

Increasing Productivity by Empowering Individuals with Mental Illnesses

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ABSTRACT

Mental illnesses are the primary cause of lost productivity. People with mental problems have a deterioration in practically all functions as a result of their symptoms, which lowers productivity. Medication by itself won't bring productivity back; initiatives to empower and support people are also required. The activity's goal is to help those who suffer from mental illnesses become more productive. Forming support groups and providing business mentoring are two aspects of the activity approach known as mentoring. Thirteen participants suffered from mental illnesses. Activities for the support group take place across two sessions. Participants receive business capital in the form of hens, cooking supplies, and necessities for a basic food stall based on their ability. team that provides mental health services to the community. The effectiveness of the mentoring activity is assessed by measuring productivity both before and after the engagement. The rise in constructive activities that individuals engage in is used to measure productivity. After helping those with mental health issues and their families in Argodadi Village, Sedayu sub-district, Bantul district, DI Yogyakarta, community service was implemented, and the end result was that all participants actively participated in mentoring activities. The productivity of individuals with mental illnesses is increased when they receive mentoring for themselves and their family. The activity results in research studies published in national journals, media publications, video programs, and dementia modules. The activity results in research studies published in national journals, media outlets, program videos, and the Dementia Module.

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INTRODUCTION

As the largest factor limiting an individual's productivity, mental illnesses have now emerged as a major global health concern (Institute of Health Metrics and Evaluation, 2021). A severe, chronic mental illness, schizophrenia primarily affects those who are working age. Schizophrenia is characterised by disorganised thinking, erratic speech and behaviour, poor perception, unpleasant symptoms, and diminished cognitive function (Sadock, 2017). People with schizophrenia (PWS) have disability for nearly their whole lives because to these symptoms, which impact nearly every part of life (Lieberman et al., 2020; Moore et al., 2013). More than 80% with PWS have cognitive impairment, a functional disorder that is the primary source of disability in PWS (Cuesta et al., 2022; de Winter et al., 2022; Sadock, 2017). Cognitive impairment causes difficulties with day-to-day tasks and professional abilities (Wykes et al., 2011). This frequently results in PWS becoming deactivated. both productive and a strain on the household. Medication alone is insufficient to improve cognitive performance (Caruso et al., 2020). Consequently, multimodal therapy is required to help PWS patients enhance their cognitive and functional abilities in addition to symptom elimination (Harvey et al., 2022; Wu et al., 2021). One of the initiatives being considered is supporting PWS in engaging in profitable business endeavours. In the community, productive financial support for individuals with mental illnesses has previously been provided (Kusbaryanto et al., 2021; Puspitosari et al., 2020). In order to achieve quality of life as a goal of managing schizophrenia, people with mental diseases must have access to productive economic activities (Puspitosari et al., 2019). Job training in the forms of instruction in processed food production, livestock rearing, and gardening has also been used to boost the productivity of individuals with impairments, including PWS (Puspitosari et al., 2020; Wardaningsih et al., 2021). People with disabilities, like PWS, who is among those with mental disorders, can become economically empowered (Surwanti, 2014).

METHODS

The following are the stages that community service projects go through:

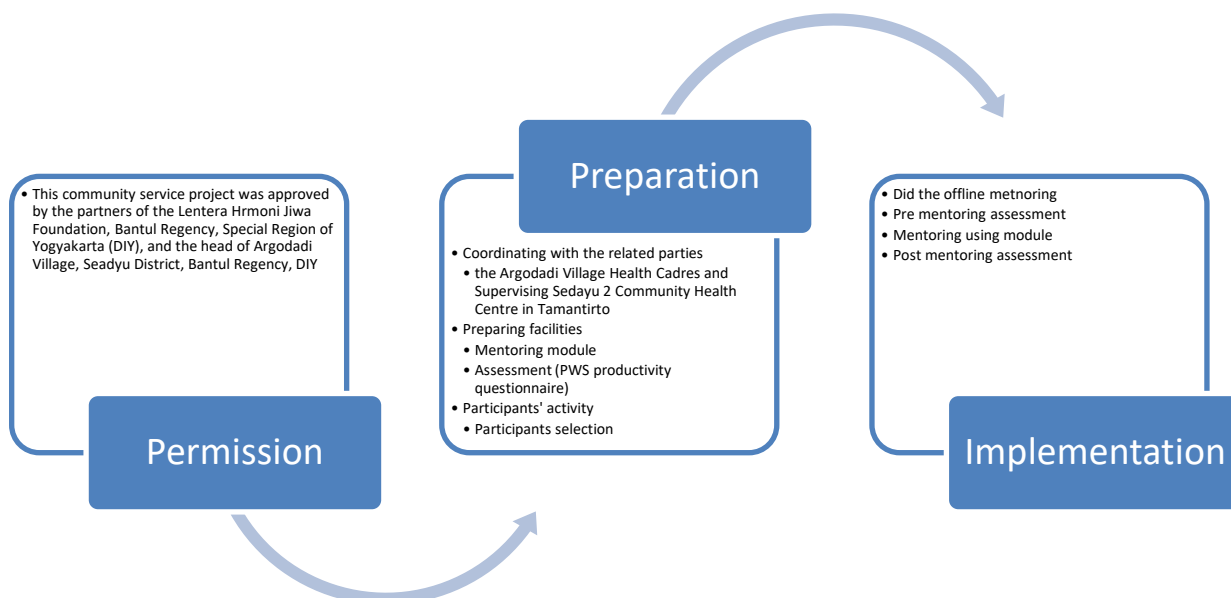


FIGURE 1. Stages in doing the community service

Support groups and business aid are two ways that community service activities help individuals with mental health conditions and their families. Individuals with mental illnesses and their families who live in the Argodadi Village neighbourhood in Sedayu District, Bantul Regency, Special Region of

Yogyakarta (DIY) are the participants in this activity. One of the regions supported by FKIK UMY, a place where young doctors are trained in the field of mental health in the community, is Argodadi Village, which already has a Mental Health Alert Village that is active with assistance activities for people with mental problems.

Over two sessions, the task was completed in groups. Education regarding the value of productive activities and inspiration for productive activities for those with mental illnesses are two aspects of group activities. The resource person is a mental health specialist from a community service team. In order to assess the effectiveness of the activities conducted, productivity is monitored using a questionnaire created by the service team and administered both before and after mentoring sessions.

The implementation of this community service is documented in the following pictures of training activities:



FIGURE 2. Implementation

Evaluation

Evaluation of activities is carried out by looking at the results of mentoring through assessing participant productivity before and after mentoring as well as participant participation in activities.

- Participant Attendance Percentage
Participants' attendance at the People with mental disorders mentoring event was assessed by the participants' attendance at 2 group meetings to receive mentoring module material from the resource person directly.
- Participant Productivity
Participants' productivity is assessed using parameters prepared by the community service team.

RESULTS AND DISCUSSION

Respondents in this community service activity were 13 PWS and 13 PWS families who met the criteria. Activities are carried out face to face. The characteristics of PWS participants are shown in Figure 3 and the characteristics of PWS families are shown in figure 4 as follows:

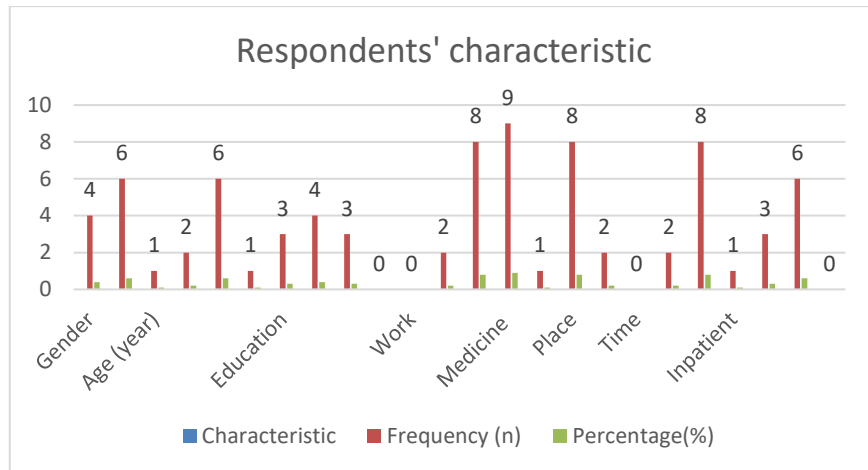


FIGURE 3. Respondents' characteristic

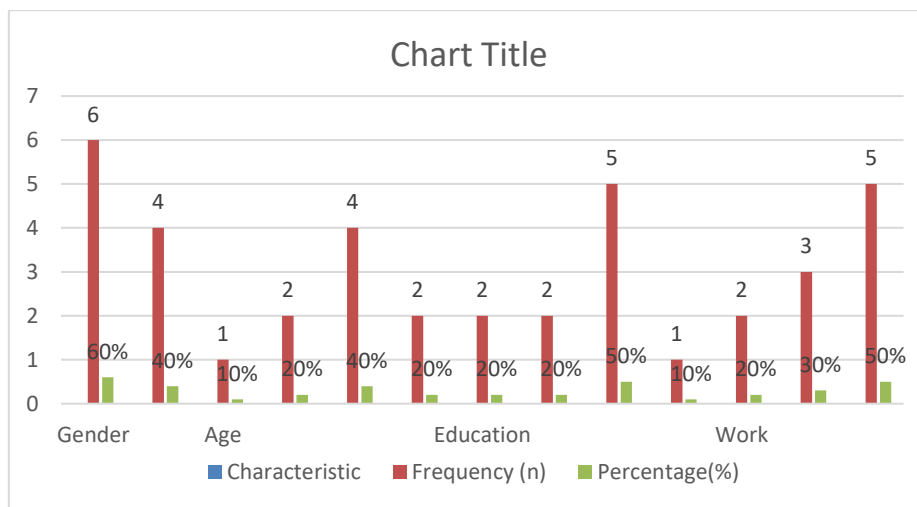


FIGURE 4. Companion Characteristics

Figure 3 and 4 show that of the total activity participants there were 10 people, consisting of 10 PWS and 10 accompanying families. Most of the PWS participants are men while most of the companions are women. Most PWS participants have experienced mental disorders for more than 5 years. The highest level of education for the training participants was Bachelor, namely 4 people (40%), while the highest number of companions was High School, 5 people (50%). Most of the participants did not work as many as 5 people (50%).

The attendance rate of participants in the activities held is 100%. Group activities include education and motivation for PWS to comply with treatment and actively carry out productive efforts according to PWS' abilities. Based on the results of the initial assessment of PWS and their families, participants have experience and ability in raising chickens accompanied by their families so that the productive business provided is by providing chickens and assistance in raising chickens.

Participant productivity is measured using PWS productivity indicators prepared by the community service team who also serve as mentoring sources. Details of the results of People with mental disorders productivity levels before and after the activity.

There were 5 participants who did not have a productive business before the assistance was provided. After the assistance was provided, the number of participants who had productive businesses became 10 participants. This shows that there is an increase in the productive efforts of People with mental disorders participants after the participants take part in mentoring activities.

People with mental disorders assistance activities began with the formation of groups and family groups accompanying them. This group of People with mental disorders and their families as companions will be a means for providing education, interacting and socializing with each other, sharing and motivating each other to achieve recovery for People with mental disorders (Puspitosari et al., 2012). People with mental disorders and their families will be given education about medication adherence, the importance of physical activity and productive business activities to improve recovery and productivity. Educational materials are prepared by the community service team. People with mental disorders have limitations in several independent functions, social functions and other functions in daily life so they need family assistance as the people closest to and most understanding of People with mental disorders's condition. People with mental disorders need family assistance in activities so that they provide optimal results. People with mental disorders who already have simple productive activities are given business management training so that they can carry out productive businesses that are better managed and economically profitable (Puspitosari et al., 2019, 2020). People with mental disorders's limitations in both cognitive abilities and social skills cause People with mental disorders to need assistance and motivation from other people. Families and communities can be actively involved in assisting PWS. Health cadres have an important role in accompanying People with mental disorders and their families as the social support that People with mental disorders and their families really need. For people with mental health issues, their families are their primary support system. The family plays a crucial role in the care of patients with mental disorders. This role includes keeping an eye on the patient's mental health, going to clinics or hospitals with them, making sure they follow their treatment plans, supporting them emotionally, and helping them financially (Prakoeswa et al., 2023).

CONCLUSION

The conclusions from the implementation of community service in the form of assisting people with mental disorders and their families in Argodadi Village, Sedayu sub-district, Bantul district, DI Yogyakarta are:

- All participants actively take part in mentoring activities
- Assistance for People with mental disorders and their families increases the productivity of People with mental disorders.
- Assistance activities for People with mental disorders and their families are continued by partners, namely the Lentera Harmoni Jiwa Foundation, so that they continue to be implemented and the benefits are felt

REFERENCES

- Caruso, G., Grasso, M., Fidilio, A., Tascetta, F., Drago, F., & Caraci, F. (2020). Antioxidant Properties of Second-Generation Antipsychotics: Focus on Microglia. *Pharmaceuticals (Basel, Switzerland)*, *13*(12), 457. <https://doi.org/10.3390/ph13120457>
- Cuesta, M. J., Sánchez-Torres, A. M., Moreno-Izco, L., García de Jalón, E., Gil-Berrozpe, G. J., Zarzuela, A., Peralta, V., Ballesteros, A., Fañanás, L., Hernández, R., Janda, L., Lorente, R., Papiol, S., Peralta, D., Ribeiro, M., Rosero, A., & Zandio, M. (2022). Neurocognitive correlates of the varied domains of outcomes at 20 year follow-up of first-episode psychosis. *Psychiatry Research*, *318*, 114933. <https://doi.org/10.1016/j.psychres.2022.114933>
- de Winter, L., Couwenbergh, C., van Weeghel, J., Hasson-Ohayon, I., Vermeulen, J. M., Mulder, C. L., Boonstra, N., Klaver, K. M., Oud, M., de Haan, L., & Veling, W. (2022). Changes in social functioning over the course of psychotic disorders-A meta-analysis. *Schizophrenia Research*, *239*, 55–82. <https://doi.org/10.1016/j.schres.2021.11.010>
- Harvey, P. D., Bosia, M., Cavallaro, R., Howes, O. D., Kahn, R. S., Leucht, S., Müller, D. R., Penadés, R., & Vita, A. (2022). Cognitive dysfunction in schizophrenia: An expert group paper on the current state

- of the art. *Schizophrenia Research. Cognition*, 29, 100249. <https://doi.org/10.1016/j.scog.2022.100249>
- Institute of Health Metrics and Evaluation. (2021). *Global Burden of Disease (GBD)*. <https://www.healthdata.org/research-analysis/gbd>
- Kusbaryanto, K., Asroni, A., & Puspitosari, W. A. (2021). "Obah" Business Assistance for Productivity of People With Mental Disorders (ODGJ) Through Economic Token Motivation and Online Marketing. *Engagement: Jurnal Pengabdian Kepada Masyarakat*, 5(2), 480–492. <https://doi.org/10.52166/engagement.v5i2.435>
- Lieberman, J. A., Stroup, S., Perkins, D. O., & Dixon, L. B. (2020). *American Psychiatric Association Publishing Textbook of Schizophrenia Second Edition*. American Psychiatric Pub. <https://www.appi.org/Products/Schizophrenia/American-Psychiatric-Association-Publishing-Textbo>
- Moore, R. C., Viglione, D. J., Rosenfarb, I. S., Patterson, T. L., & Mausbach, B. T. (2013). Rorschach measures of cognition relate to everyday and social functioning in schizophrenia. *Psychological Assessment*, 25(1), 253–263. <https://doi.org/10.1037/a0030546>
- Prakoeswa, F., Marchelina, S., Ramadhani, N., Nuristiqomah, A., Putri, D. I., Maharani, M. N., Zelindrah, V., Fathanita, A., & B, N. A. S. (2023). Screening of Family Function and Emotional State of Community in Mayang Village, Gatak, Sukoharjo. *ABDIMAS: Jurnal Pengabdian Masyarakat*, 6(2), 3877–3881. <https://doi.org/10.35568/abdimas.v6i2.3302>
- Puspitosari, W. A., Sholihah, A., Akbar, & Muflihah, A. (2012). Effectiveness Of Family Self Help Group Toward Quality Of Life Schizophrenia Patient In The Community. *Poster Presentation Session AFPMH (Asean Federation of Psychiatry and Mental Health) Meeting. Singapura*.
- Puspitosari, W. A., Wardaningsih, S., & Abdurrahim, A. (2020). Pemberdayaan Orang Dengan Gangguan Jiwa (Ogdj) Melalui Usaha Obah (Omah Buah Barokah) Untuk Meningkatkan Kemandirian Dan Produktivitas. *Abdimas Altruis: Jurnal Pengabdian Kepada Masyarakat*, 3(1), Article 1. <https://doi.org/10.24071/aa.v3i1.2945>
- Puspitosari, W. A., Wardaningsih, S., & Nanwani, S. (2019). Improving the quality of life of people with schizophrenia through community based rehabilitation in Yogyakarta Province, Indonesia: A quasi experimental study. *Asian Journal of Psychiatry*, 42, 67–73. <https://doi.org/10.1016/J.AJP.2019.03.022>
- Sadock, B. J. (2017). *Sadock's Comprehensive Textbook of Psychiatry*. Lippincott Williams & Wilkins.
- Surwanti, A. (2014). Model Pemberdayaan Ekonomi Penyandang Disabilitas di Indonesia. *Jurnal Manajemen Bisnis*, 5(1). <https://journal.umy.ac.id/index.php/mb/article/view/614>
- Wardaningsih, S., Dewi, S. S., & Puspitosari, W. A. (2021). Rehabilitasi Berkebun Bagi Penyandang Disabilitas Mental. *Qardhul Hasan: Media Pengabdian Kepada Masyarakat*, 7(2), Article 2. <https://doi.org/10.30997/qh.v7i2.3362>
- Wu, Q., Wang, X., Wang, Y., Long, Y.-J., Zhao, J.-P., & Wu, R.-R. (2021). Developments in Biological Mechanisms and Treatments for Negative Symptoms and Cognitive Dysfunction of Schizophrenia. *Neuroscience Bulletin*, 37(11), 1609–1624. <https://doi.org/10.1007/s12264-021-00740-6>
- Wykes, T., Huddy, V., Cellard, C., McGurk, S. R., & Czobor, P. (2011). A Meta-Analysis of Cognitive Remediation for Schizophrenia: Methodology and Effect Sizes. *American Journal of Psychiatry*, 168(5), 472–485. <https://doi.org/10.1176/appi.ajp.2010.10060855>