

Social Responsibility for People with Mental Disorder

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Abstract-The case of mental disorder in at some place in west Bandung is worrying because there are 28 people with mental disorders. There are many factors that trigger the increasing cases of mental disorder, and one of which is due to the poverty that makes an individual's life have a harder life and incapable of passing on their life. Currently, this community has formed an integrated program to address mental disorder on society. The program is called alert village (*desa siaga*) "Sehat Jiwa", that is a form of social responsibility community which conduct a mutual benefit both moral and materials. The program is developed not only to provide care to people with mental disorders, but also to give a mentoring to the family to keep giving support to their ill member of family.

Keywords: *social responsibility, mental disorder, Desa Siaga*

I. INTRODUCTION

A harder life has created various problems for people. These problems are different to one another, and they are caused by some factors, such as poverty, divorce, even breakups that cause depression among adults and teenagers. These conditions require individuals to be able to survive to control themselves, and to keep strong in undergoing their life. A shocking news story in a famous newspaper in Bandung reported that 23 residents of a village had psychiatric disorders. This issue is quite worrying because it is considered as an extraordinary circumstance of mental illness. This, of course, raises a big question for the readers.

Based on the findings from field study, the researchers found that there were 34 people with mental disorders in West Bandung. The number of cases was balanced between women and men, and there were 29 people recorded. This is certainly a big problem for local government, especially rural districts both to give medical treatment and to establish a concept of empowering the people, especially the empowerment of families. In order to participate in promoting a sense of social responsibility for people with mental illness, then this article aims to introduce the model of social awareness of the community through various integrated programs and to increase public consciousness because the phenomenon of mental disorder in the community is a shared responsibility.

A. The Background of Mentally Illness

From the preliminary data obtained through the head of village, one of the triggering factors of mental disorder is heredity. According to him, hereditary factor is the key to the problem of mental disorders. Even if the individual looks normal, the individual will become mentally ill on one

occasion when experiencing pain, stress, and depression. Some people with mental disorder were indeed found due to similar blood relatives, such as siblings, fathers and sons [1]. This is seen by the public that mental disorder is a hereditary disease. This also strengthens the prejudice of citizens because based on the field study it is found that of 28 cases, there are 9 people who have blood relations. Other data showed that people with severe mental disorders are generally unemployed, uneducated, introvert, and less fortunate. The condition is like most of rural livelihood, in which the people live as farmers and gardeners. However, the condition of the houses people with mental disorder is under standard as there is no toilet and is dirty. The average income of a farmer is about Rp. 15,000 per day. Some people also sell *tutut* (rice-field snails) and have around Rp. 9,000 per day. It showed the average economic conditions of the society which are under the poverty line, and people with mental disorders are usually unemployed, so they become a burden to their family. This condition can be a burden that causes incapability for someone to meet the increasing costs of daily needs due to insufficient financial condition.

Public reaction to people with mental disorders also varies. Many people assume that mental disorder is a disgrace or as a result of the sins done by human beings [2]. The mistaken attitude results in the community to respond people with mental disorders with fear and then isolate them [3]. Hence, the role of the family to help relatives who are mentally ill needs to be addressed because supportive families help the people with mental disorder come back to society [4]. In reality, families who have members with mental disorders see it as a disgrace and tend to withdraw from the society. The data from the County Government revealed that new people with mental disorders in West Bandung were 813 cases in 2013. The new cases were divided by people with psychosis (72 people), neurosis (116 people), narcotics and psychotropic substances (20 people), mental retardation (7 people), and other mental disorders (554 people). This astonishing occurrence, of course, requires some solutions not only a mental health therapy post treatment but also some precautions for citizens to avoid stress or other factors that trigger mental disorders [5]. A study found that married women have higher rates of mental disorder than men married [6]. However, based on data, of the 29 people with mental disorders, there are 20 men and 9 women, with age ranging from 9 to 65 years, as it can be seen from the figure 1.

Figure 1
Number of People with Mental Disorder based on Gender

Factors to Mental Disorder	Gender		Indicators to Mental Disorder
	Male	Female	
Economy/poverty/ lots of debt/bankruptcy	3	3	Daydreaming Relapse due to jealousy to others who have better wealth Frenzied behavior when relapse
Divorce/left by spouse (husband or wife)	2	1	Daydreaming Nonsensical talks
Self-withdrawal from community/lack of contact with others	1	1	Daydreaming Frequent suspicion to others Frequent to argue when meeting others
Sickness/accidents	5	1	Shackled Hallucination Destructive actions
Depression/Stress/victims of witchcraft	9	3	Daydreaming Smile to oneself Hysteria Frenzied behavior and destructive actions Runaway Screaming
Total people with mental disorder	20	9	

Age and gender variations illustrate that psychiatric disorders are not experienced by the majority of a certain gender. Even, it is more alarming when children aged 9 years are already categorized to have mental disorder. It occurs because the father experiences mental disorder and when he shows destructive behaviors which are then watched by his son relapse. The term mental disorder is the official term in Psychiatric Diagnostic Classification Guidelines which is a syndrome or pattern of behavior, or psychology of a person, which corresponds to clinic symptoms of suffering (distress) in one or more important functions of human beings [7]. This can be interpreted as a dysfunction in terms of behavior, psychology, or biology, and the disorder does not solely lie in the individual's relationship with society [8]. mental disorder has a wide range, from mild to severe, including: emotional disorders, psychopathology, the mentally ill, mental disorders, behavior disorders, and insanity [9]. From the results of the field study through interviews with residents, the family factors hold an important key to address the problem of psychiatric disorders, so if there are family members who are indicated to have a mental disorder that is still relatively mild, it needs special attention so that mental

disorders are not more severe. If not treated fast, the recovery process will be much longer and possibly more dangerous because of his behavior became difficult to control [10]. The fact shows that treatment from families is very varied. There is a strong family and responsible for giving care, and provides serenity for the sick person. However, there is also a member of the family when her husband (the sick person) shows early signs of rampage, then his family (his wife) will leave him. This is of course worrying due to negligence, even though the wife who left him could not be blamed for the time as the sick person would be very destructive and be possibly injured his wife. Therefore, avoidance of family is the best solution for that individual. This issue has certainly created restless among people because the destructive activities of the sick person occurs not only at his home but also his neighborhood. A recurring incident becomes problems which disturb other people. About ten years ago, the sick person who was considered very disturbing and threatened the citizens of the community was killed and this case had already been dealt with by the authorities. And now the family of the patient who was killed ten years ago had a member of family who has mental disorder. This forms the notion that people with mental disorders could have been caused by genetic influence.

B. The Situation and Condition of the Research Area

The research area was at Batujajar, West Bandung, West Java Province. It has an area of 384 511 ha / m2 which is administratively divided into 13 areas. The mentally ill residents are located in 11 areas. Based on preliminary study, it was found that there were 23. However, when observing the field, there were overall 51 cases with mental disorder, but 28 cases remaining. The places where people with mental disorders live were under standard with no toilet and clean water. When they need water, they should go to their neighbors or to a public toilet in a mosque. There were also members of people with mental disorder living with worrying condition of his house inhabited by 11 people with the under standard condition.

The condition of environmental is close to Saguling Dam and has many plantations and rice fields. As rice lands already belong to the state, so the people is only cultivating or use the land for paddy fields. It is located near the lake and the industrial areas causing its surroundings to have hot climate, which results in less comfortable for people life in. People with mental disorder are around the neighborhood which is under standard. This problem is due to the economic problem experienced by the community. The people of mental disorder are because of the economic factors resulting in their inability to meet basic necessities, such as building or renovating their houses.

II. RESEARCH METHOD

The qualitative research was based on phenomenology which serves as the main theoretical basis for a phenomenological approach to qualitative research tradition that is rooted in philosophy and psychology, and focuses on the human experience (sociology) [11]. Phenomenological approach is similar to the approach of hermeneutics that uses life experience as a tool for better understanding of the social, cultural, political or historical context in which they occur. This research discussed a study object to understand the core experience of a phenomenon. Researchers examined in depth the central issue of the main structure of an object of study, which is the psychiatric patients and the information was obtained from family or people around [12]. Furthermore, in the process of extracting information in the field, the question of "what is the major experience that is explained by an informant on the subject of the research study" is used as the guideline. Besides, symbolic interaction, culture, and ethnomethodology were also studied and served as additional basic theoretical background of qualitative research. In addition, by conducting qualitative research, new theories can be generated depending on the sharpness of analysis, objectivity, systematic and systemic. In this study, the data was obtained by using descriptive case study technique.

III. RESULT AND DISCUSSION

Most mentally ill people came from the lower classes and had a low educational background. Their ages ranged from teens to senior citizens spreading in almost all regions, except for area 1 and 13. The contributing factors that caused people to suffer mental disorder were caused by a variety of factors, particularly depression due to the loss of possessions the loss of family members, loss of confidence for lack of a physical nature, inability to meet the basic needs, and damage to the nervous system caused by accident due to a failure in medical action and by consuming illegal drugs. From the viewpoint of personality and his social life, those who experienced mental disorder behaved a reasonable way and lived as villagers who were closely linked to the nuances of kinship and mutual. However, there were also some of the psychiatric survivors who have introvert personality.

From the findings obtained through the chairman of the area 12 who is also the volunteer of *desa siaga*, it is found that there are eight people suffering from mental disorder in his area. The main factor was due to the economic conditions of families. Of the eight patients with psychiatric, there were two that were described as examples. The first case was the case of Patient A. She used to be a migrant worker in Saudi Arabia. While working in Saudi Arabia, Patient A managed to collect the money that was regularly sent to her family. This money was used for repairing the house, buying goats, and other needs. Once, she had something unexpected. All her money that she strove for in Saudi Arabia disappeared instantly when his house was burned. She lost all she had including the four goats and the house. This accident caused her to be depressed. Because she stopped working, she began to be frustrated. In such circumstances, she was exposed to shocks. Her condition has changed drastically become she

had unstable psyche. The symptoms that she showed were her withdrawal from the society, irritable, followed by hyperactive behavior in the form of anger and nonsensical talks. In a more acute level, she could show dangerous behavior that harmed herself and others, such as throw water to others and play a machete. *Desa siaga* officers, with their experience, took her to Cisarua Mental Hospital. She regularly was given a cure to alleviate the symptoms of mental disorder gradually. Although not yet fully healed, she reduces her existing hyperactive behavior, unless her bad memory was brought back.

The case of Patient A described by the Chair of program *Desa Siaga "Sehat Jiwa"* was in accordance with the statement of the experts in the FGD, indicating that the causes of mental disorder vary widely. The condition is called madness, which is a form of brain abnormality to works, so that the sick people are not aware of what they do. They do not follow the norms as followed by people under normal circumstances.

The second case happened to patient B who was a patient moved from Bandung. At the first, he did not show unusual behavior. The behavior exhibited by the patient in the village was his penchant for long fishing. After a time, the patient began to show melancholy, daydreaming, and at a later stage, rampage. When explored further, the patient had bankruptcies in a meatball business in Bandung. As a businessman, he had borrowed a sum of money to the bank. Along his business way, he found difficulty to repay his loans. This entire benefit vanished instantly. He slowly had turbulence. The symptoms shown by the patient were frequent tantrums and running away from his home. The condition of this patient was more worrying compared to Patient A. The treatment history of the patient was supported by the volunteer of *Desa Siaga*. The most significant symptoms exhibited by the patient were destructive behavior by damaging the house and scrubbing residents' toilets outside the house. According to him, toilets are like cars.

Patient B is a permanent patient in Cisarua Mental Hospital and is regularly treated. At the beginning of healing, he is rebellious. When the time for treatment came, he was guided to the car. He always creates troubles to volunteer from *Desa Siaga*. The most extraordinary behavior was when he was put into the car for treatment, he ran away. However, along with his consistent treatment, the patient began to show a drastic change. If the treatment time has come, he is taken to the Psychiatric Hospital with motorcycle by one volunteer. Currently, patient B can be said to be recovered and lived as a common resident. However, he still consumes some drugs. There are also other cases caused by shyness because the sick person never has offspring.

Seeing the two cases above, economic factors become the most dominant cause that triggers people with mental disorder, beside their inability to deal with life pressures. Furthermore, we can see that the establishment of *Desa Siaga* to prepare the volunteers who can give first aid treatment for relapsed patients has created a proud high social sense and social responsibility.

Several other cases with similar symptoms, such as behavioral silence, daydreaming, unemployed, abandoned by children are analyzed that some cases were firstly caused by stress. The results of FGD showed that ordinary people often define stress as a disorder or mental illness. It turned out to be completely untrue as there are many differences between the two. So, their definition about stress was wrong. In FGD forum with informants from academia, there is a consensus that people should be able to distinguish between stress and mental disorder first. Stress is a condition where people are distracted by the pressures of life and the problems they face, so that it influences their psychological condition [2]. Stress which is not managed well and gets worse can lead to mental disorders. Therefore, people should start to be able to manage stress properly. Based on its type, stress is divided into two types. The first one is the positive stress or eustress. This type of stress is a positive stress because it triggers people to be motivated to perform an action or effort. Meanwhile, the second type of stress is negative stress or distress. This type of stress can be high or low, but the body responded and reacted negatively and tend to harm himself. Furthermore, stress can be experienced by anyone because of many factors. Mostly the causes of the stress or called stressors are external, such as heavy job, difficult school assignments, economic difficulties, family disharmony, and other things that make a person uncomfortable condition. But it can also be stated that much of daily life is spent inside the home. Less sociable behavior and the self-closing cause a lot of the negative judgment from other people. This causes the sick people feel excluded from their social environment. In this condition, the role of the family should be encouraged to develop the concept of strong family so that all family members can be healthy. If the families always give support, the early symptoms of stress can be addressed so it does not accumulate. The FGD with academic with psychology background indicates that anxiety can cause high stress and result in physical or psychological disorders. The pressure limit of stress varies greatly between individuals. This is in accordance with the opinion of Hartono (2007: 9), showing that the factors causing stress were classified into several groups, such as physical stress, psychological stress, and socio-economic pressures. Every individual living in the world is like living on a ship. When struck by storms, not all individuals are strong and be able to survive. Some people can stand up while other fall. The difficulties and challenges of this life are called by the society as the problems of life. The stress and pressure that are too high to go beyond the individual body durability is what can lead to psychological illnesses.

Psychic symptoms caused by stress, experienced prolonged and failed to subside, will hit someone's psychological state, from shutting himself down from a community to showing more negative symptoms, such as shutting down and withdrawing from social life. If the stress causes psychic symptoms, then it should be solved immediately, because the prolonged effect, if it is ignored, will make the person have mental disorder. If it comes to

disorders or mental illness, then the treatment is given in a mental hospital or a clinic of psychiatrists or psychologists.

Even if sometimes the individual looks normal, but when experiencing pain, stress, and depression, which can be a trigger relapse, the role of the family and the surrounding community to help the sick people should get priority attention. Family who have mental disorder members usually shut down because it is considered as a family disgrace.

IV. CONCLUSION

Social awareness of the community towards people with mental disorder in the form of social responsibility need to be more improved. By establishing *Desa Siaga* "Sehat Jiwa", it is a breakthrough to provide care for people with mental illnesses, so that if there are people with mental disorder who are relapse, they can be handled by the volunteers of *Desa Siaga*. Greater attention from the outside communities should be encouraged continuously since it is a shared responsibility. Although there are limited donations, it does not discourage volunteers to help people with mental with full sincerity. The volunteers have not been professionally trained, but with a high solidarity and this are done together, then a helping hand seems to be very helpful.

REFERENCE

- [1] Corrigan, P. W., Edwards, A. B., Green, A., Diwan, S. L., & Penn, D. L. (2001). Prejudice, social distance, and familiarity with mental illness. *Schizophrenia Bulletin*, 27(2), 219–225.
- [2] Corrigan, P. W., Watson, A. C., Byrne, P., & Davis, K. E. (2005). Mental disorder stigma: problem of public health or social justice? *Social Work*, 50(4), 363–8. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17892247>
- [3] Feldman, D. B., & Crandall, C. S. (2007). Dimensions of Mental disorder Stigma: What About Mental disorder Causes Social Rejection? *Journal of Social and Clinical Psychology*.
- [4] De Silva, M. J., McKenzie, K., Harpham, T., & Huttly, S. R. A. (2005). Social capital and mental illness: a systematic review. *Journal of Epidemiology and Community Health*, 59(8), 619–627.
- [5] Fox, J. W. (1990). Social class, mental illness, and social mobility: the social selection-drift hypothesis for serious mental illness. *Journal of Health and Social Behavior*, 31(4), 344–353.
- [6] W. Gove, "The Relationship between sex roles, marital status, and mental illness," *Soc. forces*, 1972.
- [7] Maslim, R., 2001. Diagnosis Gangguan Jiwa Rujukan Ringkas dari PPDGJ-III. Jakarta: PT. Nuh Jaya
- [8] Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring mental disorder stigma. *Schizophrenia Bulletin*, 30(3), 511–541.
- [9] A. Wiramihardja, Sutardjo, Pengantar Psikologi Klinis. Bandung: PT. Refika Adiatma. 2015
- [10] B. G Link, J. C., Phelan, M. Bresnahan, A. Stueve, and B. A. Pescosolido, "Public conception of mental illness: Labels, causes, dangerousness, and social distance," *Am. J. Public Health*, vol. 89, no. 9, pp. 1328 – 1333, 1999.
- [11] Huxley, P., & Thornicroft, G. (2003). Social inclusion, social quality and mental illness. *British Journal of Psychiatry*, 182(APR.), 289–290.
- [12] Creswell, J. W. 1998. Qualitatif Inquiry and Research Design. Sage Publications, Inc: California.
- [13] Byrne, M. 2001. Interviewing as a data collection method. Association of Operating Room Nurses. AORN Journal