EFFECTIVENESS OF MENTAL BASIC COURSE TRAINING HEALTH NURSING ON THE ABILITY OF NURSE TO CARRY OUT MENTAL NURSING CARE

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ABSTRACT

Keywords:
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Problems that occur in clients with mental disorders are not obedient to taking medication, where clients who have finished undergoing treatment at the Mental Hospital are returned to their families but the obstacles found are that the role of nurses who hold mental health programs is not optimal in carrying out mental nursing care in either community for the nursing diagnosis of mental, psychosocial and mental health disorders. Therefore it requires a family role related to treatment and care for clients with mental disorders. One of the programs to stimulate the role of the family towards clients with mental disorders is the training of BC-CMHN (Basic Course Community Mental Health Nursing) nurses. The research objective was to determine the effect of BC-CMHN training on the self-ability of nurses in implementing community mental nursing care in Jambi City. This research is a quasy experimental design with a pretest-posttest one group design. Respondents in this study were 20 public health center nurses who are responsible for mental health programs. Based on the results of the bivariate analysis using the dependent t-test that cognitive abilities before and after the intervention p values (p =0.000). There is an effect of BC-CMHN training on the self-efficacy of nurses in implementing community mental health insurance in Jambi City, it is recommended that it be implemented at both the provincial and district or city levels to improve the quality of community mental health services.

BACKGROUND

Clients with mental disorders are increasing from year to years, mental disorders include schizophrenia, depression, mental emotional disorders. Based on data from Riskesdas 2018 in Indonesia, the number of schizophrenia was 7%, increased from 2013, namely 1.7% (Kemenkes RI, 2013), in Jambi Province as much as 7%, it was found that the client did not routinely take medication as much as 51.1%. Data on clients with depression in Indonesia as much as 6.1%, only 9% who regularly take medication, in Jambi Province as many as 1.8. Clients with Mental Emotional Disorders in Indonesia were 9.8%, in Jambi Province as much as 3.6%. Data on psychosis or schizophrenia mental disorders in Jambi City were 7,36%, the highest number was in Sungai Penuh City, namely 19,81 per seribu (Kemenkes, 2018).

The impact of the problem of this disorder is very large, if not carried out accordingly, it will result in the client relapse, not being productive, hurting himself, the surrounding environment so that it is not accepted in the community. This BC-CMHN training is expected to be able to improve the self-skills of mental nurses (Yusuf, et.al, 2014).

The implementation of BC-CMHN aims to reduce the risk of mental disorders and increase community acceptance of mental health practices. CMHN's target is to provide nursing care to clients, families, groups and communities in a mentally healthy, psychosocial condition and experiencing mental disorders without involving the hospital (Videbeck, 2008). Community Mental Health Nursing (CMHN) is an effort to realize mental health services with the aim that patients who are not treated in the community will get better service.

The results of the study are the effect of BC-CMHN training using lecture, demonstration, and role

play methods on increasing self-efficacy and skills of health cadres in early detection of symptoms of severe mental disorders (Psychotic) (Sutarjo, Prabandari, & Iravati, 2016).

CMHN provides nursing care to all aspects of human life, basic needs, physical health and psychosocial needs. There are three levels of CMHN training, namely; BC-CMHN (Basic Course), IC-CMHN (Intermediate Course) and AC-CMHN (Advance Course). This research only conducts BC-CMHN (Basic Course) training for learning activities at BC-CMHN for community nurses to have the competence to carry out nursing care to clients with mental health, psychosocial and mental disorders in the community. BC-CMHN training provides mental nursing knowledge and practice related to mental health nursing diagnosis, psychosocial and mental disorders (Keliat, 2011).

The urgency of this research is because the increasing number of clients experiencing mental health problems, mental and psychosocial problems, it is necessary to provide BC-MHN training for mental nurses in public health center so that mental nurses have the ability to provide mental nursing care in the community to help mental health problems, mental disorders. and psychosocial, so far only clients with mental disorders have often done intervention but mental health and psychosocial problems have not been paid attention to, meanwhile to make it easier to reduce the number of mental disorders, we start by intervening with clients with mental health so that psychosocial problems do not occur, and intervening on clients with psychosocial problems so that interference does not occur. Clients with mental disorders will find it more difficult to recover to normal conditions, therefore starting from mental health, psychosocial and mental disorders.

Problems that occur in clients with mental disorders who have finished undergoing treatment at the Mental Hospital are sent home to their families, but the obstacles that are found are many families who do not know the treatment carried out on family members who have mental disorders at home. Therefore it requires a family role related to treatment and care for clients with mental disorders. One of the programs to stimulate the role of the family towards clients with mental disorders is the training of BC-CMHN (Keliat, 2010).

CMHN is a mental health service effort aimed at community clients in order to get better service in the form of comprehensive and holistic services focusing on a mentally healthy community, a range of stress or risk and preventing recurrence of mental disorders (Faculty of Nursing, University of Indonesia UI, 2011).

The development of mental health continues to develop, therefore mental nurses need to provide self-improvement through BC-CMHN training. CMHN nurses must have the ability to involve community participation, religious leaders, RT, sub-district, village heads who are cross-sectoral to determine community leaders to become mental health cadres to be trained (Department of health, 2006). MHN is carried out to stimulate individual development in society so that individuals return to productivity. This study is different from previous studies where researchers measured the cognitive abilities of respondents before and after training.

The results of the study on the effect of community mental health nursing training on self-efficacy and cadre skills showed that there was a significant and cadre skills showed that there was a significant effect on self-efficacy and skill improvement (Sutarjo, Prabandari, & Iravati, 2016). Another study on the effect of mental health cadre training on cadres' perceptions in caring for people with mental disorders with a value of $z = -4.568$, with p value = 0.000 (p <0,05) (Indrawati et al., 2018).

The results of other research on IbM activities, after counseling on the role and function of families regarding mental disorders, Mitra 1's knowledge increased by an average of 33,275 points while Mitra 2 increased by 36.75 points, IbM activities also provided training to mental cadres (Komarudin, 2016).

METHODS

Respondents in this study were public health center nurses who held a mental health program and were willing to participate in all training activities for 5 days using the training model, and did not have official duties that could hamper this research activity. Based on this, the sample was selected by total sampling technique and obtained a sample of 20 respondents. This research is a quasy experimental research that provides treatment in the form of BC-CMHN training to nurses in all public health centers in Jambi, where there are 20 health centers and each health center has only one nurse who is responsible for mental health programs.

Data collection in this study was carried out using a questionnaire sheet to assess the cognitive abilities of nurses consisting of 5 mental disorders nursing diagnoses, 5 risk nursing diagnoses and 5 mental health nursing diagnoses. The questionnaire in this study was taken from the Keliat theory, BA

(2019) to assess the cognitive abilities of respondents in performing mental nursing care. This questionnaire has been tested for validity and reliability with r table 878, this questionnaire is declared valid because the value of corrected item-Total Correlation is more than r table, and this questionnaire is reliability because the value of Cronbach alpha is greater than r table, namely 890.

Before the research was carried out, the researcher conducted a research ethic test on the ethical clearance of health research at the Health Polytechnic of the Ministry of Health in Jambi No.LB.02.06/2/20/2020. The research activity was started by giving informed consent sheets to respondents who were nurses who were responsible for the mental health program at the Jambi city health center. If the respondent agrees, the researcher will provide a questionnaire, demographic characteristics and a questionnaire on the ability of the respondent (nurse) to provide nursing care. Furthermore, BC-CMHN intervention was given by providing training on mental health nursing care for 5 days. After the training activity is complete, the researcher takes post-test measurements with the same measuring device the ability to provide nursing care. Post tests were carried out on nurses at each "puskesmas" on day 3 after the intervention.

The analysis used is univariate analysis to analyze the characteristics of the respondents (age, gender, education level, length of programmer, and years of service) as well as cognitive abilities before giving the intervention which are analyzed using the frequency distribution and the central tendency. Bivariate analysis to analyze the cognitive abilities of respondents before and after the intervention, namely BC-CMHN training which was analyzed using the dependent t test because the data had a normal distribution with a significant value <0.05.

RESULTS

This research was conducted for approximately 2 months starting from the licensing process to the research report. This research involved 20 health centers in the working area of the Jambi city health office.

Based on table 1, all respondents are female (100%), level of education at most diploma (75%) and the length of time the respondents held mental health programs were mostly >1 year, namely (60%).

Based on Table 2, the average respondents are 42 years old, years of service. 19 years old, and had a mean score of cognitive ability nursing diagno-

sis of mental disorders 173.7, for nursing diagnosis cognitive ability the average risk was 114.5 and for nursing diagnosis cognitive ability of mental health the average nurse was 132.15. In table 2, it can be seen that the total cognitive ability before the intervention is an average of 420.35.

Based on table 3 it can be seen that the difference in cognitive abilities before and after training is the difference of -67,900 (p =0 .000).

DISCUSSION

Based on the results of the analysis above, it shows that the average score of cognitive abilities of nurses is -67,900, with a p value = value of 0,000, which means that there is an influence on the ability of nurses to provide nursing services.

These results are supported by the results of research on the effect of BC-CMHN training using lecture, demonstration, and role play methods on increasing self-efficacy and skills of health cadres in early detection of symptoms of severe mental disorders (Psychotic) (Sutarjo, Prabandari, & Iravati, 2016). Other research on sustainability factors related to the implementation of BC-CMHN research results show a significant relationship between sustainability factors and the implementation of BC-CMHN (Winahayu et al, 2014).

Other research on the description of the mental health of the community with the results of the study showing that the majority of Banyutowo villagers are adults, male, single, and last elementary school education (Livana, 2018). The results of menschool education (Livana, 2018). The results of mental health identification showed that the majority of Banyutowo villagers were in the healthy age group (Winahayu et al, 2014). The results of other research on the effect of implementing community mental health nursing on the ability of nurses to provide mental health nursing services in the work area of the Mojokerto regency health service showed that the cognitive and psychomotor abilities of nurses before cognitive and psychomotor abilities of nurses before and after treatment were analyzed by statistical test T-test, p = 0,000 (p >0,05), with an average score increase of 7 points for cognitive abilities and 25 points for psychomotor abilities (Yuniarti et al, 2017).

The results of research on community knowledge conducted by BC-CMHN training showed an increase in the knowledge score between before and after the training. The increase in total knowledge of the Ranjeng Village community (65), and the increase in the knowledge of the Cilopang Village community

Table 1. Frequency Distribution Characteristics of Respondents

Characteristics	Frequency	Percentage
Sex		
Male	0	0
Female	20	100
Level of education		
SPK	1	5
Diploma	15	75
Bachelor	4	20
Long programmer		
< 1 year	8	40
>1 year	12	60

(64) (Surtini, 2017). The results of research on A community mental health service delivery model: integrating the evidence base within existing clinical models, obtained the results that the components of a comprehensive and integrated community mental health service model (CMHS) are described. Important components of a comprehensive and integrated CMHS model include: emergency and acute response, community continuous care services, a strong rehabilitation team, partnerships with general practitioners and other human service agencies (Flannery et al., 2011).

The purpose of BC-CMHN is to provide services, consultations and education or provide information on mental health principles to other communities with the aim of increasing developmental stimulation according to the stage of growth and development, preventing the occurrence of psychosocial risks or problems (Stuart, 2013).

According to (Azwar, 2007), before the action occurs in a person, a sequential process occurs, namely from the known information, then there will be a sense of interest so that they begin to realize and explore the information. After that the information received will be weighed through a response in the form of an attitude. Furthermore, the final stage of this process will lead to a behavior based on the attitudes that are formed.

According to (Videbeck, 2008) It is important to provide mental health education to increase public knowledge about people's mental health in order to form a mentally healthy community. Another factor is that this training is provided with a variety of learning methods, namely lectures, discussions, demonstrations, simulations. Methods in health education activities are one of the factors that influence the achievement of an optimal outcome (Notoatmodjo, 2010).

Meanwhile, when viewed from the characteristics of respondents, the factor that can influence is age. Most of the participants were old adults (42 years). Increasing age will also increase a person's ability to make decisions, think rationally, be wiser, be able to control emotions, be tolerant, and be more open to the views of others. The results of this activity are in accordance with the opinion (Farida, 2011) that the older a person is, the less absent he is and shows greater stability by coming to work more regularly. Besides that, it is also in accordance with the results (Rudianti, 2011) hat nurses aged >32 years have better performance than those aged <32 years. The results of this study have an increase before and after training can also be seen from the work tenure of nurses which is mostly long, namely the average working period is over 10 years.

According to theory Robbin (Farida, 2011) length of work also determines a person's performance in carrying out tasks. The longer someone works, the more they have the ability to carry out activities and the more timely in completing the given task. Respondents in this study most of the education with a Diploma (D3) education as much as 75%.

Table 2. Characteristics of Respondents and the Ability of Nurses to Implement Mental Health Nursing Services

Characteristics	Responden	Mean	Standard Deviation	Minimum Value	Maximum Value
Age (years old)	20	42	6,0	34	57
Length of working	20	19	7,4	3	32
Mental Disorders Nursing Diagnosis Cognitive Ability					
-RPK	20	35,40	3,1	32	43
-HDRK	20	43,00	4,9	32	55
-Social isolation	20	31,45	2,9	26	39
-DPD	20	27,70	3,2	23	33
-RBD	20	36,10	3,4	31	45
Total Mental Disorder Diagnosis	20	173,7	15,9	151	214
Cognitive Ability of Risk Nursing Diagnosis					
-GCT	20	27,25	2,8	21	35
-Ansietas	20	19,80	2,4	13	25
-Despair	20	27,80	3,1	20	35
-Grief	20	15,75	1,6	12	19
-Distres Spiritual	20	23,90	2,4	21	30
Total Risk Nursing Diagnosis	20	114,5	11,9	87	114
Cognitive Ability of Mental Health Nursing Diagnosis					
-Pregnant mother	20	26,65	3,8	18	33
-Baby	20	35,20	5,1	23	44
-School children	20	23,85	4,0	15	30
-Youth	20	23,20	4,2	13	30

-Elderly	20	23,60	3,9	16	30
Total Mental Health Nursing Diagnosis	20	132,15	21,05	85	167
Overall Totals For Cognitive Abilities Before Intervention	20	420,35	46,57	323	523

Table 3. Analysis of Nurses' Cognitive Abilities in Implementing Mental Nursing Care in the Community (Pre Test and Post Test)

Variable	Measurement Type	n	Mean	Mean Difference	P value
Cognitive Ability	Before	20	-67,900	19	0,000
	After	20			

CONCLUSION

The results of this study showed the effectiveness of the BC-CMHN training given to Public health center nurses who are responsible for the mental health program. It is hoped that participants as CMHN nurses can continue to improve their knowledge in providing mental health nursing services through various scientific meeting activities as well as continuing home visits to provide nursing care to both clients and families. In addition, the Public Health Center is also expected to optimize the implementation of the community mental health service program as the main program in the primary health center service program, so that people can take advantage of mental health services through the active role of mental, psychosocial, and mental health client families in caring for and seeking assistance to increase independence. Clients who experience mental disorders by establishing a mentally healthy alert village program.

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