The Effect of Supportive Group Therapy Toward DM Patients Depression

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ABSTRACT

Diabetes mellitus is one of the global health problems which can leads complications, include kidney failure, blindness, stroke and amputation of body parts. Problems and complications that arise in DM can lead to depression. Depression arises because it is influenced by many psychological factors, both directly and indirectly. Supportive group therapy is therapy that is openly used to express thoughts and emotions. Supportive group therapy conduct patient to exchange of experiences. This experiences are expected to change the behavior of DM patients through imitation or reinforcement provided by the patient's environment. The purpose of this study was to determine the effect of group activity therapy towars DM patients depression. This research is an experimental study without control group in the Padi Mas group in Surakata. This study uses a questionnaire using the Beck Depression Inventory (BDI). The research method uses univariate and bivariate analysis using the chi square test. The results showed that after group therapy there was a change in the depression condition but it was not significant, most of them still had moderate signs and symptoms of depression. After group therapy, there was a change in the number of depression groups but it was not significant, most of them still had moderate signs and symptoms of depression.

INTRODUCTION

The health prevalence in Indonesia for non transmitted diseases is dominated by asthma at 4.5%, while Diabetes Mellitus (DM) occupies the fourth number with a percentage of 4.5% (Kementerian Kesehatan Indonesia, 2018). Indonesia ranks seventh in the largest number of countries with DM

sufferers, which is 8.5 million people with DM. IDF predicts that in 2035 the number of people with DM will increase to 592 million people with an estimated 175 undiagnosed. This condition will increase the risk for complications and require more complex treatment (Kementerian Kesehatan Indonesia 2021, 2021). DM is a non transmitted disease that requires long-term treatment. The impact of long-term treatment given to clients with DM will cause physical problems as well as psychological problems. Psychological impacts can range from anxiety, impaired body image and low self-esteem to depression (Purnomo *et al.*, 2021).

Patients with diabetes mellitus (DM) have a 15% greater risk of suffering from depression than people without diabetes mellitus (DM). Depression in people with diabetes is associated with poorer glycemic and metabolic control, a more rapid onset of complications, and a two-fold greater risk of morbidity than those with diabetes without depression. The prevalence of depression in DM type 2 patients is 31.3%, this can have a negative impact on people who experience it, which has an impact on physical and psychological conditions (Purnomo *et al.*, 2021).

Those conditions need support for DM patients, so that they can continue to be committed during the treatment process. Support is given to DM patient with social support and group support. Giving group therapy is able to increase the problem of low self-esteem in clients with DM (Sari, 2016). The support given to DM patients can be given in the form of social support and group support. Giving group therapy can overcome the problem of low self-esteem in DM patients. A group is a group of individuals who are related, interdependent and have the same norms and interact with each other. Group therapy is a therapy that is given with an emphasis on group dynamics. Group dynamics is a supporting factor of group, it can be directed and supported between members in the group. Giving group therapy to DM patients can be in the form of supportive group therapy (Lestari, 2019). Supportive group therapy is therapy given in the form of groups with the aim of reducing stress and increasing positive coping. The basic concept of supportive group therapy is to conduct patients with the same problem and make safe feeling so that group members can work together with the therapist to overcome internal and external obstacles that arise in achieving the group's ultimate goals (Hidayati, 2012).

Supportive group a group that has the same problem to support each other and

give reinforcement to the group, as well as individual in the group. The main goal of a supportive group is the achievement of effective coping skills for the problems experienced. The existence of groups that have the same problems thinking about the same problems can provide opportunities for individuals in the group to learn from each other and strengthen each other (Saraswati, 2019).

METHODS AND MATERIALS

This research is an experimental study without control group. The population taken in this study were all members of the Padi Mas Surakarta community. The sample criteria were taken using probability sampling technique. Pre-test was conducted to measure depression, then group therapy was given for one month in a row (4 meetings).

Post test is measured after the therapy is finished. Data collection techniques in this study using a questionnaire using the Beck Depression Inventory (BDI). Based on the assessment using the BDI, there will be 4 categories of depression, minimal depression, mild depression, moderate depression and major depression. Univariate analysis was used to describe each research variable, the characteristics of the respondents which

included age, gender, type of DM, duration of suffering from DM, education and occupation. Bivariate analysis is used to prove the hypothesis that has been made. Researchers used the chi square test to perform bivariate analysis.

RESULTS AND DISCUSSION

1. **Characteristics of the respondents**

   Table 1. Characteristic of respondents based on gender

Gender	Freq	Percent
Male	12	40.00
Female	18	60.00
Total	30	100.00

   Based on the results of the analysis, it was found that most of the respondents were female (60%) of the total respondents. This is in accordance with the results of (Kementerian Kesehatan Indonesia, 2018) which show that the prevalence of DM in women is higher than that of men. The prevalence of women is 1.78% compared to the prevalence of men 1.21% (Kementerian Kesehatan Indonesia 2021, 2021). In the last 5 years the prevalence of women suffering from DM has shown an increase, while men have shown a decrease (RI, 2020).

Table 2. Characteristic respondents based on Age

Age	Freq	Percent
45 - 54	14	46.67
55 – 65	16	53.33
Total	30	100.00

Based on the univariate analysis, it was found that most of the age groups that became respondents in this study were the elderly age group with the lowest age of 48 years and the highest being 63 years.

The results of the table show that the largest age distribution is the pre-elderly group aged 55 to 65 years as much as 53.33%.

The age group that has a risk factor for diabetes is age over 45 years. The prevalence of DM will increase with the age, this is because the older you are, the insulin secretion by the pancreas will also decrease. This is in accordance with the results of research which states that in Type II Diabetes Mellitus, age over 45 years can cause the risk of Diabetes Mellitus and age which triggers the release of hormones that can lead to instability of blood sugar levels resulting in decreased insulin work (Musripah, 2020).

Table 3. Characteristic respondents based on occupation

Occupations	Freq	Percent
government employees	2	6.70
unemployees	28	93.3
Total	30	100.00

Based on the table above, it can be concluded that most of the respondents do not work. The number of respondents who do not work is documented as much as 93.3% of the total respondents. Most of the respondents do not work, so they are no longer active to earn income as usual. This condition certainly affects the economic condition of the respondents. These changing economic conditions can be a source of stressors, thus enabling respondents to experience depression. There was no association between socioeconomic factors and major depressive disorder, but a higher incidence of bipolar I disorder was found in lower socioeconomic groups (Purnomo *et al.*, 2021).

2. Depression conditions before therapy

Table 4. Depressions conditions before therapy

Depressions	Freq	Percent
Moderate depressions	2	6.70
Mild depressions	25	83.30
Minimal depressions	3	10.00

Based on the table above, it can be concluded that prior to group therapy, 83.3% had mild depression, 10% had minimal depression and 6,7% had moderate depression.

Based on the univariate analysis, it was found that as many as 30 respondents who were involved in this study experienced depression. The depression experienced by the respondents varied. Most had mild depression, with a total of 25 respondents. The remaining 2 respondents experienced signs of moderate depression and 3 other respondents experienced minimal depression. The measurement of depression in this study used Beck inventory depression (BDI). The interpretation of the BDI instrument includes categorizing depression based on the client's symptoms. The criteria for depression in this instrument are divided into 4 categories, namely: major

depression, moderate depression, mild depression and minimal depression (Hasanah *et al.*, 2020). Another term states that minimal depression is a symptom of everyday emotional disturbances. The high incidence of mild depression in respondents is influenced by several influencing factors. One of them is the age factor. Based on the characteristics of the respondents that all respondents are in the age range of the elderly. As we know that theoretically the incidence of depression in the elderly is up to 35% and this figure will increase if accompanied by complaints of physical illness suffered by the respondent, the physical condition in this case is suffering from DM. So this condition can increase respondents to experience depression (Karsuita, Decroli and Sulastri, 2016).

Depression is a psychological disorder that is often associated with long-term stressors such as chronic diseases, including DM. Men and women are different in dealing with a stressor. Men are sometimes less emotional so they prefer to directly solve the problem at hand or directly face the source of stress. Whereas women tend to use feelings or are more emotional so they rarely use logic or ratios that make women more difficult

to deal with stress. Women with diabetes have worse control of blood sugar, blood pressure, and blood cholesterol levels than men with diabetes. Therefore, the risk of complications and death from DM in women is higher than men. Diabetic patients who undergo regular treatment with long-term stressors cause depression (Purnomo *et al.*, 2021).

3. Depressions conditions after therapy

Table 5. Depression conditions after therapy

Depressions	Freq	Percent
Mild depressions	23	76.70
Minimal depressions	7	10.00

Based on the table above, it can be concluded that after group therapy, 76.7% experienced mild depression, 10% experienced minimal depression.

Based on the results of bivariate analysis, it can be seen that the implementation of group therapy for respondents with DM in the Padi Mas community is not related to the group activities they participate in. Based on previous research, it was stated that group therapy is effective in reducing the incidence of depression, because it is possible through facilitated group activities of respondents to reduce signs of depression symptoms and feel that their needs for social support are fulfilled (Gati, Mustikasari and Putri, 2016).

However, this condition did not occur in the respondent group in the Padimas community, based on the results of the study after participating in group activities, it was found that 23 respondents experienced mild depression while 7 of them were in the minimal depression category. There was a decrease in the moderate depression group from two to none. The rate of mild depressions decreased by 2 respondents. Before treatment, the group of respondents who experienced mild depression was 25 and decreased to 23 after group therapy. However, this condition has not been able to show the success of group therapy in conditioning symptoms of depression in DM patients.

4. The effect of supportive therapy

Table 6. The effect of supportive therapy

	Value	df	Asymp.Sig. (2-sided)
Pearson Chi-Square	6.536^2	2	.038
Likelihood Ratio	3.526	2	.172
Linear-by-Linear Associatopn	3.559	1	.059
N of Valid Cases	30		

Based on the table above, it can be seen that there is no effect between group activities toward depression conditions. This is evidenced by the value of $p > 0.05$ which means Ho is accepted.

The analysis that can be provided by researchers is to refer back to the factors that influence depression, which include organobiological, psychological and socio-environmental factors. Most of the respondents in the padi mas community group are respondents who are no longer working and most of them are retirees who are no longer actively working. So that this condition becomes one of the stressors felt by respondents and which makes respondents experience mild depression. This condition is in accordance with research from which states that the economic support system will affect depression conditions. In addition to economic problems, the factor that causes depression in the community is the life process factor, this is evidenced by the majority of respondents in the padi mas community living alone with a partner, in the sense that the respondent has left a large family and the respondent's children have become independent. This condition will increase the incidence of depression in the elderly. This is in accordance with research which states that events that increase the rate of depression are physical complaints experienced and the presence of social support (Hasanah *et al.*, 2020) (Karsuita, Decroli and Sulastri, 2016).

The group therapy given in this study emphasizes more on activities that are routinely carried out by the padi mas community, where this routine activity is already scheduled. Group meetings are held once a week with a different agenda each week. The activities include joint exercise, singing together and measuring blood pressure as well as routine blood sugar tests. This group activity has not been carried out in a structured manner and involves all group members, so this condition allows not all Padi Mas group members to feel the benefits of group activities socially. Group activities usually start at 06.00 and finish at 09.00. Researchers measuring group activities only divide into two categories, namely following routine and non-routine to the exclusion of activity and ability to interact with the group. This condition allows the incidence of depression to be high in the Padi Mas community.

CONCLUSIONS AND SUGGESTIONS

The condition of depression that occurred before group therapy was carried out was mostly moderate depression. After group therapy, there was a change in the number of depression groups but not significant, most of them still had moderate signs and symptoms of depression.

Suggestions for further research, researchers can do group therapy with more conceptual and measure the ability of respondents to interact in groups. Carry out qualitative measurements of depression conditions and factors that cause depression in respondents

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