

THE RELATIONSHIP OF STIGMA WITH FAMILY DECISION MAKING IN TREATMENT OF MENTALLY DISORDERED PATIENTS

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Abstract

The inappropriate understanding of the family about treating mental disorders patients causes a bad mindset that can be seen by the family's assumption, this disease is an incurable disease so that the family tends to allow the patients as long as they don't interfere. The population were all of mental disorders patients in the Mental Hospital of Lampung Regional in July to April 2022, as many as 667 patients and the sample number of 123 respondents. In this study, the sampling technique used purposive sampling. Based on the statistical tests results, obtained p-values was 0.001 (stigma) p-value < value (0.05) that there was a correlation of stigma status with the family decisions making in treating mental disorders patients in the Mental Hospital of Lampung Regional 2022. This study is expected to enable the families to make decisions in providing treatment.

Keywords: Stigma, Family Decision Making, Mental Disorder Patients

Introduction

According to Law Number 18 of 2014 concerning Mental Health, which states that mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual is aware of his/her own abilities, can cope with stress, can work productively, and is able to contribute to his/her community⁽¹⁾. However, the problem of treatment for patients with mental disorders has not yet been achieved, this is due to the stigma so that families and communities feel ashamed, so they ignore taking mental patients to health facilities for treatment⁽²⁾.

According to the American Psychiatric Association (APA) data, 1% of the world's population suffers from mental disorders. It is estimated that 75% of people with mental disorders begin to suffer from them at the age of 16-25 years. Adolescents and young adults are indeed at high risk because at this stage of development there are many life stressors. Based on The number of cases of mental disorders in Indonesia is 9,162,886 cases or 3.7% of the population. Prevalence number of disturbances soul in Indonesia the more significant emotional mental health problems (depression and anxiety) as much as 9.8% ⁽³⁾.

Based on data from the Lampung Provincial Health Service in 2020, there were 9,612 patients with psychosis problems with a positive prevalence of 1,524 patients undergoing treatment. In the process of recovery and healing, patients with mental disorders are very dependent on their families because families play a very important role in providing care or supporting the healing of patients with mental disorders, lack of attention or support from the family can cause patients to become psychotic vagrants⁽⁴⁾.

The number of people with mental disorders at the Lampung Mental Hospital (RSJ), in 2021 the number of patient visits based on gender reached 42,131 patients, while data on the number of new patient visits reached 1,793 patients and old patient visits reached 40,338 patients, while people with mental disorders in April 2022 numbered 199 patients, in May reached 119 patients, in June reached 194 patients and in July reached 155 patients⁽⁵⁾.

Mental disorders are a syndrome or pattern of behavior that is clinically significant and associated with distress or suffering and causes disturbances in one or more functions in human life⁽⁶⁾. Mental disorders require a long process of healing, namely in a hospital and then sufferers of mental disorders must return to the community and a therapeutic community will be able to help sufferers reach the stage of recovery⁽⁷⁾.

According to⁽⁸⁾, the obstacle in the process of healing or caring for mentally ill patients (ODGJ) is the knowledge of the family and society. Families and society consider mental disorders to be a disease that brings shame, embarrassment for the family. This condition is also greatly aggravated by the attitude of the family who often tend to isolate/isolate or even shackle the patient and do not support treatment⁽⁹⁾. The solution in handling the level of recovery of patients with mental disorders is family support. The patient's level of dependence is very high on meeting their basic needs, this will interfere with the implementation of the responsibilities and duties of family members in the healing process as their respective functions⁽¹⁰⁾. If the family is viewed as a system, the achievement of the healing goal will be affected. This happens because mentally ill patients are often considered a burden on the family that can affect a system in the family. The family's understanding that is still not right⁽¹¹⁾ about caring for ODGJ patients results in a negative attitude towards the patient, this negative attitude can be assessed from the family's assumption that the disease experienced by the patient is an incurable and permanent disease so that the family tends to let the patient be as long as it does not interfere. Almost all families consider that patients are only a burden on the family because they are unable to care for themselves⁽¹²⁾.

The results of the study ⁽⁸⁾ showed that the family's ability to care for the family is very inadequate and relatively low, this is due to one of the reasons being the lack of knowledge. From these results, there are also things that affect the healing process in people with mental disorders, namely stigma and family social support for the presence of ODGJ people, while according to research ⁽⁸⁾ evaluating family decision-making in the treatment of people with mental disorders in Banten, it was stated that 40% of families only made decisions in treatment, the rest of the family cared less about the patient's recovery.

The definition of stigma itself according to ⁽¹³⁾, is a mark made on a person's body to be shown and inform the public that people who have the mark are slaves, criminals, or traitors and an expression of the unnaturalness and bad moral status of a person. So this stigma refers to attributes that worsen a person's image. Stigma that continues to grow in society can be detrimental and worsen for those who are affected by this social label ⁽¹⁴⁾.

In families, stigma will cause a heavy psychological burden for families of people with mental disorders, resulting in inadequate support given by the family in the recovery process of ODGJ ⁽¹⁵⁾. Family behavior in handling family members with mental disorders is influenced by many factors, including behavior in carrying out restraints, one of the reinforcing factors is the presence of someone who knows and is able to provide an understanding of not restraining ODGJ, but does not do it ⁽¹⁶⁾.

Lack of knowledge about mental disorders and family motivation to provide proper care for mentally ill patients is a burden on the family. This burden will increase with the stigma and discrimination against people who experience mental and emotional disorders by the surrounding community. The results of the study ⁽¹⁷⁾, the family handled people with mental disorders by taking them to a shaman or a shaman because the victim's condition did not improve, the surrounding community believed that people with mental disorders experienced mystical, supernatural and dangerous disorders, could not work, could not be cured, so that the stigma of the community towards people with mental disorders included neglect, prejudice and discrimination. Stigma has been described as a concept that contains three elements, namely the problem of knowledge (labeling), the problem of attitude (prejudice), And behavioral problems (discrimination). ⁽¹⁸⁾ The stigma on ODGJ who have been declared cured and returned to their families will relapse again because of the stigma from society that prevents them from recovering. Meanwhile, another factor that influences the care of mentally ill patients is socio-economic status ⁽¹⁷⁾.

Based on the results of a survey conducted by researchers on May 25, 2022, on 10 families with mentally ill patients, based on interviews, it was found that 6 families felt ashamed of their surroundings if a family member was hospitalized, and 4 families said they would just let it be if a family member had a mental disorder because they did not have the money for treatment. Of the many family functions, researchers are interested in taking the decision-making function, this is because on average, families just let their family members who have mental disorders, do not dare to make decisions to treat family members who have mental disorders.

Based on the background above, the author is interested in taking the title "The Relationship Between Stigma and Decision Making". Family Decisions to Do Treatment of Mentally Ill Patients at the Lampung Regional Mental Hospital in 2022".

Method

The type of research used in this study is quantitative, namely scientific research based on facts, free from prejudice, using analytical principles, using hypotheses, using objective measures and using quantitative or quantified data. The design in this study uses analytical, namely the researcher wants to analyze the consequences if the respondent does not make a decision on treatment for family members who have mental disorders by using a cross-sectional approach, namely the researcher visits the respondent directly to collect data at that time ⁽¹⁹⁾.

Population is the entire object of the researcher to be studied⁽²⁰⁾. The population in this study were all sufferers of mental disorders at the Lampung Regional Mental Hospital from April to July 2022, totaling 667 patients. The research sample is part of the entire object studied and is considered to represent the entire population⁽¹⁵⁾. In this study, the sample calculation method for the Lameshow survey research. So that a sample of 123 respondents was obtained.

The sampling technique used in this study is Purposive Sampling, namely one of the non-random sampling techniques where researchers determine the sampling by determining specific characteristics that are in accordance with the research objectives so that it is hoped that they can answer the problem. research ⁽¹⁹⁾

Results

Table 1
Characteristics of Respondents at the Lampung Regional Mental Hospital in 2022

Respondent Characteristics	Frequency	Percentage (%)
Age		
Teenagers (12-25 Years)	3	2.4
Adults (26-45 Years)	107	86.9
Late Adulthood (46-55 Years)	11	8.9
Elderly (> 55 years)	2	1.8
Gender		
Man	68	55.3
Woman	55	44.7
Education		
Low (Primary and Middle School)	43	34.9
Medium (High School)	60	48.8
High (D3 and S1)	20	16.3
Work		
Laborer	43	35.0
civil servant	12	9.8
Private	26	21.1
Self-employed	42	34.1

Based on table 1, it is known that at the Lampung Regional Mental Hospital in 2022, most respondents were aged > 35 years, totaling 73 respondents (59.4%), male, totaling 68 respondents (55.3%), had a high school education, totaling 60 respondents (48.8%) and worked as laborers, totaling 43 respondents (35.0%).

Table 2 Stigma in Lampung Regional Mental Hospital in 2022

Stigma	Frequency	Percentage (%)
Not good	58	47.2
Good	65	52.8
Amount	123	100

Based on table 2, it is known that at the Lampung Regional Mental Hospital in 2022, the majority of respondents had a good stigma, amounting to 65 respondents (52.8%).

Table 3
Frequency Distribution of Decision Making at Lampung Regional Mental Hospital in 2022

Decision-making	Frequency	Percentage (%)
Not Decided	58	47.2
Decide	65	52.8
Amount	123	100

Based on table 3, it is known that at the Lampung Regional Mental Hospital in 2022, the majority of respondents made decisions to undergo treatment, amounting to 65 respondents (52.8%).

Table 4
The Relationship Between Stigma and Family Decision Making in Treating Patients Mental Disorders at Lampung Regional Mental Hospital in 2022

Stigma	Decision-making				Total		P- Value	OR 95% CI
	Not Decided		Decide					
	N	%	N	%	N	%		
Not good	37	63.8	21	36.2	58	100	0.001	3,692 (1,750 – 7,786)

Based on table 4, it is known that at the Lampung Regional Mental Hospital in 2022, out of 58 respondents who had a bad stigma, 37 respondents (63.8%) did not decide to undergo treatment, while out of 65 respondents who had a good stigma, 44 respondents (67.7%) decided to undergo treatment.

Based on the results of the statistical test, a p-value of 0.001 was obtained or a value $< \alpha$ value (0.05), which means that there is a relationship between stigma and family decision-making in treating mentally ill patients at the Lampung Regional Mental Hospital in 2022 with an OR value of 3.692, meaning that respondents who have a bad stigma are 3 times more likely to did not make treatment decisions compared to respondents who had a good stigma.

Discussion

Based on the research results, it is known that at the Lampung Regional Mental Hospital in 2022, most respondents had a good stigma, amounting to 65 respondents (52.8%). Stigma itself according to⁽²¹⁾, is a mark made on a person's body to be shown and inform the public that people who have the mark are slaves, criminals, or traitors and an expression of the unfairness and bad moral status of a person. So this stigma refers to attributes that worsen a person's image. Stigma

that continues to grow in society can be detrimental and worsen for those who are affected by this social label⁽²²⁾.

In families, stigma will cause a heavy psychological burden for families of people with mental disorders, resulting in inadequate support provided by the family in the recovery process of ODGJ. Family behavior in handling family members with mental disorders is influenced by many factors including behavior in carrying out restraints, one of the reinforcing factors is the presence of someone who knows and is able to provide an understanding of not restraining ODGJ, but does not do it⁽¹⁹⁾. The results of the study above are in line with Research ⁽²³⁾ on the relationship between family stigma and family support in caring for family members with ODGJ, stating that most respondents have good stigma, totaling 13 respondents (52%).

Based on the research results above, according to the researcher, most respondents have a good stigma, but there are some respondents who have a bad stigma, this is due to the low education of the respondents, as well as the lack of information support obtained by the respondents in treating patients with mental disorders. On the other hand, People with Mental Disorders (ODGJ) still experience stigma (labeling, stereotypes, exclusion, discrimination) which complicates their healing process and well-being. The stigma given by society is to consider ODGJ different, and to ostracize them. Stigma is not only experienced by ODGJ, but also by their family members. The stigma experienced by family members has a negative impact on the recovery of ODGJ because it causes sadness, pity, shame, shock, irritation, feeling beaten, and restless, blaming each other which will ultimately affect the quality of treatment given to ODGJ.

Based on the research results, it is known that at the Lampung Regional Mental Hospital in 2022, most respondents made decisions to undergo treatment, amounting to 65 respondents (52.8%). According to⁽²⁴⁾, decision making is a way of acting with an efficient method according to the alternative selection process. So it can be concluded that decision making is the result of actions in making decisions from all kinds of alternatives available to achieve existing goals. Decision making is also a process where the decision is made from a thought about a problem by rounding up a choice on one alternative among many alternative thoughts based on certain considerations or criteria to achieve the desired goal, so that in this decision it is expected to be able to know the family decision-making process in treating mental patients.

The results of the research above are in line with research⁽⁹⁾ on the ability of families to care for people with mental disorders. The research method is Quantitative, with cross-sectional population is families who have members of ODGJ in the Sragi Health Center area, South Lampung, the sampling method uses purposive sampling.

Based on the research results, the majority of family capabilities in the inadequate group are female 42%, secondary education 42.5%, working occupation 60% while family capabilities are 57.5%. Based on the research results above, according to the researcher, most respondents make decisions in providing treatment to people with mental disorders, this is because respondents have a high level of education so that respondents have health information about the importance of undergoing treatment and respondents have a good economic status so that they are sufficient and able to finance all treatments.

Based on the research results, it is known that at the Lampung Regional Mental Hospital in 2022, out of 58 respondents who had a bad stigma, 37 respondents (63.8%) did not decide to undergo treatment, while out of 65 respondents who had a good stigma, 44 respondents (67.7%) decided to undergo treatment.

Based on the results of the statistical test, a p-value of 0.001 was obtained or a p-value $< \alpha$ value (0.05), which means that there is a relationship between stigma and family decision-making. In Treating Mentally Disturbed Patients at the Lampung Regional Mental Hospital in 2022, the OR value was 3.692, meaning that respondents who had a bad stigma were 3 times more likely to not make a treatment decision compared to respondents who had a good stigma.

The family's understanding that is still not right about caring for ODGJ patients results in a tendency towards a negative attitude towards the patient, this negative attitude can be seen from the family's assumption that the disease experienced by the patient is an incurable and permanent disease so that the family tends to let the patient be as long as it does not interfere. Almost all families consider that the patient is only a burden on the family because they are unable to care for themselves⁽⁸⁾.

The results of the study above are in line with the results of the study⁽⁹⁾, it was found that the family's ability to care for the family is very inadequate and relatively low, this is due to one of the reasons being the lack of knowledge. From these results, there are also things that affect the healing

process in people with mental disorders, namely stigma and family social support for the presence of ODGJ people. Based on the study⁽²⁶⁾, it was found that there were many cases of confinement carried out by families against ODGJ sufferers as an alternative treatment for mental disorders, after many medical treatment efforts had been made, the ignorance of the community and family about early detection and forced treatment in mental hospitals caused the sufferers not to be handled properly, so that the cultural way of the community and family to handle it was by confining with the aim that sufferers of severe mental disorders would not endanger themselves or others and as a way for the family to closely monitor sufferers of severe mental disorders⁽²⁷⁾. According to the study⁽²⁸⁾ evaluation of family decision-making in the treatment of people with mental disorders in Banten, it was stated that 40% of families only made decisions in treatment, the rest of the family cared less about the patient's recovery.

The stigma on ODGJ who have been declared cured and returned to their families will relapse again because of the stigma from the community that makes them not recover. While one of the other factors that affects the care of patients with mental disorders is socioeconomic status⁽²⁹⁾⁽³⁰⁾. Based on the results of the study, according to the researcher, most respondents have a bad stigma, but respondents make decisions, this is because of family support for treatment, but there are also respondents who have a good stigma but do not make decisions about treatment, this is because of economic status factors that do not have the funds to undergo treatment. On the other hand, People with Mental Disorders (ODGJ) still experience stigma (labeling, stereotypes, exclusion, discrimination) which complicates the healing process and their well-being. The stigma given by society is to consider ODGJ different, and to ostracize. Stigma is not only experienced by ODGJ, but also by their family members. The stigma experienced by family members has a negative impact on the recovery of ODGJ because it causes sadness, pity, shame, shock, irritation, feeling shocked, and restless, blaming each other which will ultimately affect the quality of treatment given to ODGJ.

Conclusion

It is known that at the Lampung Regional Mental Hospital in 2022, the majority of respondents had a good stigma, amounting to 65 respondents (52.8%). Most of the respondents made decisions to undergo treatment, amounting to 65 respondents (52.8%). Based on the results of the statistical

test, a p-value of 0.001 was obtained or a p-value $< \alpha$ value (0.05), which means that there is a relationship between stigma and family decision-making. In Treating Mentally Ill Patients at the Regional Mental Hospital Lampung 2022.

Reference

1. Yusuf, A., PK, R. F., & Nihayati, H. E. (2015). *Buku ajar keperawatan kesehatan jiwa*.
2. Nasriati. (2016). *Asuhan Keperawatan Jiwa Edisi I Cetakan 2*. Bandung: Alfa Beta.
3. Riskedas. (2018). *Hasil Utama Riset Kesehatan Dasar*. Jakarta: Dinas Kesehatan RI.
4. Lampung, D. P. (2020). *Data Profil Kesehatan*. Lampung: Dinas Kesehatan.
5. RSJ. (2021). *Profil Kesehatan*. Bandar Lampung: RSJ Lampung.
6. Astie. (2016). *Memahami Dinamika Keluarga Pasien*. Jakarta: Rineka Cipta
7. Imelisa, R., Kep, M., Roswendi, A. S., CHt, S. K. M. P., Wisnusakti, K., & Ayu, I. R. (2021). *Keperawatan Kesehatan Jiwa Psikososial*. Edu Publisher.
8. Noviyanti. (2017). *Pengantar Ilmu Psikologi Edisi III cetakan 6*. Bandung: Alfa Beta.
9. Pujiningsih, E. (2021). *Keperawatan Kesehatan Jiwa*. Guepedia
10. Marbun, T. P. K., & Santoso, I. (2021). Pentingnya motivasi keluarga dalam menangani Orang dengan Gangguan Jiwa (ODGJ). *Jurnal Pendidikan Kewarganegaraan Undiksha*, 9(3), 1131-1141
11. Akbar, B. P., Azhar, A., & Musdalifah, F. S. (2021). Stigmatisasi Penderita Gangguan Mental Pada Film Joker 2019. *Prodi Ilmu Komunikasi: Universitas Sriwijaya*
12. Putri, R. N., Idris, H., & Fajar, N. A. (2020). Evaluasi pelayanan kesehatan jiwa berbasis komunitas di kota Palembang. *Jurnal Ilmiah Universitas Batanghari Jambi*, 20(3), 976-982
13. Sulastri. (2018). *Penanganan Orang Dalam Gangguan Jiwa*. Yogyakarta: Nuha Medika.
14. Amanda G. *Gambaran Asuhan Keperawatan Pada Klien Anak Yang Mengalami Tidak Efektifnya Bersihan Jalan Nafas Dengan Asma di RSUD Pasar Rebo* (Doctoral dissertation, Akademi Keperawatan Berkala Widya Husada).
15. Goffman. (2014). *Ilmu Psikologi Kesehatan. Edisi III*. Jakarta: Salemba Medika.
16. Lestari. (2014). *Ilmu Keperawatan Jiwa*. Yogyakarta: Nuha Medika.
17. Hilda. (2015). Pengaruh Dukungan

Keluarga Terhadap Proses Pengobatan Gangguan Jiwa. *Jurnal Universitas Sumatera Utara. IGC*, 1-13.

18. Rahmawati, I. (2022). *Pengantar Psikologi Sosial*. Bumi Aksara
19. Notoatmodjo. (2014). *Metodologi Penelitian*. Jakarta: Rineka Cipta.
20. Setiadi. (2017). *Ilmu Riset Penelitian*. Jakarta: Salemba Medika.
21. Sarafino. (2016). *Konsep Dukungan Keluarga Menangani Orang Dalam Gangguan Jiwa*. Yogyakarta: Nuha Medika.
22. Hati, K., Shaluhiah, Z., & Suryoputro, A. (2017). Stigma Masyarakat Terhadap ODHA Di Kota Kupang Provinsi NTT. *Jurnal Promosi Kesehatan Indonesia*, 12(1), 62-77
23. Purnama, G., Yani, D. I., & Sutini, T. (2016). Gambaran stigma masyarakat terhadap klien gangguan jiwa di RW 09 Desa Cileles Sumedang. *Jurnal Pendidikan Keperawatan Indonesia*, 2(1), 29-37.
24. Nasriati, R. (2017). *Stigma dan dukungan keluarga dalam merawat orang dengan gangguan jiwa (ODGJ)*. *MEDISAINS: Jurnal Ilmiah Ilmu-Ilmu Kesehatan*, 15(1), 56-65.
25. Rodiyah. (2013). *Keputusan Dalam Perilaku Kesehatan*. Yogyakarta: Nuha Medika.
26. Wardhani, Y. F. (2014). *Stigma Dan Penanganan Penderita Gangguan Jiwa Berat Yang Dipasung (Stigma and Management on People With Severe Mental Disorders With)*. *Buletin Penelitian Sistem Kesehatan*, 17, 2.
27. Fajariyah, N., & Tresna, D. A. (2023). Analisis asuhan keperawatan jiwa dengan resiko perilaku kekerasan melalui intervensi latihan fisik 2: terapi pukul bantal pada Nn A dan Nn D di pandeglang banten. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(4), 1687-1692.
28. Pardede, J. A. (2020). Standar Asuhan Keperawatan Jiwa Dengan Masalah Kecemasan. *Jurnal Ilmiah Kesehatan*, 4(1), 1-4
29. Reong, A. R., Mane, G., Wega, M. O., Wa'a, F. A. R., & Sulastien, H. (2023). Pengalaman Keluarga dalam Upaya Penanganan Dini Merawat Anggota Keluarga dengan Gangguan Jiwa. *Jurnal Keperawatan*, 15(4), 151-162.
30. Asti, A. D., Sarifudin, S., & Agustin, I. M. (2016). Public stigma terhadap orang dengan gangguan jiwa Di Kabupaten Kebumen. *Jurnal ilmiah kesehatan keperawatan*, 12(3).