WHY DO PEOPLE WITH MENTAL DISORDERS RELAPSE?

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ABSTRACT

The number of people with mental disorders increases every year. The Data Obtained from the Basic Health Research Data from the Ministry of Health of the Republic of Indonesia (Riskesdas) shows that Indonesia has a prevalence of severe mental disorders such as schizophrenia, as many as 1.7 per 1,000 residents or the equivalent of 400,000 people from the whole population. The relapse rate in Mental Patients is 50 percent to 92 percent. The purpose of this study is to determine the factors which influence the chance to relapse in people with mental disorders. The research uses qualitative method with a phenomenological approach. Semi-structured interviews are used to collect data. Participant of the study were six people who have been experienced relapse more than three times with ages between 20 and 50 years. Supporting of participants in mental hospitals are nurses who take care the patients. This study showed that the factors that influence the relapse in people with mental disorder non-compliance in taking medication, lack of social support, and life pressure factors. Factors which contri contribute in patient relapse are the disobedient behaviour in taking medication, lack of social support and stressful life stress.

Keywords: Mental Disorders; Outpatient Care; Relapse.

INTRODUCTION

Mental Disorder is a disease that can not be underestimated, because the chances of occurrence of mental disorders in the world every year is increasing. This can be evidenced from the data World Health Organization (WHO, 2001) which states that 1 in 4 people in the world will experience a mental disorder at some point in their lives. Approximately 450 million people are currently suffering from a mental disorder while the figure recurrence in patients with a mental disorder that is 50 percent to 92 percent. In 2018, mental illness ranks fourth and is estimated in 2020 to be increased so that was ranked second as the most widely experienced disease after heart disease. In PPDGJ III (Department of Health, 1998) mental disorder is defined as a state in which the individual soul disturbed so that disruption of one's ability to play a role in the normal environment of the community. While in the DSM V (APA, 2013) is defined as a syndrome of mental disorders with the emergence of clinically important ganggun in the way of thinking, emotional control, and behavior that indicates dysfunction in the process of biological, psychological and developments are the subject of mental function.

From the data obtained from the combination Riskesdas (2013) and routine data Pusdatin showed symptoms of depression and anxiety has been experienced by Indonesia since the age of 15 years. The percentage of depression reached 6 percent, equivalent to 14 million people. While the prevalence of severe mental disorders, like schizophrenia as much as 1.7 per 1,000 inhabitants or the equivalent of 400,000 people (Manafe, 2018),

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Risksdas based on data from the Ministry of Health, the province has the greatest mental disorder is as much as 0.27 percent in Yogyakarta province. While in the second place is occupied by the Aceh province as much as 0.27 percent, the third place is the province of South Sulawesi as much as 0.26 percent, and the fourth is the province of Bali and Central Java provinces as much as 0.23 percent (Tribunjateng.com, 2018) In the area of Solo Raya precisely in Karanganyar regency of a woman locked in a room that resembled a prison with 4x6 meters wide for nearly five years. The woman suffered a mental disorder since a teenager. Previously, the woman has been serve treatment in Surakarta RSJD 2 times, because of the cost eventually he brought home and placed his own home to get treatment. However, after being treated the woman will not go away, even getting worse and considered dangerous people around (JawaPos.com, 2018).

Recurrence of psychiatric disorders is a state-symptom re-emergence of symptoms of mental disorder in someone who previously had improved so the need for re-hospitalization. And estimated people with acute mental disorders have a relapse by 50% in the first year, and then in the second year of people with acute mental disorder relapse by 70%, and in the fifth year after returning from mental Hospital patients with relapsed acute mental disorders by 100% due to lack of proper care while at home (Nasir & Muhith, 2011).

Factors relapse based on the results of previous research among other things: (1) The frequency of relapse will decrease if people with mental disorders have the support of a growing family. (2) Then the frequency of recurrence increased in people with mental disorders can be caused by stressful life situations that cause stress. (3) the frequency of recurrence would also decrease if the knowledge possessed by the family about the appropriate treatment for people living with mental disorders better(Farkhah, Syriac, and Hernawati, 2017). (4) recurrence in people with mental disorders can also be caused by psychoactive substances are abused pengguanaan (Pratiwi, Marchira, and Hendrartini, 2017). (5) Compliance in taking medication is one of the factors that can lead to readmission (Pratiwi, Marchira, Hendrartini, 2017).

RESEARCH METHODS

Research subjects

Subjects in this study were six men with age 20 years or older, that is a mental patients who were being treated in RSJD Arif Zainudin Surakarta and have been declared cured subsequently relapsed and had to re-hospitalized in the same psychiatric hospital. In this study the subjects studied were subjects who have been experienced relapse more than three times.

Method of collecting data

The research uses qualitative method with a phenomenological approach. Data collection uses interviews methods. This interview was conducted by both sides, which the interviewer (interviewer) who asked questions and interviewed (the interviewee) that provide answers to the question. Interviews were conducted in this study is conducted semi-structured interviews to patients, caregivers, and the nurses who take care the patients.
Data Analysis Methods

Analysis of the data uses descriptive data analysis. In presenting the data in retrospect the results of initial registration, then made a conclusion of all overall. The analysis of the data used in the study were divided into two parts, namely data reduction, a data display, and conclusion.

RESULTS AND DISCUSSION

People with mental disorders are considered disturbing the family and the surrounding environment, so that people with mental disorders were taken to a mental hospital to be treated in order to recover and not disturbing the surrounding environment again. However, people with mental disorders often go berserk and refused to be taken to a psychiatric hospital because he felt that he was not crazy. When arrived at hospital, the people with mental disorders were taken to the emergency room to be given sedatives to calm after the patient is calm, he brought to a special ward for a new patient or a patient who is still acute. Having considered the patient can adapt, the patient is placed in a regular ward. Over in the ward the patient is given treatment in the form of medication and psychological therapies.

Various kinds of therapy provided that such music therapy, group therapy, exercise, study, skills, and recreation are invited. Treatments and therapies that aim to reduce stress on the patient. The term of the patient is treated depends on the severity of illness of patients and facilities as well as maintenance of the hospital. Patients who have recovered that show good behavior and do not show symptoms of the disease then allowed to return to outpatients place of residence under the supervision of his family. However, if during outpatient care home patients do not get the proper care of the family and the environment as well as not taking appropriate medication dosage recommended by the doctor then it can cause patients had a relapse and should be brought back to the hospital.

From the results of research on each of the subjects of the obtained identity of the subject of research in tabular form below:

Table 1. Informant Research

<table>
<thead>
<tr>
<th>Informant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials</td>
<td>P</td>
<td>RWS</td>
<td>H</td>
<td>GP</td>
<td>JS</td>
<td>AR</td>
</tr>
<tr>
<td>Age (years)</td>
<td>30</td>
<td>27</td>
<td>29</td>
<td>44</td>
<td>21</td>
<td>51</td>
</tr>
<tr>
<td>Gender</td>
<td>Man</td>
<td>Man</td>
<td>Man</td>
<td>Man</td>
<td>Man</td>
<td>Man</td>
</tr>
</tbody>
</table>

Subject P

The subject with the initials P who resides in Sragen has the last education at the Vocational School. P is 2 brothers and have younger sister with the initials A. Subject work at the the motorbike repair place. The Dad of the subject have initials T the last education at public school and now works as a farmer. While the subject's mother have initials S the last education at public school and now works as a farmer. P have mental disorders first time in 2013. The P frequent tantrums, riding a motorcycle with very faster, and screaming, it happened after P in the left by her lover and betrayed by a close friend. 10x P experienced relapse until 2019 and from the first to the last relapse due to the same cause, namely because the P gain scorn and ostracized by their environment. The first relapse in 2013 a few months
after P return of asylum neighbors pout P, so P isolating himself at home do not want to do the activity as well as interact with other people so that P was treated again in the hospital. Relapse occurs because P both suffered HDR thus treated again in the hospital. The third Relapse occurs because P suffered delusions of greatness is to claim that he is satrio Piningit. The fourth Relapse occurs because P had hallucinations that P was treated again in the hospital. Fifth Relapse occurs because P delusions. Sixth Relapse occurs because P having auditory hallucinations that whispers to suicide. Seventh Relapse occurs because P suffered delusions that P was treated again in the hospital. Relapse occurs because P eighth experiencing visual hallucinations are often viewed pocong. Relapse occurs because P ninth schizophrenic that P was treated again in the hospital. And the tenth Relapse occurs because P hitting people so he was admitted again in the RSJ on 31st December 2018 and its tenth direlapse was also caused by P is not taking the drugs, the reason P did not want to take medication because after taking the drug causes drowsiness P so he can not indulge. During their stay in the RSJ treated subjects taking three drugs, namely chlorpromazine, haloperidol and Trihexphenidyl. Chlorpromazine is a medicine to reduce symptoms of psychosis is schizophrenia drunk at night. Haloperidol is a drug used to help reduce the symptoms of Tourette's syndrome, such as uncontrolled muscle movements, the drug is taken morning, noon, and night. And Trihexphenidyl is a medicine to help lower stiffness in muscles and excessive sweating, and the drug is taken every morning, noon, and night. Can be factors of all the events experienced by existing P is the lack of social support from the people around and for not taking the drugs for reasons made him sleepy.

Subject RWS

Subject initials R has the last education at S1 PJOK at a private university in Kediri, he stay in Ngawi. R is 2 brothers and a sister had the initials KS, a civil servant who worked as a teacher in primary school. The subject itself has an effort poultry and birds. Subject’s father initial A has the last education at military academy. While subject’s mother has the last education at college education and now as a teacher in primary school. R experiencing mental disorders first time in 2010. At that R does not pass the national exam. Then R to spend much time in the room. For one week only sleep lying R could not move and would not eat. This makes the R less interact with other people and the loss of real life. R undergo self-isolation and taken to the RSJ Solo. R have been experienced four times relapse until 2019. The first Relapse in 2016, was due to marry her boyfriend left R and R rampage. The second relapse occurred because he hit someone else because the person sneered R. The third R relapse raged again when someone was sneered again and also because R did not want to take medicine on the grounds that after taking medicine it could cause him to become sleepy so he could not indulge in activities. And the 4th relapse on January 4, 2019 occurred because R did not take the medicine still for the same reason and because he did not pass the CPNS in Surabaya so that R went berserk. Which is the causal factor of all the events experienced by R is the subject did not take the drug for reasons that make him drowsy so that it inhibits his activities and because of factors of social support that are less arena to pout the subject

Subject H
Subject initials H has the last education at educated vocational, he stay in Karanganyar. H is 2 brothers and a sister had the initials NO. Subject work at a private company in Jakarta. The subject’s father initials T has the last education at SMP and now worked as a trader. While the subject’s mother initials M has the last education at elementary school and now as a Housewife. H experience a mental disorder was first in 2011. H having hallucinations who thinks that he is a reincarnation of Jesus and he learned a lot about the science of various religions. Then these sciences posted on social media. H spent a lot of time on social media. This makes H less interact with other people and the loss of real life. H hallucinating audiovisual, ie voices that told him to pray. H experience 7x Relapse relapse until 2019. The first in 2012, it is because H is still playing social media to forget the time. Second Relapse occurred in 2013 because he did not want to take medication, and no control of her parents. It was not until relapse to 7 on January 17, 2019. At the time of relapse occurs H often slammed plates and glasses. H reason not to take his medicine because, when after taking the drug, the body hurts, especially dilengan top and causes drowsiness so that he could not indulge. While in the ward the subject drinks 3 drugs, namely closzapine, risperidone and Trihexphenidyl. Closzapine is medication to reduce symptoms of psychosis are hallucinations drunk during the day. Risperidone is a drug used to treat schizophrenia or bipolar, these drugs are taken morning. And Trihexphenidyl is a medicine to help lower stiffness in muscles and excessive sweating, and the drug is taken every morning. Can be factors of all the events experienced H is the lack of any control from the people around taking medication and reducing related to social media play.

Subject GP

Subject initials GP stay in Sukoharjo has the last education at high school. GP is a 3rd of 5 siblings. Previous subjects working as hawkers terminal and a factory worker. Subject’s father initials M has the last education at SMP, Subject’s mother initials N has the last education at SD. Previously the subject's father worked as strips in the village, and the subject's mother worked as a cook. GP first mental disorders in 1998. The GP had audio hallucinations that cause GP burn grandmother's house and his mother's house. Then the first relapsed GP in 2000 due to the GP taking drugs and drinking an alcoholic causing halusinansi. The second relapse GP parents died due to adjacent time. GP's father died of a stroke and a brain tumor, it is caused by the habit of drinking alcoholic beverages. Then not long after the GP's mother died. This triggers the emergence of hallucinations in GP. Furthermore, to relapse into 3 through to 11 due to the GP is still taking drugs and drinking and cause hallucinations. And Relapse to-12 in 2019 due to the GP is not taking medication. GP started drinking since junior high. During their stay in the RSJ treated subjects taking three drugs, namely chlorpromazine, haloperidol and Trihexphenidyl. Chlorpromazine is a medicine to reduce symptoms of psychosis is schizophrenia drunk at night. Haloperidol is a drug used to help reduce the symptoms of Tourette's syndrome, such as uncontrolled muscle movements, the drug is taken morning, noon, and night. And Trihexphenidyl is a medicine to help lower stiffness in muscles and excessive sweating, and the drug is taken every morning, noon, and night. Can be factors of all the events experienced by the GP is the lack of control of the family taking the medication and does not drink alcohol.
Subject JS

Subject initials JS has the last education at vocational education. JS has a sister initials IC. Subject work as a cleaning service at a Mall in Jakarta, Subject’s father initials Y has the last education at junior high school and worked as a farmer, while Subject’s mother initials S has the last education at elementary school and worked as a farmer. Childhood, JS does not live with her parents, but rather together with grandparents because both parents are busy working subject, when the subject entered SMK, then the subject live with her parents. JS mental disorders first time in June 2015. JS depressed due to not acceptable to work in a factory he wanted, JS daily play at home only laptop, mobile phone and watching TV. In July 2015 JS asked his parents to buy a motor, JS desire was not granted by her parents that resulted in JS rampage by means of an electric drill brother's slam-law. For the incident, JS was taken to a psychiatric hospital by the chairman of the youth and neighbors who happened to be a police officer to be given treatment. After returning from the hospital, JS was educated at a boarding school in Kediri in August 2015 but did not last long. JS relapsed as much as 4x until 2019. The first Relapse in September 2015 where JS again asked to buy a motorcycle to his parents, but the parents did not grant the request JS JS resulting rampage. After receiving treatment for 3 weeks in the hospital, JS allowed to go home. In August 2016 JS decided to go to Jakarta and worked there. But in November 2018 JS come home because his legs twisted at work and want treatment, JS mendapatkan license for 1 week off work but at the time at home JS back berserk because the same thing that JS asked to buy the motor but bought by parents besides JS not routinely admitted to taking drugs, because drugs consumed JS effect of drowsiness and interfere with the activity of JS in the works. Because of this incident, JS re-admitted in a mental hospital for treatment. In December 2018 JS re-admitted to hospital because of the salary result his parents he worked used for other purposes, while JS intends to use the salary money to buy a motorcycle. Hospital, JS received treatment for about a month until January 24, 2019. However, hose 1 week after turning home, which was on January 31, 2019 JS had to return for treatment in Surakarta RSJ. JS angry and raged until kick-gallon dispenser until the water falls along splattered it is because JS was annoyed with her mother who forbid when JS fix a wrench in his house. Therefore, JS's mother cried until a neighbor came to his house. And on January 31, 2019 JS night escorted to the hospital and is still undergoing some treatment. JS angry and raged until kick-gallon dispenser until the water falls along splattered it is because JS was annoyed with her mother who forbid when JS fix a wrench in his house. Therefore, JS's mother cried until a neighbor came to his house. And on January 31, 2019 JS night escorted to the hospital and is still undergoing some treatment. JS angry and raged until kick-gallon dispenser until the water falls along splattered it is because JS was annoyed with her mother who forbid when JS fix a wrench in his house. Therefore, JS's mother cried until a neighbor came to his house. And on January 31, 2019 JS night escorted to the hospital and is still undergoing some treatment.

Subject AR
Subject initials AR Last educated SD. Subject’s father initials S has the last education at SD worked as a farmer and a mother with the initials T has the last education at SD and also worked as a farmer. AR is the 3rd child of six siblings. AR already married, has a wife with the initials I and has 2 daughters aged ± 25 and ± 19 years. AR daily work is a carpenter and a farmer, while his wife is itinerant vegetable seller. AR mental disorders experienced by first time at the age of ± 23 years around 1991 because not sanctioned by their parents to marry her boyfriend, AR distressed by the parents’ decision to require treatment in a mental hospital. After recovering from her depression AR back to hospital to be treated for the same thing that a breakup because not sanctioned by both parents. AR takes care only about 2-3 weeks, after being allowed to go home AR married his current wife. After years of not relapsing, AR again have to be hospitalized due to AR rampage and destroy his desk. This is due to the second AR that do not comply. AR wanted a second child to go to boarding school, but these children do not want to. Each relapsed, AR would rampage and destroy the goods and thereafter AR unconscious. Over time, the AR experience the audio and visual hallucinations in the form of promptings to do something as well as black shadows struggling. AR started having hallucinations due to daydreaming alone in his rice field. In the third relapse, AR have trouble sleeping and experiencing hallucinations more often than usual. AR revealed also that at the time he and his wife had a big fight because of money from his wife arisan used to pay the debt. It resulted in AR back amok and destroy stuff around it. Relapse into four subjects due to reckless driving, AR reveals there are voices that told him to speeding while driving, AR sped up to hit the trees of teak. Because it AR again received treatment at the hospital. AR fifth Relapse occurred in January 2019, due to medications that do not match, the AR stay away from hospitals into obstacles AR to control. AR control so that hospital nearby and get a different medication. Because different drugs, AR experience side effects such as sleeplessness and palpitations.

Picture 1. Factors relapse in ODGJ
Factors Cause Relapse

<table>
<thead>
<tr>
<th>FACTORS CAUSE Relapse</th>
<th>P</th>
<th>RWS</th>
<th>H</th>
<th>GP</th>
<th>JS</th>
<th>AR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication adherence</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>social support</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The pressures of life</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Consumption of illegal drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Not suitable drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Caregiver knowledge</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>overthinking</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Data relapse on the subject

From the data that has been obtained showed that the cause of relapse among other factors to take medication non-compliance which is the biggest factor medominasi occurrence of relapse with a percentage of 83.3%. This happens on the subject GP, P, H, JS, and R. The reason the subject of JS, R, and P is not taking the drugs is that they feel drowsy after taking medicine that inhibit their activity. And the reason of the subject H, GP and P is feeling sick limbs after taking the medicine. According Pratiwi, Marchira, Hendrartini (2017), non-compliance in taking medication at very high relapse group is 81.13%.

In addition, factors that could affect the occurrence of relapse is a factor of social support. Social support is needed by a person with a mental disorder after being treated in a psychiatric hospital. According to Taylor (2012), social support are suggestions, advice, and guidance from people who loved, appreciated, respected, and cared. Social support can be obtained from parents, families, couples, friends, community and society. Subject P, JS, & R does not receive social support from family and the community so relapsed. subjects P loss of love from his father because his father had a hard personality and hedicibir by friends and neighbors because he had been treated at a mental hospital, and P did not have a place to share stories when he was bored and he does not have friends to invite to go play. Then the subject of R also experienced the same thing, that he earned the scorn of his neighbors that he rampage. As for the subject of JS feel lack of affection from both parents, because since childhood he left his parents' work and entrusted to the grandfather and grandmother. Until now JS less close to their parents.

According Legiran, Aziz, and Bellinawati (2015) stress is a condition caused due to the interaction between the individual and his environment, which led to the gap of understanding between the various demands of the various situations that originates in the system psychological, social and biological someone. Stress can also be interpreted as pressure, interference or unsatisfactory tension that comes from one's environment. In the
research subjects GP and AR have a problem that makes the pressure for him. GP at the age of the young that since junior high school was started to work. GP initially worked as street vendors in the terminal, and when mature GP become laborers in a factory. In addition, both his parents died by the difference in a short time. Subject AR relapsed because he did not get the blessing of her parents to marry. In addition, AR disagree with his contention that trigger.

In addition to the above factors, there are also other factors that influence the occurrence of relapse in ODGJ. Subject GP relapsed because he was taking drugs. Then the subject AR relapsed because of incompatibility with drugs consumed. This is because he is too far away to control to RSJD Dr Arif Zainudin Surakarta and choose a control at the health center, so a drug that he get not appropriate. Furthermore, the subject H relapsed due to lack of knowledge possessed by the caregiver. H less getting good care and control of her parents. When discharged from the hospital, H still continue to play social media, not to be reminded to take medication and is not controlled activity.

CONCLUSION

From the data that has been obtained, it was concluded that the cause of relapse in people with psychiatric disorders (ODGJ) is the subject of non-compliance factor in taking the medication because the side effects are felt after taking the drug can interfere with the activity. Then factor, namely social support from family and the environment in the form of a lack of affection, attention and rejection of the environment. Furthermore, life stress factors, which subjects experienced unpleasant events that cause stress. A further factor that is taking drugs. Then the next factor that caused the drug incompatibility of different drugs. The latter is a factor caregiver knowledge in the form of lack of control of caregivers after discharge from hospital.

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