



THE MANAGEMENT OF PSYCHOSOCIAL CASE WITH THE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT DURING COVID-19 PANDEMIC

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ABSTRACT

Since the declaration of the pandemic condition by WHO on March 11, 2020, it has caused various responses from people throughout the world. The spread of the virus is very fast, wide and mass causing more cases and affecting not only physical condition but also psychosocial condition. Various psychosocial problems are experienced by the community related to pandemic conditions. The purpose of this paper was to describe the management of mental health care and psychosocial support for the handling of psychosocial problems experienced by the community during Covid-19 pandemic. The study used quantitative methods of pretest post-test experiment without control group, by providing mental health and psychosocial support. The research sample of 95 respondents was taken by total sampling. The package of activities provided: Mental and Psychosocial Health Support (DKJPS) for Healthy People, DKJPS for Travel Players, DKJPS in Close Contact, DKJPS in Probable Cases, DKJPS in Covid-19 Confirmed Cases and DKJPS for Vulnerable Groups. Therapy was given to 95 respondents (22 volunteers, 51 volunteer nuclear families and 22 volunteer assisted families) using the 29-question of Self-Reporting Questionnaire (SRQ) measurement tool. The results showed that the provision of mental health and psychosocial support had an impact on reducing respondents' psychosocial problems, in the pretest measurement as much as 6.3% of respondents experienced psychosocial problems to 0% of respondents on the post-test. The analysis was carried out using the Wilcoxon test and obtained a p-value of 0.014 (<0.05), which means that there is an effect of mental health and psychosocial support on the handling of psychosocial problems.

Keywords: covid-19 pandemic; mental and psychosocial health support; psychosocial problems

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INTRODUCTION

Since the declaration of pandemic condition by WHO on March 11, 2020, it has caused various responses from people throughout the world. The spread of the virus is very fast, wide and mass causing more cases and affecting not only physical conditions but also psychosocial condition. As the coronavirus pandemic rapidly sweeps across the world, it raises considerable fear and concern in the population at large and among certain groups in particular, such as older adults, service providers and people with underlying health condition. In people's mental health terms, the main psychological impact to date has increased stress or anxiety. However, as new actions and impacts are introduced - particularly the quarantine and

their effect on common activities, routines, or livelihoods - levels of loneliness, depression, harmful use of alcohol and drugs, and self-harm or suicidal behavior also is expected to increase (WHO, 2020).

The diseases themselves multiplied by the forced quarantine to combat COVID-19 applied by nationwide lockdowns which can produce acute panic, anxiety, obsessive behavior, hoarding, paranoia, depression, and post-traumatic stress disorder (PTSD) in long-term. These have been fueled by an "infodemic" spread via different platforms of social media. Outbursts of racism, stigmatization, and xenophobia against particular communities are also being widely reported. Nevertheless, frontline healthcare workers are at higher-risk of contracting the disease as well as experiencing adverse psychological outcomes in the forms of burnout, anxiety, fear of transmitting infection, feeling of incompatibility, depression, increased substance-dependence, and PTSD. Community-based mitigation programs to combat COVID-19 will disrupt children's usual lifestyle and may cause fluoride mental distress. The psychosocial aspects of older people, their caregivers, psychiatric patients and marginalized communities are affected by this pandemic in different ways and need special attention (Dubey, et al, 2020).

The COVID-19 pandemic is a non-natural disaster that impacts the mental and psychosocial health of the community. The results of research on mental health and psychosocial problems carried out after the 2004 tsunami showed an almost doubling of mental and psychosocial problems after 12 months, namely severe mental disorders from 2-3% to 3-4%, moderate to severe mental disorders from 10 % to 15-20%, while moderate to severe psychosocial distress reaches 30-50%, and moderate psychosocial distress was 20-40% (WHO, 2020). The COVID-19 disaster which was later designated as a pandemic has emerged as an unprecedented health disaster (Yifan et al., 2020). The COVID-19 pandemic is a public health emergency of international concern. This disease can be transmitted very quickly. Within a few months, it has spread throughout the world through human-to-human transmission and has become a pandemic (Wang et al., 2020). This condition causes some sufferers to experience critical conditions (Psychiatry and Clinical Neurosciences, 2020).

The COVID-19 pandemic also raises several psychosocial stressors for the entire community and poses the risk of experiencing various negative psychological impacts after an emergency or disaster. One of the studies on emotional stress following an infectious disease outbreak among healthcare workers (Lee et al., 2018) found that Healthcare Workers who were negatively affected by the Pandemic were related to a lack of resources, such as protective equipment, and the nature of their work that had put them in the forefront of vulnerability to COVID-19. This vulnerability can lead to stress and depression. Reports of infected officers increased rapidly (Pasay-an, 2020). Not only nurses, Covid-19 patients also have the potential to experience psychological problems. Patients who undergo isolation are more likely to show depression, fear, guilt, and anger (Kim & Su, 2020). The patient's need for COVID-19 care requires nurses to spend more time with the patients and keep an eye on the patient's changing condition. This will have a psychological and social impact.

The COVID-19 pandemic, apart from having enormous psychological and social impacts for health workers and patients, also affects the entire community. Anxiety, depression and stress are common reactions to the COVID-19 pandemic. Apart from anxiety and depression, one of the psychological effects that can arise is Acute Stress Disorder (ASD). ASD occurs as a short-term response to trauma that starts 3 days, and up to one month (Shechter et al., 2020). The increasing number of COVID-19 sufferers and the risk of widespread transmission,

resulting in the pattern of people's lives changing by implementing the New Lifestyle system (new normal life). New normal life is a change in behavior by continuing to carry out activities as usual but by implementing health protocols to prevent the transmission of COVID-19. The main principle of new normal life is to get used to living as usual by requiring people to use health protocols so as not to be infected and not infect other people.

The COVID-19 pandemic and the application of new normal life which changes the order of life creates anxious conditions. Anxiety is an individual psychological and physiological response to an unpleasant situation, or a reaction to a situation that is considered threatening (Hulu & Pardede, 2016). For this reason, appropriate handling is needed to overcome mental and psychosocial health problems caused by the COVID-19 pandemic. One of the measures that can be done is by providing Mental and Psychosocial Health Support (DKJPS) for the community. The activities carried out in giving DKJPS are DKJPS for Healthy People, DKJPS for Travel Players, DKJPS for Close Contact, DKJPS in Probable Cases, DKJPS in Covid-19 Confirmation Cases and DKJPS for Vulnerable Groups. With this DKJPS provision is expected to increase the physical and psychological immunity of the community so that anxiety conditions and other mental emotional problems can be overcome. The purpose of this study was to describe the management of care for mental health and psychosocial support for handling psychosocial problems, improve physical health and improve psychological health experienced by the community during Covid-19 pandemic.

METHOD

The type of this research is a quantitative study with a Quasi-Experimental Pretest-Posttest design without a control group. The population in this study were all training participants/volunteers of DKJPS-35 (Mental Health and Psychosocial Support-35) totaling 27 respondents, 78 volunteer families and 22 volunteer assisted families. The sample in this study were 95 respondents consisting of 22 volunteers, 51 volunteer families and 22 volunteer assisted families who met the inclusion and exclusion criteria. The inclusion criteria were respondents who attended training for 4 days for volunteers and filled out 29 Self-Reporting Questionnaire (SRQ) on the first, 14th and 28th days for volunteers, volunteer families and volunteer assisted families. Researchers did not test the validity and reliability of the SRQ questionnaire used, because it was standardized. The sampling technique in this study was taken by total sampling. The packages of activities provided are Mental and Psychosocial Health Support (DKJPS) for Healthy People, DKJPS for Travel Players, DKJPS in Close Contact, DKJPS in Probable Cases, DKJPS in Covid-19 Confirmation Cases and DKJPS for Vulnerable Groups. Measurements using SRQ were carried out on the first, 14th and 28th days, both for volunteers, volunteer families and volunteer-assisted families. Data analysis was performed using the Wilcoxon test.

RESULTS

Characteristics of Respondents

Distribution of respondents based on age

Table 1.
Age of Respondents (n=95)

Age	Volunteer		Volunteer Family		Assisted Volunteers	
	f	%	f	%	f	%
22-45	22	100	45	88.2	18	81.8
>46	-	-	6	11.8	4	18.2

Based on table 1 above, all volunteers aged between 22-45 years old (100%), most of the volunteer families aged between 22-45 years old were 45 respondents (88.2%), while most of the assisted volunteer families were at the age range between 22-45 years old as many as 18 respondents (81.8%).

The distribution of respondents based on gender

Table 2.

Gender of Respondent (n=95)

Gender	Volunteer		Volunteer Family		Assisted Volunteers	
	f	%	f	%	f	%
Male	6	27.2	21	41.2	6	27.2
Female	16	72.8	30	58.8	16	72.8

Table 2 shows that the majority of the respondents are female by 16 people (72.8%) from the volunteers and volunteer assisted families as well as 30 volunteer families (58.8%). Meanwhile, male respondents were 6 people (27.2%) from the volunteers and assisted volunteers, as well as 21 volunteers (41.2%) from the family of volunteers.

Distribution of respondents based on occupation

Table 3.

Occupation of Respondent (n=95)

Occupation	Volunteer		Volunteer Family		Assisted Volunteers	
	f	%	f	%	f	%
Farmer	-	-	1	1.9	-	-
Govern employees	-	-	-	-	4	18.2
Nurse	20	90.9	10	19.6	-	-
Employees	-	-	25	49.1	5	22.7
Entrepreneur	-	-	15	29.4	8	36.4
Student	2	9.1	-	-	5	22.7

Table 3 shows that the majority of volunteers worked as nurses by 20 respondents (90.0%). Most of the volunteer families worked as employees by 25 respondents (49.1%), while most of the assisted volunteer families have entrepreneurial jobs, by 8 respondents (36.4%).

Distribution of respondents based on physical health conditions

Based on table 4, on the measurement of the pretest, posttest 1 and posttest 2 physically healthy volunteers were 20 respondents (90.9%) and only 2 respondents were at risk (9.1%). Meanwhile, volunteer families and volunteer-assisted families in the pretest, posttest 1 and posttest 2 measurements were all (100%) physically healthy.

The distribution of respondents based on mental health and psychosocial conditions

Table 5 informs that the mental health of the volunteer during pretest was measured as 18 respondents (81.8%) and it became 100% in the second posttest measurement. The mental health of the volunteers' family of in the first measurement was 49 respondents (96.1%) and became 100% in the second posttest measurement. Meanwhile, the volunteer assisted families in all measurements are in healthy mental condition (100%).

Table 4.
 Physical Health Conditions of Respondent (n=95)

Condition	Pretest		Posttest 1		Posttests 2		P Value
	f	%	f	%	f	%	
Volunteer							
Healthy	20	90.9	20	90.9	20	90.9	
Not healthy	2	9.1	2	9.1	2	9.1	
Volunteer Family							
Healthy	51	100	51	100	51	10	0.000
Not healthy	-	-	-	-	-	-	
Assisted Volunteers							
Healthy	22	100	22	100	22	100	
Not healthy	-	-	-	-	-	-	

Table 5.
 Mental Health and Psychosocial Conditions of Respondent (n=95)

Condition	Pretest		Posttest 1		Posttests 2		P Value
	f	%	f	%	f	%	
Volunteer							
Healthy	18	81.8	18	81.8	22	100	
Not healthy	4	18.2	4	18.2	-	-	
Volunteer Family							
Healthy	49	96.1	51	100	51	100	0.014
Not healthy	2	3.9	-	-	-	-	
Assisted Volunteers							
Healthy	22	100	22	100	22	100	
Not healthy	-	-	-	-	-	-	

DISCUSSION

Physical Health Conditions

The results showed that among the 95 respondents, there were 2 respondents (9.1%) who were categorized as physically unhealthy, in this case the traveler category whether in the pretest, posttest 1 and posttest 2 measurements. The pretest measurements were carried out on the first day before participating in the DKJPS training, posttest 1 was carried out on the 14th day after attending the training and posttest 2 was carried out on the 28th day after participating in the DKJPS training.

The physical health conditions of respondents were categorized as healthy, travelers, close contacts, suspect cases, probable cases, confirmed cases of COVID-19 and Vulnerable People. Healthy people are people who have no symptoms, do not have contact with people with COVID-19 (workers from hospitals or at home with COVID-19), and are not in infected areas abroad or in the country (KMK, 2020). A Trip Actor is someone who has traveled from within the country (domestic) or abroad in the last 14 days (KMK RI, 2020). Close Contact is a person who has a contact history with a probable case or confirmed COVID-19 (face-to-face contact with probable or confirmed cases within a radius of 1 meter and within 15 minutes or more); direct physical touch with probable or confirmed cases /shaking hands, holding hands; people providing direct care of probable or confirmatory cases without wearing standard-

compliant PPE; other situations that indicate contact based on a local risk assessment established by the local epidemiological investigation team (KMK RI, 2020).

Suspect cases are people with Acute Respiratory Infection (ISPA) and in the last 14 days before symptoms develop, have a history of travelling or living in a country/territory of Indonesia that reports local transmission people with one of the symptoms/signs of ARI and in the last 14 days before symptoms appeared had a history of contact with a confirmed/probable COVID-19 case; people with severe ARI/severe pneumonia who need hospitalization and no other cause based on a convincing clinical picture (KMK RI, 2020). Probable cases are suspected cases with serious ARDS/death with a convincing clinical picture of COVID-19 and no RT-PCR laboratory test results (KMK RI, 2020). A confirmed case is someone who has tested positive for the COVID-19 virus as proven by a RT-PCR laboratory examination (Confirmed case with symptoms/symptomatic; confirmed case without symptoms/asymptomatic) (KMK RI, 2020). Vulnerable people are groups of people who are at risk/sensitive to infection with COVID-19 due to their current condition, including in vulnerable groups: the elderly; people with comorbid/chronic disease; pregnant women, post-partum and breastfeeding; children; physical disabilities; People with ODGJ Mental Disorders; pre-prosperous family; health workers who deal directly with COVID-19 patients (KMK RI, 2020)

Physical health referred to in this study is a group categorized as healthy people, not travelers, close-contacts, suspected cases, probable cases, confirmed cases of COVID 19 and not vulnerable people. Respondents are truly healthy people who met the criteria for this definition. With the DKJPS training provided to volunteers and mentoring for 28 days, respondents remained physically healthy from the beginning of the measurement to the end of the measurement. Respondents did not catch COVID-19 and did not transmit COVID-19 to other people. Facilitator/research team provided assistance to 22 respondents (volunteers). Furthermore, volunteers accompanied volunteer families and assisted volunteer assisted families for 28 days under coordination with the facilitator/research team. Physical health indicators were measured using screening carried out online

Mental and Psychosocial Health Conditions

The results showed that among the 95 respondents, there were 6 respondents (6.3%) who were in the category of experiencing mental health and psychosocial problems in the pretest measurement, obtaining 89 respondents (93.7%) having no problems. In the posttest measurement, 1 respondent who experienced mental health and psychosocial problems became 4 people (4.2%) and 91 respondents (95.8%) had no problems. Meanwhile, in the posttest 2 measurement, all respondents (100%) did not experience mental and psychosocial health problems. The pretest measurement was carried out on the first day before participating in the DKJPS training, posttest 1 was carried out on the 14th day after attending the training and posttest 2 was carried out on the 28th day after participating in the DKJPS training, while still being given assistance from the facilitator/research team.

Mental and psychosocial health conditions are categorized as being in good health, experiencing mental emotional disorders, using psychoactive substances, experiencing psychotic symptoms and there are indications of symptoms of posttraumatic stress disorder (PTSD). Mental health is a condition that allows optimal physical, intellectual and emotional development of a person and that development runs in harmony with the circumstances of others (UU Keswa, 1966). Emotional mental disorder is the same term as psychological distress. This condition is a condition that indicates a person is experiencing psychological changes. Unlike the serious mental disorders such as psychosis and schizophrenia, mental

emotional disorders are disorders that can be experienced by everyone in certain circumstances, but can be recovered as before. This disorder can continue to become more serious disorder if it is not managed successfully (Riskasdas, 2018).

The use of psychoactive substances is the behavior of consuming or using ten groups of substances: alcohol, caffeine, cannabis, hallucinogens (phencyclidine or similar arylcyclohexylamines), other hallucinogens such as LSD, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants (including amphetamine-type substances, cocaine, and other stimulants), tobacco, and other unknown substances (Mardiati, 2013). Psychotic symptoms are symptoms that are shown due to conditions in which the sufferer has difficulty distinguishing between reality and imagination. Symptoms that appear in psychotic sufferers are in delusions and hallucinations. Post-traumatic stress disorder is an anxiety disorder that makes sufferers remember traumatic events. Traumatic events that can trigger PTSD include war, accidents, natural disasters, and sexual abuse.

Mental and psychosocial health according to this study is the respondents' condition which are included in the criteria for mentally healthy people, do not experience mental emotional disorders, do not use psychoactive substances, do not experience psychotic symptoms and do not have any indications of post-traumatic stress disorder (PTSD) symptoms. At the initial measurement, 6 respondents experienced mental health and psychosocial problems. After being given DKJPS training for 4 days and mentoring for 28 days, all respondents did not experience mental and psychosocial health problems. The training provided includes providing an understanding of mental and psychosocial health problems, prevention and handling and implementation practices. Assistance is provided by communication, interaction and consultation conducted online. Mentoring is a process of providing facilities provided by assistants to clients in identifying needs, solving problems and encouraging the growth of initiatives in the decision-making process, so that the client's independence in a sustainable manner can be realized. The time given is 28 days, so it is very sufficient and meaningful in changing the mental and psychosocial conditions of the respondents. The analysis used the Wilcoxon test, obtaining a p-value of 0.014 (<0.05), which means that there is an effect of mental health and psychosocial support on the handling of psychosocial problems.

CONCLUSION

The DKJPS training for volunteers and assistance for 28 days by facilitators was successful in overcoming mental health and psychosocial problems during the COVID-19 pandemic. Assistance for 28 days was carried out by volunteers to volunteer families succeeded in overcoming mental health and psychosocial problems during the Covid-19 pandemic. This was conducted by volunteers for 28 days to volunteer assisted families which also succeeded in overcoming mental and psychosocial health problems during the Covid-19 pandemic.

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