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Study Windshield Survey Pondok Desa Batangan Tanah Merah District as an Alternative Effort to Handle ODGJ Patients

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ABSTRACT

Mental health is still one of the significant health problems in the world, including in Indonesia. According to WHO regional Asia Pacific (WHO SEARO) data in 2015, Indonesia ranks second most after India at 9,162,886 cases or 3.7 of the population. Mental health development has been carried out by the Government in various efforts, through health centers one of which is Posyandu Jiwa. In addition, countermeasures from the government, at the village level, there are alternative countermeasures in the form of mental health huts, but the cottage is not handled by individuals who have a background. behind health. Therefore, researchers are interested in conducting a StudyWindshield Survey Pondok Desa Batangan District Tanah Merah Bangkalan Regency.

The type of research used is analytical and the type of approach used descriptively. The variables used are Gender, Age, Length of Care, Environmental Conditions, Therapy Treatment, Success Rate. Sampling using Total sampling, the instrument used by Care is observation. There is no statistical test, but it uses frequency retribution. The hope in research is that we are illustrated by the condition therapy alternative in tackling mental health, so that we can combine terapy alternmatif with terapy health so that it can be adopted as a form of mental health treatment in the community or community.

Keywords: Study Windshield Survey, Mental Disorders, Patients

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BACKGROUND

Although not the leading cause of death, disability problems are now a global health problem for every country including Indonesia. Because disability affects the productivity and quality of health of individuals and society, causing deep suffering for individuals and a heavy burden for the family both mentally and materially because sufferers become unproductive (Kiesswetter, 2019).

Mental health is still one of the significant health problems in the world, including in Indonesia. According to who regional Asia Pacific (WHO SEARO) data in 2015, Indonesia ranks second most after India at 9,162,886 cases or 3.7 of the population. While the prevalence of severe mental disorders in Indonesia, such as schizophrenia reached about 400,000 people or 1.7 per 1000 population. (2) Basic Health Research Data 2018 shows Indonesia has a prevalence of emotional mental disorders in the \geq age population of 15 years which is 9.8 percent and the prevalence of schizophrenia / psychosis mental disorders by 7.0 per 1000 population. (Kemenkes RI, 2018).

The stigma of Indonesian society that is still very strong regarding ODGJ is not as strong as in other people with disabilities. This should not be allowed because it will result in a violation of the dignity and values inherent in each human being by society and possibly the government. Who considers that man is a whole unity that is "SOUL and BODY"

Mental health development has been carried out by the Government in various efforts, through health centers one of which is Posyandu Jiwa. In addition, countermeasures from the government, at the village level, there are alternative countermeasures in the form of mental health huts, but the hut is not handled by individuals who have a health background. Therefore, researchers are interested in conducting a StudyWindshield Survey Pondok Desa Batangan District Tanah Merah Bangkalan Regency

METHODS

Study design

The type of research used is analytical and the type of approach used descriptively. The variables used are Gender, Age, Length of Care, Environmental Conditions, Terapy Treatment, Success Rate. Sampling using Total sampling, the instrument used by Care is observation. There is no statistical test, but it uses frequency retribution.

Respondents

Population and patients as many as 32 respondents, with sampling is total sampling.

Instrument

Each respondent was advised to fill out a prayer intensity questionnaire and Geriatric Depression Scale Short Form (GDS-S) using google form through a smart phone with the help of the family in its operation. Then the data will be absorbed. Data from the elderly in each group will then be reviewed for editing, scoring, coding and tabulating processes before being analyzed. Data analysis is done univariately with frequency distribution tables and bivariate analysis using spearment rank statistical tests to be concluded

Data Collection

The initial stage of data collection starting from obtaining research permission and approval from research respondents, In this study, all patients in Pondok Desa Batangan

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Tanah Merah District as many as 32 people, 21 men, and 11 women. Researchers conducted a survey, the physical condition of the patient, environmental conditions and cleanliness and safety of the cottage. In addition, researchers conducted interviews with patients and cottage owners Pondok Desa Batangan Tanah Merah District related to terapy images and activities carried out by patients. Furthermore, the researcher conducted a disktriptif analysis of the results of the survey conducted

Ethical considerations

Ethical principles that are fulfilled include the approval of respondents with evidence of filling out the approval sheet to be a respondent, ensuring that the value of usefulness is greater than the risks received by respondents, and also paying attention to the rewards received by respondents as a form of compensation and the importance of maintaining the confidentiality of respondents' data.

RESULT

According to the result, the sex of 21 men (66%) and the female sex is 11 (66%) the age of <20 years as many as 2 people (6%), age between 20-30 years as many as 8 people (26%), age 30-40 years as many as 12 people (28%), age 40 - 50 years as many as 7 people (21%), and age > 50 years as many as 3 people (9%)

Based on result, Length of Care in getting a long <1 month as many as 1 person (3%), the length of care 1-6 months as many as 7 people (22%), the length of care 6 months - 1 year as many as 13 people (41%), the length of care >1 years as many as 11 people (34%). Patients with pasung as many as 2 people (6%) and without pasung as many as 30 people (94%)

DISCUSSION

a. Environmental Overview

Pondok Kesehatan Jiwa Batangan Village Tanah Merah District is the only alternative treatment for patients with Mental Disorders (ODGJ) in Bangkalan Regency. Patients who come from various districts in madura, namely sampang, pamekasan, and sumenep. In addition, the patient also comes from outside the madura.

The results of the survey were conducted when the research conducted by researchers in 3 buildings. The first building is used for male ODGJ with 2 floors and consists of 6 rooms, the second building is used for halls and lounge rooms, while the third building is used for female ODGJ patients. There is a courtyard that is quite outside and there is 1 mosque that can be used for the public. There are 2 bathrooms the size of 2x2 next to the hall, usually patients bathe in the bathroom. But the condition of the bathroom is not yet suitable for use, because there are no doors or doors only use zinc that does not lock, the condition of the bathroom is also quite a lot of moss.

The clean yard environment has no garbage in order, every day rice and afternoon there are officers who clean as well as the 3 buildings. But the condition of the patient's room is not yet suitable for use, because there are some rooms that do not have mattresses, there are roofs and walls that are damaged. There are 2 pasung patients who are in the lower room in building 1 because it is easy to monitor considering the patient's condition is not stable. There are no closets in every room yet, so the patient's clothes hang in front of the building and look very untidy. Sinatasi used in the hut is PDM water, there is Got, there is a trash can in the cottage area, while for lighting

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either lights or solar lighting is enough.

b. Therapy Overview

Pondok Kesehatan Jiwa Desa Batangan Tanah Merah District is hereditary since the grandfather of the caretaker of the cottage is H.Zaini. The cottage has been established since 1993, the funding used early on was private, but since the crisis moniter other than private every patient is asked for money ranging < 1,000,000 per month.

Terapy is medical and non-medical. Patients who come in an unstable and angry state or patients rebelling and pacing will be carried out several weeks until the condition stabilizes. The activities carried out in the dipondok is one of the terapy that is carried out. Starting from the patient bagun at 04.00 to prepare to perform morning prayers in the mosque, after that pasin gymnastics exercise in the yard, then the patient is asked to clean the yard, building and room, around 07.00 bath and breakfast. The patient's activities continue to rest until the end of dhuhur, the rest of the patient's wife is not sleeping, but interaction with one another, singing, playing music etc. until the end of dhuhur. Patients are obliged to pray dhuhur in the next time the patient eats and sleeps until the afternoon or around 3 o'clock. The patient is asked to pray ashar.

After praying ashar patients are checked starting from hair, nails, and other body parts, patients who have long hair will be cut by officers. If there is a long nail, the patient will cut, after that the patient bathes to prepare for magrib prayer, then after magrib the patient bersholawat and ngaji until near isya', After praying isya' patients eat dinner and relax until 22.00 patients must sleep. The caretaker of the hut has terapy night baths performed on patients, but not every day, only 1 week 2 times, while for medical terapy, the cottage cooperates with Tanah Merah Health Center in treatment for free.

CONCLUSION

That the handling of mental patients in addition to examination and taking drugs, patients must also get support from the family, and also patients with mental illness are sought to do activities. Mental health huts are an effective effort to provide support for the treatment and prevention of mental patients..

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