

Original Article

The Relationship of Social Support with The Level of Independence for People with Mental Disorders (ODGJ) in Menur Mental Hospital (RSJ) Surabaya

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ABSTRACT

Mental health is one of the things that is currently becoming an international issue discussed in the SDGs (Sustainable Development Goals). The healing process for ODGJ is carried out by carrying out mental rehabilitation. The intense support that people with mental disorders receive from outside themselves sometimes goes unnoticed, whether it comes from family, friends or health workers. The aimed to study and analyse the relationship between support from family, friends, and health workers on the level of independence in ODGJ. This research is a type of observational analytical research with a cross-sectional approach. Data collection was carried out using a questionnaire. The data in this study were analysed univariately using frequency distribution tables and bivariate using cross tables and the chi-square statistical test with significance $\alpha=0.05$ using SPSS. The research results show that there is a relationship between support and the level of independence of ODGJ ($p= 0.012$), there is a relationship between friend support and the level of independence of ODGJ ($p= 0.027$), and there is a relationship between support from health workers and the level of independence for ODGJ ($p= 0.001$).

Keywords: Social Support, Independence, People with Mental Disorders (ODGJ)

<https://doi.org/10.33860/jik.v17i3.3052>



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INTRODUCTION

One of the important issues discussed in the SDGs (Sustainable Development Goals) is mental health. Of the 17 SDG goals, goal 3 focuses on the need for healthy and prosperous living for all age groups and in various circles. One of the points in the SDGs concerns mental health and the abuse of drugs and illegal substances. Mental health is included in the UN Sustainable Development Goals¹.

Even though mental health has received world attention through the SDGs, not all people pay enough attention to the importance of mental health, especially in Indonesia. It cannot be denied that many Indonesians still have taboos and even tend to underestimate mental health. In fact, in the current era of social

media, it is very important to maintain mental health apart from physical health. As the Latin proverb says, "Mens Sana in Corpore Sano" which means that in a healthy body, there is a strong soul. This proverb concludes that the body and soul are two mutually sustainable things. These two things will be key in carrying out activities in daily life².

The countries with the highest mental health cases are countries with middle to upper-income levels, in first place are North American countries (21.3%), followed by Western European countries (17.71%). The countries in the lower middle category that have the highest mental health cases are Latin America (15.4%) and Southeast Asia (13.2%). Even though the number of mental health cases in lower middle-class countries is lower, this will add to the

double health burden that these countries are facing, which will become even more severe, especially if people pay less attention to mental health or mental health³.

The prevalence of mental disorders in Indonesia has increased from 2013 to 2018, namely severe mental disorders, namely psychosis and severe schizophrenia. In 2013 there were 1.3 cases per mile reported as having a family member who had schizophrenia, while in 2018 the prevalence increased to reach 7 cases per mile. The prevalence of mental health disorders which is also increasing is the type of depression, although the figure is not as high as the prevalence of serious mental disorders, but from 2013 to 2018 the prevalence was quite high, namely from 6.0 to 9.0 family members per mil who experienced depression. Then, the prevalence of depression is also quite high, namely 6.0 cases per million in 2018⁴.

In the case of People with Severe Mental Disorders (ODGJ), a person will generally be seen experiencing a setback marked by a loss of responsibility and motivation within themselves and an inability to participate in activities and carry out social relationships. Apart from that, severe ODGJ also experience setbacks in terms of basic abilities, one of which is being unable to carry out Activities of Daily Living (ADL) such as bathing, eating, dressing, brushing teeth, ambulance, and so on^{5, 6}. Because of the above, an intense rehabilitation process that is carried out optimally is the solution to speed up the recovery of ODGJ⁷.

The independence of ODGJ after rehabilitation is influenced by various things including social support, such as support from family, neighbors, work friends, and so on, so that former ODGJ become comfortable returning to society and this can avoid relapse⁸. In the rehabilitation process for ODGJ, various parties must make optimal efforts so that ODGJ have good social adaptation abilities and can stand on their own and return to being productive in social life, so that this is expected to reduce the recurrence rate of former ODGJ sufferers⁹.

Based on a preliminary study conducted at RSJ Menur Surabaya, data throughout 2021 shows that only 54% of ODGJ patients are regularly visited by their families, while friends visit less than 10% of ODGJ patients. Ayuningtyaset al. (2018) in his research, it was revealed that patients with

ODGJ had been declared cured but did not receive support from family, friends and the community, which often led to relapses or relapses which caused them to have to be rehabilitated again⁷.

The intense support that people with mental disorders receive from outside themselves sometimes goes unnoticed, whether it comes from family, friends or health workers¹⁰. In fact, social support is very important to provide to people with mental disorders. Therefore, this research aims to analyze the relationship between social support (family, friends and health workers) on the level of independence of ODGJ (People with Mental Disorders).

METHOD

The method for carrying out this research is as follows:

a). Preparation

At this stage, the team, involving students, prepares research instruments, identifies the tools and materials needed during the research, correspondence for research permission, and so on.

This research is a type of observational analytical research with a cross-sectional approach. Data collection was carried out using a questionnaire. The independent variables in this study are family support, friend support, and health worker support, while the dependent variable in this study is the level of independence of ODGJ. The population in this study were all ODGJ at RSJ Menur, 100 patients who met the criteria were used as research samples using simple random sampling techniques.

a) This activity was carried out for 1 day at RSJ Menur Surabaya

- 1) Opening ceremony
 - 2) Giving questionnaires
 - 3) Providing counseling to families of ODGJ patients (in conjunction with PkM activities).
 - 4) Collecting research questionnaires
 - 5) Closing
- ### b) Follow-up

After the data is collected, editing, coding, scoring and tabulating will be carried out. The data will be processed univariately using a frequency distribution, then also bivariately using cross tabulation and the chi square statistical test with a significance of 0.05.

After the data is processed, the next step is to write the research results, discuss and draw conclusions.

RESULTS

Table 1. Characteristics of Respondents

Characteristics	Σ	%
Age		
Late Teenagers	15	15
Early Adulthood	28	28
Late Adulthood	47	47
Early Elderly	7	7
Late Elderly	3	3
Gender		
Man	58	58
Woman	42	42
Educational background		
No school	5	5
Elementary School	21	21
Junior High School	29	29
Senior High School	35	35
D3/S1/S2	10	10
Race		
Madurese	29	29
Java	71	71
Religion		
Christian	4	4
Islam	96	96
Employment History		
Trader	8	8
Private Employees	5	5
Household Assistant	2	2
Laborer	10	10
Sales	4	4
Workshop	1	1
Never worked/no data	70	70
Diagnosis		
Schizophrenia	71	71
Non Schizophrenic	29	29
Long time of illness		
>5 years	36	36
≥5 years	64	64
History of Recurrence		
Never	12	12
Once	88	88

The results of the respondent characteristics data show that 47% are in the late adult age range, 58% are male, 35% have a history of high school education, 96% are Muslim, 70% have never worked/no data, 71% have a diagnosis Schizophrenia, 64% have been

ill for ≥5 years, 88% had experienced a recurrence.

Table 2. Frequency Distribution of Support From Family, Friends and Health Workers

Support Data	Σ	%
Family support		
Never	38	38
Always	62	62
Friend Support		
Never	33	33
Always	67	67
Health Worker Support		
Never	30	30
Always	70	70

Based on Table 2, it shows that more than half of the respondents have received support with the description: 62% always get family support, 67% always get support from friends, and 70% always get support from health workers.

Table 3. Frequency Distribution of the Level of Independence of ODGJ

ODGJ Independence Level	Σ	%
Depends on other people	42	42
Independent	58	58
Total	100	100

Based on Table 3, it shows that 58% of respondents are able to carry out ADL independently, and 42% still depend on other people.

Table 4. Data on The Relationship Between Family Support and The Level of Independence of ODGJ

Family support	ODGJ Independence Level			
	Depends on other people		Independent	
	Σ	%	Σ	%
Never	22	57.9	16	42.1
Always	20	32.3	42	67.7

Pearson Chi-Square($p=0.012 < \alpha$)

Based on Table 4, it shows that 67.7% of respondents who always received family support were able to carry out ADL independently. This is in accordance with the results of the analysis test *Chi-Square* with p value = $0.012 < \alpha$, which means that there is a relationship between family support and the level of independence of ODGJ.

Table 5. Data on the Relationship Between Friend Support and The Level of Independence of ODGJ

Friend Support	ODGJ Independence Level			
	Depends on other people		Independent	
	Σ	%	Σ	%
Never	19	57.6	14	42.4
Always	23	34.3	44	65.7

Pearson Chi-Square($p= 0.027 < \alpha$)

Based on Table 5, it shows that 65.7% of respondents who always get support from friends are able to carry out ADL independently. This is in accordance with the results of the Chi-Square analysis test with a value of $p = 0.027 < \alpha$, which means that there is a relationship between friend support and the level of independence of ODGJ.

Table 6. Data on The Relationship Between Health Personnel Support and The Level of Independence of ODGJ

Health Worker Support	ODGJ Independence Level			
	Depends on other people		Independent	
	Σ	%	Σ	%
Never	20	66.7	10	33.3
Always	22	31.4	48	68.6

Pearson Chi-Square($p= 0.001 < \alpha$)

Based on Table 5, it shows that 68.6% of respondents who always received support from health workers were able to carry out ADL independently. This is in accordance with the results of the Chi-Square analysis test with a value of $p = 0.001 < \alpha$, which means that there is a relationship between support from health workers and the level of independence of ODGJ.

DISCUSSION

A. Characteristics of ODGJ patients

ODGJ is an abbreviation for "People with Mental Disorders." This term is used to refer to individuals who experience mental health disorders that significantly affect their thinking, mood, behavior, or cognitive function. The term ODGJ is used to emphasize the human aspect of individuals and reduce the stigmatization that is often associated with mental illness. This aims to support the understanding that mental disorders are not a person's personal identity, but are medical conditions that can be treated and managed well with the right support and care¹¹.

The emergence of mental disorders (including ODGJ) is influenced by various complex factors, including interactions between genetic, biological, psychological, social and environmental factors. Age-related risk factors have been identified to be associated with the onset of ODGJ. In research, Chen et al (2022) shows that in adolescence and early adulthood, hormonal changes, life transitions, academic stress, and increased socialization can trigger the onset of mental disorders in genetically vulnerable individuals¹¹. In late adulthood, factors such as decreased physical and cognitive function, social isolation, or underlying physical illness may influence the high risk of mental disorders¹².

Gender factors also influence the emergence of mental disorders. In the research of Suanrueang et al. (2022) shows that mental disorders are more common in men than women. Studies show that the incidence of mental disorders in men is around 1.4 to 1.6 times higher than in women¹². Although these rates vary across populations and age groups, these differences remain consistent. Men tend to experience the onset of mental disorders at a younger age than women. The peak onset of symptoms often occurs between the ages of 16 and 30 years in men, while in women it usually occurs between the ages of 25 and 30 years. This means that early onset is more common in men, while onset in women is more common in early adulthood¹³.

Educational level can also reflect environmental conditions associated with mental disorders. For example, an unsupportive school environment, exposure to violence or trauma in an educational setting, or a lack of social and mental health support at school may contribute to the risk of schizophrenia¹³.

There is no evidence to suggest that any particular race or ethnic group directly causes or is associated with mental disorders. Mental disorders, such as depression, anxiety, schizophrenia, and bipolar, are related to more complex factors, including genetic, environmental, social, cultural, and individual factors. However, it is important to remember that the experience and risk of mental disorders may vary among racial and ethnic groups due to differences in social, economic, cultural factors, and access to health care¹⁴.

Job instability, such as unemployment, temporary employment, or frequent job changes, may also contribute to the risk of

schizophrenia and other mental disorders. Economic instability and job uncertainty can cause stress, social instability, and negative effects on mental health¹⁵.

It is important to remember that the factors above do not directly cause ODGJ in every individual. They interact in complex ways and affect individuals differently. Each individual has a unique vulnerability to the development of mental disorders, and these risk factors may interact with protective factors that may reduce risk or protect mental health. The role and impact of each factor in the occurrence of ODGJ can vary from one case to another.

B. Relationship between family support and the level of independence of ODGJ

Family support has an important role in increasing the level of independence of people with mental disorders (ODGJ). Families who provide consistent emotional and moral support can help ODGJ feel supported and accepted. This can help increase self-confidence and motivation to achieve independence. Emotional support can involve listening attentively, providing encouragement, and validating the experiences of PLWH¹⁶.

Families who understand the condition of ODGJ and make efforts to learn more about this mental disorder can help provide more effective support. With a good understanding of symptoms, treatment, and management strategies, families can help PLWH develop the skills and strategies necessary to achieve a higher level of independence^{17,18}.

Family support can involve active involvement in the care of ODGJ. This may include attending therapy sessions together, help remembering treatment schedules and managing medications, and participating in rehabilitation or community support programs. Involved family support can strengthen treatment efforts and help ODGJ achieve the goal of independence^{18,19}.

Families can play a role in helping ODGJ develop the life skills necessary for independence, such as time management, financial management, self-care and social skills. Support in learning and practicing these skills gradually can help ODGJ feel more confident in facing daily challenges and develop greater independence.

C. The Relationship between Friend Support and the Level of Independence of ODGJ

Support from friends also has an important role in increasing the level of independence of people with mental disorders (ODGJ). Friends who provide emotional support can be good listeners, provide encouragement, and provide a shoulder to rely on when ODGJ need a place to share experiences and feelings. This emotional support can help improve the emotional well-being of ODGJ and provide greater self-confidence in facing challenges²⁰.

Involving ODGJ in social activities and providing practical support can help increase independence. Friends can invite ODGJ to get involved in social activities, such as sports, arts, or other group activities, which can help strengthen social skills and provide opportunities to build broader social relationships¹⁸.

In some cases, peers who also have experience of ODGJ can be an invaluable source of support. Peer support groups or friends who have gone through similar experiences can provide in-depth understanding, share management strategies, and provide inspiration for ODGJ to achieve a higher level of independence²⁰.

Friends who understand the condition of ODGJ and try to learn more about this mental disorder can provide more effective support. With a good understanding of symptoms, treatment, and management strategies, friends can provide appropriate support and help PLWH develop independence¹⁹.

Friends who can encourage ODGJ's participation in daily activities, such as learning about work, obtaining education, or hobbies, and accepting them openly, can help build a sense of self-confidence and independence. Positive support and encouragement from friends can motivate ODGJ to overcome obstacles and achieve their goal of being able to function independently in society again.

D. The Relationship between Health Worker Support and the Level of Independence of ODGJ

Support from health workers plays a vital role in increasing the level of independence of people with mental disorders (ODGJ). Health workers, including psychiatrists, psychologists, mental nurses,

therapists and other medical personnel, can provide various forms of support that help ODGJ achieve independence¹⁸.

Trained health workers can carry out a comprehensive assessment of the condition of ODGJ and make an accurate diagnosis. A correct diagnosis is an important first step in developing an appropriate treatment plan to increase independence¹⁷.

Health workers can develop an integrated care plan for ODGJ. This may involve a combination of drug therapy, psychosocial therapy, and targeted rehabilitation interventions to help PLWH develop the skills and strategies necessary to live independently¹⁹.

Mental therapists and counselors can provide emotional support, guidance, and teach skills to ODGJ. They can help PLWH understand and overcome symptoms that may hinder independence, such as managing stress, improving social skills, or developing effective self-management strategies²¹.

Health workers can provide important education and understanding to ODGJ and their families about the condition, symptoms and treatment of ODGJ. By understanding their condition well, ODGJ can take an active role in their own care and take steps to increase independence¹⁸.

Health workers can provide ongoing support during the recovery process for ODGJ. This involves providing feedback, providing encouragement, and working with PLWH to set realistic recovery goals. This ongoing support can help ODGJ overcome obstacles and achieve greater independence²¹.

Health workers have an important role in coordinating ODGJ care with various parties, such as family, rehabilitation services, community support, and other related parties. Good care coordination ensures that all aspects of care support the achievement of goals to help the success of ODGJ's independence.

CONCLUSIONS

There is a relationship of social support with the level of independence for ODGJ (people with mental disorders) in Menur Mental Hospital (RSJ) Surabaya. Suggestions for future research to examine other factors that influence the independence of ODGJ, among others are; motivation, skill, and intention.

ACKNOWLEDGMENTS

Thank you to the parties who supported this research, namely the respondents and Menur Mental Hospital, Surabaya who have helped in completing this research.

CONFLICTS OF INTEREST

To avoid conflict by researchers is to obtain consent (information) from related parties, both from respondents and the research site.

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