

# Knowledge and Attitudes about Handling Mental Health Problems of the Implementing Team in Community

Fajar Rinawati<sup>a,1\*</sup>, Novita Setyowati<sup>b,2</sup>, Sucipto<sup>c,3</sup>

<sup>a</sup> Akademi Keperawatan Dharma Husada Kediri, Jl. Penanggungan, Kota Kediri, Indonesia

<sup>b</sup> RS Dhaha Husada, Jl. Veteran, Kota Kediri, Indonesia

<sup>c</sup> Akademi Keperawatan Dharma Husada Kediri, Jl. Penanggungan, Kota Kediri, Indonesia

<sup>1</sup> [umminaufal2808@gmail.com](mailto:umminaufal2808@gmail.com) \*; <sup>2</sup> [rusnovita8@gmail.com](mailto:rusnovita8@gmail.com); <sup>3</sup> [suciptodika01@gmail.com](mailto:suciptodika01@gmail.com)

\* Corresponding author

## ABSTRACT

*Keywords:*  
Knowledge  
Attitude  
Mental Health  
Community

People with mental disorders in the community have a greater number than in hospitals, so handling mental health problems in the community is very important to pay attention to. The government has also formed a special team in handling mental health problems in the community consisting of several cross-sectors. The purpose of this study was to determine the knowledge and attitudes about handling mental health problems in a special team that handles mental health problems in the community. The sample in this study is part of the team for handling mental health problems in the community which consists of elements of health, government, police, army and society. The sampling method in this study is clustered simple random sampling, obtained as many as 46 respondents. Data were analyzed by univariate and bivariate analysis. The results showed that 72% good knowledge, 28% sufficient knowledge and 0% lack of knowledge, while attitudes showed good attitudes 67%, 33% sufficient attitudes and 0% poor attitudes. This study also shows that knowledge affects attitudes with a p-value of 0.031.

Copyright © 2021 Joint International Conference  
All rights reserved.

## I. INTRODUCTION

Mental health is one of the characteristics of health. A person is said to be healthy if his condition can develop both physically, mentally, spiritually, and socially, so he can realize his own abilities, be able to cope with the pressures in his life, be able to work productively, and can contribute to society. People with mental disorders (ODGJ) are people who experience disturbances in thoughts, behavior and feelings that are manifested in a set of symptoms and/or significant behavioral changes (1). There are many impacts that can be caused by ODGJ, both for themselves, their families, the surrounding environment, the community and even the government. Therefore, the government made a policy that one of the minimum service standards (SPM) for District/City Health is health services for people with severe mental disorders (ODGJ) (2). ODGJ is also one of the people with disabilities who must be treated the same and have the right to get the same health services as other people (3).

ODGJ currently has reached 6.8% of the adult population in Indonesia and severe ODGJ is 0.19% (4). Based on data from the Health Office of the City of Kediri in 2017, there were 376 clients with mental disorders spread across the Health Center Work Area in the City of Kediri (5). Many factors influence recurrence in mental patients, including drug withdrawal, problems or conflicts with family or friends, and unpleasant experiences (6). Mental health problems will not be resolved properly if only one sector is handled, namely health workers, which includes from the center (Ministry of Health) to Puskesmas. This mental health problem is a problem that must be solved jointly across sectors. The cross-sectors involved include the Office of Social Affairs, relevant Regional Apparatuses, Security and Order (including Babinsa and Kamtibmas). All of these cross-sectors are members of the Community Mental Health Implementation Team (TP-KJM) (7). The TP-KJM at the Regency/City

level is a team that implements community mental health programs in the Regency/City, whose membership consists of several relevant regional apparatuses, the Head of the Resort Police and the Director of Mental Hospitals in the region, whose implementation is under the coordination of the Regional Secretary of the Regency/City. The day-to-day implementation is under the coordination of the Head of the Office in charge of Health.

All members of TP-KJM need to have adequate perceptions, stigma, knowledge, attitudes and abilities regarding the handling of mental health problems. Good knowledge will be able to bring up a good attitude and will also increase good abilities (8). Therefore, it is necessary to know in advance the knowledge, attitudes and abilities of TP-KJM members in the City of Kediri, so that future follow-ups can be carried out to improve mental health in the community. The purpose of this study was to see a description of the knowledge and attitudes of the implementing team and to find out whether knowledge influenced the attitude of the implementing team in dealing with mental health cases in the community.

## II. METHOD

This study uses an analytical observational research design with a cross sectional approach. The population in this study was the entire implementation team in Kota District, Kediri City, as many as 85 people. The sample in this study was part of the implementing team in the City District, Kediri City, as many as 46 respondents. The research activity lasted for approximately 5 months (July-November 2020). The research location is in 13 Kelurahan in Kota Subdistrict, Kediri City. This research instrument uses a questionnaire that has been tested for validity and reliability. This research has passed the ethical test with Registration number: 004/KEPK-Dharma Husada/2020.

## III. RESULTS AND DISCUSSION

Characteristics of respondents:

Table 1  
Characteristics of respondents (n=46)

No	Karakteristik	Jumlah	Presentase
1.	Gender:		
	a. Male	35	76
	b. Female	11	24
2.	Position/role TP-KJM:		
	a. Health workers	10	22
	b. Kesostrantib	7	15
	c. Babinsa	14	30
	d. Kamtibmas	5	11
	e. TRC	10	22
3.	Age:		
	a. 17-25 years	1	2
	b. 26-35 years	3	7
	c. 36-45 years	22	48
	d. 46-55 years	18	39
	e. >55 years	2	4
4.	Education:		
	a. SD	1	2
	b. SMP	1	2
	c. SMA	23	50
	d. D3	7	15
	e. S1	11	24
	f. S2	3	7
5.	Length of working:		
	a. 0-5 years	9	20
	b. 6-10 years	9	20

No	Karakteristik	Jumlah	Presentase
c.	11-15 years	7	15
d.	>15 years	21	46
6.	Marital status:		
a.	Married	42	91
b.	Widow/widower	2	4
c.	Not married	2	4

Table 1 shows that most of the respondents are male (76%), babinsa (30%), age between 36-45 years (48%), high school education (50%), working period of more than 15 years (46%), and married (91%).

Table 2  
Knowledge of the Implementing Team

No	Sikap	Jumlah	Presentase
1.	Good	33	72
2.	Enough	13	28
3.	Not enough	0	0

Table 2 shows that the implementation team has good knowledge 72%, enough 28% and less 0%.

Table 3  
Attitude of the Implementation Team

No	Sikap	Jumlah	Presentase
1.	Good	31	67
2.	Enough	15	33
3.	Not enough	0	0

Table 2 shows that the implementation team has a good attitude as much as 67% and a moderate attitude as much as 33%.

Table 4  
Analysis of the Relationship between Knowledge and Attitude of the Implementation Team

Variable 1	Variable 2	p-value
Knowledge	Attitude	0,031

Table 4 shows that the p-value for attitudes and abilities is 0.031 which means that there is a significant relationship between knowledge and attitudes.

The knowledge and attitude of the implementing team is very important, because knowing the level of knowledge and attitude of the implementing team will be able to determine the next steps in the program plan that will be carried out.

Sari's research (2019) on the relationship between knowledge and family attitudes with anxiety levels in treating patients with mental disorders shows that there is a relationship between knowledge and attitudes and anxiety (9). Based on this, it is very important to see the extent of knowledge and attitudes in treating mental disorders.

The results of research from Kasim (2018) regarding the relationship between knowledge and family attitudes in the care of family members with mental disorders show that there is a significant relationship, both knowledge and attitudes in the care of family members with mental disorders (10). This shows that someone who has good knowledge and/or attitude in caring for

people with mental disorders will be directly proportional to the ability of that person to care for people with mental disorders.

Nugraheni's (2021) research on knowledge, attitudes and media access to behavior in caring shows that knowledge and attitudes have a significant relationship to behavior (11). Rahmi's research (2018), entitled the relationship between knowledge and family attitudes in caring for hallucinatory patients, shows that there is a relationship between knowledge and attitudes with a p value of 0.025 (12). The results of research from Hartini (2019) regarding the relationship between mother's knowledge and attitudes about pneumonia with the mother's ability to treat pneumonia in toddlers showed that there was a relationship between knowledge and ability (p value = 0.002) and there was a relationship between attitude and ability to care (p value = 0.048) (13).

Layuk et al (2017) research on the effect of knowledge, attitudes and skills on patient satisfaction, one of the results shows that attitudes have a significant effect on patient satisfaction. In addition to a good attitude, ability which is one element of behavior will also affect people's satisfaction with handling health problems in general (14).

#### **IV. CONCLUSION**

The knowledge and attitude of the community mental health implementation team really needs to be known to what extent. The results showed that there was a significant relationship between the knowledge and attitudes of the implementing team. This means that good knowledge will affect attitudes in handling mental health cases in the community, for example cases of recurrence and tantrums in the community.

#### **V. ACKNOWLEDGMENT**

We thank the Ministry of Research, Technology and Higher Education for providing grant funds for this research. We also thank the Director of Nursing Academy Dharma Husada Kediri and his staff, research team, respondents and all those who have supported.

#### **VI. REFERENCES**

1. Indonesia R. Undang-undang Republik Indonesia Nomor 18 Tahun 2014 tentang Kesehatan Jiwa. Indonesia; 2014.
2. Indonesia R. Peraturan Pemerintah Republik Indonesia Nomor 2 Tahun 2018 tentang Standar Pelayanan Minimal. Indonesia; 2018.
3. Indonesia R. Undang-undang Republik Indonesia Nomor 8 Tahun 2016 tentang Penyandang Disabilitas. Indonesia; 2016.
4. Indonesia KKR. Riset Kesehatan Dasar Tahun 2018. Indonesia; 2018.
5. Kediri DKK. Data Dinas Kesehatan Kota Kediri Tahun 2016. Kota Kediri; 2016.
6. Rinawati F. Analisa Faktor-Faktor Penyebab Gangguan Jiwa Menggunakan Pendekatan Model Adaptasi Stres Stuart. *J Ilmu Kesehat*. 2016;5:34–8.
7. Menteri Kesehatan Republik Indonesia. Keputusan Menteri Kesehatan Republik Indonesia Nomor 220/MENKES/SK/III/2002 tentang Pedoman Umum Tim Pembina, Tim Pengarah, Tim Pelaksana Kesehatan Jiwa Masyarakat (TP-KJM). Indonesia; 2002.
8. Notoatmodjo S. Pendidikan dan Perilaku Kesehatan. Jakarta: Rineka Cipta; 2021.
9. Sari YP. Hubungan Pengetahuan Dan Sikap Keluarga Dengan Tingkat Kecemasan Dalam Merawat Anggota Keluarga Yang Mengalami Gangguan Jiwa Di Wilayah Kerja Puskesmas Sijunjung Kabupaten Sijunjung. *Ensiklopedia J*. 2019;2:82–8.
10. Kasim J. Hubungan Pengetahuan dan Sikap Keluarga terhadap Perawatan Anggota Keluarga yang Mengalami Gangguan Jiwa di Puskesmas Bantimurung Kab. Maros. *J Ilm Kesehat Diagnosis*. 2018;12:109–33.
11. Nugraheni N. Hubungan Pengetahuan, Sikap dan Akses Media terhadap Perilaku Remaja dalam Merawat Organ Genetalia. *J Ilm Kesehat Ar-rum Salatiga*. 2021;6:37–42.
12. Rahmi D. Hubungan Pengetahuan dengan Sikap Keluarga Merawat Klien dalam Mengendalikan Halusinasi di Unit Poliklinik Jiwa A (UPJA) RSJ. Prof. HB. Sa'anin Padang. *Menara Ilmu*. 2018;12:34–41.

13. Hartini DT. Hubungan Pengetahuan dan Sikap Ibu tentang Pneumonia dengan Kemampuan Ibu Merawat Pneumonia pada Balita Di Wilayah Puskesmas Sumbang 1. 2019.
14. Layuk E. Pengaruh Pengetahuan, Sikap, dan Keterampilan Perawat terhadap Kepuasan Pasien Rawat Inap di RS Labuang Baji Makassar. *J Mirai Manag.* 2017;2:319–37.