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EFFECT PSYCHOEDUCATION FAMILY ON ABILITY FAMILY IN TREATING PEOPLE WITH MENTAL DISORDERS (ODGJ) DEPRIVED (PASUNG)

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ABSTRACT

Mental disorder is disturbances in thinking, volition, emotion, and action. The set of circumstances that are not normal, either related to the physical, nor the mental. From the preliminary study result obtained skill poor ability of families in caring ODGJ deprived in Healty Foundation Ya Bani Amrini Tanah Merah Districts. This study was to analyze the ability of families in caring for people with mental disorder is shackled before and after psychoeducation family in Healthy Foundation Ya Bani Amrini Tanah Merah Districts. The method used Pre-experimental approach to one-group pre-post test design, the independent variable family was psychoeducation therapy and the dependent variable was the ability of families in caring for people with mental disorders deprived. The population was as many as 30 families with mental disorders in Healthy Foundation Ya Bani Amrini Tanah Merah,District the instrument of data collection using questionnaires. The results of the data analysis were presented in a frequency distribution table. The test statistical of this research was Wilcoxon α =0.05. Based on the results, it has been gotten the ability of the family before the family psychoeducation with the results mean 21,6 and after being given family psychoeducation with the results mean of 29,1. By using Wilcoxon showed ρvalue = 0,000 <α = 0.05 so it can be concluded there was no differences in the ability of families in caring for people with mental disorders before and after psychoeducation family. The solutions that can be given to the family of this research is expected be an input for family members of patients who have a mental disorder experience on the importance of knowledge and information about mental illness on the family's ability to care for patients mental disorders.

Keywords: Mental Disorders, Psychoeducation, Family Ability, Knowledge.

INTRODUCTION

Mental disorders are disturbances in thinking, volition, emotion, action. The set of circumstances that are not normal, either related to the physical, and the mental. The abnormality is: a mental disorder and mental illness (Sulistyorini, 2013). Patients with psychiatric disorders is someone who is at high risk to commit acts of violence, either in yourself, others, and the environment (Malfasari, 2015).Family behavior in the handling ODGJ in reality there were referred to the Mental Hospital or to stay with family. The family has some reason to care ODGJ at home, the main factor is that

people do not know that ODGJ treatable, family feel ashamed for having a family member with ODGJ and family do not have to check ODGJ costs to health services (Kompas, 2008).

ODGJ often stigmatized neighborhood. ODGJ public trust that is caused by mystical or supernatural occurrences, dangerous, can not work and will never be cured, so that the stigma on ODGJ include neglect, prejudice and discrimination (Thornicroft et al, 2008 at Lestari & Ward, 2014). ODGJ deprived had failed to recognize the sensation of hunger or thirst, and they may not get the intake of food or fluids are inadequate, for example in schizophrenia are generally deprived may experience self-care deficit is significant, does not address the needs of hygiene and decorated so that he failed to carry out activities basis in everyday life such limitation will continue to fulfill other basic needs

WHO (World Health Organization) said at least one in four people experiencing mental problems in the world, an estimated 450 million people worldwide who experience mental health disorders. Health Research (Riskesdas) 2013 mentions the prevalence of mental disorders in the population of Indonesia as much as 0.17%, and the prevalence of mental disorders in East Java in severe mental disorders (psychosis / schizophrenia) as much as 0.22% emotional and mental disorders was 6.5 %.

The Ministry of Health estimates that the number of ODGJ deprived throughout Indonesia reached over 18,000 lives. The proportion of families who have ODGJ psychosis and had been deprived of 14.3%, or about 237 families of 1,655 families who have ODGJ deprived and most of the families in rural areas (18.2%) (Riskesdas, 2013).

The percentage of families who have ODGJ deprivation in East Java as much as 16.3% (Riskesdas, 2013). Jember District Health Office in 2014 states that the number of deprived ODGJ most are in Sub Ambulu as many as six people were identified. Deprivation carried out by the public due to several reasons, namely, community and family fear ODGJ would commit suicide and wounding others, the inability of families caring for ODGJ, and also because the government does not provide mental health services base on ODGJ who are in the community (Minas & Diatri 2008)

According to the Ministry of Social Affairs survey in 2008, from about 650 thousand people with severe mental disorders in Indonesia, at least 30 thousand stocks. The reason that the patient is deprived generally do not harm others and inflict a disgrace to the family. Though memasung was unlawful. It is set in the Mental Health Act No. 18 of 2014. The Ministry of Health also ordered all heads of regions to ban memasung residents with mental disorders. Now the government was not kidding, by launching a "Major Non airborne Indonesia 2016"

Deprivation of an act that families are affected by several factors, including internal factors the family, the lack of information and knowledge about mental disorders cause families and communities deprived, external factors family, namely difficulty accessing health care facilities by the family and the support of the social environment (community) because of the lack of environmental knowledge about mental disorders and regulations governing the system of mental health services in Indonesia. Other causes deprived according to the study (Bieber & Ward, 2014), among other conditions ODGJ severe or severe, rampage, harm to others, behavioral ODGJ can not be controlled so as not to obscure and damage, healing ODGJ can be faster, ignorance of the family, and shame the family, as well as the absence of medical expenses (MOH 2005 in Sari, 2009).

Based on the results of preliminary studies in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah on 20 April 2016, the result of the 10 families who have patients of people with mental disorders deprived, 8 respondents are less capable of caring for families experiencing mental illness with a value <50 %. While two respondents are quite capable of caring for families experiencing mental illness with a value of 56-75%. The cause of deprivation can be divided into two factors,

namely internal family includes limited information and knowledge about mental disorders cause families and communities deprived, and external factors families include difficulty accessing health care facilities by the family and the support of the social environment (Halida, 2015).

Social impact is very serious form of rejection, exclusion and discrimination. Similarly, the economic impacts such as the loss of productive days to make a living for patients and families to care for, as well as high maintenance costs to be borne by the family and society (Siswono, 2001).

Efforts to increase the ability of families in caring for people with mental disorders is the provision of family psychoeducation therapy, skills can be done through health education. Psychoeducation was able to reduce the workload significantly and improve the ability of families in caring for people with mental disorders. Family psychoeducation is one form of mental health treatment therapies families by providing information and education through therapeutic communication. Psychoeducation is a tool that is increasingly popular family therapy as a strategy to reduce the risk factors associated with the development of behavioral symptoms. Psychoeducation provided to the family influence on the increase in knowledge, attitudes, skills, and independence of the family. Family psychoeducation is to share information about mental health care. Another objective of this program is to provide support to other family members in reducing the burden on families, especially the physical and mental burden of caring for clients with mental disorders for a long time (Varcarolis, 2006). Thus the researchers will conduct research with the title "The Effect of a psychoeducation family a Capability Against Family In Caring for People with Mental Disorders (ODGJ) deprived in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah".

MATERIALS AND METHODS

In this study, using pre-experimental model of one-group pre-post test design that reveals a causal relationship by engaging a group of subjects. The group of subjects was observed before the intervention, and then observed again after the intervention. (Nursalam, 2013).

The independent variable in this study is a family psychoeducation. The dependent variable is the ability of families caring for ODGJ deprivation.

In this study used population is deprived families ODGJ patients treated at Pondok Sehat Foundation Ya Bani Amrini Tanah Merah. Samples very helping researchers to reduce bias research results, especially if the variables (control or confounder) that turned out to have an influence on the variables studied.

The inclusion criteria research subjects are common characteristics of a reasonable target population to be studied (Nursalam, 2011).

Criteria for inclusion in this study are:

1) Family carers ODGJ
2) The family is the decision-maker

Exclusion criteria Is to eliminate or exclude subjects who met the inclusion criteria of the study for various reasons (Nursalam, 2011).

Exclusion criteria in this study are:

1) Families who do not have a mental disorder
2) Family uncooperative

RESULT AND DISCUSSION

Frequency Distribution Based on Age Families Patients ODGJ in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah

Table 1 Frequency Distribution Based on Age Families Patients ODGJ in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah

Age (year)	Frequency	Percentage %
26 - 35	23	76,7
36 - 45	7	23,3
Total	30	100

According to the table1 in mind that nearly half the age of the respondents was the beginning of adult age 26-35 years as many as 23 people (76.7%).

Data Frequency Distribution of Respondents Based Work

Table 2 Frequency Distribution Based Job Patients ODGJ Family Foundation Ya Bani Amrini Tanah Merah

Work	Frequency	Percentage %
private,	7	23,3
self-employed	9	30
Farmer	14	46,7
Total	30	100

Based on Table 2 shows that almost half of the respondents worked as a farmer as many as 14 people (46.7%)

Data Frequency Distribution of Respondents by Sex

Table 3. Distribusi frequency by Sex Families People ODGJ At Yayasan Tanah Merah Yes Bani Amrini

Sex	Frequency	Percentage %
Male	26	87
Female	4	13
Total	30	100

Based on Table 4.3 shows that nearly all respondents gender is male as many as 26 people (87%).

Data Distribution Capabilities Caring Family In ODGJ deprived Before and After given psychoeducation

Table 4.6 Distribution of the frequency of family ability in caring ODGJ deprived before and after psychoeducation.

No Respondents	Score Pre	Kategori	Post	Kategori
1	18	less	28	Enough
2	18	less	25	Enough
3	20	less	28	Enough
4	34	Good	35	Good
5	28	Enough	35	Good
6	17	less	24	Enough
7	18	less	24	Enough
8	18	less	26	Enough
9	20	less	29	Enough
10	25	Enough	34	Good
11	18	less	21	Less
12	25	Enough	32	Good
13	35	Good	35	Good
14	20	less	29	Enough
15	25	Enough	34	Good
16	25	Enough	35	Good
17	16	less	28	Enough
18	16	less	28	Enough
19	23	Enough	32	Good
20	19	less	21	Less
21	25	Enough	35	Good
22	19	less	28	Enough
23	20	less	20	Less
24	24	Enough	33	Good
25	24	Enough	33	Good
26	20	less	28	Enough
27	18	less	28	Enough
28	20	less	27	Enough
29	19	less	29	Enough
30	21	less	29	Enough
Mean	21,4		29,1	

According to the table 4.6 in mind that based on the output test of normality, obtained significance value of 0,036, it can be concluded that the data capabilities before and after the family psychoeducation distribution is not normal. thus, the Wilcoxon statistical tests performed, the result of 30 respondents have increased the family's ability to care for patients ODGJ were shackled before and after psychoeducation. ρ value 0,000 <α 0.05 Ho is rejected, H1 is accepted, it can be concluded that there are differences in the level of the family's ability to care for deprived ODGJ given after family psychoeducation in Pondok Healthy Children Foundation Amrini Yes subdistrict Tanah Merah

Lack of skills and knowledge of the family in recognizing health problems in the family led to the weakening of the patient's recovery process. Patients with psychiatric disorders need extra attention from family. But the outcome, the family paid little attention to the changes that occur in patients ODGJ. The family did not know about the day / month / year change in behavior in patients with mental disorders. By knowing the changes in the patient, at least the family can determine the severity of a penyait suffered by the patient. The level of concern are affecting families cure rate of patients, especially patients ODGJ. ODGJ patients do not know that he was sick, so the knowledge of the family in recognizing the family health problems is very important. If the family does not know the early symptoms of patients ODGJ, it can be concluded that the family did not know the information about how to care for those patients with psychiatric disorders.

According to the theory (Notoatmodjo, 2007) knowledge is to know the results and this occurred after people perform sensing on a specific object. Sensing occurs through the human senses, the senses of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears.

The process is based on the knowledge of awareness and a positive attitude, then the behavior will be lasting. Conversely, if the behavior is not based on the knowledge and awareness then it will not last long (Notoatmodjo, 2003).

Domain knowledge is very important for the formation of a person's actions. Because of the experience and the study was based on the knowledge of behavior will last longer than those not based on knowledge. Knowledge can be either physical goods, understanding well done by perception through the senses and through reason, all objects that can be understood by the human form of ideal or concerned with psychiatric problems.

Knowledge families identify an initial mental health effort in providing a climate conducive to family members. Families in addition to improving and maintaining mental health of family members, it can also be a source of problems for family members who experienced psychiatric problems his family (Notosoedirdjo & Latipun, 2005)

This is according to research from the National Mental Health Association bodies NHMA (2001) found that a lot of misunderstanding or misconceptions about the family of mental disorders, family mengangggap that someone experiencing mental disorders will never recover again. But in fact, NHMA suggested that people who experience mental illness can recover and be able to resume their activities.

Another factor influencing the lack of ability of families in caring for people with mental disorders is the age factor. Based on the results of the age distribution of the families of patients with mental disorders deprived in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah known that most of the respondents age category 26-35 years early adulthood as many as 23 respondents, or 76.7%. The more mature age, the higher a person's experience.

According to Mubarak (2007) with a person's age will be a change in the psychological aspect da psychological (mental). Physical growth in general there are four categories of change, that change in size, proportions change, loss of cici-old traits and the emergence of new traits. This occurs due to the maturation of organ function. On the psychological and mental aspects of a person's level of thinking is more mature and adult. This is consistent with the theory Cit Henry (2010) is getting enough age, level of maturity and strength a person will be more mature in thinking and working.

Another factor influencing the lack of ability of families in caring for people with mental disorders is the work factor. Results distribution by job family of patients with mental disorders deprived in

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Another factor influencing the lack of ability of families in caring for people with mental disorders is the work factor. Results distribution by job family of patients with mental disorders deprived in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah showed that nearly half of the respondents worked as a farmer as many as 14 respondents, or 46.7%. Nearly half of the respondents worked as a farmer.

Based on Table 4.5 shows that the majority of respondents ability after given psychoeducation is to have sufficient ability as many as 16 people (53.3%) with a mean of 29.1 is obtained. While three of them have less ability in caring for people with mental disorders. Based on the analysis of questionnaires obtained the highest score 110 for questions about how to get to know a family medical issue, and the question of health facilities in the vicinity. Improving the ability of the family after being given a family psychoeducation influenced by the provision of therapeutic information. Provide information about mental disorders. cognitive ability to increase the family is able to know the causes, signs and symptoms of mental disorders, health facilities in the vicinity such as utilizing health insurance. According Keliat (2006) Changes that occur after the given family psychoeducation influenced by the source of the information obtained. With increasing resources it also increased the knowledge in the family, so the family can better care for patients ODGJ again. ODGJ healing process is inseparable from the role of the family. The family is an important part in the treatment process ODGJ, family support is needed by ODGJ motivating for care and treatment, because the family is considered the most know the condition of the patient. Knowledge is the result of considering a case, including recall events that never happened either intentionally or unintentionally, and this occurs after the contact or observation of a specific object (Mubarok et al, 2007)

Based on the theory Marsh (2000), quoted by Stuart & Laraia (2005), which can increase the ability didaktif there are elements that provide information about mental illness and mental health system in this study is more focused on clients with mental disorders. This study is in line with research Yuyun Yusnipah (2012), with the result that as many as 57.7% of respondents have a high level of knowledge in treating patients with mental disorders. This shows the importance of knowledge of the family's healing process of patients (Yuyun Yusnipah, 2012).

Based on the statistical test using Wilcoxon test showed ρ value 0,000 <α 0.05, so it can be concluded that there are significant differences concerning the ability of families in caring for people with mental disorders are shackled before and after the family psychoeducation in Pondok Sehat Foundation Ya Bani Amrini Tanah Merah districts. From the results of the average value between before and after the family psychoeducation has risen from 21.6 to 29.1.

Improving the ability of families affected by the provision of education and information that is therapeutic by providing information about the task of the health of the family, namely by knowing the family health problems, determine appropriate action for the family, caring for families experiencing health problems, modify the family environment to ensure a healthy family, and health facilities nearby for families. Improving the ability of this family deals with learning theories that explain that a person learns not only from direct experience, but from peniruan.Usia also affect a person's ability, because the higher the age the more the experience gained by the person. If earlier the family had treated patients ODGJ, then it is very easy for a family to care for patients ODGJ others.

Family psychoeducation therapy can improve cognitive abilities as an element in therapy to improve family knowledge about the disease, teaches techniques that can help families to know the symptoms of deviant behavior, as well as increased support for the family members themselves. The purpose of this educational program is to improve the achievement of family knowledge about the disease, teaches families how teaching techniques to help their families in an effort to protect his family by knowing the symptoms of behavioral and supportive family strength (Stuart & Laraia, 2005).

Lawrenece & Veronika (2002) reveals an increase of 33% on the families of mental patients after therapy is given psychoeducation family, because in psychoeducation family provides for an increased positive relationship between family members, increasing the stability of the family, stress management family, cognitive abilities families malalui information.

Family psychoeducation lowered angkakekambuhan or re-hospitalization of 9 months to 18 months. According to Dyck, et al (in Kembaren, 2011) found that a family group psychoeducation program getting more effective care for negative symptoms than the standard group. Health education programs have succeeded in reducing the negative reactions and the saturation of the caregiver. Family health education can improve the ability of the family because in therapy contains elements improve family knowledge about the disease, teaches techniques that can help families to know the symptoms of deviant behavior as well as increased support for the family members themselves. The purpose of this educational program is to improve the achievement of family knowledge about the disease, teaches families how teaching techniques to help their families in an effort to protect his family by knowing the symptoms of behavioral and supportive family strength (Stuart & Laraia, 2005). Family therapy, family psychoeducation significant upgrade. corresponding opinion from Goldenberg (2014) that psychoeducation is the treatment given to provide education to families to improve their skills, to be able to understand and improve coping due to a mental disorder that can cause problems with family. Based on well known that the ability of families in caring for people with mental disorders deprived of as much as 2 respondents (6.6%). This is because the role of families and family motivation in caring for people with mental disorders deprived. The family is the unit that is closest to the client and the client's primary care for mental disorders. The family plays a role in determining how or the necessary care at home (Joseph, 2008). Families are expected to understand, which in turn can play an active role as a leading advocate for patients. Improving the ability to adjust themselves and more vulnerable to the effects of psychosocial stressors (Notoadmodjo 2007).

Based on the known extant capability poor families in caring for people with mental disorders who were locked after the given family psychoeducation. This is because the lack of roles and motivations of the family in caring for people with mental disorders. Low role of the family is also fueled by the low motivation of the family as the driving force. Motivation is an important factor affecting human behavior due to their motivation then man will try his best to achieve the goal (Setiadi, 2008). Families should be able to give more attention and motivate family members who are mentally handicapped patients in the healing process. Family expected more patient in dealing with family members with mental disorders, and better play its role as a family, both formal and non-formal (Arfiandinata, 2013).

DISCUSSION

Analyzing the Effect of Family psychoeducation In Caring Families Against ability ODGJ deprived**.**Based on the statistical test using Wilcoxon test showed ρ value 0,000 <α 0.05, so it can be concluded that there are significant differences concerning the ability of families in caring for

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CONCLUSION

A significant difference between before and after psychoeducation to the family's ability to care for patients ODGJ deprivation.

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