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Original Article

The Efficacy of Mental Health Service on Stigma and Quality of Life of Schizophrenia in Community

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ABSTRACT

This study was to explore the efficacy of mental health service on stigma and quality of life of schizophrenia in community. This study aims to explore the need for mental health services in the community to reduce self-stigma, community stigma and improve the quality of life of schizophrenia.The government role for the mental health care village program have not been implemented intensively. Mental health program required society participation a qualitative study of anti-stigma interventions for mental health services, which includes a step-by-step process model and strategies for implementing programs to reduce stigma and improve the quality of life for people with HIV. Data collection involved in-depth interviews with program stakeholders and direct observation of the program, and qualitative feedback from program participants. This research uses an exploratory approach with in-depth interview techniques and focus group discussions. Data analysis by using content analysis (content analysis). Finding the expected model according to the needs of the community. The analysis leads to a stage model for implementing an anti-stigma program with mental health service providers in the community, the finding of the study show that there are four themes whices Socialization of anti-stigma service program with outpatients who care for mental health, Village administrators Care for mental health, Training of cadres and mental health administrators, The mental health services needed in the community are services that are integrated with primary services and the local government, which are called mental health care villages. Family and Schizophrenia assistance with several interventions that include socializing mental health programs to families, community leaders, cadres and health workers. The service model in the mental health care village that is expected by the community is a form of intervention that aims to reduce stigma and improve the quality of life of ODS and prevent recurrence.

INTRODUCTION

Indonesia shows the prevalence of Schizophrenia, as much as 1.8 per mile. In Central Java the ODS is 2.5 per mile, while for the city of Semarang severe mental disorders are 1.1 per mile.[1] The capacity of psychiatric care services in Central Java is still below 1,000 beds. This condition causes not all patients to be served in psychiatric services at mental hospitals in Central Java.[2]

The city of Semarang with a population of 1,668,578 with an estimate of People With Schizophrenia is 1.1 per mile, People with schizophrenia are a classification of severe mental disorders with a progressive disease course, tend to be chronic (chronic), exacerbating (frequently experience recurrence). Recurrence in Schizophrenia is one of the conditions that scourges society because it has.[3] Confused thoughts, strange behavior, laughing alone, very stupid expressions, smiling alone, delusions, hallucinations and aloofness, so sufferers are alienated and belittled.[4]

The stigma against mental disorders in the city of Semarang is still high and the relapse rate of ODS in the dr. Aminogondo Hutomo Mental Hospital in Semarang is still high. The stigma is not only against ODS but also against families. The results of the research conducted are that there are still many Schizophrenia who experience discrimination even though they are already in community-based mental health care.[5] The results showed that 69.1% gave stereotypes, 52.9% gave separation and 52.9% respondents did not discriminate against Schizophrenia. The results of this study are the less stigma that is received, the faster and more sustainable medical treatment is carried out.[6] Stigma against mental disorders in the city of Semarang is still high by looking at the high rate of recurrence of Schizophrenia in the mental hospital of dr. Amino Gondohutomo Semarang.[7] Stigma of mental disorders is one of the most common reasons for not seeking mental health care which leads to negative health consequences and suffering for sufferers and families.[8] Quality of life with schizophrenia requires long-term care and attention from those around them. If people around them stigmatize, then people with schizophrenia cannot meet their daily needs properly.

The efforts of the Semarang city government to care for mental health in the urban village program have not been programmed intensively, because it has not become a priority program.[6] The results of in-depth interviews with the Semarang City Health Office, socialization of mental health care in the city of Semarang has not been carried out so that there has never been an intensive mental health cadre training. The purpose of this study was to find the right mental health village model to reduce stigma and improve the quality of life of Schizophrenia in the community.

The results of existing research to improve Schizophrenia services, one of which is the addition of skills through professional training in practice in primary services and supported by supervision activities by professionals in the mental health sector on an ongoing basis.[9] This discussion identifies the best course of action and strategies, to identify key programs, and to gain further theoretical insight into appropriate anti stigma programs. So that it can create the expected community mental health services. The particular methodology chosen for this research is Fundamental theory, which is a suitable methodology for the question of the process in which the theory will be developed inductively. The aim of this study is to develop a broad theoretical understanding of Knaak and Patten towards the process of designing a good anti-stigma program for providing health services.

METHODS

The first participants were health workers, head health workers of the health center, 4 nurses or midwives, and the person in charge of the program at the Semarang City Health Office, for in-depth interviews. The second participants were health cadres, as informants in the FGD consisting of 20 cadres taken from the control and intervention sub-districts. b. The third participant is a community leader who includes: the village head and his staff, the Village Health Forum, the Child Protection Network, community social institutions so that the total number of FGDs on community leaders is 31 participants. Sample selection is done by purposive sampling, namely selecting samples as research informants adjusted to the research objectives. The fourth participant was the patient's family, who accompanied the schizophrenia patient in 18 intervention and control groups with in-depth interview. The fifth participant was a person with schizophrenia totaling 18 interventions and controls with Observation.

The themes of the questions are a. What are the views of health workers on stigma and quality of life in schizophrenia. b. What is the role of health workers in stigma and quality of life

for schizophrenia. c. How are the efforts of health workers against stigma and quality of life for schizophrenia. d. How is the need for a service model in the community in an effort? prevent stigma and improve the quality of life for people with schizophrenia. Sources of data were taken from in depth interviews to health workers, namely the Head of research and community service unit of the health office, the head of the public health services and the person in charge of the community mental health program. Interview preparation, making sure that the recording device can be used properly. This research employs a qualitative, exploratory descriptive approach. This method is used to explore, understand and interpret the factors that lead to success in exploring the need for mental health services in the community through community empowerment to reduce stigma and improve the quality of life of people with schizophrenia. Data collection began in December 2019 until May 2020. In depth interviews with informants were carried out at the client's family home, the Puskesmas office, the city health office and the village office hall. The interview process lasts between 20-60 minutes.

Data analysis, the stages are: text in transcript, identifying meaning units, coding, and categorizing to obtain 150 themes. a). Explore the results of interviews with all participants or respondents in the form of transcripts. b). Determine the meaning. Read repeatedly and choose meaningful statements. c). Summarize and organize the identified meaning into several key indicators d. Conduct data abstraction: (Coding) Create data categories by grouping several similar codes into one category, as well as other categories. Compile themes, namely expressions of the contents of a text, into categories. One theme is composed of several categories in the same group. e). Conclusions: The researcher re-reads all the data and identifies the common thread of the collection of categories, themes, and relationships between themes. The themes identified in the results of this study serve as the basis for developing the model. Ethical clearance was obtained from the Faculty of Public Health, Diponegoro University, with number 579/EA/KEPK-FKM/2019.

RESULTS

Analysis of the Needs of the Community Mental Health Service Program according to Health Workers

In-depth interview conducted with the Head of the Prevention and Control of Non-Communicable Diseases and Surveillance (P2TMS), Semarang City Health Office, Head of Public Health Center, Person in Charge and Implementer of Community Mental Health, Public Health Center, and their families regarding Schizophrenia. In-depth interviews were conducted at the City Health Office, Puskesmas, and the homes of Schizophrenia families. The number of in-depth interview respondents was 7 (seven) people. In-depth interviews were conducted, each for 30 minutes to 60 minutes. The topic of the in-depth interview is the views, roles, efforts, and expectations of mental health programs in reducing stigma and improving the quality of life of people with Schizophrenia in Semarang City. The results of in-depth interviews based on the topics are as follows:

Health Workers' Views on Stigma and Quality of Life for Schizophrenia

Stigma still occurs in families, groups, and even among health workers. This is because the mental health service program at the Health Service Center (Primary Health Care) has not been running well. This means that people find it difficult to take people with mental disorders to mental hospitals. So it's better to hide it at home by the family. Basically, the stigma of mental disorders in society still exists, especially among families and communities. This is the Semarang City Health Office as follows:

> *"Statement from the Head of the"ODGJ is still very isolated if in the community we meet many cases of severe ODGJ, we apologize for severe ODGJ who are not in shackles but locked in a room, not tied up, but that is a process that limits their space for movement. , in terms of human rights etc." (Health Department, M, male)*

Health center health workers are not stigmatized, but with limited facilities and inadequate personnel capabilities so that patients who come with complaints of mental disorders are immediately referred to a hospital or mental hospital. So that doctors or nurses at the Primary Heath care do not meet with patients because those who come to the Primary Heath care are only families to take care of BPJS. The supply of psychopharmaceutical drugs at the Primary Heath care is very limited. The following is the statement:

> *"From a health perspective, I have never stigmatized schizophrenia, because the services currently have not been handled specifically. We are also constrained by drugs but currently the drugs are still very limited. The drugs needed by him (ODS) have not been obtained at the Puskesmas, so they ended up going to the Puskesmas just to get a referral. His attitude, service is because we rarely touch each other, ma'am…because those who ask for referrals are only their families. Usually it comes only once, then, instead of bothering the family with him, he usually has to take it to the Puskesmas for the next time the family asks for a referral." (Head of Puskesmas, I, female)*

The Role of Health Workers, Cadres, Families, and the Community

According to a statement from the health office, the role of the family to bring family members with mental disorders was initially done, but for the next 1-2 years they still carry out control, but over time the symptoms may have decreased, the family already used to the condition so control and taking the drug stopped. So that when mental illness symptoms appear more severe, then the family will return to the health service for a check-up. Following his statement:

> "... the family *does not want the patient to be taken to the hospital because they are afraid that later on, it means that there is still insufficient education in the community so that education regarding the treatment of schizophrenia, whether medically, can be done with regular, continuous treatment that does not stop the drug, because taking the medicine is actually for him not to relapse, it is said to be cured of his symptoms, social activities will be good…" (Health Department, M, L)*

Health workers who only help provide referrals and feel they are not competent to handle mental illness, cadres feel lack of knowledge to deal with mental illness, families lack knowledge and skills in caring for Schizophrenia and the community feels lay with mental disorders, so that their respective roles are not maximized. The following is her statement:

> "*This is temporarily not optimal, at least we have a health center if it's not for prevention, ma'am...at least to give a referral, that's okay.... As for prevention, there is no innovation for mental health.... The cadres are just socializing, it's like there is no training. If a case is found, it's reported, and the family can't handle us PPD, the social service directly, so he can help bring the patient to the RSJ ". (Head of Puskesmas, I,P)*

The role of cross-sectoral collaboration in mental illness services is very much needed in the community. This is because the healing takes a long time and needs the support of the people around him to become more confident, more empowered and creative.

Efforts made by health workers, cadres, families, and the community.

According to the health office, the efforts made by the health office on mental health programs have just begun. This is because the mental health program is not a priority program. After collecting data on non-communicable diseases in the city of Semarang, it turned out that the mental illnes had increased significantly and had just started the program. However, it is not in line with the existing budget, so the program until now has not been running well, especially with the current pandemic conditions. The following is his statement:

> "……*Alhamdulillan has communicated by making efforts to meet with cross-sectors where we involve the Social Service, TPD outreach team, urban villages, Community Health Centers, we start from places where there are cases of ODGJ how can we jointly*

carry out protection efforts , prevention of conditions psychologically, socially, physically, for these severe ODGJ patients…" (Health Department, M, L)

According to the head of the Puskesmas, the efforts made by health workers, cadres, families and the community have not been maximized. Services health workers are still running priority programs such as HIV, MCH, DHF, etc., while mental disorders have not been included in the priority programs, so the efforts made have not been maximized. Health services at the new provide physical health services, while mental health services are referred to a general hospital or mental hospital. The following is her statement:

" *In my opinion, ODGJ is a new program, ma'am, if they are larvae and then their DB, they already understand that they already know TB, they already know HIV but if they are ODGJ they don't really understand but they are also very responsive, right, Ms. Santi, if it is to patients too escorted by the Puskesmas itself actually wanted to be able to socialize more about this disease to the community so that at least the stigma in the community was reduced…" (Head of Puskesmas, R,P)*

Expectations for mental health programs in the community to reduce stigma and improve the quality of life of Schizophrenia

The health department expects that every village will have an empowered that cares about mental health so that the community can maintain, prevent, and deal with mental disorders independently. There are also many educational institutions in the city of Semarang, so cooperation to maintain the continuation of the program is actually easier; therefore, the village program cares for mental health, and it is hoped that it can run well. The following is a statement about what is expected:

"We will try later at the village level to have a mental healthy alert village, our hope is like that. It's just that it's a bit difficult for us to enter urban areas, isn't it..." (Health Office, M, L)

According to the head of the hope Health Center for mental disorders services in the community for health workers, cadres, families and the community all care about mental disorders so that the stigma of mental disorders and the quality of life of Schizophrenia is good. So that conditions like this are very concerning, health workers, cadres, families and the community feel the need for knowledge about mental disorders. The following is the statement:

"…….*if we want to provide information we must have competence if we do not have competence how can we provide socialization or information to the community or cadres later, when we meet the community, we have to do this, automatically we must be given information about this first so that we have the competence to manage mental health like what…" (Head of Public Health Center, I, P)*

The results of the In-Depth Interview to health workers can be concluded that several things need to be done in relation to mental health services in the community as follows:

Table 1. Results of In-Depth Interviews Regarding Mental Health Services in the Community

Topic	Health Workers	Expectations and Intervention Plans
views of health workers, families, community leaders, and cadres on stigma and quality of life for Schizophrenia	● Mental disorders in the community are still not well-received by the community. ● The mental health service program at the Health Service Center has not been running well. ● The services provided are for reference only.	● Socialization of anti-stigma service program with outpatients who care for mental health ● Village administrators Care for mental health

Topic	Health Workers	Expectations and Intervention Plans
	● Health education to families and communities is still very lacking.	● Training of cadres and mental health administrators ● Family and Schizophrenia assistance
The role of health workers, families, community leaders and cadres on stigma and quality of life for Schizophrenia	● Mental health programs are not a priority program for ● Health workers and the community also have not played a good role in handling mental illnes families who still refuse the arrival of health workers. ● Health workers feel they are not competent to handle mental illnes, ● Puskesmas cannot monitor continuously	
The efforts of health workers, families, community leaders and cadres to reduce stigma and improve the quality of life of Schizophrenia	● , the efforts made by the health office on mental health programs have just begun. ● efforts that have been initiated include communicating and coordinating with cross-sectors. ● The Puskesmas has started to run a community mental health program but temporarily has not been maximized.	
Expectations of health workers, families, community leaders and cadres in order to reduce stigma and improve the quality of life of Schizophrenia	● Mental Health Alert Village Program by empowering urban villages that care for mental health ● Increase competent human resources, who understand and are skilled in dealing with mental disorders.	

DISCUSSION

The discussion in this chapter is the result of an assessment of community needs that are felt to be very necessary to create a form of mental health care village services in order to reduce stigma and improve the quality of life of people with HIV. Some things that are needed are is

Socialization of the Mental Health Care Village Model Needed. Socialization of the

The mental health care village model aims to socialize villages that have a readiness in the health sector, where villages with residents who have the resources and ability to deal with health problems independently.[10] Sendangmulyo Village is the area with the highest rate of Schizophrenia in the city of Semarang, so, naturally, the community must pay attention and care about mental health. The following is a description of the stigma of society towards patients with mental disorders, which are related to susceptibility, benefits, self-efficacy and barriers. [11] People consider mental disorders to be incurable, patients become unable to take care of themselves, are dangerous, some even say that the cause of mental disorders is the existence of other factors outside of medicine, being used for magic, and so on. [12]

Mental health conditions were found to be more stigmatized (12.9%) and belittled (14.3%) compared to physical conditions (8.1 and 6.8%), respectively. Among mental health conditions, the most stigmatized condition was schizophrenia (41%), while the most underestimated was obsessive-compulsive disorder (33%).[13] Anti-stigma interventions need to not only inform individuals about the high prevalence of mental disorders but also need other interventions to be effective. [14]

It is necessary to establish the management of the mental health working group and Mental Health cadres.

The management needs are adjusted to the needs of the region or area, in this case the Sendangmulyo village. This model serves as a tool to help guide the development and

implementation of anti-stigma programs in the context of health care. [11] The organizing model for this service is an anti-stigma health care provider program as the basis for anti-stigma activities in health care and to identify community needs. There are four stages that need to be considered, namely: a. Social process: healthcare program against stigma, b. Set up for Success, c. Building programs as needed, d. Creating Networks, e. Changing Culture.[15]

This study emphasizes the importance of evidence-based guidelines for reducing stigma. Action-based assessment, needs assessment based on conditions, and using examples of successful standby models. So the research is able to explore perspectives on stigma reduction strategies used by different stakeholders, patients and their families. Some intervention strategies are more focused on the community. Emphasis on education for attitude and cultural change emerged as a fundamental factor for reducing stigma.[16] Despite increased mental health promotion and advocacy, stigma persists and poses a significant threat to healthy functioning at macro- and micro-sociological levels.[17] Stigma gradually expanded with the incorporation of a wider social context in micro and macro levels, where individuals, institutions, and the construction of a larger culture shape and influence the perception of what is different about the stigma, and therefore, need a different approach.[18]

Mental health cadre training is needed.

The increasing number of people with disorders is a burden for individuals, families, and communities. This situation causes people with mental disorders to need appropriate treatment, so that they can be accepted back into the community. One effort that can be made is to empower the community, specifically by establishing mental health cadres. The training materials include the Village program for healthcare, early detection of family needs, family characteristics, health, risk, and disturbance, home visits, and case referrals. The training is conducted over 3-4 days, with the duration agreed upon by the cadres and administrators. The media used are modules, booklets, and leaflets. New knowledge on the applicability and effectiveness of evidence-based psychological and collective empowerment interventions (ACT, CEE, and ACT+CEE) in overcoming mental illness stigma and mobilizing community leadership.[19]

Family and Schizophrenia Assistance Required

Implement and practice mentoring for families in order to find out how to care for Schizophrenia. The most important element for people with mental disorders mental illnes is family. The importance of family participation in clients with mental disorders can be viewed from various aspects. First, the family is a place where individuals start interpersonal relationships with their environment. The family is the leading educational institution for individuals to learn and develop values, beliefs, attitudes, and behaviors.[20] Individuals often test their behavior within the family, and family feedback influences their adoption of certain behaviors. All of these are preparations for individuals to play a role in society.[21] Family psychoeducation programs have shown a reduction in post-intervention stigma.[22] It is more effective in reducing stigma given directly to caregivers who want to take good care of those with Schizophrenia.

Orientation to overcome stigma varies widely according to context, individuals often choose to hide problems, to anticipate discrimination, and lack the confidence to face stigma. [23] Mentoring interventions and educational interventions have a direct effect of up to 50% on stigma. More research is needed to find out how to sustain benefits in the long term, and to find out how effective these interventions.[24] More positively, to reduce social distance and increase knowledge related to stigma (knowledge that refutes stereotypes).[25]

Anti-stigma interventions in Indonesia should consider related sociodemographic factors and use a psychosocial approach to improve literacy and contact with mental health patients [26]. Mental Health Interventions require broader innovations that are translated into public interventions. Exploring community needs in line with current times to enhance mental health services. [27]

The existing mental health profession can be proactive, both in service institutions and in the community, especially increasing the number of psychiatrists; specialist mental health nurses

and health workers trained in mental health; encouraging the provision of specialist tertiary services; educating the community in reducing negative stigma; and being able to produce innovations, professional recommendations or educational institutions in creating guidelines for dealing with mental health problems in Indonesia.

limitations: The research area is an urban area, so the socio-economic status is very diverse, those with low socio-economic status need help, but those with sufficient socio-economic status, schizophrenia cases are really covered up. Families feel ashamed of family members with mental disorders.

CONCLUSION

The community hopes that this service model, through mental health care villages, will reduce the stigma surrounding mental health services. Reducing stigma and improving the quality of life of ODS requires good preparation and planning, including: a.) It is necessary to prepare technical Standard Operating Procedures (SOP) that specifically regulate the implementation of the model. b.) It is required to have a facilitator in the availability of resources and stakeholder support in the implementation of the model. Notably, this includes the provision of trained health workers, an integrated recording and reporting management system, and the strengthening of web-based information technology networks. c.) To ensure the readiness of implementation and the sustainability of this application model, it is necessary to prepare policies and appropriate regulations as part of routine budget planning for each stage of activity.

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