearance, and socialization [5]. They experience a decrease in their ability to move and communicate with others. Furthermore, they are unable to face reality.

Data from [6] exposed that there were about 35 million people affected by depression, 60 million people experienced bipolar, 21 millions with schizophrenia, and 47.5 millions with dementia. In Indonesia, the prevalence of mental disorders is 1.7 per mile. People with severe mental illness are commonly found in Special Region of Yogyakarta, Aceh, South Sulawesi, Bali and Central Java. In East Java, the prevalence of mental illness is 2.2 per mile, and the number of people in *pasung* is 14.3% of the total people with mental illness. The number is still above the average prevalence in Indonesia [7]. In Lamongan, the number of people with

mental illness in June 2017 was 2.691 and those with history of mental illness were 186 people [8].

Factors leading to *pasung* in Indonesia according to several research results include avoiding adverse effects of mental illness, such as violent behavior, aggressive, and endangering other people and their surroundings [9]. Additionally, another reason is that they are unable to reach health facilities due to geographical factors [10]. According to [11], obtaining quality, affordable and safe health services were some of the most dominant problems faced by countries with a low to moderate income, and their economic conditions.

People in *pasung* will experience limited space and have difficulty in getting access to information, education or health. *Pasung* affects both physically and mentally. One of the effects which often encountered in people in *pasung* is problem associated with skin diseases, from irritation to severe injuries leading to numbness. Besides, muscles will experience atrophy, paralysis and contractures in some parts of the muscles [10].

Community Mental Health Nursing (CMHN) is an effort to improve mental health services in the community. In a patient's rehabilitation and healing program, CMHN acts as an advocate, therapist for individuals and families, as well as group therapists and environmental managements [12]. CMHN model is quite effective in the community. This is proven by the results of research conducted by [13] in 20 Community Health Centers (*Puskesmas*) located in five areas of DKI Jakarta. From the results, it is obtained that there was an increase in patients' independence from 30% to 70% after 12 home visits for three months. This shows that the application of the CMHN model had an effectiveness on increasing independence in mental illness patients by 40%.

This study aimed to describe the evaluation results of the community-based free from *pasung* program in Lamongan. With this research, it is expected that no more mental illness patients are in *pasung*. The community will no longer use *pasung* and can provide care for mental illness patients with community-based model (community mental health nursing).

II. METHOD

This study used a descriptive design with the retrospective observation carried out on all patients in Lamongan Health Center areas during 2014 - 2017. The participants were all patients who had been in *pasung* in the community in all areas of Lamongan during – the year. Patients' data were obtained from the Health Department of Lamongan including all

patients who were once in *pasung* and then released in all districts in Lamongan.

The program was started in 2014 with the target of "Lamongan Free from *Pasung* 2016" held in collaboration between Health Department, which is in charge of health centers throughout Lamongan Regency and health institutions in the Lamongan Regency (Nursing Academy of Lamongan and Universitas Muhammadiyah Lamongan). This program was carried out based on the target of the Indonesian Health Ministry for free from *pasung* in 2014.

Stages of *pasung* release implementation are as follows:

1. The approach to family and environment
2. The weaning
3. The health examination
4. The socialization
5. The releasing
6. The therapy in the community
7. The evaluation

III. RESULTS

The number of patients in *Pasung* from 2013 to 2017 was 186, consisting of 127 men and 59 women with ages ranging from 17 to 69 years. *Pasung* was performed by means of: chain (45.7%), handcuffs (2.7%), wooden blocks (8.1%), other restraint methods (4.3%), confinement in rooms (30.6%), and other confinement methods (8.6%).

All physical restraints and confinements were carried out by the family due to patients' violent behaviors (46.8%), wandering around (24.7%), and other reasons (28.5%). After being released from *pasung*, 164 patients were evaluated and followed up with using CMHN by the community health center, and 22 patients were transferred to Mental Health Hospital (16 patients to Lawang Mental Health Hospital and 6 others to Menur Mental Health Hospital) since it was impossible to care them at *Puskesmas* due to the violent behaviors. Patients were provided with drugs and evaluated until they were cured by *Puskesmas* and mental health cadres in each district. Post-*pasung* patients showing improvement in Mental Hospital were followed up by *Puskesmas* with both treatments and symptoms. Subsequent patient care was carried out in community based on the Community Mental Health Nursing.

Medical diagnoses made by psychiatrists and psychiatric nurses showed that 98.4% of patients in *pasung* were diagnosed with schizophrenia. Nursing diagnoses which frequently appeared in patients in *pasung* include: hallucinations (24.7%), anxiety (1.1%), risks of violent behaviors (46.8%), risks of suicide (1.1%), a low self-esteem (5.9%), self-care deficits (8.6%), and social isolations (11.8%). At the end of 2017, all patients had been released, but there were 2 patients (1.1%) re-*pasung* by the family because of their violent behaviors due to the drug withdrawal. However, at the end of December 2017, these two patients had been released by the family after being intervened by community-based nursing from health practitioners.

TABLE I. DEMOGRAPHIC OF *PASUNG* IN LAMONGAN

	Number	Percent (%)
Gender		
Male	127	68.3
Female	59	31.7
Age		
< 20 years	2	1.1
20 – 30 years	29	15.6
31 – 40 years	66	35.5
41 – 50 years	42	22.6
>50 years	27	14.5
Not mentioned	20	10.7
Case Discovery (Year)		
2013	14	7.5
2014	47	25.3
2015	103	55.4
2016	18	9.7
2017	4	2.1
Reasons of <i>Pasung</i>		
Violence/ dangerousness	87	46.8
Wandering around	46	24.7
Other reasons	53	28.5
Types of <i>Pasung</i>		
Chain	85	45.7
Handcuffs	5	2.7
Wooden Blocks	15	8.1
Other restraint methods	8	4.3
Locked in the room	57	30.6
Other confinement methods	16	8.6
Medical Diagnoses		
Paranoid schizophrenia	143	76.9
Hebephrenic schizophrenia	12	6.5
Catatonic schizophrenia	1	0.5
Residual schizophrenia	5	2.7
Simple schizophrenia	10	5.4
Schizophrenia, unspecified	12	6.5
Dementia in Alzheimer disease with early onset	1	0.5
Epilepsy	1	0.5
Classical phenylketonuria	1	0.5
Nursing Diagnosis		
Hallucinations	46	24.7
Anxiety	2	1.1
Risk of violent behavior	87	46.8
Risk of suicide	2	1.1
Low self-esteem	11	5.9
Self-care deficit	16	8.6
Social isolation	22	11.8
Therapy		
At home (under <i>puskesmas</i> supervision)	164	88.2
Sent to Lawang Mental Hospital	16	8.6
Sent to Menur Mental Hospital	6	3.2
Alive	165	88.7
Pass away	21	11.3
Evaluation		
Re- <i>Pasung</i>	2	1.1
Reasons : Not mentioned (1)		
Drug withdrawal (1)		

IV. DISCUSSION

Free from *Pasung* program in Lamongan Regency was started in 2014, which was an embodiment program of the Governor to realize East Java free from *Pasung* on June 20, 2014. This program was originally an Indonesian government program begun in 2010 through the issuance of Law No.18 year 2014 concerning Mental Health. China had started a free from *pasung* program since 2005 and managed to free 92% of its patients [14]. In Indonesia, free from *pasung* program began in Aceh (Aceh Free from *Pasung*) in 2010. However,

the final results of the program had not been evaluated in the community because it was only performed in mental hospitals [15].

Pasung is a controversial intervention in health services and the community based on the principles of benefits and side effects of using *pasung*. Reference [16] stated that patients in *pasung* in hospitals must have periodic evaluations until they are released to minimize the occurrence of restraint side effects. In addition, health practitioners in hospitals must understand the correct restraint methods and evaluations must be carried out by taking part in the restraint trainings in accordance with the guidelines and minimizing the restraint unless it is necessary. The community certainly lacks the knowledge on the effects of *pasung* on the patients' physical condition resulting in many injuries and even disabilities among those in *pasung*.

Free from *Pasung* program in Lamongan is carried out by a free from *pasung* team of Lamongan in collaboration with the team from East Java province and several cross-sector parties in the community. Free from *Pasung* team consists of mental health nurses, health center nurses, and mental health cadres. Cross-sectors which involved in releasing *pasung* consists of families, security teams (TNI & police), technical teams (artisans), community leaders, health education institutions in Lamongan, and the local government.

Nurses collaborate with other health teams, patients and families, across sectors and across programs in implementing CMHN which aimed to improve the ability of patients and empower the family to solve problems and improve the coping ability between patients and the family. The role of nurses in preparing *pasung* release process includes: (1) Conducting early detection, mapping and identifying *pasung* cases in *puskesmas* work areas with the data of names, gender, ages, addresses and photos when they are in *pasung*; (2) Reporting case findings to *puskesmas*; (3) Providing mental health education to the family and the environment surroundings related the patients; (4) Motivating the family to release patients; (5) Providing treatments appropriately with the patients' conditions; (6) Training the family to take care of the patient after releasing; (7) Coordinating with relevant parties (family, cadres, family leaders, community leaders, village officials, police, *babinsa*, etc.) to support the *pasung* release process [17].

CMHN nurses must be capable of and understand about the mental health policy, the community mental health nursing, communication, disaster and critical actions, mental health problems, nursing cares (low self-esteem, isolation, hallucinations, risk for violence, risk for suicide, self-care deficit), recording and reporting, building learning commitments, monitoring and evaluating.

Mental health cadres have a role in performing early detection as well as reporting *pasung* cases in their area to community health centers (*Puskesmas*), conducting home visits, community movements, removing family stigmas and providing social supports for the family and the environment, documenting *pasung* cases and assisting clients when necessary [18].

The success of the Free from *Pasung* program in Lamongan cannot be separated from the assistance of Lamongan government launching Lamongan Free from *Pasung* program in 2017, implemented through the program of Lamongan Health Department via public health centers. They mobilized mental health cadres and nurses to run the program and provided free medical assistances to all mental

patients released from *pasung* so that they could be treated at home with supervision from mental health cadres and nurses. Patients will be referred to Mental Hospital only if the condition does not allow them to be treated at home, such as showing violent behaviors. In addition, the success of this program is also due to the participation of the family and the surrounding community assisting the mentoring and supervision of the medication while at home, also receiving post-*pasung* patients in the midst of the community.

V. CONCLUSION

The community-based 2017 Lamongan Free from *Pasung* program is a very important program and has been proven to be successful in releasing all *pasung* patients. This program cannot merely be performed by *Puskesmas*. The role of cadres and nurses in CMHN is very important, but it must be supported by other health workers, cross-sector and cross-program collaboration in a synergy and the most important is family and community's cooperation and coordination. Collaborations among the family, mental health cadres, and the community around patients are very important to help implement the program sustainably and thoroughly.

This program should be carried out continuously to evaluate the possibility of *pasung* cases and early detection of new cases conducted as early as possible. By providing good cooperation and coordination in all aspects, it is expected that there will be no more *pasung* cases in Lamongan toward mental illness patients, family understands free from *pasung* program and is able to cooperate well and of course there will be no re-*pasung* case by family. In addition, the program must be followed up and evaluated to prevent drug withdrawal and to ensure post-*pasung* patients to be able to return to normal life in the community.

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