"DESCRIPTION OF ANXIETY LEVELS FAMILY CARRYING FAMILY MEMBERS WITH MENTAL DISORDER"

By
Dwi Heppy Rochmawati, Ahmadi N.H.
Sultan Agung Islamic University of Semarang-Indonesia
Email : dwiheppy@unissula.ac.id

Abstract

A total of 55 mental illness patients in Bandarharjo urban village were treated by the family. The condition of the patient becomes a burden for the family in providing care, because the family must care for patients and support other family members, this causes anxiety to the family. The purpose of this study is to describe the level of anxiety in caring for family members who have mental disorders. This research uses descriptive analytic quantitative method. The result of the research showed that most respondents were 44-55 years old as many as 21 respondents (38.2%), most of them graduated from primary school (25 respondents) (45.4%) and 27 respondents (49.1%). Level of anxiety of respondent that is not worry 2 respondent (3,6%), minor anxiety 14 respondent (25,5%), anxious being 20 responden (36,4%), worried weight 15 respondent (27,3%) and panic 4 respondents (7.2%).

Keywords : Mental disorders, anxiety, descriptive.

Introduction

Indonesia as a part of developing countries has a high mental health problem. Reports based on the results of Basic Health Research (Riskesdas) in 2013 from the Health Research Development Agency Ministry of Health Republic of Indonesia (Kemenkes RI, 2013), the prevalence of severe mental disorders in Indonesia 1.7 per mil. Severe mental disorders in most of DI Yogyakarta, Aceh, South Sulawesi, Bali, and Central Java. The proportion of households who have had ART for mental disorders was 14.3 percent and the largest in the rural population (18.2 percent), and in the population group with the lowest ownership index (19.5 percent). The prevalence of emotional mental disorders in Indonesia's population 6.0 percent. Provinces with the highest prevalence of mental emotional disorders are Central Sulawesi, South Sulawesi, West Java, DI Yogyakarta, and East Nusa Tenggara.

Mental health is an integral part of health and wellbeing, as reflected in the definition of health in the Constitution of the World Health Organization, health is the physical, social and social well-being and not just the absence of disease or weakness. Mental health can be influenced by various socio-economic factors that need to be addressed through a comprehensive strategy through promotion, prevention, treatment and recovery (WHO, 2013).

Mental health consists of several components that represent the concept criteria that become healthy indicators of the soul (Stuart, 2013). Healthy soul criteria are positive behavior toward self, grow, self-actualization and joy, integration, autonomy, realistic perception and environmental mastery. A healthy condition of the soul is described as a

response that supports the function of integration so that one has the ability to grow, learn and achieve the purpose of life. Psychosocial problems are any changes in the lives of individuals whether they are psychological or social, which has a reciprocal effect and is considered potentially large enough to cause a real mental disorder (or health disorder), or otherwise mental health problems affecting the social environment. While the mental disorder is a response that blocks the function of integration that inhibits growth, reduce autonomy and disrupt the environment.

Mental disorder is a clinically important syndrome or psychological or behavioral pattern (Videbeck, 2001; Townsend, 2005) that occurs in a person and is associated with distress (eg pain symptoms) and disability (ie damage to one or more of the important function areas) (Videbeck, 2001; Stuart, 2013) or accompanied by an increased risk of painful death, pain, disability, loss of freedom (Videbeck, 2001) and decreased quality of life (Stuart, 2013). Mental disorders derive from an unpleasant stimulus so that mental disorders are maladaptive responses to internal and external stressors are shown with thoughts, feelings and behaviors that are inconsistent with cultural norms, disrupting social relationships, work and physical functions.

Data obtained from health officers and surveys that have been done that there are 55 people with mental disorders in Bandarharjo Semarang. Patients have received health services in the form of treatment from puskesmas, general hospital and mental hospital of Semarang. Some of these patients still often experience recurrence and show symptoms as well as adaptive mal behaviors especially if irregular treatment. The irregularities of treatment occur one of them because the family must divide the time between earning a living, working and caring for the patient. Families feel a burden that is not light because it must take care of patients all the time because of illness.

The burden faced by the family during the care of clients according to Mohr (2006), there are three, namely: objective burden, is the burden and obstacles encountered in the life of a family associated with the implementation of caring for the patient; subjective burden, is a burden in the form of emotional distress felt by family members associated with the task of caring for the patient; and an iatrogenic load, is a burden caused by a malfunctioning mental health service system that can lead to intervention and rehabilitation not functioning as it functions.

Method

This research uses quantitative method with descriptive analytic design. The population in this study is a family caring for family members with mental disorders. In this study, the sampling using total sampling, which is taking all samples with fixed attention to the criteria that have been set. The data were collected for 6 months, starting from February to August and the sample was 55 people.

Methods of data collection in this study were conducted by: Selection of respondents who meet the criteria of inclusion and able to communicate well. Measuring the level of family anxiety that cares for family members with mental disorders. The data collection instrument used in this study is the Demographic Questionnaire, which contains the identity of care giver (caregiver) family who has

family members mental disorders. The Anxiety and Stress Scale (DASS) Depression, Anxiety and Stress Scale (DASS) questionnaire consisted of 42 questions that included statements for depression, anxiety and stress. The anxiety statement consists of 14 statements. The declaration is the statement number 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30,36, 40 and 41. Giving value provided that, 0: none or never; 1: as experienced to some degree, or sometimes; 2: often; 3: very appropriate to the experienced, or almost every time. From the results of the assessment, then the results obtained by category: Not anxious: 0-7; Mild anxiety: 8-9; Medium anxiety: 10-14; Anxious weight: 15-19; Very heavy:> 20.

Result

A. Respondent's Characteristic

1. Age

Table 3.1 Frequency Distribution Characteristics of Respondents by Age (N = 55)

Age	Frequency	Percent (%)
22-33	14	25,4
34-44	20	36,4
45-55	21	38,2
Total	55	100,0

Based on table 3.1, it was found that the majority of respondents were 45-55 years old as many as 21 people (38.2%), while respondents aged 22-33 were 14 people (25.4%).

2. Education

Table 3.2 Distribution of Frequency Characteristics of Respondents by Education (N = 55)

Education	Frequency	Percent (%)
Did not complete SD	12	21,9
Passed SD	25	45,4
Graduated from SMP	16	29,1
Graduated from SMA	2	3,6
Total	55	100,0

Based on table 3.2, it was found that majority of respondents had primary school graduation as many as 25 people (45.4%), whereas the respondents had at least two high school graduates (3.6%).

3. Respondent's work

Table 3.3 Frequency Distribution of Respondents by Occupation Characteristics (N = 55)

Jobs	Frequency	Percent (%)
Trader	13	23,6
Labor	27	49,1
Not working	15	27,3
Total	55	100,0

Based on table 3.3 above can be seen that the majority of respondents' work is laborers as many as 27 respondents (49.1%), while the work of respondents as traders as many as 13 people (23.6%).

B. Level of Family Anxiety in Caring for Family Members Experiencing Mental Disorders.

Table 3.4 Distribution of Family Anxiety Frequency Rate in Caring for Family Members Experiencing Mental Disorder (N = 55)

Level of anxiety	Frequency	Percent (%)
Not anxious	2	3,6
Mild anxious	14	25,5
Anxious is	20	36,4
Worried weight	15	27,3
Panic	4	7,2
Total	55	100,0

Table 3.4 above can be seen that most respondents have medium anxiety that is as much as 20 respondents (36.4%), while those who do not experience anxiety as much as 2 respondents (3.6).

Discussion

Respondents in this study are parents who have children or family members who have mental disorders.

1. Age

The result showed that the majority of respondents were 45-55 years old as many as 21 people (38.2%), respondents aged 34-44 years were 20 respondents (36.4%), while respondents aged 22-33 were 14 people (25.4%).

From this it means that most respondents who care for family members who have mental disorders aged between 45-55 years. This age range is a productive age, the care giver in addition to caring for members of his family also keep working for the survival of other family members. All psychiatric patients are cared for by their own parents, excluding other relatives.

2. Education

Based on the result of the research, there were 12 respondents (21,9%) who graduated from elementary school (SD), 25 elementary school graduates (45,4%), 16 junior high school graduates (29,1%), 2 people (3.6%).

Most of the repondent education in this study was graduated from elementary school. This research was conducted in an urban village located near the harbor where the average work of the community in the kelurahan was as laborers. Most families say that to be a worker does not need high education. Because it does not require diplomas and family economic factors are also not supportive.

This research is dominated by low educated respondents, where in general, the higher the education of a person, the higher the confidence of himself and the easier in finding solutions to problems encountered. The low education of the respondents influences the decision-making pattern and the actions taken to care for family members.

3. Respondent's work

The result of the research on the respondents' work showed that the respondents who worked as laborers were 27 respondents (49.1%), worked as traders as many as 13 people (23.6%), while the respondents did not work as many as 15 people (27.3%).

Previous research by Adi (2014) mentioned that someone who has a solid job, more likely to focus on the work so that in the family the person is less concerned about the condition of the family and the environment.

The results of this study can be interpreted that one's work can affect one's attitude toward his family. This is because the more busy a person to his job then the less diminishnya care to family members around him.

4. Respondent's Anxiety Level
In this study it was found that respondents who did not experience anxiety as much as 2 respondents (3.6%), respondents who experienced minor anxiety as many as 14 respondents (25.5%), medium anxiety that is as much as 20 respondents (36.4%), anxious weight as many as 15 respondents (27.3%), while respondents with anxious panicked as many as 4 respondents (7.2%).

The majority of respondents in this study experienced medium anxiety that is as much as 20 respondents (36.4%). According to the family, the perceived anxiety is caused by families worried about the fate and future of their children. Also worried about the survival of family life, when they have to pay attention and care for patients, while other children also need their care and attention.

Anxiety at a moderate level allows the individual to focus on the important thing and set aside the other. Anxiety narrows the field of individual perceptions. Thus the individual experiences no selective attention but can still focus on more areas if directed to do so.

This anxiety is defined as an uncertain feeling and cause psychological and physiological changes. Anxiety can also be interpreted as an unclear and widespread concern, which involves feelings of uncertainty and helplessness. Of the many factors that affect anxiety include the pattern of family mechanisms and physical disorders and the existence of medication (Nugroho, 2014).

Kartono (2007) divides anxiety into two types, namely mild anxiety and severe anxiety. Mild anxiety is divided into two categories: lightweight and lightweight long. This anxiety has a positive impact on the development of one's personality, because this anxiety can be a challenge for an individual to overcome it.

Serious anxiety is anxiety deeply rooted in a person. If a person has this kind of anxiety then usually he can not handle it. This anxiety has the effect of inhibiting or harming the development of one's personality. According to Stuart (2015) divide the level of anxiety into 4 levels of light, medium, heavy and panic.

A total of 4 respondents (7.2%) experienced panic because family members who were treated often wandered and sometimes disturbed others around him. The family member has been mentally ill for more than 5 years.

From the above description that at various levels of anxiety there needs to be direction or support from the people around in this case the closest family or people who really understand about the management of anxiety. So it is expected to prevent the occurrence of anxiety that is not adaptive that can cause a response that is not good for health.

Conclusion
Characteristics of respondents were aged 44-55 years as many as 21 respondents (38.2%), the most education graduated from primary school (25 respondents (45.4%) and the most employed were 27 respondents (49.1%). The highest level of

respondent anxiety is moderate that is 20 respondents (36,4%).

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