Description Of Self Efficacy Post Group Activity Therapy (TAK) in People With Mental Disoders inThe Gilingan Primary Healthcare

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ABSTRACT

Introduction: People with Mental Disorders (ODGJ) tends to increase, this is a concern to provide services. The implementation for ODGJ depends on several factors, one of which is self-efficacy. OGDJ who have high self-efficacy are expected to be able to make the right decisions according to the patient's condition, such as ability to take regular medication. By taking medication regularly, the signs and symptoms of ODGJ are under control. **Objectives:** *The purpose of this study was to determine the self-efficacy of ODGJ after group activity therapy.* **Methodology:** *This study used descriptive cross sectional method. A total of 10 respondents were measured for their self-efficacy abilities and then performed a univariate analysis to see the self-efficacy scores.* **Result** *:The results of this study showed that 60% of respondents had high self-efficacy.* **Conclusions:** *The conclusion is that most respondents have high self-efficacy after group activity therapy carried out.*

INTRODUCTION

People with mental disorders (ODGJ) is a term given to people with mental disorders, which is a condition of individuals who experience disturbances in thoughts, feelings and behaviors that occur in life that cause changes and obstacles in carrying out their functions as whole humans (Negara & Indonesia, 2014) The incidence of mental disorders in Indonesia has increased significantly based on data from basic health research (Riskesdas) of 5.3 per mil. In 2018, data on severe mental disorders reached 7.0 per mil. In addition to severe mental disorders, the incidence of depression has also increased (Riskesdas, 2018)

An increase in the incidence of ODGJ also occurred in the Central Java region, based on data from the Central Java Health Office, 2019 the number of mental

disorders in pasung in 2017 was 364 and doubled in 2018 to 654 andthen decreased to 511. Visits to mental hospitals in Surakarta also experienced an increase in visitation data from year to year. In 2012 there were 4,001 visits, increasing to 4,545 in 2016. Gilingan primary healthcare is one of the health centers that provides services for people with mental disorders. Activities that have been carried out include TAK activities and routine home visits by the person in charge of mental care. However, continuous assistance is needed in an effort to reduce the recurrence rate.

The increase of mental disorders incidence is a consideration for prevention efforts, both prevention for risk groups so that they do not develop into mental disorders and groups of individuals with mental disorders so that the recurrence rate decreases. Based on data from the 2018 reskesdas, treatment coverage for mental disorders reached 84.9%, although there were 51.1% who did not routinely take medication. The highest reason for not taking medication regularly is because the patient feels he is already healthy. Adherence to taking medication is not the only way to suppress recurrence, although this therapy is needed to control signs and symptoms.

Patients who are obedient to taking medication by doing regular check-ups even though they don't relapse have been shown to be able to reduce the recurrence rate. This is because during routine check-ups the patient can consult and evaluate the patient's treatment therapy (Ireine Kaunang et al., 2015). Patient medication adherence is influenced by many factors, however research conducted by (Naafi et al., 2016) showed that individual characteristics including age, gender and education did not affect the patient's medication adherence. Compliance with taking medication will actually increase when patients get support from the closest environment such as (Sulastri & Kartika, 2016) The family is an important component in helping the family to understand the patient's condition. A good understanding of the patient's self can be measured through self efficacy.

Self-efficacy is a belief that is aimed at oneself, including the ability to motivate oneself and behavior that is carried out based on the thought process of each patient (Maddux & Gosselin, 2014) Research from (Pratama et al., 2017) states that self-efficacy can be increased by exposure to information that provides knowledge. Knowledge that can be increased in patients with mental disorders can include

information about the disease process, the process of treatment and care while at home. This information can be provided maximally through group therapy. Group therapy is one of the modalities of therapy that can be given to patients to help solve patient problems. Group therapy can improve the patient's experience, as a place for patients to practice solving problems and developing adaptive behavior (Keliat & Prawirowiyono, 2014)

Based on the above background, the researcher is interested in conducting a study with the title description of self-efficacy after group activity therapy (TAK) in people with mental disorders in the working area of the Surakarta milling health center

METHODS AND MATERIALS

This research design uses a cross sectional approach with one group to measure self-efficacy. The measurement is carried out once to determine the self-efficacy of people with mental disorders. This study took the location of the Gilingan primary healthcare Surakarta in March 2020. The population of this study was all people with mental disorders in the working area of the Gilingan primary healthcare. The sample was taken by total sampling who met the following criteria:

1. Inclusion criteria:

a. People with mental disorders as evidenced by a medical diagnosis from a doctor

b. Able to communicate well as evidenced by being cooperative during interactions

c. Have followed TAK proven by a previous TAK certificate

2. Exclusion criteria:

a. Patients with reality orientation disorder

b. Patient has violent behaviour

Data was collected using two research instruments, first questionnaire is instrument A, This is a questionnaire containing the characteristics of the respondents including age, gender, education and income. Questionnaire instrument B is about self-efficacy. Questionnaire B is a general self-efficacy (GSE) questionnaire consisting of 10 questions. Each question has an answer option of strongly agree (4), quite agree (3), neutral (2) and strongly disagree (1). Each item is then analyzed and summed. The highest GSE score is 40 and the lowest is 10. The interpretation criteria are as follows:

1. Low self-efficacy is indicated if the score < median

2. High self-efficacy if the score median

After the data was collested then researcher analized the data use descriptive method.

RESULTS AND DISCUSSIONS

Data collection was carried out directly in March 2020 at the GilinganPrimary Healthcare, Surakarta. Respondents who participated were 10 respondents consisting of ODGJ patients in the GilinganPrimary Healthcarer.

1. Age

Table 1 Distribution of respondents by age in 2020

Age	Number	%
Early Adult (20-35)	6	60%
Midle Adult (36-60)	4	40%

2. Gender

Table 2 Distribution of respondents by gender in 2020

Gender	Number	%
Male	6	60%
Female	4	40%

3. Occupations

Table 3 Distribution of respondents by occupation in 2020

Occupation	Number	%
working	5	50%
Does not working	5	50%

4. Education

Table 4 Distribution of respondents based on education level in 2020

Educational	Number	%
SD	5	50%
SMP	2	20%
SMA	2	20%
PT	1	10%

5. Self efficacy

Tabble 5 self efficacy in people with mental disorders at the GiliganPrimary Healthcare 2020

	High	%	Low	%
Self efficacy	6	60	4	40

a. Age

The respondents age in this study mostly consisted of the early adult age group (20-35 years). Based on a survey from the 2018 Riskesdas, it was stated that the prevalence of the population over 15 years of age who experienced depression was 6.1 per mil and of the total who experienced depression, only 9% took treatment to health care facilities. Based on this data, if the incidence of ODGJ increases every year, one of the reasons is that there is no awareness to tackle mental health problems early.

Based on the analysis of the tasks and developments experienced by individuals who are young adults. That this age is an age stage where the task of individual development has increased. Individuals are not only responsible to themselves but individuals also begin to play an active role in fulfilling the expectations of the surrounding environment. Individuals have also begun to have responsibilities to others through marriage relationships. This condition allows individuals to be exposed to more stressors, the more exposed to stressors if the patient does not have a good source of support and coping, it will increase a person's risk of experiencing mental health problems (Rinawati & Alimansur, 2016)

b. Gender

The majority of respondents were male (60%). Gender can be a differentiator for the risk of experiencing mental disorders. Research conducted by (Sutinah & Maulani, 2017) states that the male gender tends to have a high stress threshold so that it will affect depression. Research conducted by (Restiana & Sulistian, 2017) also results in data that patients with mental disorders are greater in men. This can happen because men in productive age have greater demands for responsibility when compared to women, so this condition will encourage men to be exposed to stressors.

Exposure to a lot of stressors and if it occurs in the near future or in the long term it is felt that it will require a lot of energy to deal with it (Brooks et al., 2012) However, individuals are basically able to adapt by themselves if they have good support sources. When viewed from the perspective of the culture in which the respondents lived and grew up, it was found that all respondents were born and raised in an environment with Javanese culture. In Javanese culture, men and women have different tasks. Javanese culture prefers men to be given tasks in carrying out heavier tasks, for example in work and the economy (Putri & Lestari, 2016). This condition also creates additional stressors for men so that men are more at risk for experiencing mental disorders than women.

c. Occupations

Based on the results of the study obtained data that 50% of respondents work. The work carried out by the respondents varied, most of the respondents had a side job that was not permanent but could be used as a source of income. Five respondents who worked, one of them worked as a motorcycle taxi driver (gojek) and the rest worked by helping their

families by selling daily needs. This job is the preferred job by the respondents, the family said that they never required the patient to work but the patient was willing to work to generate their own economic value. This patient's ability is the result of the long hard work of the entire team at the Gilingan Primary Healthcare consisting of the person in charge of the mental. This condition is also supported by the program that has been carried out by the Gilingan Primary Health care to empower ODGJ.

d. Education

Based on the results of previous studies, most of the respondents had an elementary education (SD) of 50% and 1% of those who had a higer education (College). Respondents who have higher education get high self-efficacy scores. Education is a place for every individual to increase knowledge. Higher education will allow each individual to learn to solve the problems they face. The process in education will also affect the level of knowledge (Putri & Lestari, 2016) The higher knowledge of individuals will form adaptive behavior. This is in line with research from (Wardana. & Suharto, 2017) which explains that there is a close relationship between education, knowledge and individual behavior in utilizing health facilities.

e. Self efficacy

Based on the results of the patient's self-efficacy, it was found that most of the patients had high self-efficacy (60%). This high self-efficacy is an individual achievement of ODGJ in carrying out a series of therapies that have been carried out. All of the ODGJs at the Gilingan Primary Healthcare did outpatient treatment either at the Puskesmas itself or as an outpatient at the RSJ Suarakarta or to a general practitioner. All patients take the drug and regularly consume it under the supervision of the care giver. The care giver referred to here is the patient's family, although there are 3 respondents who do not have a family. Respondents who do not have families still receive care givers, the care giver is from Kader who have been appointed by the Gilingan Health Center. Kader work voluntarily to remind patients to take medication and assist in routine check-ups as well as reminding when there is a therapy schedule at the Gilingan Primary Healthcare.

High drug adherence in patients must get support from the care giver or the patient's family. Therefore, it is necessary to have a care giver who has good knowledge to be able to help ODGJ to take medication regularly (Sulastri & Kartika, 2016);(Rosdiana & Widjajanto, 2018) Patients who regularly take medication will

be better able to control signs and symptoms so that ODGJ focuses more on exercise to improve their quality of life. In addition, patients who regularly take medication will reduce the patient's recurrence rate (I. Kaunang et al., 2015)

The high self-efficacy of the respondents in this study, apart from being influenced by the need to take medication, is also influenced by the presence of good coping sources. According to (Stuart, 2013) it is stated that individuals have sources of coping including: individual ability, social support, material assets and positive trust. Respondents in this study already have good self-ability. This is evidenced by evidence that all respondents have certificates of activity in TAK activities. Activeness in this activity is a source of support because when implementing the TAK program that has been scheduled by the Giling Primary Healthcare, respondents learn how to solve problems faced in discussion groups. TAK also take pat to make the ODGJ more independence in controling the sign an simptoms (Handayani et al., 2013). In addition to individual abilities, respondents also have good social support. This is indicated by the support from the local government which facilitates ODGJ to continue working. Support also comes from

their familly who take care and supoort the activiies of ODGJ's so that they can take the medication reguarty (Dewi & Herlianti, 2021). Support that is not only obtained from a small family circle but also from a large environment will make the patient feel valued and able to carry out his role. Material assets owned by respondents include ownership of access to health facilities, this is evidenced by the existence of mental health services that are opened and close to the location of ODGJ's homes. In addition, all ODGJ's also get health insurance from the government which allows ODGJ's and their families to be able to access health services without being burdened with the costs

CONCLUSIONS AND SUGGESTIONS

Self-efficacy is a belief that is aimed at oneself, including the ability to motivate oneself and behavior that is carried out based on the thought process of each patient. There are several factors that make ODGJ have high self-efficacy, activeness in psychosocial therapy activities and psychopharmaceutical therapy. Suggestions for the next research is to continue the research to measure the effectiveness self efficasi to maintain the sign and simptom of the patients.

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