

# Milieu therapy based on local virtue influence on community acceptance on post restriction mental disorder patients at home

Terapia del entorno basada en la influencia de la virtud local en la aceptación de la comunidad en pacientes con trastornos mentales posteriores a la restricción en el hogar

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## SUMMARY

**Introduction:** Rehabilitation post restriction conditions is for patients who need excellent help. Environmental therapy is one of the modalities of nursing therapy that is useful for creating a conducive environment. This study aimed to analyze the effect of local-based therapy on receiving community to patients about post-restriction safety issues at home.

**Methods:** This research was an experimental study with the design of one group pre-test and post-test. The number of research samples was 15 people taken by purposive sampling. The initial step of the study was to conduct a Focus Group Discussion (FGD) on local virtue that helped develop guidelines for therapy. The research instruments were interviews and observations. Local-based treatment based on therapy was given for one month. The assessment data was the inferential analysis of paired t-test with an alpha of 0.05. The

implementation of the study pays attention to ethical code research.

**Results:** The research results were obtained from the local people who apply milieu therapy to restrict life protection patients at home, namely the home environment arrangement and planting plant activities. Local virtue is influenced by community acceptance of patients' home posts restriction mental disorder ( $p\text{-value} < 0.035$ ).

**Conclusion:** Milieu therapy based on local virtue has a huge potential impact on improving the community's acceptance at home for mental health issues. Keep improving milieu therapy activities as a modality of mental nursing therapy for patients in a public health center.

**Keywords:** Community acceptance, local virtue, mental disorders, milieu therapy, post restriction.

## RESUMEN

**Introducción:** La rehabilitación post condiciones de restricción es para pacientes que necesitan ayuda de excelencia. La terapia ambiental es una de las modalidades de la terapia de enfermería que es útil para crear un entorno propicio. Este estudio tuvo como objetivo analizar el efecto de la terapia local en la recepción de la comunidad a los pacientes sobre cuestiones de seguridad en el hogar posteriores a la restricción.

**Métodos:** Esta investigación fue un estudio experimental con el diseño de un grupo pre-test y

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*post-test. El número de muestras de investigación fue de 15 personas tomadas por muestreo intencional. El paso inicial del estudio fue realizar una discusión de grupo focal (FGD) sobre la virtud local que ayudó a desarrollar pautas para la terapia. Los instrumentos de investigación fueron las entrevistas y las observaciones. El tratamiento local basado en la terapia se administró durante un mes. Los datos de evaluación fueron el análisis inferencial de la prueba t pareada con un alfa de 0,05. La implementación del estudio presta atención a la investigación del código ético.*

**Resultados:** *Los resultados de la investigación se obtuvieron de la población local que aplica la terapia ambiental para restringir la protección de la vida de los pacientes en el hogar, es decir, el arreglo del entorno del hogar y las actividades de plantación de plantas. Hay una influencia de la virtud local basada en la aceptación de la comunidad del trastorno mental de restricción de puestos en el hogar de los pacientes (valor de  $p < 0,035$ ).*

**Conclusión:** *La terapia del medio basada en la virtud local tiene un gran impacto potencial para mejorar la aceptación de la comunidad en el hogar para el problema de la salud mental. Seguir mejorando las actividades de milieu therapy como modalidad de terapia de enfermería mental para pacientes en un centro de salud público.*

**Palabras clave:** *Aceptación comunitaria, virtud local, trastornos mentales, terapia del medio, posrestricción.*

## INTRODUCTION

A mental disorder is a syndrome or psychological pattern that clinically occurs in a person associated with distress, disability, and an increased risk of painful death and loss of freedom (1-3). The World Health Organization (WHO) estimated that people with mental disorders would reach 450 million worldwide in 2017. Based on data from the 2018 Basic Health Research, cases of mental disorders in Indonesia have also increased (4). This increase can be seen in the prevalence of households with people with mental disorders. There is an increase to 7 per mile of households, meaning that per 1 000 households, there are seven houses with mental illness, so the number is estimated to be around 450 thousand severe mental illness in Indonesia (5) the distribution of tasks among health workers to address health workforce shortage, has been widely used to tackle mental health treatment

gaps. However, its implementation in Indonesia has still been rarely explored. This study aimed to explore stakeholders' perspectives on the implementation of mental health task-shifting to nurses in Indonesia's primary health care. **Methods:** An exploratory descriptive approach using in-depth interviews and FOCUS group discussions (FGDs). Nevertheless, the data shows that the proportion of households with families with mental disorders who have been shackled had decreased from 14.3 % in 2013 to 14.0 % in 2018. Although the decline is only small, this shows positive developments regarding handling severe mental disorders in Indonesia (6).

In individuals with severe mental disorders, restraint and seclusion are often carried out in mental hospitals. Meanwhile, patients with mental disorders in the community will be restrained and isolated, known as confinement (6-8). In addition, the attitude of the family and society that still considers it a family disgrace if one of their family members has schizophrenia often makes people with schizophrenia hidden, ostracized, and even shackled (6,9,10).

Patients who have been released from shackles will, experience very different activities from when they were in shackles. After the physical shackles have been released, the patient will be free to move and carry out physical activities freely. The patient's environment, including family and community, must be carefully prepared to support the patient's mental health (11,12). Family is where individuals start an interpersonal relationship, and family can influence patients' values, beliefs, attitudes, and behavior. The family has basic functions such as giving love, security, belonging, and preparing for the individual's adult role in society. If the family is seen as a system, then mental disorders in one family member will disrupt all systems or family circumstances (13).

Creating a conducive environment for patients, family, and the surrounding community is necessary. Milieu therapy is one of the modalities of mental nursing therapy that is very useful in creating a conducive environment. Not only the physical environment but also the social environment in the form of the participation of the family and the surrounding community. The arrangement of the physical environment

includes the arrangement of space, the provision of facilities and infrastructure according to the growth and development of the patient, and the selection of colors, and decorations. Structuring the social environment involves family, relatives, and the surrounding community. Family involvement is the essential aspect because the family is the main key to the development and progress of the patient. According to Friedman et al., in 2010, families are obliged to provide for basic needs and optimize peace of mind for patients (14). Mental disorders require a long period of therapy, so understanding and family cooperation are crucial in treatment. Family support is an important support system given by the family to prevent mental disorders in dealing with family burdens (15). This study aimed to analyze the effect of Milieu therapy based on local virtue on community acceptance of post-shackled mental disorder patients at home.

## METHODS

This study used a quasi-experimental design with a one-group pre-posttest design. The research sample was taken from 15 people with mental disorders by purposive sampling on respondents who had met the inclusion criteria, such as 1) Age above 17 years old; 2) Staying at home with family; 3) The shackle has been removed; 4) Not experiencing dementia and violent behavior; 5) Not suffering from atrophy due to shackle, chronic and terminal illnesses; 6) Willing to be a respondent. The study was conducted in the Bantur Health Center, Malang Regency working area, in September-October 2019. The initial step of the research was to perform a Focus Group Discussion (FGD) on local wisdom, followed by compiling a therapeutic mileage guide. The research instrument used interviews and observations. Then, Milieu treatment based on local understanding was conducted for one month. The Milieu therapy provided was physical and social environment arrangements designed based on local wisdom.

Physical environment arrangement was spatial planning, infrastructure, and room painting according to the patient's needs which the patient and family carried out; planting plants in pots/volley bags around the house and

maintaining the plants. The plants adapted to local wisdom were vegetables, which the local agriculture office assisted the seeds. However, the social environment included maintaining good relations and support for the family, neighbors, and surrounding communities. Data were analyzed with the SPSS 13.0 program using an inferential t-paired test with an alpha of 0.05. The research has passed the research ethics review from KEPK Poltekkes Kemenkes Malang with Ethical Approval Reg. No. 469/KEPK-POLKESMA/2019 in 2019.

## RESULTS

### Characteristics of Research Respondents

Based on Table 1, it is shown that most of the patients were female with a total number of 9 respondents (60 %), the aged of 30 – 39 years and 40-49 years are equal with a total number of 3 of each frequency (13.3 %) but most patients are age 60-69 years with total 8 respondents (53.3 %) and graduated from elementary school (53.3 %). Most of the respondents' family informants with post-shackle mental disorders were female (60 %) aged 60-69 years (53.3 %), elementary school graduates (53.3 %) who worked as farm laborers (80 %) and were the respondents' biological mothers (40 %).

Based on Table 2, it is shown that most of the ages with first-level mental disorders were 10-19 years (60.0 %). Most of the time, they suffered from mental disorders between 10-19 years (46.7 %), and the time in shackles was two years (33.3 %). After removing the shackle, all patients could take care of themselves (eat, drink, bathe, brush their teeth, wash their hair) so that the patient's appearance was relatively adequate About 15 respondents (100 %), only some were productive: looking for grass (20.0 %) and working in the fields (33.3 %) but most of the patients post shackle are not working (46.7)

### Focus Group Discussion (FGD)

The results of the FGD showed that some people thought that spiritual things caused the mental disorder. Patients became angry, talking to themselves, smiling, disturbing the environment, and looking less clean. The family has made every effort, including taking them to "smart people"

MILIEU THERAPY BASED ON LOCAL VIRTUE INFLUENCE

Table 1

Frequency Distribution of Research Respondents		
Characteristic	Frequency	%
Patient with Mental Disorder (Shackle)		
Sex		
Male	6	40.0
Female	9	60.0
Age		
20-29 years	3	20.0
30-39 years	4	26.7
40-49 years	5	33.3
50-59 years	1	6.67
60-69 years	2	13.3
Education		
Uneducated	4	26.7
Elementary school	11	73.3
Family		
Sex		
Male	6	40.0
Female	9	60.0
Age		
30-39 years	2	13.3
40-49 years	2	13.3
50-59 years	3	20.0
60-69 years	8	53.3
Education		
Not Attend School	7	46.7
Elementary school	8	53.3
Occupation		
Farmer	2	13.3
Farm Labor	12	80.0
Driver	1	6.7
Family relationship		
Mother	6	40.0
Father	2	13.3
Children	1	6.7
Sibling	4	26.6
Wife	1	6.7
Aunt	1	6.7
Total	15	100

(shamans/other than health workers) according to family beliefs and to medical treatment (mental hospitals). However, the results obtained were considered less than optimal, so shackles appeared by the patient's family. The shackle problem

Table 2

Information on Mental Health History of Respondents with Mental Disorders Post Shackled		
Characteristic	Frequency	%
Age of first mental disorder		
<10 years	1	6.7
10-19 years	9	60.0
20-29 years	3	20.0
30-39 years	0	0
40-49 years	2	13.3
Length of time of suffering from mental disorders		
<10 years	2	13.3
10-19 years	7	46.7
20-29 years	3	20.0
30-39 years	3	20.0
Length of time of being shackle		
1 year	1	6.7
2 years	5	33.3
4 years	1	6.7
10 years	3	20.0
11 years	2	13.3
13 years	1	6.7
14 years	2	13.3
Ability after release shackle		
Self-care	15	100
Help to do homework	0	0.0
Productive	0	0.0
Type of productivity/work		
Look for grass	3	20.0
Work in the fields	5	33.3
Unemployment	7	46.7
Total	15	100

occurred because the family was desperate with the patient's condition, which has been treated many times and has not recovered, and the costs have run out. Yet, the patient was still angry, disturbing the environment, destroying goods/houses, and wandering around, afraid of being lost.

The existence of the movement to release shackles for patients with mental disorders has a positive impact on patients and their families. The problems experienced by patients with mental disorders after being released from shackles were as follows: mental health conditions

have improved, and they are no longer angry and disturbing the environment. Families and communities around patients with mental disorders after being released from shackles are responsible for assisting and controlling the patient's condition. The family accepted the patient well, was involved in daily activities according to their ability and need and motivated them to take medication or regular control so that it did not recur.

**Influence of Milieu Local Wisdom-Based Therapy on Public Acceptance of Post-Shackled Mental Disorder Patients**

Table 3 shows that most of the public acceptance before milieu therapy was good (66.7 %), and after milieu therapy, there was an increase in the number to be good (86.7 %). The results of the inferential analysis with the t-paired test obtained a p-value = 0.035, which means that milieu therapy based on local wisdom influences community acceptance of post-shackled mental disorder patients at home. The results of interviews with patients support this during the study. The results of interviews with patients (respondents) found that, on average, they said they did not feel isolated, the community did not forbid patients to participate in community activities, and some even worked like other people who had never had a mental disorder. Patients also feel happy, and some are even highly happy with the acceptance of the community for their presence in the community.

**DISCUSSION**

A mental disorder is a syndrome of a person's behavior patterns typically associated with a symptom of distress or impairment in one or more important human functions, namely psychological, behavioral, and biological functions. The disorder does not only lie within the human body. The relationship between the person but also with society (16). The existence of an interference with the community causes clients with mental disorders to be less accepted by the community. The lack of public acceptance of mental disorders often creates a stigma for patients and their families. Stigma is a person's characteristic that is perceived negatively by several other individuals. Stigma is a sign of disgrace that is formed on the part of a person (17). People who are labeled for their illness look like a stereotyped group. Negative attitudes create presumptions that form negative actions and discrimination.

The results showed an effect of milieu therapy based on local virtue on community acceptance of post-shackled mental disorder patients at home. Local virtue is very much needed in applying milieu therapy activities for patients with mental disorders to fit the local culture. Local virtue, often called local virtue, can be understood as a human effort to use reason (cognition) to act and behave towards something, object, or event in a certain space (18). This is in line with the theory that a therapeutic environment can encourage the healing process to occur (19). The environment must have characteristics such as the patient feeling happy/comfortable and not afraid of the environment, respecting the patient as an individual with rights, needs, and opinions and accepting patient behaviors in response to stress, reducing restrictions or prohibitions, and providing opportunities for patients. To make choices and form new behaviors. So, the patient feels familiar with the environment, feels happy, comfortable, and safe, and does not feel afraid of both psychological and physical threats (1).

Through this milieu therapy activity, it is hoped that it will positively impact patients, families, and communities. According to the Law of the Republic of Indonesia Number 18 of 2014 concerning Mental Health, it is stated

Table 3  
Public Acceptance of Post Shackled Mental Disorder Patients at Home

Public Acceptance	Pre-Test N	%	Post-Test n	%	p-value 0.035
Good	10	66.7	13	86.7	
Average	5	33.3	1	6.7	
Poor	0	0	1	6.7	
Extremely poor	0	00	0	0	
Total	15	100	15	100	

that mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual is aware of his abilities. As a result, they can cope with pressure, work productively, and contribute to their community (20). Another impact is the reduction in the negative stigma of society toward patients. With the evidence of the results of this study which shows an increase in public acceptance of patients, it will be able to reduce little by little the stigma of society on patients with mental disorders.

### CONCLUSION

There is an influence of Milieu therapy based on local virtue on community acceptance of post-shackled mental disorder patients at home. The family has an essential role in providing support for applying Milieu therapy to patients with mental disorders post-shackled at home by maintaining the home environment and planting activities. Patients need to be involved in every activity to increase community acceptance.

### REFERENCES

- Videbeck SL. *Psychiatric Nursing Textbook*. Jakarta: EGC; 2018.
- Yusuf A, Nababan YK, Ni'mah L. The correlation between caregiving burden and family interaction pattern of patient with mental disorders at home. *Syst Rev Pharm*. 2020;11(6):1116-1120.
- Yunita FC, Yusuf A, Nihayati HE, Hilfida NH. Coping strategies used by families in Indonesia when caring for patients with mental disorders post-pasung, based on a case study approach. *Gen Psychiatry*. 2020;33(1).
- Kemenkes RI. *Indonesian Basic Health Research (Riskesdas) 2018 Results Report*. Basic Health Research 2018. 2018:182-183.
- Efendi F, Aurizki GE, Yusuf A, McKenna L. "Not shifting, but sharing": stakeholders' perspectives on mental health task-shifting in Indonesia. *BMC Nurs [Internet]*. 2022;21(1):1-11.
- Indrayani YATW. *InfoDatin-Mental-Health-1.pdf*. Jakarta: Ministry of Health RI; 2019:1-11.
- Suhron M, Yusuf A, Subarniati R, Amir F, Zainiyah Z. How does forgiveness therapy versus emotion-focused therapy reduce violent behavior schizophrenia post restrain at East Java, Indonesia? *Int J Public Heal Sci*. 2020;9(4):314-319.
- Sulaihah S, Khadijah S, Darni D. Analysis of the Restraint Model for Mental Disorder Clients in Health Care Facilities. *J Ners*. 2019;14(3):256-259.
- Suhron M, Yusuf A, Subarniati R. Assessment Potential of Families Increasing ability to Care for Schizophrenia Post Restrain at East Java, Indonesia. *Indian J Public Heal Res Dev*. 2018;9(10).
- Yusuf A, Sulaihah S, Nihayati HE, Suhron M, Hari Basuki N, Mundakir, et al. The role of families caring for people with mental disorders through family resilience at East Java, Indonesia: Structural equation modeling analysis. *Syst Rev Pharm*. 2020;11(9):52-59.
- Budi Anna Keliat, Novy Helena HN. *Community mental health nursing*. EGC, editor. Jakarta; 2011.
- Lestari R, Yusuf A, Hargono R, Ahsan A, Setyawan FEB, Damayanti NA. The impact of social capital, demographic factors, and coping strategies on community adaptation in supporting people with severe mental illness. *J Public health Res*. 2020;9(2):179-182.
- Abdul Nasir AM. *The basics of psychiatric nursing: introduction and theory*. Jakarta: Salemba Medika; 2011.
- Friedman MM, Vicky R. Bowden E O J. *Buku Ajar Keperawatan Keluarga: Riset, Teori, & Praktik [Family Nursing: Research, Theory and practice]*. Jakarta: EGC; 2010.
- Nuraenah, Susanti Y, Putri E. In *Caring For Members With A History of Violent Behavior At Rs*. Jiwa Islam Klender East Jakarta 2012. *J Mental Nursing*. 2012;2(1):41-50.
- Maslim R. *Brief referral mental disorder diagnosis from PPDGJ-III and DSM-5*. Jakarta: PT Nuh Jaya; 2013.
- Dyah Widodo, Tri Anjaswarni MR. *Family Stigma Who's Family Members Have Schizophrenia*. In *Conference: Global Nursing Challenges in The Free Trade Era At: Surabaya Indonesia*; 2016.
- Nurma Ali Ridwan. The scientific foundation of local wisdom. *J Study Islam and Culture*. 2007;1:27-38.
- Stuart Gail W, Laraia Michele T. *Principles and practice of Psychiatric Nursing*. St Louis, MO Elsevier, Mosby. 2009;223.
- Indonesia PR. *Law No. 18 of 2014 concerning Mental Health*. Indonesia; 2014.