Psycho-Education in Muslim Family with Clients Recovering from the Risk of Violent Behaviour

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Abstract. Recovery condition is a very important moment for every client with mental disorders (ODGJ). As conveyed in the review of Islamic Law, crazy people are among those who are not obliged to adhere the law (ghairu mukallaf).ODGJ with violent behaviour possesses anger that may be expressed, in both action and verbal, excessively. This behaviour may injure others and or harm the environment. This research is experimental research that used pre-test and post-test control group. The rate for ODGJ in the intervention group is 116.17 and the average cure rate for ODGJ in the control group is 94.03.The results showed that there is a significant difference in the cure rate of ODGJ in the intervention group and the control group. There is also an increase in the recovery rate in the control group. This is possible because of the occurrence of other type of interventions that improve the recovery of ODGJ with the risk of violent behaviour in the form of individual, family, and community interventions. The forms of help can manifest in creating a conducive environment for the ODGJ to recover, encouraging sustainable family psycho-education program policies (that are accompanied with monitoring the family capabilities to create effective communication within the family in the form of regular family visits), and utilizing a tiered health facility system.

Keywords: Family, Psychoeducation, The Recovery, Clients with Mental Disorders (ODGJ), The Risk of Violent Behaviour

IGCIIS 2022, October 19-20, Mataram, Indonesia
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DOI 10.4108/eai.19-10-2022.2329057

1 Introduction

Violent behaviour is a form of behaviour that aims to threat or injure someone physically or psychologically. Threats can be physically, emotionally, or sexually directed at another person[1]. The risk of violent behaviour have a hierarchy from low such as showing low hostility, being loud and demanding, threatening, injuring at a mild level to a high risk of injuring at a serious level and requiring medical treatment[2]. Incidence of violent behaviour in the United States, the number of ODGJ with schizophrenia reaches 2.5 million people, while in Indonesia there are 400,000 people, based on basic health research data in 2013. One of the causes, among others, is the lack of knowledge and understanding of families and communities about mental disorders or problems, the lack of the number and quality of professional medical personnel, and the lack of treatment facilities.

Mental health nurses play a key role in all aspects of the care and treatment phase of schizophrenia. However, the number of Mental Specialist Nurses in Indonesia in 2016 was 160 people and was added by nurses in Mental Hospitals which were also limited in number[3]. Therefore, psychoeducational skills need to be encouraged in the family environment, especially assertive abilities to create a sense of security and comfort for ODGJs in everyday life.

2 Literature Review

Schizophrenia is a term used to describe a disorder major psychiatric disorder characterized by changes in the perception, thought, affect, and behaviour of a person. Clear consciousness and intellectual abilities are usually maintained, although certain cognitive deficits may develop later [4]. This disease is also often associated with cognitive and mental disorders and depression and can appear in young adulthood which is characterized by the occurrence of relapse with periods of complete or partial remission[4].

Treatment of schizophrenic clients at risk for violent behaviour at home requires interactions in the family whose purpose is to build self-confidence, assertiveness ability, and other skills are needed to promote recovery and reduce the chance of recurrence. Based on the initial survey of clients with schizophrenia who follow the day-care program and receive regular treatment at the Psychiatric Hospital Polyclinic SH Jakarta, it was found that 75% of families show indifference care of schizophrenic clients with risky violence behaviour, lack of family communication due to fear, stigma, lack of knowledge of how to communicate with schizophrenic clients.

This study aims to examine the effect of psychoeducational interventions through family communication on the recovery rate of schizophrenic clients at risk of violent behaviour. It is expected to be a recommendation for practitioners at mental health nursing and contribute to the development of programs for families in caring for schizophrenic clients at risk of violent behaviour.

3 Theoretical Basis

Schizophrenia prognosis is very important matter to be understood by nurses. Even in remission, full or cured is present, most people have variety of sequelae and severity. In general, 25% of individuals recover completely, 40% experience recurrence, and 35% had worsening. Until now, no specific method can predict who will recover and who will not. However, there are several factors that influence it, such as: old age, obvious precipitating factors, onset of acute, good social/occupational history, depressive symptoms, marriage, family history mood disturbances, good support system, and positive symptoms will provide a good prognosis. Unlike the case with young patients, no precipitating factors, unclear onset, poor social history, autistic, no married/widowed/widowed, family history of schizophrenia, poor support system, symptoms negative, a history of prenatal trauma, frequent relapses, and a history of aggressive poor prognosis [5].

Violent behaviour is anger that is expressed excessively and not verbally controlled to the point of injuring others and/or harming environment [6]. It is stated that violent behaviour is the result of anger, extreme fear or fear in response to feelings of being threatened, either in the form of threat of physical attack or self-concept.

There is a hadith that can be related to this typer of psychological disorder. According to Abu Dawud, this Hadith was narrated by Ibn Juraij, from al-Qasim bin Yazid from Ali r.a., from the Prophet. He added a “text” in the hadith “and kharif (one who lacks sense). The hadith explains that a mad person is not burdened with the law and is free from sin because a mad person is a person who is suffering from mental and intellectual problems because he cannot take care of himself. However, when the madman has recovered, he becomes a mukallaf (acquired to fulfil the obligation of the law). Everything related to the madman's self and property becomes the burden of the guardian. Those who become guardians are parents or if their parents have died or their rights to become guardians have been revoked, then guardians are bestowed upon their relatives. If no one from his family is able to become a guardian, then it is the obligation of the Government or the authorities to appoint a party who will become a guardian. Guardians are needed to try to find a cure and represent the insane in legal action.

Islam teaches its followers to help those in need, including providing assistance to the guardians of this madman or to the madman himself in matters that are needed to the best of his ability because insane people have the right to live. This feeling of being threatened can come from external environment (physical attacks, loss of significant people and criticism from people others) and the internal environment (feelings of failure at work, feelings of getting affection and fear of physical illness). [7]

4 Method

This research is an experimental study with a quasi-experimental design (with a pre-test and post-test control group design) with 36 samples treated as outpatients at the SH Jakarta Hospital. The ability of nurses who intervened with their families had previously been made to equalize perceptions through training on psychoeducation, especially communication. The research was conducted for a year with ethical clearance taken from the ethics committee of the Ministry of Health (KEPPKN) with CIOMS 2017, Poltekkes Jakarta I in February 2018.

5 Result and Discussion

Recovery is characterized by symptom remission, involvement in work or school, independent living without close supervision by the caregiver, no dependence on financial support, and having friends with routine activities for at least two consecutive years. In the variable of recovery rate, based on table 5.5, the average value of the pre-test recovery rate for the intervention group was 52.69 and the post-test was 116.17, increasing to 63.48. The results of the analysis showed that there was a significant increase in the client's recovery rate before and after the intervention in the intervention group with a value of $p = 0.0001$ ($p < 0.05$). Similarly, in the control group, the average pre-test score for the control group was 44.56 and the post-test was 94.0 so there was an increase of 49.47. However, the difference in the increase was lower than the intervention group. The results of the analysis showed that there was a significant increase in the recovery rate of ODGJ in the control group ($p<0.05$).

The recovery rate before and after the psychoeducation group action was the most in the control group with no increase in the recovery rate among as many as 33 respondents (91.7%).

In the study, it is known that the average recovery rate of ODGJ in the intervention group is 116.17 and the average recovery rate of ODGJ in the control group is 94.03. Thus, it can be concluded that the average recovery rate of the intervention group is 22.14 greater than the control group with a significance $p = 0.0001$ ($p < 0.05$). The results showed that there were significant differences in the recovery rate of ODGJ in the intervention group and the control group. There was also an increase in the recovery rate in the control group. This was possible because of other interventions to increase the recovery of ODGJ with the risk of violent behaviour in the form of individual, family, or community interventions.

The grounded theory of stress diathesis model of severe psychiatric disorders stated that family intervention programs include components that indicate the presence of bi-biological susceptibility and increased sensitivity to stress that decreases in the family[8]. To minimize biological susceptibility, the program supports medication adherence and employs didactic and problem-solving strategies. To reduce stress levels, this program in- includes an educational component that ensures that all family members have realistic expectations, good communication, and problem-solving thereby reducing conflict in the family and family adjustment to ODGJ at risk violent behaviour.

Even normal families without ODGJ will often experience conflict within the family if they do not have good communication. Lack of communication skills will cause the message to not arrive correctly in the family, so that differences in perceptions and views between family members are not conveyed correctly and trigger conflicts in the family.

The presence of ODGJ in the family coupled with the risk of violent behaviour experienced will increase the burden on the family. If it is not conveyed properly, it will add to the conflict in the family. Family communication skills will have a good impact in recognizing problems in the family, problems with ODGJ, and getting a good solution that can be accepted and implemented by the family with agreed norms and rules. (5,6,7)

6 Conclusion

As the smallest unit of society consisting of the head of the family and several people who gather and live in one place under one roof in a state of interdependence, the family can improve communication skills from families to ODGJ by showing an increase in the average recovery

of ODGJ. This condition strengthens that the family will be able to facilitate independent recovery if Psychoeducation, especially communication is carried out properly and continuously in their daily lives. Thus, the quality of family support has a very important meaning in family relationships, members who receive support from family have good relationship quality. The quality of family support is divided into three, namely: Closeness, Reciprocity, and Durability. (8,9)

"And whoever preserves the life of a human being, it is as if he has preserved the life of all humans" (Surah Al-Maidah [5]: 32).

Islam teaches Muslim to help people who are affected by disaster (crazy). In this regard, things that can be done include: assisting in the cost of treatment/care at health care facilities for people with mental disorders who are neglected, homeless, threatening the safety of themselves and or others, and or disturbing public order and or security.

Providing material assistance to people affected by disaster (crazy). For example, giving clothes if the person does not have clothes so that the person looks decent and cover his or her aurat (parts of body that should be covered). Supervising people affected by disaster (crazy) so as not to damage or disturb the peace of the community. Muslim family and friends can help reduce the level of anxiety caused by the condition of ODGJ. They can eliminate the temptation to disobedience, and family can often be a support group to achieve compliance so that ODGJ can be productive according to their developmental tasks and functions.

There is no Conflict of Interest.

Funding sources are partly provided from the Ministry of Health's health worker development research.

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