Factors Related with Coverage of Health Service and Treatment Gap in Health Region of Ponorogo

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ABSTRACT

The problems of mental health services that have not been fulfilled continuously can affect the low coverage and the high treatment gap. This is influenced by human resources, budget, and drug availability. Objective of the researcher to know the correlation of factors related to coverage of mental health service and treatment gap in wakayah Ponorogo District Health Office. The research design used was analytical descriptive with cross sectional approach. The measuring instrument used for independent and dependent variables is a closed model questionnaire with a correlatin rank correlatin sperm test. The results of the study found that most of the human resources (83.9%) in the category less, almost the entire budget (83.9%) in the category less, and almost all the availability of drugs (64.5%) in the category enough. The result of analysis shows that from three factors, the budget factor has the strongest positive correlation level with the coverage value (pvalue: 0,000 <0.05) r: 0.895 whereas with the treatment gap has a moderate negative value (pvalue: 0,011 <0.05 ) r: -0.450. This means that the higher the budget the higher the coverage and the lower the treatment gap. This is due to the fulfillment of the budget, the human resources and the availability of drugs are also fulfilled periodically. It is recommended that the Health Office provide budget allocation for the availability of medicines, in cooperation with related parties such as ADD, CSR, SOE, BUMD, and companies in human resources development and provide facilities and infrastructure such as repairing damaged roads, closer service places, and providing transportation especially in difficult geographical areas to be easily accessible.

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I. INTRODUCTION

Mental health is still a topic that is marginalized and increasingly get public attention, both government, officer and observer of mental health, as well as the general public. In addition, real mental health problems occur in the midst of society and become a burden in various fields. In this era of globalization the prevalence of mental health is increasing and the sufferer is no longer dominated from middle to lower society but the officials and society of middle layer upward. Mental disorders of the upper middle class are mostly due to the inability to manage stress as well as post power syndrome cases due to dismissal or mutation. In addition to according to WHO (2016) conflict and the winding of the prolonged economic crisis is one of the triggers of the emergence of stress, depression and various mental health disorders in humans and mental health problems throughout the world into a very serious problem. Even the number of people with mental disorders is recorded much higher than the prevalence of cancer worldwide (WHO, 2012).

Ironically, the high prevalence of serious mental health problems does not necessarily make mental health a major issue. In addition, it can be seen from the mental health system in Indonesia and various countries is still not a priority, especially in low-middle-incomes countries, including ASEAN countries (Maramis, Van Tuan & Minas, 2011). This is reflected in the low government budget for mental health which is allocated for health in almost all ASEAN countries, which is less than the total APBN (Marmis, Van Tuan & Minas, 2011). In addition, the lack of mental health professionals, the
lack of human resources engaged in mental health advocacy, inadequate human rights protection for ODGJ, the lack of efforts and rehabilitation services to promote social and economic inclusion and mental health services centered in large cities and often inadequate and difficult to access by the community is also considered as the main problem of mental health (Maramis, Van Tuan & Minas, 2011).

Based on data from WHO (2016) showed there were at least 21 million people suffering from severe ODGJ. While in Indonesia alone the number of severe ODGJ patients from the estimated data of 438,456 or (0.17%) and which still terasasung 62,699 or (14.3%) with a population of 257,912,349 inhabitants. From the data above Indonesia has a coverage amount of 8.72% and treatment gap of 91.3%. (Agency for Research and Development of Health Ministry of Health RI, 2014). In addition, in East Java Province, the number of heavy ODGJ according to estimation data is 84,942 or (0.22%) and which is still stuck as many as 13,845 or (16.3%) with population of 38,610,202 people. From the data above East Java Province has a total coverage of 71.3% and treatment gap of 28.7%. (Provincial Health Office, 2015).

Based on the results of preliminary study by researchers on 23 October 2017 at the Ponorogo District Health Office itself the number of severe ODGJ patients from the estimated data of 1,375 or (0.16%) which is still tersasung as much as 224.1 or (16.3%) while the data real District Health Office Ponorogo as much as 2,492 or (0.29%) which still tersasung as much as 406.1 or (16.3%) with a population of 859,615 inhabitants. From the data above Ponorogo regency has a coverage amount of 7.06% and treatment gaps of 92.9%.

The data above shows that the problem of low coverage coverage and treatment gap is quite high from the view from the Director General of Health Care Development (BUK), 2013 estimates that about 10% of people with mental illness who receive services mental health is in need, so the number of mental illness gap treatment that reaches 90%. This may be related to unmet health care and treatment gap factors. Several issues related to low coverage and high treatment gaps include accessibility, budget constraints, availability of drugs, human resources, family support and socio-economic status (WHO of Family Doctors, 2008, Keithaon, 2013). While the results of the survey researchers the factors associated with the low coverage and the high treatment gap is the human resources because of the unavailability of psychologists, psychologists, specialists and subspecialists both doctors and nurses in servants kebesehtan prime soul. In addition to budgetary factors as the government budget is still prioritized on physical health and the distribution of funds that exist only for the free program of the brackets and for other mental health programs self-employed health workers. Psychopharmaca drug availability factor is still not stable in number and type because when patients need the drug sometimes still not available.

Low coverage and high treatment gaps will have a negative impact one of them is the lack of primary care (Puskesmas) in continuing care in the community resulted in mental hospitals become the main choice for people with mental disorders. Sehingga people do not believe in primary care (Puskesmas) and make shaman and traditional healers are the main choice because they think the results are better, cheaper and the patients treated in such a way avoid community stigma about mental disorders, as well as mental health services centered in big cities and often inadequate and difficult to access by the community (WHO of Family Doctors, 2008, Keithaon, 2013).

Recognizing the low coverage and high treatments gaps, here the availability of health personnel trained healthcare community health center is a considerable strength. It is expected that with the provision of GP Plus (General Pratitism Plus) training and CMHN (Community Mental Helth Nursing) can improve the knowledge and skills of health workers in handling mental health problems, so that patients with mental disorders can get quality services. In addition, the problem of low budget in the field of mental health that causes limited activities and mental health programs that can be implemented. This Government should dare to allocate a larger budget for handling psychiatric problems, because of the 10 major health problems that cause disability then 5 of them are mental health problems namely: depression, bipolar disorder, schizophrenia, alcoholism, and obsessive compulsive disorder. (WHO report in Irmansyah, 2009). Meanwhile, according to Yusuf (2010) mental disorder also resulted in disability that will affect the human development index (Human Developmental Index / HDI) and competitiveness ability of Indonesia. The problems in the number and availability of psychotropic drugs in puskesmas are still very limited. This needs attention, given
the management of mental disorders that are mostly chronic, require continuous drug availability. This is supported through government policy in the development and provision of Regional Referral Hospital that provides competent human resources in the field of mental health and provision of mental health care facilities and infrastructure. (Directorate of Mental Health, 2014).

The results of this study are expected to contribute in the development of nursing science, especially in service providers and mental health facilities through a bio-psycho-social approach in primary health care (Puskesmas), so that mental health disorders can be resolved properly and quickly.

II. METHOD

The research design used in this study by the researcher is an analytical descriptive with cross sectional approach, that is a research method conducted with the aim to explore how and why the health phenomenon happened by doing measurement or observation at the same time (once) between variables (Nursalam, 2011).

Sampling technique in this research is Total Sampling. Total sampling is a technique of determining the sample when a member of the population is used as a sample. Another term total sampling is the census, where all members of the population are sampled (Sugiono, 2014).

III. RESULT AND DISCUSSION

a. Result

Table 1. Result of analysis of factors related to coverage number in Ponorogo District Health Service Area.

<table>
<thead>
<tr>
<th>Factors related to coverage</th>
<th>P value</th>
<th>α</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resource factor</td>
<td>&lt; 0.037</td>
<td>0.05</td>
<td>0.376</td>
</tr>
<tr>
<td>Budget factor</td>
<td>&lt; 0.000</td>
<td>0.05</td>
<td>0.895</td>
</tr>
<tr>
<td>Drug Availability Factor</td>
<td>&lt; 0.002</td>
<td>0.05</td>
<td>0.035</td>
</tr>
</tbody>
</table>

Based on table 1 above, it is known that there is a significant relationship of human resources factor, budget factor, and drug availability factor with coverage number (coverage). This is evidenced by the Sperman Rank Correlation Test and the results obtained on the human resources factor p value < 0.037 and r: 0.376 (positive) with a low level of relationship. On budget factor p value < 0.000 and r: 0.895 (positive) with very strong relationship level. On the availability factor of drug p value < 0.002 and r: 0.035 (positive) with very low relation level. So it can disismpulkan that the relationship of human resources factors, budget factors, and the availability of drugs with coverage coverage is directly proportional, which means the better human resources, budget and drug availability, the higher the coverage rate.

Table 2. Result of analysis of factors related to treatment gap (treatment gap) in District Health Office of Ponorogo Regency.

<table>
<thead>
<tr>
<th>Factors related to the treatment gap</th>
<th>P Value</th>
<th>α</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resource factor</td>
<td>&lt; 0.046</td>
<td>0.05</td>
<td>-0.361</td>
</tr>
<tr>
<td>Budget factor</td>
<td>&lt; 0.011</td>
<td>0.05</td>
<td>-0.450</td>
</tr>
<tr>
<td>Drug Availability Factor</td>
<td>&lt; 0.013</td>
<td>0.05</td>
<td>-0.440</td>
</tr>
</tbody>
</table>

Based on table 2 above, it is known that there is a significant relationship of human resource factor, budget factor, and drug availability factor with treatment gap (treatment gap). This is evidenced by the Sperman Rank Correlation Test and the results obtained on the human resources factor p value < 0.046 and r: -0.361 (negative) with a low level of relationship. On budget factor p value < 0.011 and r: -0.450 (negative) with medium relation level. On availability factor drug p value < 0.013
and $r: -0.440$ (negative) with medium relation level. So it can be disismpulkan that the relationship of human resource factors, budget factors, and the availability of drugs with treatment gap (inverse gap) inversely proportional to the better the human resources, budget and the availability of drugs the lower the treatment gap (treatment gap).

b. Discussion

1) Factors Related Coverage

Based on Sperman Rank Correlation Test it is known that there is a significant correlation of human resource factor, budget factor, and drug availability factor with coverage number. On the human resources factor pvalue <0.037 and $r: 0.376$ (positive) H1 is accepted with a low level of relationship. Based on the results of the analysis is known the limited number of human resources, the lower the coverage rate (coverage). HR or health personnel acts as a planner of mental health services, mobilizers and executive development of mental health so that without the availability of manpower in the number and types of appropriate, then the development of mental health will not be able to run optimally. HR Health is also a professional health worker including strategic health personnel and non-professional health workers as well as supporting / supporting health personnel who are involved and working as well as dedicate themselves as in the effort and management of mental health (Indonesia Ministry of Health 2013). It is also seen from coverage in Indonesia only about 10% of people with mental disorders who get mental health services. The limited number of mental health services in Indonesia, uneven distribution and varied quality (Directorate of Mental Health, 2014).

On the budget factor pvalue <0.000 and $r: 0.895$ (positive) H1 received with very strong relationship level. Based on the analysis results, it is known that the limited amount of budget, the lower the coverage rate. The mental health budget is the amount of funds that must be provided to organize or utilize various mental health efforts needed by people with mental disorders (MOH, 2013). If we note the basic health financing requirement as mentioned above, it is immediately apparent that to fulfill it is not as easy as estimated. It is also seen from coverage in Indonesia that only about 10% of people with mental disorders receive mental health services. The limited number of mental health services in Indonesia, uneven distribution and varied quality (Directorate of Mental Health, 2014).

On the availability factor of drug pvalue <0,002 and $r: 0.035$ (positive) H1 accepted with very low relation level. Based on the analysis results, it is known that the limited availability of drugs, the lower the coverage rate. Drugs is one of the main factors in the treatment of people with severe mental disorders. The availability of medicines for mental disorders follows the availability of mental health services in the community. If the soul service is not available then certainly not the medicine is also available. Therefore, the government should make maximum efforts to ensure the availability of health services and medicines in a place that is easily accessible by people with mental disorders in Indonesia (Kemenkes, 2013). In addition, problems in the type, number and availability of continuous psychotropic drugs in puskesmas. This needs attention, given the management of mental disorders that are mostly chronic, require continuous drug availability. The availability of psychopharmaceuticals, often an important issue in mental services in primary care. Whereas the availability of psychopharmaca is one of the recommendations and terms in mental health services. It is also seen from coverage in Indonesia only about 10% of people with mental disorders who get mental health services. The limited number of mental health services in Indonesia, uneven distribution and varied quality (Directorate of Mental Health, 2014).

So it can disismpulkan that the relationship of human resources factors, budget factors, and the availability of drugs with coverage coverage is directly proportional, which means the better human resources, budget and drug availability, the higher the coverage rate.

Of the 3 factors above which are associated with coverage, budget factor has a very strong relationship with pvalue (0.000 <0.05) and $r: 0.895$ (positive). This is because the budget factor greatly affects the fulfillment of both factors namely human resources and drug availability factors. In addition, if the government budget allocation for mental health services is sufficient then the...
availability of drugs and maurusia resources will also be met regularly in accordance with the needs of mental health services. So it can increase the coverage rate (coverage).

2) Factor Related Treatment Gap

Based on Sperman Rank Correlation it is known that there is a significant relationship of human resource factor, budget factor, and drug availability factor with treatment gap (treatment gap). On the human resource factor pvalue <0.046 and r: -0.361 (negative) H1 is accepted with a low level of relationship. Based on the results of the analysis is known limitations of the number of human resources, the higher the gap treatment (treatment gap). HR or health personnel acts as a planner of mental health services, mobilizers and executive development of mental health so that without the availability of manpower in the number and types of appropriate, then the development of mental health will not be able to run optimally. HR Health is also a professional health worker including strategic health personnel and non-professional health workers as well as supporting / supporting health personnel who are involved and working as well as dedicate themselves as in the effort and management of mental health (Indonesia Ministry of Health 2013). It is also seen from the gap treatment (treatment gap) in Indonesia which reached 90%. Treatment gaps require urgent handling to reduce or even eliminate gaps (Directorate of Mental Health, 2014).

In the budget factor pvalue <0.011 and r: -0.450 (negative) H1 is accepted with a moderate degree of relationship. Based on the analysis, it is known that the limited amount of budget, the higher the treatment gap (treatment gap). The mental health budget is the amount of funds that must be provided to organize or utilize various mental health efforts needed by people with mental disorders (MOH, 2013). If we note the basic health financing requirements as mentioned above, it is immediately apparent that fulfilling them is not as easy as expected. It is also seen from the gap treatment (treatment gap) in Indonesia which reached 90%. Treatment gaps require urgent handling to reduce or even eliminate gaps (Directorate of Mental Health, 2014).

On the availability factor of drug pvalue <0.013 and r: -0.440 (negative) Hipthesis was accepted with moderate degree of relationship. Based on the analysis results, it is known that the limited availability of drugs, the higher the treatment gap (treatment gap). Drugs is one of the main factors in the treatment of people with severe mental disorders. The availability of medicines for mental disorders follows the availability of mental health services in the community. If the service is not available then certainly the medicine is also available. Therefore, the government should make maximum efforts to ensure the availability of health services and medicines in a place that is easily accessible by people with mental disorders in Indonesia (Indonesia Minister of Health, 2013). In addition, problems in the type, number and availability of continuous psychotropic drugs in puskesmas. This needs attention, given the management of mental disorders that are mostly chronic, require continuous drug availability. The availability of psychopharmaceuticals, often an important issue in mental services in primary care. Whereas the availability of psychopharmaca is one of the recommendations and terms in mental health services. It is also seen from the gap treatment (treatment gap) in Indonesia which reached 90%. Treatment gaps require urgent handling to reduce or even eliminate gaps (Directorate of Mental Health, 2014).

So it can be disismpulkan that the relationship of human resources factors, budget factors, and the availability of drugs with treatment gap (inverse gap) is inversely proportional to the better the human resources, budget and the availability of drugs the lower the treatment gap (treatment gap).

Of the 3 factors above which are associated with treatment gap, the budget factor has a moderate relationship rate with pvalue (0.011 <0.05) and r: -0.450 (negative). This is because the budget factor greatly affects the fulfillment of both factors namely human resources and drug availability factors. In addition, if the government budget allocation for mental health services is sufficient then the availability of drugs and maurusia resources will also be met regularly in accordance with the needs of mental health services. So it can reduce and even eliminate the treatment gap (treatment gap).
IV. CONCLUSION

1) Conclusion

a. Most of the human resource factors in the category are lacking.

b. Almost all budget factors in the category less.

c. Almost all factors of drug availability in the category enough.

d. Almost all coverage figures in the category are low.

e. Almost all treatment gaps (treatment gap) in the high category.

f. Factors of human resources, budget factor, and factor of drug availability related with coverage number (coverage) is straight proportional which means better human resources, budget and drug availability hence higher coverage level (coverage). The budget factor has a very strong relationship level compared to the human resource factor and the drug availability factor.

g. Human capital factor, budget factor, and drug availability factor related to treatment gap are inversely proportional, which means that the better human resources, budget and drug availability, the lower the treatment gap (treatment gap). The budget factor has a moderate level of relationship compared to human resource and drug availability factors.

2) Recommendation

a. Nursing Science

It is hoped that nursing science provides a model of mental health service that is not only based on hospitals (centralized) but community-based service model (decentralization), where people with mental disorders are easy to get mental health services in the community by establishing Mobile Mental Health Service (MMHS) establishing Desa Siaga Sehat Jiwa (DSSJ) service, forming mental health program at school, collaboration with Primary Health Care (puskesmas) and other related institutions.

b. Educational Institutions

It is expected that educational institutions can improve the quality of education provided and the curriculum in accordance with existing developments and the need for cooperation with the Department of Health in order to align the learning provided by the institution in helping the mental health care program through education with learning model that is more directed to the conceptual learning through the dedication of the community through the activities of counseling of drugs, education, early detection, family mentoring, therapy group activity and community stigma, and through research into the program because unconsciously in research educational institutions that lead to government programs rarely done.

c. Public Health Office

It is expected that the public Health Office provides budget allocation for the availability of medicines in mental health services.

d. It is expected that the Public Health Office will cooperate with related parties, namely Alokasi Dana Desa (allocation village Budget Fund), CSR (Corporate Social Responsibility), State Owned Enterprise (BUMN), BUMD (Regional Owned Enterprises), and companies in human resources development.
e. It is expected that the Health Office provides facilities and infrastructures such as repairing damaged roads, closer the location of services far from the population, and providing.

V. REFERENCE


