

Case Study: Health Workers' Perspective on Treatment of People with Post-Pasung Mental Disorder

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Abstract

Pasung is a physical restraint or confinement carried out by communities to people with mental disorders. The treatment of patients post-pasung in the treatment room is important to be investigated. The purpose of the research is to describe the health workers' perspective on treatment of people with post-pasung mental disorders.

The research used qualitative design with multiple instrumental case study approach. The research was conducted at a mental hospital in West Java, Indonesia. Two cases of people with post-pasung mental disorder are highlighted. Data were collected from 11 health workers who care for the patients in the cases via in-depth interviews and selected by purposive sampling. A thematic analysis was performed.

The results showed five themes, including negative symptoms of schizophrenia appeared dominant; social interaction exercise should be given more; subjective workload of health workers; treatment constraint; and expectation from the health workers to improve strategy of care.

The finding highlights that the strategy of care for people with mental disorder post-pasung still needs to be improved.

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Introduction

The prevalence of mental disorders accounts for approximately 7.4% of the global burden of disease and represents the leading cause of disability worldwide. The total of mental disorder worldwide is approximately 450 million, including schizophrenia. Schizophrenia is a severe mental disorder affecting more than 21 million people worldwide.

The prevalence of schizophrenia ranges from 0.5-1% worldwide. In Indonesia, schizophrenia was the third mental disorder after depression and anxiety disorder in 2017. The prevalence of mental disorder in Indonesia increased to 7 in 1000 people, approximately 450 thousand of people with a severe mental

disorder^{1,2}.

Some people consider mental disorder to be a heavy burden. Families who lack of knowledge carry out pasung (physical restraint and confinement) to people with mental disorders because of their violent behavior and lack of motivation to provide care. The other factor of pasung is the family attitude that still considers mental disorder as a disgrace. In addition, economic burden on the family and high cost of care further enlarge the problem^{3,5}. The prevalence of people with mental disorders who receive pasung (physical restraint and confinement) from family or residents is still high, 31.1% in urban area and 31.8% in rural area².

Pasung has a negative impact on the psychological and physical conditions of people with mental disorder. Patients who are restrained and have confinement for a long time will experience muscle atrophy, be unable to walk, and experience injuries⁴. Another impact of pasung is psychological and physical trauma, feeling abandoned, having low self-

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esteem, hopelessness, depression, and symptoms of suicidal intent. Pasung worsens the condition of people with mental disorders^{5,6}.

Treatment of people with mental disorder post-pasung is the responsibility of all health workers⁷. Health workers have many roles and duties in mental nursing practice. The previous study explains that post-pasung of patients after being hospitalized has not totally improved their mental conditions. Patients experience very slow improvement⁸. Previous study shows that the quality of mental health services is still not good due to excessive workloads for each health worker, poor human resource management and a lack of facilities in service institutions⁹⁻¹¹.

The phenomenon that occurs in several psychiatric hospitals in Indonesia shows that people with mental disorder and post-pasung experience social isolation and impaired verbal communication as well as other complex physical problems. Nurses also feel exhausted. The absence of specific guidelines for handling people with mental disorder is one of the obstacles in the treatment room. This phenomenon is a strong basis for research on treatment of people with mental disorders after pasung in the treatment room through a case study. The purpose of the research is to describe the health workers' perspective on treatment of people with post-pasung mental disorders.

Materials and methods

The study used qualitative study with descriptive multiple instrumental case study approach¹². The study was conducted at a psychiatric hospital in West Java, Indonesia. Two cases of people with mental disorder post-pasung more than one year after pasung are highlighted. The data were collected via in-depth semi-structured interviews to the health workers who cared for the patients in the cases.

A total of 11 health workers who cared for the patients in two cases of people with mental disorder were interviewed in depth. The health workers consist of 8 nurses, one general physician, one psychiatrist, and one psychologist. The participants were selected by purposive sampling. The criteria for participants in this study were health workers at

a psychiatric hospital who directly cared for the patients in both cases and voluntarily become research participants. The recruitment of participants was carried out by asking the head of the nursing room about all health workers involved in treating the patients in the two cases. Informed consent was given to all relevant health workers.

The semi structured interview used in-depth interview guidelines and was recorded using digital voice recording. Interview duration with health workers ranged from 30 minutes to 50 minutes (average, approximately 40 minutes). Most health workers chose to be interviewed at hospital at break time or after work, but there was one nurse who chose to be interviewed at home.

Interviews were transcribed verbatim by an anonymized transcriber. A thematic analysis was performed. Transcripts were analyzed and coding was performed. The research team had a discussion while coding the transcripts of first interview to further refine the themes. The content was grouped thematically. Then, overarching themes were divided into sub-themes. Within each theme and sub-theme, the authors drew comparisons, looking for overlap and differences, as well as newly emerging topics and patterns. Responses were reviewed to identify each theme and sub-theme¹².

Ethical approval was obtained from Ethics Committee of Faculty of Nursing Universitas Indonesia with ID number 0528/UN2.F12.D/HKP.02.04/2016.

Results

The results of the study showed the characteristic of cases, characteristic of participants, and five themes derived from the interviews.

Characteristics	Case 1	Case 2
Patient's medical diagnosis	Paranoid schizophrenia	Paranoid schizophrenia
Main nursing diagnosis	Social isolation, self-care deficit	Social isolation, self-care deficit
Duration of pasung	Two years	Five years
Type of pasung	Confinement tied/handcuffed on his feet and hands	Confinement only

Table 1. Characteristics of Cases (n=2)

The characteristics of both two cases have a medical diagnosis of paranoid schizophrenia, the two main nursing diagnoses

are social isolation and self-care deficit, duration of pasung was two years for case 1 and five years for case 2, and the type of pasung was confinement.

Characteristics	n	%
Profession		
Nurse	8	72.7
General physician	1	9.1
Psychiatrist	1	9.1
Psychologist	1	9.1
Gender		
Men	5	45.4
Women	6	54.6
Level of education		
Diploma	3	27.3
Bachelor & professional	6	54.4
Specialist	2	18.3
Length of work experience		
1-5 years	2	18.2
6-10 years	2	18.2
11-15 years	4	36.3
>15 years	3	27.3

Table 2. Characteristics of health workers n=11).

The majority of the health workers based on the profession is nurse (72.7%), the gender is women (54.6%), the level of education is bachelor and professional (54.4%), and the length of work experience is 11-15 years (36.3%).

Five themes were derived from interviews, which are:

1. Negative symptoms of schizophrenia appeared dominant in people with post-pasung mental disorder, as stated by the following participant

"...His eye contact did not take long, he looked down a lot, his gaze was blank, there was suspicion, fear, he did not know where the place to urinate and defecate..." P3 (Psychologist)

2. Nursing care, especially social interaction exercise, should be given repeatedly and in longer duration

"...The other patients seem to have finished ... but for this patient we cannot finish, it has to be repeated and takes a long time, must be invited to frequent interactions, communicate briefly but often..." P8 (Nurse)

3. Subjective workload was experienced by the health workers

"...Actually I'm bored too, harsh, extra patience is needed, it's harder than other patients..." P7 (Nurse)

4. Treatment constraint comes from internal and external factors

"...The day of hospitalization is short so that may be a problem (depending on health insurance policy BPJS), so it is not optimal that the day of care for a month, the patient's condition is

very bad and I have never seen his family come to the hospital..." P7 (Nurse)

"...sometimes he (the psychiatrist) forgets to write down instructions or recommendations, but sometimes he forgets to say verbal too, we also realize that because we are too busy or he did not visit, we did not clarify about that ..." P11 (Nurse)

5. Expectation from the health workers to improve strategy of care for people with mental disorder post-pasung.

"...Hopefully there is specific guideline for this kind of patient or specific training to all the nurses ... how is the specific and right treatment for patients post-pasung ..." P2 (Nurse)

Discussion

Negative symptoms of schizophrenia appeared dominant in people with mental disorder post-pasung.

Both cases showed that the patients had dominant negative symptoms, with typical clinical manifestations such as fear, impaired verbal communication, and allogia. The fear response is related to the client's traumatic experience of confinement or pasung. These findings are supported by previous research that patients who experience confinement have potential to experience a state of fear¹³. Patients also experience allogia, which is one of the symptoms of schizophrenia and is marked by a decrease in speaking ability, especially a decrease in the number of words in their speech, a decrease in answering speed, and difficulty assembling the correct sentence when speaking¹⁴⁻¹⁶.

People with mental disorders feel alone and threatened when receiving pasung by their families and residents. This is also explained that social isolation clients feel lonely and rejected by others, no one can understand them, are not safe with other people, and have meaningless relationships with others. Social isolation in people with mental disorders can cause an increase in the stress-triggering cortisol hormone and increase dopamine levels, which can damage nerves^{17,19}. Pasung or confinement worsens the negative symptoms of people with mental disorders.

Nursing care, especially social interaction exercise, should be given

repeatedly and in longer duration.

The nurse performs social interaction with the patients post-pasung although it is very hard. The patients post-pasung need nursing interventions with more frequency and longer duration. The previous finding explains that there was significant relationship between the frequency of social interaction with the negative symptom score of people with schizophrenia¹⁸. The confinement was experienced by two clients over a long period of time. Patients experienced long loneliness, so they need to practice social skills longer than other patients.

Subjective workload was experienced by the health workers.

Subjective workload experienced by health workers was burnout. Burnout is physical, emotional, and mental exhaustion caused by long-term involvement in situations full of emotional demands or prolonged stressors. This finding is supported with previous study that most mental health nurses present moderate levels of emotional exhaustion such as burnout¹⁹. The nurses who care for clients almost 24 hours a day feel bored and have to be more patient when caring for patients post-pasung who are slow in progressing. The incidence of burnout in nurses will have an impact on the quality of healthcare²⁰.

Treatment constraint comes from internal and external factors.

Treatment constraints include ineffective length of stay policies and standard operating procedures, inadequate family support, cultural differences, and indiscipline of health workers. Barriers to inadequate family support will hinder the discharge planning process so that the family is not ready and able to care for patients at home²¹. Constraints are cultural differences between workers' health and the first case client, especially differences in language culture which becomes an obstacle when interacting with therapeutic communication with both the client and the client's family. Health workers need to use simple language and adjust the daily language used by the client so that treatment runs therapeutically²².

There is ineffective communication among the health workers on treatment. The collaboration between health workers is not optimal yet. especially the communication on treatment of people with post-pasung mental

disorder. Communication failures most commonly occur during shift changes and among other health professionals. When incomplete, inaccurate, or ambiguous information is provided at the changeover, it increases the probability of medical mistakes occurring. Poor communication may lead to life-threatening complications in the patients²³. The major cause of poor communication in the healthcare team is the inequality between the characters of the colleagues²⁴. In both cases, ineffective communications on treatment occurred because of the characters of the healthcare team.

Expectation from the health workers to improve strategy of care for people with mental disorder post-pasung.

Health workers expect to improve the strategy of treatment of people with mental disorder post-pasung by improvement in hospital policies (standard operational procedure on treatment of patients post-pasung, additional hospitalization periods, training, and family-based programs), increasing discipline for health workers, and government support for the realization of shelter programs for people with mental disorders.

Conclusions

There are five themes included:

- 1) negative symptoms of schizophrenia appeared dominant;
- 2) social interaction exercise should be given more;
- 3) subjective workload of health workers;
- 4) treatment constraint; and
- 5) expectation from the health workers to improve strategy of care.

The finding highlights that the strategy of care for people with mental disorder post-pasung still needs to be improved.

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Declaration of Interest

The authors report no conflict of interest.

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