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## **Characteristics of mental disorders patients in the intensive care unit of psychiatric hospital in Indonesia**

**Dona Yanuar Agus Santoso**

Sekolah Tinggi Ilmu Kesehatan Kendal, Jln Laut 31A Kendal, Jawa Tengah 51311, Indonesia

**Livana P. H.**

Sekolah Tinggi Ilmu Kesehatan Kendal, Jln Laut 31A Kendal, Jawa Tengah 51311, Indonesia

**Yulia Susanti**

Sekolah Tinggi Ilmu Kesehatan Kendal, Jln Laut 31A Kendal, Jawa Tengah 51311, Indonesia

**Muhammad Khabib Burhanudin Iqomh**

Universitas Muhammadiyah Semarang, Jl. Kedungmundu No.18, Kedungmundu, Kec. Tembalang, Kota Semarang, Jawa Tengah 50273, Indonesia

**Mohammad Fatkhul Mubin**

Universitas Muhammadiyah Semarang, Jl. Kedungmundu No.18, Kedungmundu, Kec. Tembalang, Kota Semarang, Jawa Tengah 50273, Indonesia

**Wahyuny Langelo**

Universitas Katolik De La Salle Manado, Kairagi I Kombos Manado, Kairagi Satu, Manado, Kota Manado, Sulawesi Utara 95000, Indonesia

**Sugeng Eko Irianto**

Universitas Mitra Indonesia, Jl. ZA. Pagar Alam No.7, Gedong Meneng, Kec. Rajabasa, Kota Bandar Lampung, Lampung 40115, Indonesia

**Abstract**---Preliminary studies conducted by the Head of Space interview in the psychiatric intensive care unit about the picture of patients treated received the majority of patients treated with diagnoses of violent behavior whereas, based on medical record data obtained results of 72 (41.39%) patients relapsed due to non-routine drinking drug. The research aims to find a description of the characteristics of patients treated in the Intensive Care Unit of

Psychiatric Hospital in Indonesia. Characteristics of respondents on the age of the patient obtained an average age of the patient is 31.17 years, the education of patients is mostly high school, marital status of the majority of unmarried. Based on RUFAs, most patients experienced intensive III. Based on the patient's nursing diagnosis most of the violent behavior.

**Keywords**---mental disorders, characteristics of patients, intensive care unit.

## **Introduction**

Mental health is still one of the significant health problems in the world, including in Indonesia. Various biological, psychological, and social factors with the diversity of the population, the number of cases of mental disorders continues to increase which has an impact on increasing the burden on the country and decreasing human productivity in the long term(1). Mental health is a person who can prevent mental disorders due to various stressors and is influenced by the size of the stressor, intensity, meaning, culture, beliefs, religion, and so on (2). Individuals who cannot prevent mental disorders will result in these individuals experience mental disorders. Mental disorder according to PPDGJ III is a syndrome of a person's behavior patterns that are typically associated with a symptom of suffering (distress) in one or more important functions of humans, namely psychological, behavioral, biological, and the disorder are not only located in the relationship between that person but also with the community (3). According to the Indonesian Ministry of Health (2016), there are around 35 million people affected by depression, 60 million people affected by bipolar disorder, 21 million affected by schizophrenia, and 47.5 million affected by dementia (1). Riskesdas data (2013) shows the prevalence of mental-emotional disorders as indicated by symptoms of depression and anxiety for the age of 15 years and overreaching around 14 million people or 6% of the total population of Indonesia (4).

Someone who is experiencing severe disorders will result in someone experience a psychiatric emergency. A Psychiatric emergency is a condition of acute disturbances in thoughts, feelings, behavior, or social relations that require immediate intervention (2). If the internal condition of an individual and the surrounding environment, supporting mental health efforts can result in a source of stress (stressor) that can affect a person's mental condition, at a certain level can cause a person to fall into a state of mental health disorders, ranging from mild to severe levels. Mental disorders are divided into two major parts, namely mild mental disorders (neurosis) and severe mental disorders (psychosis). Psychosis as a form of mental disorder is an inability to communicate or recognize the reality that creates difficulties in a person's ability to play their role properly in daily life (3).

Preliminary studies conducted by the Head of Space interview in the psychiatric intensive care unit about the picture of patients treated received the majority of patients treated with diagnoses of violent behavior whereas, based on medical

record data obtained results of 72 (41.39%) patients relapsed due to non-routine drinking drug. Based on this background, it is necessary to conduct research that aims to find a description of the characteristics of patients treated in the Intensive Care Unit of Psychiatric Hospital in Indonesia.

## Methods

This research is quantitative research with a descriptive method approach. The population in this study were all patients treated in the Intensive Care Unit of Psychiatric Hospital in Indonesia. The sampling technique in this study uses total sampling. The research sample was 174 patients. Data were analyzed using a univariate frequency distribution.

## Results

The results of the study are presented in the following table.

Table 1  
Age of respondent (n=174)

Variable	Mean	Median	St.Deviasi	Min	Max
Age	31.17	27.0	10.509	18	64

Table 1 shows that the average of the patients' age is 31.17, and the standard deviation of their age is 10.509. The younger patient is 18 years old, while the oldest patient is 64 years old.

Table 2  
Respondent characteristics (n=174)

Variable	f	%
Gender		
Male	125	71,84
Female	49	28,16
Education		
No school	12	6,89
Elementary school	44	25,29
Middle School	46	26,44
High school	60	34,49
Diploma	2	1,15
bachelor	9	5,17
master	1	0,57
Marriage Status		
Single	106	60,92
Marry	59	33,91
Widow	5	2.87
Widower	4	2.30

Table 2 shows the majority of respondents were male, with a high school education level, and were not married.

Table 3  
RUFA of respondents (n=174)

Variable	f	%
Intensive I	7	4,02
Intensive II	27	15,52
Intensive III	140	80,46

Table 3 shows the RUFA of respondents mostly intensive III.

Table 4  
Nursing Diagnosis (n=174)

Nursing Diagnosis	f	%
The risk of violent behavior	34	19.54
Understand	10	5.74
Suicide Risk	28	16.69
Hallucinations	30	17.24
Violent behavior	72	41.39

Table 4 shows the nursing diagnoses of most violent behavior patients.

## Discussion

### Characteristics of respondents

#### Age of the patient

Adolescence is a time of identity crisis or the search for self-identity. This idea was reinforced by James Marcia who found that there are four statuses of identity in adolescents, namely identity diffusion/confusion, moratorium, foreclosure, and identity achieved. Characteristics of adolescents who are in the process of searching for self-identity also often cause problems in adolescents. The results showed that the age characteristics of patients obtained an average age of patients was 31.17 years, and a standard deviation of 10.509 years, a minimum age of 18 years, and a maximum of 64 years(5).Adolescence is a transition from childhood to adulthood that includes all the development that is experienced in preparation for entering adulthood, where the development, growth, and existing problems will be different from the previous and subsequent periods. And it is during this transition that adolescents will experience difficulties with themselves and their parents. This is what triggers the occurrence of acts or actions of adolescents that are social or also anti-social that can violate applicable legal provisions (6).

#### Gender

The results showed that 125 more males experienced the disorder (71.84%) while only 49 (28.16%) were women. According to Cordova in Erlina (2010) Women are less at risk of suffering from mental disorders than men because women are more receptive to life situations compared to men. According to Ahmed, Minnaert, Alexander, Werf, and Gretje (2010) women are more at risk to suffer psychological stress, and also women are relatively more vulnerable when subject to trauma (7). This is different from the theory that based on sex the prevalence of schizophrenia

is the same, the difference is seen in the development and course of the disease. development for men 15 to 25 years while women 25 to 35 years. The prognosis is worse for men than for women. The prevalence of this disease increases in patients with a family history of schizophrenia (8).

### **Education**

The results showed that the education of patients was mostly high school as many as 60 (34.49%) respondents, and a small number of S2 were 1 (0.57%) respondents. Education is a human activity and effort to improve his personality by fostering his potential, namely rokhani (mind, intention, taste, creativity, and culture) and body (senses and skills). The importance of higher education in life is because the education function is to develop the ability and shape the character and civilization of a dignified nation to educate the life of the nation, to educate to be a person of faith, piety, noble character, creative, independent and can apply discipline (9). The results of the study are based on the level of education of the respondents in line with Dillenburg, McKerr, Jordan, Devine, and Keenan's research (2015) which states that the most recent education of the majority of respondents was high school (44.40%) (10). A person's education level affects his endurance in dealing with stress (11). The inability of someone to pass through the level of knowledge will make it easier for someone to experience confusion, and this is to the state of schizophrenia. In schizophrenia, the inability of a person to go through the stages of knowledge will also result in disruption of knowledge possessed. In this case, if someone gets a high education, it can avoid the risk factors of suffering from schizophrenia, due to the incidence of schizophrenia associated with disturbed and disturbing thoughts that have been explained above that education can increase self-potential such as good thoughts and others (9). This is consistent with the results of research that shows that the education level of the majority of respondents is high school classified as secondary education, so it can be concluded that the higher the level of education, the lower the potential for schizophrenia. This is inversely related to Dillenburg et al research (2015) which states that the higher a person's education, many things are thought to trigger mental disorders that lead to schizophrenia. Education will require someone to deal with stressors who are in undergoing a better process. Someone will be required to get a job after graduation and create and build relationships in the social environment. Highly educated people will influence the formation of coping mechanisms for stressors who come and think more rationally in overcoming the problem(10).

### **Marital status**

The results showed that the marital status of some unmarried patients was 106 (60.92%) respondents, and a small number of widowers were 4 (2.30%) respondents. Marriage is an individual activity. Individual activities will generally be related to a goal to be achieved by the individual concerned, as well as in the case of marriage. Marriage is an activity of one partner, so it is appropriate that they also have certain goals (12). Researchers Tortella et al (2015) and Gonçalves et al (2018) state that the incidence of schizophrenia generally occurs in unmarried individuals (13)(14). In direct proportion to the US census data (2010) Nyer et al (2010) also shows that only 12.8% of schizophrenic patients are

married(15). This is in line with research conducted in the Intensive Care Unit of Psychiatric Hospital in Indonesia that the majority of respondents were single (60.92%) with the majority of diagnoses were schizophrenia (19.54%). Research by Tortella et al (2015) stated different results, where the majority of clients with mental disorders are married (52.80%). Someone who is married has a higher stress level than an unmarried (16).

### **RUFA**

The results showed that RUFA patients were mostly intensive III as many as 140 (80.46%) respondents, and a small proportion of intensive I were 7 (4.02%) respondents. The results of this study indicate that RUFA intensive III with a score of 21 - 30 is a category of behavior influenced by delusions or hallucinations or serious interference with communication or consideration (eg sometimes incoherent, actions not appropriate pre-occupational suicide) or inability to function almost in all fields (eg staying in bed) all day, not having a job (2). This shows that most of the patients in the Intensive Care Unit of Psychiatric Hospital in Indonesia were patients who had to get direct intervention according to the RUFA score reading.

### **Nursing diagnosis**

The results showed that the majority of patients' medical diagnoses of violent behavior were 72 (41.39%) respondents, and a small proportion of delusions were 10 (5.74%) respondents. This is because the Intensive Care Unit of Psychiatric Hospital in Indonesia is a psychiatric intensive room, while violent behavior is a situation where a person shows actual behavior of violence directed at oneself / others verbally or non-verbally and on the environment. The results showed that both generalist and specialist therapies gave significant results to reduce violent behavior. Generalist nursing actions in patients and families can reduce the length of stay of clients (17).

### **Overview of the psychiatric intensive care unit**

Mental disorder is a condition of disturbed mental functions, emotions, thoughts, the volition of psychomotor and verbal behavior that is a group of clinical symptoms that are accompanied by sufferers and cause disruption of individual humanity function (18). Mental disorders are characterized as self-maladaptive responses to the environment shown by thoughts, feelings, and behavior that are not following local and cultural norms it disrupts the social, work, and physical functions of individuals (19). A psychiatric emergency is a condition of acute disturbances in thoughts, feelings, behavior, or social relations that require immediate intervention (2). The results showed that most patients in the psychiatric intensive care unit with nursing diagnoses of violent behavior were 72 (41.39%) respondents. This is caused by violent behavior arising from natural impulses or arising as a form of coping mechanism that is manifested by constructive or destructive actions that are directly directed at oneself or others. Violent behavior is usually in the form of physical violence or verbal abuse. Violent behavior usually arises to cover a person's shortcomings, for example, low self-confidence (19). According to Erikson's development theory that age is

included in the early adult group. Early adulthood is characterized by an intimacy-isolation tendency. So at this stage arises the urge to form intimate relationships with certain people, and be less familiar with others tenuous (20).

Characteristics of respondents based on their latest education are the majority of high schools. A person's education level affects his endurance in dealing with stress (11). This condition occurs because the higher a person's education, many things are thought to trigger mental disorders that lead to schizophrenia. Education will require someone to deal with stressors who are in undergoing a better process. Someone will be required to get a job after graduation and create and build relationships in the social environment. Highly educated people will influence the formation of coping mechanisms for stressors who come and think more rationally in overcoming the problem. Education is a human activity and effort to improve his personality by fostering his potential, namely *rokhani* (mind, intention, taste, creativity, and culture) and body (senses and skills). The importance of higher education in life is because the education function is to develop the ability and shape the character and civilization of a dignified nation to educate the life of the nation, to educate to be a person of faith, piety, noble character, creative, independent and can apply discipline (9).

### **Conclusion**

Characteristics of respondents on the age of the patient obtained an average age of the patient is 31.17 years, and the standard deviation of 10,509 years, a minimum age of 18 years and a maximum of 64 years. the education of patients is mostly high school as many as 60 (34.49%) respondents, and the minority of S2 is 1 (0.57%) respondents. marital status of the majority of unmarried patients were 106 (60.92%) respondents, and a small number of widowers were 4 (2.30%) respondents. Based on RUFA, most patients experienced intensive III as many as 140 (80.46%) respondents. Based on the patient's nursing diagnosis most of the violent behavior was 72 (41.39%) respondents.

### **Abbreviations**

Not applicable

### **Declarations**

Not applicable

### **References**

1. Kemenkes RI. Peran Keluarga Dukungan Kesehatan Jiwa Masyarakat [Internet]. 2016. Available from: <https://www.kemkes.go.id/article/print/16100700005/peran-keluarga-dukung-kesehatan-jiwa-masyarakat.html>
2. Livana, P. H., Yulia Susanti, and Dimas Eka Ardika Putra. "Hubungan Karakteristik Keluarga Dengan Tingkat Ansietas Saat Menghadapi Kekambuhan Pasien Gangguan Jiwa." *Indonesian Journal for Health Sciences* 2.1 (2018): 46-57.
3. Maramis A, Van Tuan N, Minas H. Mental health in southeast Asia. *Lancet*. 2011;377(9767):700-2.

4. Balitbang Kemenkes RI. Riset kesehatan dasar; RISKESDAS. Jakarta Balitbang Kemenkes RI. 2013;2013:110–9.
5. Stockdale LA, Coyne SM, Nelson DA, Erickson DH. Borderline personality disorder features, jealousy, and cyberbullying in adolescence. *Pers Individ Dif [Internet]*. 2015;83:148–53. Available from: <https://doi.org/10.1016/j.paid.2015.04.003>
6. PH, Livana, H. Hermanto, and N. Pratama. "Dukungan Keluarga dengan Perawatan Diri pada Pesein Gangguan Jiwa di Poli Jiwa." *Jurnal Kesehatan Manarang 4.1* (2018): 11-17.
7. Ahmed W, Minnaert A, van der Werf G, Kuyper H. Perceived social support and early adolescents' achievement: The mediational roles of motivational beliefs and emotions. *J Youth Adolesc*. 2010;39(1):36.
8. Videbeck SL. Buku ajar keperawatan jiwa. Jakarta Egc. 2008;45:2010–1.
9. Martini DN, Sabin MJ, DePesa SA, Leal EW, Negrete TN, Sosnoff JJ, et al. The chronic effects of concussion on gait. *Arch Phys Med Rehabil*. 2011;92(4):585–9.
10. Dillenburger K, McKerr L, Jordan JA, Devine P, Keenan M. Creating an inclusive society... How close are we in relation to Autism Spectrum Disorder? A general population survey. *J Appl Res Intellect Disabil*. 2015;28(4):330–40.
11. Livana, P. H., Novy Helena Catharina Daulima, and Mustikasari Mustikasari. "Relaksasi otot progresif menurunkan stres keluarga yang merawat pasien gangguan jiwa." *Jurnal Keperawatan Indonesia* 21.1 (2018): 51-59.
12. Butar-Butar A, Siregar CT. Karakteristik pasien dan kualitas hidup pasien gagal ginjal kronik yang menjalani terapi hemodialisa. *Dep Keperawatan Dasar dan Med Bedah Fak Keperawatan Univ Sumatera Utara*. 2013;3–6. <http://jurnal.usu.ac.id/index.php/jkk/article/view/1058/641>.
13. Tortella G, Casati R, Aparicio LVM, Mantovani A, Senço N, D'Urso G, et al. Transcranial direct current stimulation in psychiatric disorders. *World J Psychiatry*. 2015;5(1):88.
14. Gonçalves AMN, Dantas C de R, Banzato CEM, Oda AMGR. A historical account of schizophrenia proneness categories from DSM-I to DSM-5 (1952-2013). *Rev Latinoam Psicopatol Fundam*. 2018;21(4):798–828.
15. Nyer M, Kasckow J, Fellows I, Lawrence EC, Golshan S, Solorzano E, et al. The relationship of marital status and clinical characteristics in middle-aged and older patients with schizophrenia and depressive symptoms. *Ann Clin Psychiatry*. 2010;22(3):172–9.
16. Livana, P. H., et al. "Gambaran Kesehatan Jiwa Masyarakat." *Jurnal Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia* 6.1 (2019): 60-63.
17. Keliat BA. Model praktik keperawatan profesional jiwa. Jakarta EGC. 2009;
18. Anistasia FP, Mamnu'ah M. Hubungan Status Perkawinan dengan Frekuensi Kekambuhan pada Pasien Skizofrenia di Rumah Sakit Jiwa Grhasia Sleman Yogyakarta. STIKES'Aisyiyah Yogyakarta; 2015. <http://digilib.unisayogya.ac.id/id/eprint/330>
19. Townsend MC, Morgan KI. *Psychiatric mental health nursing: Concepts of care in evidence-based practice*. FA Davis; 2017.
20. Ahmadi A. *Psikologi Umum, Edisi Revisi* 2009. 2019;