

# Literature review of mental health recovery in Indonesia

Mamnuaah<sup>a</sup>, Intansari Nurjannah<sup>b</sup>, Yayi Suryo Prabandari<sup>c</sup>, Carla Raymondalexas Marchira<sup>d</sup>

<sup>a</sup>PhD Candidate Faculty of Medicine Universitas Gadjah Mada, Indonesia.

<sup>b</sup>Associate Profesor, School of Nursing Faculty of Medicine, Gadjah Mada University, Indonesia.

<sup>c</sup>Associate Profesor, School of Public Health, Faculty of Medicine, Gadjah Mada University, Indonesia.

<sup>d</sup> Associate Profesor, Psychiatric Department, Faculty of Medicine, Gadjah Mada University, Indonesia

**Abstract— Background:** The recovery process for mental health patients in Indonesia is still not optimal. This is evident from the high recurrence rate of patients with mental disorders. This article describes how literature views the recovery process of mental health patients in Indonesia. The purpose of this article is to illustrate the recovery process of patients with mental disorders through literature searches on publications on the phenomenon of recovery in Indonesia. Review: Literature searches were conducted through Google Scholar, BMC, Springerlink, Science Direct, Scopus, Proquest and the Cochrane library. A key word that was used in English was recovery, which is “*pemulihan*” in Indonesian. The literature search was undertaken up until August 2015 and retrieved 66 articles consisting of 60 research articles and 6 non research articles. Out of these 66 articles, two were in duplicate. 42 of the remaining 64 articles were excluded thus 22 articles in total were reviewed. There were two articles from a patient’s perspective in the research focused on the recovery process of patients with mental disorders. Other research focused on information pertaining to the recovery process. Results: Only one of the articles portrayed the stages of the recovery process in Indonesia. There are three stages to the recovery process for patients in Indonesia, which consist of the first stage: Arising, gaining insight, the second stage: Effort, struggling to archive recovery, and the third stage: Harmony, harmonious integration with the community. The other 21 articles were on part of the recovery phase, however the majority of them supported research on the first and second stages of the recovery process and the third stage, the harmonious integration with the community has not had much attention or focus in research. Conclusion: Research needs to address the recovery of patients with mental disorders in Indonesia, particularly pertaining to community integration.

*Keywords-component; mental health, recovery, Indonesia*

## I. INTRODUCTION

Community mental health problems in Indonesia are very prevalent and pose to be a significant burden in health. The 2013 *Riskesmas* (National Basic Health Research) showed that

mild mental disorders or emotional mental disorders, such as anxiety and depression, are prevalent in those aged over 15 years with 6 percent of the population or 16 million people suffering from these disorders. Severe disorders such as psychosis affect 1.72/1000 or an estimated 400,000 people and 14.3 percent or 57 000 people with mental disorders are physically restrained by their families [1]. The majority of mental health problems are long lasting (chronic) and require ongoing care and relapse preventive measures from the community. Others, however, can be prevented through promotive and preventive efforts.

The phenomenon of shackling people with mental illness in Indonesia indicates that the recovery of patients is not optimal. This may be due to the fact that families and communities are not being prepared to participate in the recovery process of patients. According to Stuart [2] recovery is defined as a process in which people can live, work, study and participate fully in society. In understanding the recovery of schizophrenic patients according to Buckland, Schepp et al. [3] there are four elements, namely: fulfilling and maintaining hopes, developing a positive identity, discovering meaning in life and taking responsibility for the lives of others. In looking at some of these definitions it can be concluded that recovery is a process that is experienced by a patient in attaining their hopes and living responsibly in society.

Estimations on the utilization of both primary and secondary level services indicates that the scope of mental health services is still <10%, and the recurrence rate of patients is still quite high, as is stigma, which still affects people with mental disorders (PMI) [4]. The research of Fadli and Mitra [5], shows that within two years patients with schizophrenia relapse 1.48 times on average with a standard deviation of 1.18 times. The highest recurrence frequency of schizophrenic sufferers in two years is four times. Families that exhibit high

expressed emotion, such as hostility and criticism makes patients more likely to relapse compared to families that exhibit low expressed emotion.

The Indonesian government has regulated the rehabilitation of patients with mental disorders through the Health Law No. 18 of 2014 on Mental Health in Article 25 with mental health rehabilitative efforts. These efforts are part of and/or a series of activities in mental health services that are aimed at preventing or controlling disability, restoring social functions, restoring occupational functions and preparing or developing the ability of people with mental disorders to be independent in the community. Managing psychiatric problems involves the intervention of various parties from professional associations and the community through to the government via the Ministry of Health. Some government policies have been implemented to facilitate access to mental health services, including the National Health Insurance Scheme (JKN) and other approaches that are cross-sectoral in nature.

These cross-sectoral approaches are implemented through Community Mental Health Advisory and Implementing Teams (TP-KJM) whose membership consists of central, provincial and district or municipal government levels. The Mental Health Law is anticipated to provide a more comprehensive approach, ranging from promotion, prevention, treatment through to rehabilitation [1]. The Mental Health Law protects patients with mental disorders, particularly those with schizophrenia in a more comprehensive and integrated manner ranging from education, therapy and psychological support for people with schizophrenia so that they can be productive again in society [6]. This legislation ensures that mental health patients are treated humanely and are free of shackling. According to Tyas [7], managing patients once they are released from shackling is far more important.

Recovery of mental patients is a topic that has not been adequately addressed in Indonesia [8] The purpose of this paper is to identify the recovery process in Indonesia through literature searches, which were conducted to identify aspects relating to recovery in patients with mental disorders.

**II. REVIEW**

Literature searches were conducted through Google Scholar, BMC, Springerlink, Science Direct, Scopus, Proquest and the Cochrane library. The key word recovery was used in English data bases. Searches were conducted until August 2015. Searches in Indonesian using, 'pemulihan pasien skizofrenia' (recovery of patients with schizophrenia), were used in Google Scholar and the words recovery AND schizophrenia AND Indonesia were used for English data bases. Search results retrieved 66 articles consisting of 60 research articles 6 non research articles. Out of these 66 articles, two were in duplicate leaving 64 remaining articles. 42 of these 64 articles were excluded thus the remaining 22 articles were reviewed. The search and literature review processes can be seen in Figure 1.

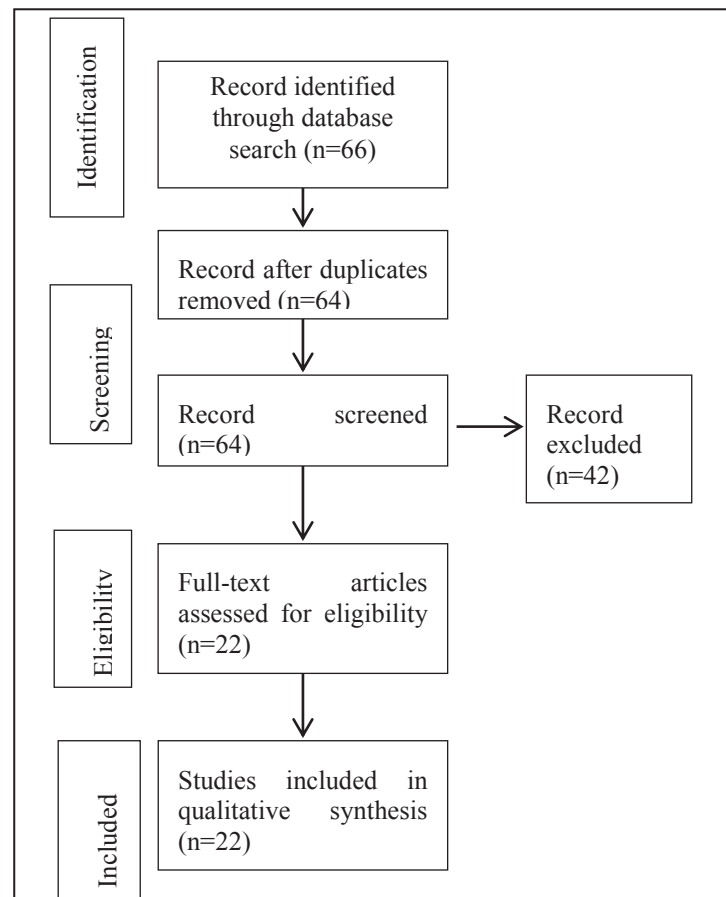


Fig. 1. PRISMA diagram search and selection process using Google Scholar, BMC, Springerlink, Science direct, Scopus, Proquest and Cochrane library databases.

**III. RESULTS AND DISCUSSION**

The literature search results on recovery can be seen in Table 1.

Table 1 summary table on studies included in the review

No	Author	Objective	Research design	Sample size
1	Wulansih and Widodo [9]	To determine the correlation between knowledge and attitude with relapsing	Descriptive correlation	(n=50)
2	Pah [10]	To determine the listening process between a mentor and a schizophrenic patient	Case study	(n=3)
3	Murti [11]	To overcome the issues of fragmented services	Editorial	

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4	Fanani [12]	To assess the effectiveness of clozapine (clorilex) on the intensity of symptoms in schizophrenic patients who are resistant to treatment	Randomized control trial pre and posttest design	(n=60, experiment 30, control 30)		antipsychotic medication			
5	Ambarwati [13]	To determine the effectiveness of CBT as an adjunctive therapy in reducing signs and symptoms in chronic schizophrenic patients	Pre and posttest design, single blind	(n=40, experiment 20, control 20)	11	Purba [19]	To determine the differences in inability to socialize in schizophrenic patients who are provided with rehabilitation interventions with those who are not	Observational survey using a comparative study method	(n=80, experiment 40, control 40)
6	Rikma, Rahmi et al [14]	To determine the impact of Yumeiho therapy on reducing psychological and physiological symptoms in schizophrenic patients	Single case experimental design using reversal types (A-B-A-B)	(n=4)	12	Sari, Nugroho et al. [20]	To gain an overview on the ability to control anger after having therapeutic communication.	Quasi experiment, One group pretest post test	(n=72)
7	Nurkholi soh [15]	To determine the implementation of therapy for paranoid type schizophrenic clients in the Madani Mental Health transit house program	Descriptive qualitative	(n=6)	13	Dewi, Elvira et al. [21]	To gain an overview of the needs in the lives of people with schizophrenia, according to them and their carers.	Descriptive	(n=90)
8	Handayani, Sriati et al [16]	To gain an overview of the level of patients' independence in controlling hallucinations after participating in group therapy activities on perception stimulation.	Descriptive	(n=42)	14	Wahyuni, Yuliet et al. [22]	To find the correlation between the length of stay in care and a patient's ability to control hallucinations	Correlation	(n=34)
9	Widyangsih [17]	To assess social support supporting the recovery process	Qualitative	(n=2)	15	Madalise, Bidjuni et al. [23]	To determine the impact of health education on the implementation of ADL (Activity of Daily Living) in patients with mental disorders	pre experimental using One Group Pre-Test-Post-Test Design	(n=30)
10	Saputra, Widodo et al [18]	To determine the correlation between family support and adherence to taking	Descriptive correlation	(n=95)	16	Wangsa, Ghofur et al. [24]	To identify the effects of group activity therapy in patients with a history of violent behavior on their ability to express feelings of anger assertively	Pre-Experiment using Pretest-Posttest One Group Design	(n=35)
					17	Kustiawan [25]	To determine the impact of family health education on a family's ability to care for clients with	Quasi experimental pre posttest using a	(n=50, experiment 25, control 25)

		low self esteem	control group	25)
18	Khaeriyah, Sujarwo et al. [26]	To determine the effect of therapeutic communication on willingness and ability pertaining to personal hygiene regarding a client's self-care deficit	Quasi experimental one group pre posttest design	(n=50)
19	Utami, Gafur et al. [27]	To determine the effect perception stimulation group activity therapy on the ability to control hallucinations in schizophrenic clients	Quasi-Experimental Design using One-group pre-posttest design	(n=34)
20	Rahman and Hendrijanto [28]	To know about the empowerment process of former mentally ill people	Qualitative: case study	(n=11)
21	Romadhon [29]	To know the public's perception of patients with mental disorders	Descriptive exploratory	(n=115)
22	Subandi [30]	To explore the recovery process of the first psychotic episode patients in Javanese culture	Ethnography	(n=7)

The literature search results showed that the process of recovery for patients in Indonesia or abroad are basically the same, only the breakdown of stages is different. The process of recovery in literature from the West includes seven stages, while in Indonesia this process is divided into three stages. The seven stages in the West includes: experiencing schizophrenia as a descent into hell, igniting a spark of hope, developing insight, activating the instinct to fight back, discovering keys to well-being, maintaining a constant equilibrium between internal and external forces, and perceiving light at the end of the tunnel [31]. The three stages in the recovery process in Indonesia includes Arising: gaining insight, Effort: struggling to archive recovery and Harmonious integration with the community [30].

Analysis of the recovery stages experienced by patients in Indonesia as explained by Subandi [30] shows that some

matters are not appropriate to the specific recovery stages. In point one, for example, Subandi [30] mentions that there are several characteristics included in stage 1, which are not applicable to this stage such as dispelling negative thoughts, fantasies, and day dreaming; regular physical exercise; and changing from a passive to a much more active disposition. These are also included in the second stage as a part of the efforts in the process leading towards recovery. According to the author, it would be more appropriate to only include these points in the second stage, that is, in efforts towards recovery. Another inappropriate point in stage one is for socio-political and religious interaction to play an active role in his/her own life again. This point is more apt in the third stage, namely harmonious integration with the community. This point describes how schizophrenic patients interact with the environment and their surrounding community [30].

Subandi's research [30] also outlines the obstacles of each stage while literature on the recovery stages from the West does not mention any obstacles encountered. Subandi wrote on the obstacles of schizophrenic patients in achieving recovery. He described an obstacle that one schizophrenic patient encountered in stage one, namely the patient's regret over losing his position as school principal immediately surfaced. Likewise, Subandi found numerous obstacles encountered by patients with schizophrenia in stage two in efforts to achieve recovery. These obstacles included: participants not continuing medication because they felt that they had already recovered; the unwanted side effects (dizziness, somnolence, irregular menstrual cycles); and fear of becoming dependent on medication. Subandi also describes the manifestations or signs that a patient is in the process of achieving recovery. Subandi considers these as part of a schizophrenic patient's effort in attempting to achieve recovery [30].

Most of the research in Indonesia examines factors associated with relapsing. These factors include how knowledge, attitudes, family support, adherence to taking medication and stigma affect schizophrenic relapses. The research of Wulansih and Widodo [9] states that there is a correlation between knowledge and family attitudes with schizophrenic relapses. This research supports the first and second stages of the recovery process.

Other research covers the measures implemented in supporting the recovery process, namely individual and group therapies. Individual therapies include cognitive behavioral therapy (CBT), Yumeiho therapy, therapeutic communication, and health education. Group therapy consists of sensory perception therapeutic group activities on patients' ability to control hallucinations and anger. Therapy is also provided for families through health education on a family's ability to care for patients with low self-esteem.

Research conducted by Ambarwati [13] shows that CBT in group treatments results in more meaningful clinical improvements compared to control groups which is indicated

by a reduced Positive and Negative Syndrome Scale (PANSS) score. Although various research that supports stages one and two of the recovery phase of patients in Indonesia has been undertaken, evidence based standards in this research remains weak including research methodology.

Publications on the recovery of psychiatric patients in Indonesia still do not address the third stage of the recovery process, namely harmonious integration with community. If harmony cannot be created then patients will be susceptible to relapsing. Community integration is important in the process of recovery and is an indicator of a patient's well-being. Patients striving to free themselves from the confines of the illness and developing a personal identity is meaningful, where they are able to carry out their role in the community [32]. According to Pahwa and Bromley [33], community integration is important in the recovery process. There are three dimensions to community integration, namely physical, psychological and social. Perhaps this is one of the reasons why the recovery process of the mentally ill in Indonesia is not optimal, proven by the extensive occurrence of shackling of mental patients.

#### IV. SUMMARY

The process of recovery for people with mental illness in Indonesia consists of a number of different stages although in detail they actually outline the same processes. Literature in Indonesia reveals that the vast majority of research is weak in terms of the level of evidence. Additionally, research publications in Indonesia remain focused on the first and second stages of the recovery process, with little attention given to the third stage regarding the integration of psychiatric patients in the community.

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