

Analysis of Health Services for People with Mental Disorders (ODGJ) at the Kampar District Health Office in 2021

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Abstract: Background : Mental Health is a condition that allows an individual to develop physically, mentally, spiritually, and socially so that the individual is aware of his own abilities, can cope with pressure, can work productively and is able to contribute to their community (Ministry of Health, 2014). Data from the Kampar District Health Office in 2019 there was an increase in cases of People With Mental Disorders (ODGJ) in 2020 totaling 141 people with a prevalence of 0.15 of the population. In 2020, it has a target of 1,218 people, only 781 people recorded and 535 people received health services. The highest cases of mental disorders were in the working area of the Mining Community Health Center with 121 cases. The Community Health Center with the lowest cases of mental disorders was Kampar Kiri Hulu II Health Center with 5 cases of mental disorders. Method : qualitative using fishbone Data collection was carried out by means of observation, interviews and document searches at the Kampar District Health Office. Results: Based on the analysis, it was found that health services for people with severe mental disorders (ODGJ) and non-communicable diseases (hypertension and diabetes mellitus) were found in Kampar Regency. The priority problem through ultrasound weighting is the lack of health services for people with severe mental disorders (ODGJ). Conclusion: The recommendations given are asking for cross-sectoral support to increase awareness of mental health, proposing/producing more posters, books, leaflets related to mental health, conducting training on early detection of mental disorders for officers from community health centers.

Keywords: Services, Health, People with mental disorders (ODGJ).

1. Introduction

Mental health according to the Law of the Republic of Indonesia No. 18 of 2014, concerning Mental Health is a condition that allows an individual to develop physically, mentally, spiritually, and socially so that the individual is aware of his own abilities, can cope with pressure, can work productively and is able to contribute to his community (Kemenkes, 2014). According to the World Health Organization (WHO) in 2012 the incidence of mental disorders worldwide has become a serious problem and the number of people with mental disorders globally is very worrying. In 1 day 4 people in the world have experienced mental problems and currently around 450 million people worldwide suffer from mental disorders. A third of people with mental disorders live in developing countries, as many as 8 out of 10 people with mental disorders do not get treatment (WHO, 2012). There are about 450 million people suffering from mental and behavioral disorders worldwide. It is estimated that one in four people will suffer from a mental disorder during their lifetime. According to WHO Asia Pacific region

(WHO SEARO) the highest number of cases of depression was in India (56,675,969 cases or 4.5% of the total population), the lowest in Maldives (12,739 cases or 3.7% of the population).

As for Indonesia, there are 9,162,886 cases or 3.7% of the population (WHO, 2017). The prevalence of mental disorders in Indonesia, based on data from the 2018 Basic Health Research is quite significant. The prevalence of mental emotional disorders (symptoms of depression and anxiety), of 6% for the population aged 15 years and over. This means that more than 14 million people in Indonesia suffer from mental and emotional disorders. Meanwhile, for severe mental disorders such as psychosis, the prevalence is 1.7 per 1000 population. According to the Basic Health Research (Riskesdas) in 2018 the proportion of households based on household members (ART) with mental disorders throughout Indonesia, Riau Province is at number 21. The prevalence of mental emotional disorders in the population aged 15 (Riskesdas, 2018).

The mental health efforts carried out by the government are based on justice, humanity, benefits, transparency, accountability, comprehensiveness, protection and non-discrimination. Even article 7 of the Law of the Republic of Indonesia Number 18 of 2014 concerning Mental Health states that one of the efforts to promote mental health is to eliminate stigma, discrimination, and violations of the human rights of people with mental disorders (Ministry of Health, 2014).

Article by article has been regulated in Law No. 18 of 2014 concerning mental health, namely Article 45 concerning the obligations of health service facilities to mental health services, Article 62 of the government guarantees the availability of psychopharmaceutical drugs, Articles 68 and 70 concerning the rights of ODMK and People with Mental Disorders (ODGJ).), articles 80 and 81 concerning the government's obligations to ODMK and People with Mental Disorders (ODGJ), articles 85 concerning community participation while article 86 concerning criminal provisions (Kemenkumham, 2014). One of the government's efforts in dealing with People with Mental Disorders (ODGJ) is stated in the Regulation of the Minister of Health No. 54 of 2017 concerning Handling Deprivation of People with Mental Disorders.

Information from the Riau Provincial Health Office, based on research in 2018, shows the potential for People with Mental Disorders (ODGJ) in Riau 6/1,000. This means that out of 1,000 potential people with mental disorders (ODGJ) 6 people. The target population with severe mental disorders is 6,070 people and 3,486 people (57.4%) who receive health services.

Information from the Kampar District Health Office in 2019 showed an increase in cases of People With Mental Disorders (ODGJ) in 2020 totaling 141 people with a prevalence of 0.15% of the population. In 2020, it has a target of 1,218 people, only 781 people recorded and 535 people received health services. The health center with the highest mental disorder cases was the Mining Health Center with 121 cases. The community health service with the lowest cases of mental disorders was Kampar Kiri Hulu II Health Center with 5 cases of mental disorders.

According to the guidelines for the management of mental health efforts for people with severe mental disorders (ODGJ) from the Indonesian Ministry of Health who receive services according to standards in the form of mental health examinations, treatment management and provide information or education to the families of patients with Mental Disorders (ODGJ)

because of the recovery rate. Patients with Mental Disorders (ODGJ) whose very important role is family support to monitor their medication every day so that patients with Mental Disorders (ODGJ) can live independently.

Kampar Regency has a Mental Specialist at Bangkinang Hospital to provide outpatient treatment services for residents of Kampar Regency who have mental problems and the Health Office has collaborated (MOU) with the Tampan Mental Hospital for patients who need to be treated and cannot be handled by the health center. The community and the Bangkinang Regional General Hospital

Mental health is still a concern due to the lack of public awareness, there is still discrimination and stigma on People with Mental Disorders (ODGJ) due to public ignorance in maintaining mental health (Kemenkes RI, 2016). They assume that they are different in society in general, so they often get different treatment such as being dismissed from work, divorced by their partners, abandoned by their families, expelled from school and even being shackled and having their property confiscated (Ministry of Health, 2014)

The impact of mental disorders causes families to lose a lot of time to care for, experiencing emotional and social burdens due to stigma from society (Hogan, 2008). Rinawati's research (2016) reveals that mental disorders in Indonesia cause economic losses of up to Rp. 20 trillion. The factors that cause people with mental disorders (ODGJ) vary depending on the types of mental disorders experienced. In general, mental disorders are caused by psychological pressure caused by pressure from outside the individual and pressure from within the individual. Some of the things that cause this is the ignorance of the family and society about this type of mental disorder (Hawari, 2011).

Subandi and Utami's research in Herdiyanto et al (2017) states that family is the most important social support for People with Mental Disorders (ODGJ) because they are unable to cope with their disorder, so that handling of the disorder is practically done entirely by family members. family, of course, makes the family's support capacity less and less in handling people with mental disorders (ODGJ) and results in reduced welfare of their lives.

The results of research by Asti, et al (2016) stated that society still gives prejudice and discrimination against People with Mental Disorders (ODGJ), they often get ridiculed, shunned, ignored, ostracized and considered a disgrace to society. Many people still think badly of people with mental disorders, people think people with mental disorders (ODGJ) are terrible, embarrassing, scary and disgraceful people who must be hidden. Some residents also still carry out discrimination such as social isolation (exile), violence and bullying. One of them is because of the low level of education and public knowledge about mental health.

Based on the explanation above, the writer is interested in raising the problem, namely health services for people with mental disorders. The purpose of this study is to identify problems regarding health services for people with mental disorders (ODGJ) and provide alternative solutions to problems regarding health services for people with mental disorders (ODGJ).

2. Materials and Methods

This type of research is a qualitative research design with Rapid Assessment Procedures (RAP), using the USG method. Research informants are Head of Disease Prevention and Control Division and Head of Section for Prevention, Control of Non-Communicable Diseases and Mental Health at the Kampar District Health Office. The method of collecting data is through interview guidelines with in-depth interviews, and searching for supporting documents from the Kampar District Health Office. Document searches were carried out related to the evaluation of health services for people with mental disorders (ODGJ) in Kampar Regency. The research at the Kampar Regency Health Office carried out 12 working days from November 15 to November 30, 2022.

In determining the priority of problems using the USG method. Determining alternative problem solving using Fishbone Analysis matrix of intervention plans and compiling Plan Of Actions (POAs).

3. Results and Discussion

3.1 Results

Planning an activity at the Kampar District Health Office was discussed in the evaluation meeting of the health office, as well as mental health program activities. The person in charge of mental health programs at the Kampar District Health Office is the Head of Disease Prevention and Control and the Head of the Prevention, Control of Non-Communicable Diseases and Mental Health Sections. The Head of the Kampar District Health Office always gives responsibility to the Head of Disease Prevention and Control and the Head of the Prevention, Control of Non-Communicable Diseases and Mental Health as the manager of mental health programs in the District.

In terms of carrying out the control function, the Kampar District Health Office only has quality indicators that refer to the scope of monthly and annual performance assessments to assess the success of a program. The target for the performance of mental health programs in 2022 is 100%, according to the results of the 2018 Riskesdas. Estimated target prevalence data from the mental health population at the Kampar District Health Office is 1,231 patients with mental disorders (ODGJ), the data is reported regularly every month. to the Kampar District Health Office. Monitoring and evaluation are also routinely carried out.

Based on the results of the investigation obtained through observation, tracing documents and interviews with the Head of Disease Prevention and Control and the Head of the Prevention, Control of Non-Communicable Diseases and Mental Health Section, it is known that several identifications of mental health problems are identified, the identification of problems is obtained as follows: Screening of The Integrated Development Post (Posbindu) is not optimal yet, there is a lack of health services for people with severe mental disorders (ODGJ) and non-communicable diseases (hypertension and diabetes mellitus).

3.2 Discussion

Based on the results of the weighting using the USG method, the priority problems are: the lack of health services for people with severe mental disorders (ODGJ) in Kampar Regency. From the priority of the existing problems, the author made a fishbone diagram and obtained six root problems.

First, in terms of Man, namely the mental health service is less well known, the screening of patients with mental disorders (ODGJ) is not optimal. To solve this problem, the author proposes to socialize mental polyclinic to the community through cross-sectoral meetings in villages and sub-districts, the timing of the implementation of mental polyclinic is adjusted to the environmental conditions of the puskesmas and cross-sector collaboration so that people with severe mental disorders (ODGJ) can be caught.

Second in terms of money, namely lack of funds for visits to distant areas and lack of funding sources and financial operations. For solving this problem the authors propose Requesting cross-sectoral support.

Third in terms of method, namely lack of family support and family knowledge, lack of commitment and cross-sectoral cooperation. To solve this problem, the author proposes to provide information and education to the families of patients with mental disorders (ODGJ) so that patients receive support from their families. Carry out the main activities. Increasing sweeping to find patients

Fourth, from the material, there is no manual for screening mental patients for officers. To solve this problem the author proposes holding posters, books, leaflets related to mental health, especially People With Mental Disorders (ODGJ).

Fifth, from the Machine, special attributes for home visits for patients with severe mental disorders (ODGJ) are not yet available. To solve this problem, the author proposes Advocacy to the Camat and Village Head regarding support and advocacy to the Regional Government.

Sixth from the market side, namely the lack of family care for patients. To solve this problem, the author proposes to provide guidance and approach to the families of people with mental disorders (ODGJ).

4. Conclusion

In accordance with the purpose of this residency, the authors identify the problem, then it can be concluded that several problems were found, namely the Integrated Development Post (Posbindu), lack of health services for people with severe mental disorders (ODGJ) and non-communicable diseases (hypertension and DM). The priority problem obtained based on the ultrasound weighting is the lack of health services for people with severe mental disorders (ODGJ). By using a fishbone diagram, the authors get to the root of the problem, including mental health services that are not well known, the screening of patients with mental disorders (ODGJ) is not optimal. Suggestions that the author can propose are asking for cross-sectoral support to increase awareness of mental health, proposing/producing more posters, books,

leaflets related to mental health, conducting training on Early Detection of Mental Disorders for community health service center officers.

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Conflict of Interest

All Authors declare no conflict of interest and agree with the content of the manuscript

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