Original Article

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The Effect of Collaborative Handling on Community Mental Health Nursing Services

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ABSTRACT

Service collaboration in the community occurs in the working relationship between health workers, sources, and community leaders in providing services to patients, clients, and individuals in conducting discussions about diagnoses, cooperation in health services, mutual consultation, or communication, and each is responsible for the scope of work. her job. The purpose of this study was to analyze the effectiveness of collaborative handling in community mental health nursing services (CMHN). This study found an important role in the practice of providing services for people with mental disorders (ODGJ), describing an increase in the independence of ODGJ and the effectiveness of handling collaboration in the implementation of IPC. The practise of collaboration between health officers and community leaders or officers at NISWA is a process of intervening in more than one profession, completing one task to achieve goals, and optimizing services to ODGJ. This condition is evidenced by collaboration services having a positive and significant effect on CHMN. A synergy of collaboration was found between health workers/sources/community leaders as Reform Agents on the role of health workers by jointly providing Interprofessional Collaboration (IPC) in the implementation of CMHN at NISWA.

Keywords: Community Leader; Inter-Professional Collaboration/IPC; Community Mental Health Nursing; CMHN

INTRODUCTION

Interprofessional Collaboration (IPC) is an interprofessional collaboration between two or more professions. Services to People with Mental Disorders or ODGJ can be provided by nurses and doctors and have been shown to be effective for ODGJ. Different professional cultures can be a barrier for nurses and doctors in providing effective and efficient services. Effective IPC is important to ensure patient safety.

Among the important roles of community leaders are the Ulama, who act as mediators and key stakeholders so that the community can accept a collaborative approach to *ODGJ* with several CMHN intervention strategies (Putri *et al*., 2015).

Leadership competence is closely related to inter-professional collaboration competence in order to encourage the provision of comprehensive and patient and community-oriented services. To grow leadership, a strategy that focuses on individuals is needed, especially for ODGJ who have relapsed and worsened their health conditions. An individual-focused strategy can be achieved through the education system using a community-oriented approach and inter-professional education. A strategy that focuses on group therapists in the community can be put into action by creating clinical leadership associations and encouraging the creation of high-performing health organisations in the community.

The crisis experienced by ODGJ can create a hidden depression that can make ODGJ commit suicide in floating despair. Often, extraordinary events become burdens that cause psychological disorders such as anxiety and panic. This suffering can't be ignored because it stops people from changing and growing spiritually in ways that lead to independent and useful behavior.

In line with Pitagorsky (2019), in Well-being and the worshipper: a scientific perspective of selected

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contemplative practices in Islam has proven successful by bringing an activity on time and according to plan while sending quality messages to create group value as a challenging challenge. It requires intelligence and is applied consciously. Intelligence is viewed in this context as a complex entity with many different parts, or "multiple intelligences," such as cognitive, emotional, social, and spiritual intelligence.

The scientific basis for the cognitive readiness for an interaction rest on a clinical study conducted by neuroscientists, psychologists, and behavioral economists. Effective leadership and team membership both require the ability to engage in rational decision-making and productive interpersonal relationships. Radecki (2019) examines the evolutionary development of the human brain and how the brain perceives threats. The dominant discussion is that individual actions are governed by non-conscious activity in the brain and the problems that arise as a result. Human interaction will be explored in the section on sociality and the network of ways of communicating. In this study, the importance and advantages of human resilience, insight, and positive emotions in complex interaction environments are explored. Humans use two approaches to problem-solving: an analytical approach and insight. In many theories about the role of leadership in interaction, there are two clear roles: the role of caring about the people and the role of caring about the job.

Service activities in communities in Indonesia have been regulated by the Ministry of Health. Kemenkes (2009), in which all levels of health and non-health service workers, including mental health cadres, can collaborate. Community mental health nursing services/CMHN to ODGJ are carried out in stages. Keliat, Helena & Nurhaeni (2011) have proven that CMHN has provided mental health services at the primary level, as seen by the empowerment of the community through mental cadres and mental alert villages. This can show that there are efforts toward mental health services in the community, although in practice there are still obstacles. Mental health services in the community are things that are done in developed countries, but for developing countries, this is an obstacle due to the lack of resources and managerial aspects that are not widely understood.

Thus, through collaborative interventions for CMHN services, it is hoped that maximum success in the community will be achieved, especially for mental health services in the community.

METHODOLOGY

Study Design

Research methods include research forms, data organization, and data analysis. From the perspective of research data sources, the forms of research are library research and field research. A research and development (R&D) approach with a mixed-method design, namely quantitative and qualitative stages. A quantitative design is used to determine the success of ODGJ, the role of the health team, and strengthen Ulama on the implementation of IPC. A qualitative design was used to obtain data on the IPC-U model that can be applied with the synergy of Ulama and the health team.

Subject

This study also carried out the triangulation of data sources, to strengthen the synergism of joint activities between Ulama, Doctors, and Nurses while strengthening their respective professionalism and CMHN implementation activities and critically examining how each subject or variable influences the research series. The survey will be conducted from December 2019 to August 2021.

Measurement

The research analysis was conducted by comparing three main things being compared: the development of mental health management; the renewal of CMHN nurses to prevent relapse (relapse) of ODGJ, and several anticipatory conditions. Subsequent research analysis will find out whether there is a relationship between the application of collaboration with CMHN.

Ethical Clearence

The ethics clearance of this research was issued from SPS UIN Syarif Hidayatullah Jakarta (Islamic Health and Medical Ethics) with the decree number of the Director of the Postgraduate School of UIN Syarif Hidayatullah Jakarta number B-167 / SPs / PP.00.9 / 10/2020. Jakarta, 27th October 2020

RESULTS

Patient Demographics

The study consisted of total of 15 pada kelompok Intervensi (di lingkungan NISWA) dan 22 pada

kelompok Non Intervensi (di Banda Aceh). Profesi responden adalah Dokter, Perawat, Kesehatan Lingkungan, Penyuluh, Bidan, Kader Kesehatan, Kepala Desa (Geucik), dan Ulama The mean age of patients was 40-41.

Tabel 1: Description of the Characteristics of Respondents Based on Age and Length of Involvement

Variable	Non intervention (N=22)				Intervenstion (n=15)			
	Mean	Median	Min	Max	Mean	Median	Min	Max
Respondent's Age	41	42	27	50	40	40	27	49

Table 2. The Average Difference before the Intervention in the Value of Knowledge, Attitudes, Skills, Spiritual Beliefs, Patterns of Communication, and Collaboration in the Intervention and Non-Intervention Groups

Variable	Groups	*n*	Rerata	Sd	*p*-Value
Knowledge	Non Intervention	22	80.91	16.88	0.009*
	Intervention	15	64.00	15.49	
Attitude	Non Intervention	22	90.30	11.59	0.491
	Intervention	15	85.78	17.07	
Skills	Non Intervention	22	84.55	10.42	0.366
	Intervention	15	82.40	10.34	
Communication pattern	Non Intervention	22	76.75	7.60	0.334
	Intervention	15	79.43	7.49	
Collaboration	Non Intervention	22	76.82	6.13	0.725
	Intervention	15	76.67	8.64	

Table 2 explains that before the intervention, the average value of knowledge, attitudes, and skills was higher in the non-intervention group than in the intervention group. For variables of spiritual belief and collaboration, they were higher in the intervention group than in the non-intervention group. While the intervention and non-intervention groups have the same average value of communication patterns, the results of statistical tests showed that there was a difference in the average knowledge of the non-intervention group and the intervention group (p-value<0.05). While there is no difference in the values of attitudes, skills, spiritual beliefs, patterns of communication, and collaboration in the non-intervention group with the intervention group before the intervention.

Collaboration has, of course, been known for a long time in health care settings and includes the general public. Some have failed, and many have succeeded. The process by which professionals reflect and develop a way of practising that provides an integrated and cohesive answer to the needs of the client/family/population, particularly ODGJ, in this study involves ongoing interaction and knowledge sharing between professionals and is organized to solve or explore various problems in education, services, and care while seeking the participation of ODGJ and the team.

1. The form of implementation of activities at Nisam Sehat Jiwa/NISWA

The involvement of health workers from the District Health Center. Nisam and also the Ustadzah as representatives of Ulama, with one form of activity delivered with the Recitation.

"Assalamualaikum mother teaches at the TPA as well as is active at Niswa... I give religious input, ma'am..." (P6, U1)

"...I'm taking lessons.." (P5, K1).

The above is in line with the results of the research of Fisher *et al.*, (2020) which states that religion and spirituality have been shown to provide a source of strength, hope, coping, and a sense of meaning to older patients and their families as well as providing positive feedback that makes one of the integrative factors that uphold pluralism in activities in society.

2. NISWA Cadre

The participant stated that as a form of responsibility to make the CHMN program a success, namely, to become a NISWA cadre.

"Mrs. P is active as a Koran teacher at the TPA in Meunasah Meucat village and is active as a NISWA cadre...."(P1, N1).

"...I teach at the TPA as well as being active at Niswa ma'am, thank you ma'am." (P6, U1).

This condition confirms that presented in Puchalski's (2010) research that there is much controversy about whether spirituality and religion can or should even be measured as criteria for integration into clinical care. Many believe that healthcare professionals have an ethical obligation to address all

dimensions of a person's suffering, including psychosocial as well as spiritual, and that ethical obligations are sufficient to require the integration of spirituality into clinical care.

3. Implementation of collaboration between Health workers with Ulama / Community Leaders and Cadres.

Participants stated that they agreed that the involvement of ulama as community leaders could help solve health problems, especially the health of ODGJ.

"...I can help patients in the early stages to know that... oh this mother has a mental disorder ... "(P6, U1).

DISCUSSION

The results of the research in the intervention and control groups obtained a p-value <0.05 where both the knowledge, attitudes, and skills values were higher in the non-intervention group than in the intervention group. This finding is in line with the results of FGDs with informants at NISWA, that there are recitation activities, and several group activity meetings/therapy (TAK) to strengthen self-defense coping mechanisms, including strengthening community leaders, where the involvement of Ulama is very strong, so that ODGJ can carry out daily activities. A productive day with the collaboration of health services from GP+ Doctors, CMHN Nurses, Sanitarians, Midwives, Health Promotions, Psychologists, and Health Cadres. Similarly, the Pakistan Initiative for Mothers and Newborns/PAIMAN (Butt *et al*., 2010) has developed a community-based approach that provides ongoing care to mother and child through supportive relationships from home health care to hospital-based care. PAIMAN's philosophy is about nurturing teamwork and forging partnerships. The initiatives of the ulama were carried out with the same spirit. From the results of discussions with in-depth interviews with family cultural settings, effective communication, difficulties in ODGJ intervention, the collaboration between professionals, equipment that must be brought, and lastly, the importance of documentation.

Notably, successful implementation of Collaborative handling in routine care will require alignment of financial incentives to support systems redesign investments, reimbursements for mental health providers, and adaptation across different practice settings and infrastructure (Goodrich *et al.*, 2013). From the six themes, it can be concluded that an initial assessment of the condition of ODGJ, family, and NISWA needs to be done to be able to mentally prepare the nurse's condition and all equipment needed for ODGJ, including the environmental design needed for ODGJ, as well as activity therapy/TAK groups and rehabilitation. In addition, nurses must be able to collaborate and communicate with other professions at NISWA or when providing CMHN services and documentation in caring for ODGJ. Ulama, as religious leaders in society who are highly respected and have related knowledge, make themselves individuals who always behave charismatically, are characterized by their treatment of all problems encountered, and always carry spiritual competencies/values which, of course, always refer to the Qur'an and hadith. So, collaborative handling of community mental health nursing services can be seen as appropriate and can be done in the collaborative handling of ODGJ.

CONCLUSION

Furthermore, nurses (CMHN), medical personnel, and other health workers need to improve therapeutic communication skills by strengthening recognized communication elements, so that service care can be carried out optimally. Furthermore, researchers are advised to consider the cultural factors of the community rather than the influence on health behavior.

Conflict of Interests

The authors declare that they have no conflict of interests.

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REFERENCES

Belack, C., & Radecki, D. (2019). Introduction to Neuroscience and Project Leadership. In *Cognitive Readiness in Project Teams* (pp. 37-59). Productivity Press.

Butt, A. I. (2010). Ulama-Agents for Social Change: Muslim Scholars Speak for Mothers Right. johnhopkins.academia.edu

Fisher, A., Argyle, A., Keefer, A., King, I., Lowther, D., & Tivis, R. (2020). Veteran and learner outcomes of interprofessional trainee-led group medical visits. *Journal of Interprofessional Education and Practice, 18*(May, 2019), 1–4. https://doi.org/10.1016/j.xjep.2019.100292

Keliat, B. A., Helena, N., & Nurhaeni, H. (2011). Keperawatan Kesehatan Jiwa Komunitas. EGC.

Kemenkes, RI. (2009). Keputusan Menteri Kesehatan Republik Indonesia Nomor 406/Menkes/SK/VI/2009. In *Nomor 406/Menkes/SK/VI/2009* (p. 33).

Pitagorsky, G. (2019). Mindfulness: The Foundation for Intelligence and Optimal Performance. In *Cognitive Readiness in Project Teams* (pp. 87-115). Productivity Press. https://doi.org/10.4324/9780429490057-5

Puchalski, C. M. (2010). Religion, medicine and spirituality: what we know, what we don't know and what we do. *Asian Pacific Journal of Cancer Prevention, 11*(Suppl 1), 45-9.

Putri, A. W., Wibhawa, B., & Gutama, A. S. (2015). Kesehatan Mental Masyarakat Indonesia (Pengetahuan, Dan Keterbukaan Masyarakat Terhadap Gangguan Kesehatan Mental). *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat, 2*(2), 252–258. https://doi.org/10.24198/jppm.v2i2.13535