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### Multidimensional Obstacles in Program Implementation Community Mental Health Nursing

<sup>1</sup> Rizky Mauliza, <sup>2</sup> Syarifah Rauzatul Jannah, <sup>3</sup> Asniar Asniar

<sup>1</sup> Master Student, Program of Nursing, Faculty of Nursing, Syiah Kuala University, Banda Aceh, Indonesia

<sup>2,3</sup> Faculty of Nursing, Syiah Kuala University, Banda Aceh, Indonesia

Corresponding Author: Syarifah Rauzatul Jannah

#### Abstract

The Community Mental Health Nursing (CMHN) program is a program that is indispensable for improving mental health services in the community. However, in practice the program did not run effectively while the nurses had been given training. One example of an activity in the program is a nurse's visit to a patient's house that is not in accordance with the level of dependency. This study aims to explore the obstacles nurses face in implementing the Community Mental Health Nursing program in Aceh. This type of research is a qualitative design with a case study approach and uses data collection methods with in-depth interviews and field notes. Participants in the study were nurses in

charge of the CMHN program, six participants who were selected by purposive sampling technique. The data analysis technique in this study uses content analysis. The results of this study there are four themes, namely the deficit in Human Resources (HR), nurses' expectations of transportation, expectations of payment and lack of family support. The researcher suggests that the puskesmas can coordinate with the Health Service in terms of overcoming the shortage of CMHN nurses, increasing the allocation of funds for the smooth running of activities and providing support from various cross-sectors for the smooth implementation of the CMHN program.

**Keywords:** Experience, Nurse, Community Mental Health Nursing, Case Studies

#### Introduction

The trend that is currently developing is the treatment of mental disorders that focuses on the community and family area. Community-based mental health programs in Indonesia or commonly called CHMN (Community Mental Health Nursing). This program was initially implemented in Aceh after the 2004 Tsunami disaster because many people were at risk of experiencing mental disorders (Mawarpury & Safrina, 2017) <sup>[11]</sup>. Patients with mental disorders have the opportunity to live independently in society because they can recover. Patients with chronic mental disorders who experience serious changes in behavior still have healthy life functions that need to be studied and further empowered. For this reason, it is necessary to have the ability of health workers (Keliat, 2011) <sup>[8]</sup>.

Currently, the estimated number of people with mental disorders in the world is around 450 million people, including schizophrenia (WHO, 2018). Globally, the biggest contributor to the Disability Adjusted Life Year (DALYs) disease burden and the current cause of death is cardiovascular disease (31.8%). However, when viewed from Years lived with disabilities (YLDs), (years lost due to illness or disability), the percentage of contributors is greater in mental disorders (14.4%). Conditions for Southeast Asia are no different from global conditions where the biggest cause of death is cardiovascular disease (31.5%), but seen from YLDs it is a bigger contributor to mental disorders (13.5%) (Ministry of Health RI, 2019) <sup>[6]</sup>.

Mental disorders in Indonesia have become quite a serious problem. Basic Health Research conducted by the Ministry of the Republic of Indonesia concluded that the prevalence of mental-emotional disorders shows symptoms of depression and anxiety. Age 15 and over reaches around 14 million people or 6% of the total population of Indonesia. While the number of severe mental disorders or psychosis/schizophrenia in 2018 in Indonesian provinces with the largest mental disorders includes Bali (11%), Yogyakarta Special Region (10%), NTB (10%), Aceh (9%), and Central Java (9%) (Ministry of Health RI, 2019) <sup>[6]</sup>.

A community mental health nurse is a nurse assigned to a Puskesmas and appointed to provide mental health services in the working area of the Puskesmas, with a role as a direct nursing care provider, as an educator and as an activity coordinator in implementing mental health programs in the community. (Rahman *et al.*, 2016) <sup>[13]</sup>. The CMHN program developed focuses on

nursing care for patients with mental disorders in the community which has succeeded in increasing the ability of patients and their families to care for patients independently. In carrying out community mental health nursing programs, nurses need to apply nursing modality therapy. Therefore, puskesmas as mental health service facilities at the basic level need to be prepared by training nurses to be able to provide community-based health services to patients with mental disorders in their respective areas (Sutarjo *et al.*, 2016) [15].

Lack of human resources (HR) and training of health workers in efforts to treat mental disorders causes the experience of health workers to be minimal. This can affect the quality of health services, causing the number of people with mental disorders to increase. Previous research stated that the number of health workers in Indonesia has increased in terms of quantity and quality, but their distribution is still uneven (Eka Lestari *et al.*, 2020) [3]. The limited number of health workers causes the mental health program to not run as it should so that the recovery rate for people with mental disorders becomes longer (Hidayanti, 2018) [4]. Unequal distribution of health professionals and lack of skills, lack of socialization by CMHN nurses and lack of public awareness to check and report the condition of family members who experience mental disorders are obstacles in providing mental health services (Eka Lestari *et al.*, 2020) [3].

The increase in the number of PLWHA was influenced by several factors, namely the insufficient number of health workers, the lack of willingness of families to utilize health service facilities due to limited family finances, limited access to health services, reluctance from families to take PLWHA for treatment because they felt embarrassed and hopeless, lack of socialization of health workers mental health regarding the procurement of mental health facilities to accommodate and foster people with mental disorders with state funding, and the performance of health workers is low (Laila *et al.*, 2018) [9]. Health workers in carrying out mental health programs need experience so they can easily complete tasks. According to the information the author has received, CMHN officers have received some training related to the CMHN program.

## Materials and Methods

This research is qualitative research with a case study approach. The research was conducted in six City Health Centers in Aceh Province. Participants in the study were nurses in charge of the CMHN program, totaling six participants selected by purposive sampling technique. The inclusion criteria in this study were the nurses in charge of the CMHN program who had a minimum education of Diploma Three in Nursing, had attended CMHN training and had been nurses in the CMHN program for > 2 years.

Data collection using in-depth interview method. Each participant was interviewed twice with a duration of 30-40 minutes. The data collection tools in this study were researchers, interview guides, *smart phones* and field notes. Data analysis using *content Analysis*, the researcher simplifies the data, presents the data in the form of brief descriptions, charts and relationships between categories, each category is grouped under the same themes, then combines the themes and arranges them in a final picture and after the data is completely complete then it is taken the final conclusion is related to nurses' obstacles in implementing the CMHN program.

## Ethical Considerations

Recommendations for ethical approval were obtained from the Nursing Research Ethics Commission (KEPK), Faculty of Nursing, Syiah Kuala University with number 112022181121.

## Results

This research was conducted in December-January 2022. Interviews were conducted with six participants. The themes generated in this study are deficit of human resources, no transportation available for nurses, lack of funds in running the program, lack of family support.

### Human Resource Deficit

Participants revealed that one of the obstacles felt by nurses in carrying out the program was the lack of knowledge of the supervising nurse so that in carrying out their duties the nurses felt heavy and burdened. This is in accordance with the participant's statement as follows:

*"Actually, it's hard to be a CMHN nurse, because first of all, my sister said that her knowledge was still lacking compared to other officers at the puskesmas."*(P3)

Another obstacle stated by the participants was the lack of nurses in carrying out the program, so that nurses in carrying out their duties had to be carried out individually. This is in line with the statements made by the participants as follows.

*"...another obstacle eeuu..our officers are also lacking, we need to add officers"(P6)*  
*". for the time being eeuuuu.... you're inviting a super ambulance and it just so happens that thank God you have a husband, because maybe you see (laughs) his wife works like this, she wants to help too"(P3)*

### The nurse's hope is that there will be a transformation

Participants stated that another obstacle in running the program was the unavailability of transportation for nurses to make visits or home visits to patients. This is in accordance with the participant's statement as follows:

*"If you don't have a deck, we use our own vehicle, fill our own oil like that...hopefully there is one, ok, but that's fine if there's nothing you can do. Yes, just like before, just enjoy it, you don't need to open it like that"* (P2)  
*"lack of facilities..Because our village is far away..There's no transportation, that's all"(P4)*

### Expectations on payments

In this sub-theme, participants expressed that the obstacle in running the program was the lack of funds allocated for program implementation, so that some activities that had to be carried out by nurses were hampered, such as field visits and home visits. This is in accordance with the statement submitted by the participant as follows:

*"Home visit, home visit is not certain...An average of 10 times, not certain either. It depends on the SPT and the patient's needs"*P1  
*"So sometimes when we go down, we don't think about*

*money anymore, deck. Well, most of us volunteer deck."(P2)*

### **Lack of family support**

In this sub-theme, participants expressed obstacles in implementing the program that were felt by nurses as well as a lack of family support for nurses, so that nurses found it difficult to make visits to patients' homes. This is in accordance with the statements submitted by participants as follows:

*"The experience, thank God, was smooth, everything is allotted to us who have to care about the patient even though the family doesn't care about that"(P6)*

*"My experience was tough at first. The family is not very supportive. There are some, not all."(P6)*

### **Discussion**

The working conditions experienced by CMHN officers when providing treatment caused discomfort in carrying out mental health programs, so that they could not optimally support activities to provide nursing actions for PLWHA and families (Laila *et al.*, 2018) <sup>[9]</sup>. Based on the results of the research that the researchers conducted, health workers experienced several obstacles in carrying out mental health programs. These obstacles come from various components, for example from the family, human resources, transportation for the health workers on duty, to the funding department.

Limited human resources, time and trained health workers are obstacles in the process of treating people with mental disorders (Rahman, Marchira and Rahmat, 2016) <sup>[13]</sup>. If these obstacles are not immediately resolved, it will affect the overall performance of the staff in treating patients. Doctors and health workers at puskesmas face a very heavy workload because they have to carry out many health programs with a limited number of staff, resulting in obstacles in implementing mental health programs.

Based on the results of the research that the researchers obtained, the experience of mental health workers included obstacles, motivation and ways to overcome obstacles in treating patients with mental disorders. Obstacles faced by mental health workers come from people with mental disorders who do not want to take medication and commit physical or verbal violence against mental health workers, lack of human resources and inadequate facilities so that health workers experience difficulties in treating people with mental disorders, but can be overcome with high motivation from mental health workers in caring for patients with mental disorders, collaboration with cross-sectors, improving the quality of human resources with CMHN training, socialization in the community and approaches to families.

Human resources, infrastructure must be fulfilled in terms of quantity and quality, starting from the level of offices, health centers, to the community. Physical buildings, medicines and service support tools, transportation as needed, as well as information and evaluation systems which include recording and reporting as an overview of current achievements to develop follow-up plans and human resources who have the capacity to manage good information systems (Tristiana, RD *et al.*: 2018) <sup>[16]</sup>.

Other concrete evidence that researchers have found in the field is that mental health services are not evenly integrated

into primary services; there is still a lack of doctors and nurses trained in mental health, the availability of both types of drugs, and the quantity is still lacking, most puskesmas do not run mental health programs on the grounds that mental health is not a priority program. Many Provincial, District/City Health Offices do not have mental health program administrators.

This statement is in line with the findings of Nurhayati, GE *et al.* (2019) <sup>[12]</sup>, that the lack of resources is a challenge experienced by all nurses in Indonesia. CMHN nurses receive inconsistent pay, work long hours, are severely understaffed, and have an excessive workload. They found that CMHN nurses worked in poor work environments and received little motivation. They are faced with shortages of medical supplies and equipment and no regular monthly financial payments. There is a shortage of human resources, learning opportunities, and supervision or guidance, compounded by poor facilities and infrastructure and a lack of financial resources.

Extrinsically, there are things that are felt by officers from outside or from the environment in the form of a feeling of happiness and satisfaction after seeing patients recover and because they receive special facilities. Inayah (2005) <sup>[5]</sup> states that the work motivation of implementing nurses can increase the value of work, the facilities needed and expectations of work. As time goes by, health workers begin to understand and enjoy what is being carried out at this time, because it has a positive impact on people with mental disorders so that health workers feel proud when people who are treated can recover, besides that the existence of adequate facilities can make it easier for health workers to carry out their duties.

In carrying out their duties nurses really need facilities in the form of transportation for convenience in making home visits. The existence of adequate transportation media facilitates the performance of nurses when implementing programs.

Nurses' perceptions of the sustainability factor are good, but nurses have the perception that the lowest factor is funding stability. This is in accordance with the results of interviews, that for CMHN activities funds have been budgeted from the regional budget (APBD), but these funds are not prioritized like other activities. This is also because the mental health program is a health center development program. So it is hoped that even though mental health is a development program, it still requires stable funding and funding support from stakeholders is needed.

Rahmawati, *et al.* (2016) <sup>[14]</sup> argued that finance and funding should be the concern of local governments when rolling out a pattern of mental health management policies. Having adequate sources of funds, having a plan for submitting and using funds and having the capacity to be able to plan good funds is a form of positive support that can improve the performance of CMHN. Of course, this must be explored immediately to find out the potential of the region so that it can allocate funds for various forms of mental health service activities.

This statement is in line with the findings in Palestine, that the lack of resources is a challenge experienced by all nurses in Palestine. CMHN nurses receive inconsistent pay, work long hours, are severely understaffed, and have an excessive workload. They found that CMHN nurses worked in poor work environments and received little motivation. They are faced with shortages of medical supplies and equipment and

no regular monthly financial payments. There is a shortage of human resources, learning opportunities, and supervision or guidance, compounded by poor facilities and infrastructure and a lack of financial resources (Marie *et al.*, 2017) <sup>[10]</sup>. Funds that have not been maximized do not reduce enthusiasm for carrying out activities.

Treating people with mental disorders must involve various parties in partnership and empowerment, especially support from the family. Regarding support from the family, many problems are faced by families who care for people with mental disorders, including not meeting the needs of family members, high burden of care, social stigma, low social support for caregivers of patients and low quality of life in caring families (Daulay & Ginting, 2021) <sup>[2]</sup>.

Families in meetings with mental health nurses mostly have negative and positive characteristics, they are encouraged to be involved in caring for their families who have mental disorders, most feel that caring for patients is a heavy responsibility but cannot be avoided. Nurses understand that their main responsibility is patients, but sometimes nurses don't focus on families where families sometimes need support from nurses (Bente M. Weimand, 2012) <sup>[1]</sup>.

Families in meetings with mental health nurses mostly have negative and positive characteristics, they are encouraged to be involved in caring for their families who are experiencing it.

Based on the explanation above, the researcher assumes that basically the family does not support nurses when implementing the program, but when carrying out the program, nurses only focus on caring for and handling patients without looking at the mental burden faced by families who have people with mental disorders. It is also important to note. In this case, the researcher also believes that mental health problems must be understood and considered to be a shared problem with stakeholder partners, and advocacy efforts must be effective.

People with mental disorders often experience relapses due to family rejection and the absence of supervision of taking medications from the family. So that family tasks do not go well because of a family's misunderstanding of the illness conditions experienced by people with mental disorders (Yusuf *et al.*, 2016). The psychological effects of shackling are feelings of hopelessness, feeling unappreciated, trauma, resentment against those who do shackling, depression and suicidal behavior (Yusuf *et al.*, 2016).

In accordance with the results of the researcher's study that according to health workers, people with mental disorders who experienced confinement began to hate their children because they had never been expelled and were not treated. This also has an impact on the treatment of families who are less responsive to the directions of CMHN nurses to families in caring for family members who suffer from mental disorders.

### Conclusion

Obstacles faced by nurses in implementing the CMHN program are multidimensional obstacles in program implementation through HR Deficits, nurse's expectation of transportation, expectation of payment and lack of family support. Puskesmas can coordinate with the Health Service in terms of overcoming the shortage of CMHN nurses, increasing the allocation of funds for the smooth running of activities and providing support from various cross-sectors for the smooth implementation of the CMHN program.

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