

A Phenomenology Study View of Mental Health Enforcement in Surabaya Urban Society

A Systematic Review

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Abstract: The mental health policies that are part of the national and regional health systems seek promotive and preventive activities that are integrated in cross-sectoral programs and involve society participation. The objective was to briefly describe the view of phenomenology study for the mental health enforcement in Surabaya urban society. The key words used were mental health, enforcement, and urban society. Journal articles search were done electronically using multiple databases, namely: DOAJ, Sage, Proquest, Medline, Google Scholar, Science Direct and Elsevier. Limitation year used was 10 years (2007 -2017). From the results obtained twenty literatures selected of journal articles from more than 600 journal articles found. Twenty studies raised in this study support the study of phenomenology chosen as the research's design. Combined findings of this study provided reference for the view of mental health enforcement in Surabaya urban society. The enforcement of mental health in urban society needs to be developed more widely and deeply that can be applied in order to improve the high quality of individuals' mental health in their life.

1 BACKGROUND

One of the factors causing the high number of the recurrence rate of people with mental disorders is the lack of family knowledge in dealing with mental disorders patient when they are back to the environment. According to Marasmis (2010), in addition to somatic factors, psychological and socio-cultural factors are also as a source of mental disorders. Survey proved that 53% of the factors that cause psychiatric disorders are derived from processes that are interwoven in the family (Wiliamson, et al., 2008). Basically, Roesmaladewi (2010) added that the obstacle for the patient to be healed, not only from within himself, but also is precisely the majority of families and societies who underestimate the problem.

The prevalence of mental disorders in Indonesia is not much different from the prevalence in the world. The incidence of mental disorders in Indonesia based on RISKESDAS data is 4.6 / 1000 people (Balitbangkes, 2008). This figure is equal to the median prevalence rate of mental disorders in the

world. In Indonesia is estimated about 1 million people suffer from mental disorders (MOH, 2012). In East Java, people with mental disorders experienced a drastic increase in 2016. East Java Province shows the number of 2.2 people based on all East Java population of 38,005,413 lives, it can be concluded that 83.612 lives have mental disorders in East Java. In addition, national data on the incidence of severe mental illness (schizophrenia) in East Java is 1.4% and Surabaya accounted for 0.2%. While emotional mental disorders (such as anxiety, depression, etc.) by 35% and in Surabaya recorded 18.8%.

Mental health policies that are part of the national and regional health systems seek promotive and preventive integration across multiple cross-sectoral programs and involve community participation. One of the efforts that can be done to support the recovery of patients with mental disorder according to Kepmenkes no 220 / Menkes / SK / III / 2002 is to involve community participation in supporting the recovery of patients with mental disorders. The phenomenological study of how

mental health enforcement in the Surabaya urban city community becomes important primarily in concerning with knowledge, trust, values, and culture, patient and family backgrounds integrated into planning, treatment, to participation in decision-making related to mental health care. Therefore, the study aims to briefly and clearly describe of how the urban society of Surabaya got involved in the enforcement of mental health regarding to those several factors mentioned.

2 METHODS

Firstly, the source of references used in this study was obtained specifically from the search engine. DOAJ, Proquest, Medline, Google Scholar, Science Direct and Elsevier by entering the keywords of mental health, enforcement, and urban society were some major databases for the literature search. Year limitation used was 10 years from 2007 to 2017. From the results obtained twenty literatures selected of journal articles from more than 600 journal articles found. From those articles obtained, the article's inclusion criteria were: 1) the phenomenology study; 2) mental health enforcement; 3) the urban society

The parameters used to determine influencing factors of mental health enforcement in the urban society was by using various keywords particularly in a range of the concept of the mental health, family and community centered, and the historical concept of urban society.

3 RESULTS

From the sources related to several keywords using in this systematic review, the importance in knowing the mental health enforcement for the urban society is in line with some findings of some studies.

The first reviewed study from Yearwood (2010) noted that in 2001, non-communicable neuropsychiatric disorders accounted for 12% of the global burden of disease (GBD) worldwide and that number is expected to increase significantly by 2020. One of the causes of this phenomenon is supported by the result of the next reviewed study by Schmidta, et. al (2017) who noted that neighborhood context may make exposure to stressors and the expression of stress-related outcomes.

Considering those real condition in society, actually, family is the most important part in the

healing process of mental disorders. This is proved by the statement that family support in the process becomes a hope for patients with mental disorders during their lifetime (Thalefi, 2017). Therefore, Kwazulu (2015) added from his study that families can also extend knowledge about mental disorders and not stay away from their family members who have mental disorder.

The importance of public education on the myths and facts of mental illness can help suppress the stigma faced by family members of mental disorder. In this case, another study showed that mental health stigma is closely related to different mental health care reforms (Sercu et.al, 2016). A care, in philosophy, is known as a link between patient and the family-centered care. The form of such care focus on cooperation, dignity, respect, information sharing, participation, and collaboration with patients and families (Kuo et al., 2012; Wells, 2011; Johnson, 2000). The care of patients and families is relatively at the highest policy level in developed countries and has the privilege point of most health care systems that have led to the innovation of many patient and family care agencies that provide some resources and collect data on their application (Abraham & Moretz, 2012). These several reviewed studies shows how importance of mental health within the society.

Related to this, this systematic review added several studies which have points to widen the indicators. From Gregório (2012), the priority-setting research exercise highlighted a need for implementing investments at the primary- care level, particularly in the family health program; the urgent need to evaluate services; and policies to improve equity by increasing accessibility to services and testing interventions to reduce barriers for seeking mental health treatment. Then, Bee (2015) also supported that involving users in mental health care-planning is central to international policy initiatives yet users frequently report feeling excluded from the care planning process. The Mental Health Parity and Addiction Equity Act of 2008, the Affordable Care Act of 2010, and subsequent federal regulations improve access to mental health services, but lack of funding and poor enforcement of new rules continue to hinder progress (Medford, et. al (2017). However, result study from Sivris (2015) noted that in order to get in progress to be achieved in this area, a holistic and multidisciplinary approach was unanimously suggested as a way to successful implementation.

Study from Meulen, et. al (2017) can be one of option to measure the indicators of achieving the optimal efforts for the application in society context,

that usefulness of psychological resilience is limited as a predictor of mental health disturbances (if any). Thus, the protective value of psychological resilience declined sharply over time. Then finally, the other reviewed study made a sum that the implementation of nursing care in the community are interconnected with each other, because the services provided must be comprehensive and sustainable due to the needs of each individual are different from each other, then the nurse must behave according to the individual needs at that time (Alligood, MR, & Tomey, A. M, 2010).

4 DISCUSSION

Mental health disorders (in the developing side) significantly contribute to the global burden of disease (GBD), which quantifies the effect of mortality, morbidity, and disability for specific diseases. This condition has correlation to several factors. One of the main factors found in several reviewed studies showed that the socially patterned distribution of exposure to stressors may be particularly relevant for understanding why disadvantaged neighborhoods are associated with worse mental health.

The society itself cannot be separated from the concept of particular family living in such different view of life. Most indicators mentioned in reviewed studies noted that a family with member of mental disorder one can be the source of another problem as side effect. In handling several cases of mental disorders within a family in the society, each person need to be viewed holistically and comprehensively, so the need for care and healing can be more optimal. Mental Health Nursing is known as an interpersonal process that seeks to not only enhance but also sustain behavior so that the patients can have their function as a whole human. When the patients return to their family in hope that they would have their functions back with the society which accepts them again, mostly what happens in real is not as which is expected. Several cases reported that not only the society but also the smaller circle of it (family) cannot totally 'accept' many different conditions later in advance.

The health policies have basically been made beyond the needs of relevant and beneficial constructions for all individuals in society. Not only in the small city or rural area, the big city or urban area are having their own considerations for mental health sectors which has promoted and applied. However, the phenomenon which shows as if the

policies are not totally well implied continuously burden the program of mental health enforcement in society. Several indicators for this still cannot be described and explained completely. In this case, the role of all important persons in the stage of society setting should be considered and evaluated.

In the term of public health centre, persons in charge for this kind of program started from the nurse and so another health provider exist. Nurses' professional role perception is related to the quality and safety of care. Community mental health sectors include all levels and actions of mental health nursing. It is a full service, ranging from specialist, integrative, and community-focused of mental health services. In addition, nurse in society (particularly in urban area) could be determined as the key role to apply and convey the message of mental health enforcement. Any kinds of disturbance happen in the society as a narrowing way of the implication of mental health program in society can be range in number related to the resilience of the people living in the society. The wider and deeper descriptions for the main efforts of mental health enforcement should be the completion for the range of numbers reported.

Empowering all potentials and resources in the society is also important to realize an independent society in maintaining health. The enforcement of mental health in urban society needs to be developed more widely and deeply that can be applied in order to improve the high quality of individuals' mental health in their life. Therefore, several reviewed studies collected and summarized in this systematic review can be some basic references in order to enrich the phenomenology study of mental health enforcement in urban society (particularly in this case: Surabaya).

5 CONCLUSIONS

Mental health services focus on communities starting from district-level services, public health centre, groups with special needs, and families. This service is known as community mental health nursing (CMHN). The mental health services at CMHN start from advanced, intermediate, and basic. Providing health education to the patients, families and communities that includes mental health education, mental disorders overview, mental health characteristics, some causes of mental disorders, family functions and duties, and care efforts for patients with mental disorder. Good practice approaches in different countries and stressed the

importance of a strong policy and enforcement framework as well as organizational responsibility

Phenomenological studies of mental health enforcement in urban society (in this case is the city of Surabaya) are needed as an effort to know and measure how the family in the community is able to overcome mental health problems to maintain or improve the quality of life of each family members.

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