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The Factors Associated with Outpatient Re-Visits at RSJ Dr. Radjiman Wediodiningrat Lawang

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Abstract

The number of people with disorders is gradually increasing from one year to the next. In Indonesia, the estimated number of people with mental illness is around 450,000 with a severe mental illness where 31.5% of people with mental illness are shackled by their families and 15% do not seek any medical treatment. Patients with mental disorders are in a state of mindset and emotions that are unstable, so the role of the family is needed to help people with self-care activities. According to Andersen, there are three factors that impact health service utilization. Factors that influence include predisposing factors, enabling factors, and need factors. The purpose of this study was to determine the factors that are associated with re-visiting outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. The research method is quantitative research with a cross-sectional study approach. The research sample was the family who accompanied the patient to make an outpatient re-visit with a total of 400 respondents. The sampling technique used was accidental sampling. The data analysis used in this study was the Chi-Square test. The results indicated that there was a significant relationship between knowledge (p-value: 0.006), attitude (p-value: 0.000), income (p-value: 0.032), family support (p-value: 0.00), and information support (p-value: 0.003) with the re-visit of outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Predisposing factors and enabling factors are both associated with re-visiting outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Future researchers are hoped to study other aspects such as hospital health service system components and need factors that may be associated to recurrent visits of mental illness patients by utilizing a more comprehensive questionnaire to acquire better information.

Keywords: Mental Disorders, Psychiatric Hospital, Patient Re-Visits.

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1. INTRODUCTION

The number of persons suffering from mental disorders rises year after year. According to the World Health Organization (WHO), there were around 970 million human beings struggling with mental disorders in 2019. Based on the World Health Organization, 31% of people with mental disorders (ODGJ) suffer anxiety, 28.9% have depression, and 11.1% have OCD (Obsessive compulsive disorder). Globally, cardiovascular disease contributes to 31.8% of the disease burden (DALYs) and is one of the biggest causes of death. However, when it comes to years lost due to illness or disability, mental problems account for 14.4% (World Health Organization, 2022)(Kementerian Kesehatan Republik Indonesia, 2019). In Indonesia, the prevalence of mental diseases has risen. Cardiovascular disease is the leading cause of sickness and mortality in Indonesia, accounting for 36.4% of the total. When it comes to the causes of disability, mental diseases account for 13.4% of all deaths in Indonesia (Kementerian Kesehatan Republik Indonesia, 2019). The prevalence of families with people with mental disorders is 7 per million households in Indonesia. This implies that there are 7 people with mental disorders households for every 1000 families, for a total of approximately 450 thousand severely people with mental disorders. 31.5% of people with mental disorders were chained by their family, and 15% were not treated. 48.9% of patients with mental problems receive routine treatment, whereas the remaining 51.1% are not treated (Rudianto, 2019).

Recovery or healing from mental disorders is dependent on those around them, particularly close family or people who care about them. The involvement of the family has a significant impact on the recovery of people suffering from mental disorders. This is due to the fact that people with mental disorders have unpredictable cognitive patterns and emotions. The patient's thinking has changed from previously suffering from mental problems; therefore he is less able to make life decisions and even carry out self-care activities (Arman, M., & Hök, J. (2016)). A preliminary survey of five families that sent patients for follow-up appointments indicated that two people did not use health insurance while undergoing treatment. Aside from that, one person stated that the family who took the patient back to the RSJ did not follow the doctor's recommendations because the distance was long and there was no money for regular treatment; they only took the patient back if they felt they were experiencing a serious problem. Three people indicated that they received family support, where other families accompanied them on the patient's return visit and showed support to the patient so that the patient was motivated to recover.

The family is the nearest person to the patient who has an important role in the patient's recovery. Information support is the most important thing for families in helping patients recover. Information support is the provision of disease knowledge, problem solutions, therapeutic advice, actions for patients to fight stressors (causes of stress), or improve patient coping strategies (how to reduce tension and the right way to communicate). This type of information support includes communication networks and shared responsibilities which include providing solutions to problems, giving advice, direction, suggestions or feedback on what someone is doing. The family is also a provider of information for regular consultations to the hospital and therapies that are good for themselves and specific actions for patients to fight stressors (Copel, 2011).

Research conducted by Siagian et.al. states that the factors that influence the compliance of patients with mental disorders to carry out routine treatment include family attitudes, family support, distance to health services, and support from health workers. Samudro et.al., stated that the role of family has a strong relationship with recovery in outpatients with schizophrenia. Research by Yundari and Dewi states that there is a relationship between knowledge and attitudes with the role of family as caregivers of schizophrenia patients and there is no relationship between health facilities and the role of family as caregivers of schizophrenia

patients. In line with research conducted by Maromon states that there is a relationship between knowledge and compliance with treatment control. Research conducted by Netha found that as many as 58.3% were not compliant with control, of which 50% of respondents had good knowledge and 50% percent of respondents had poor knowledge (Damayantie & Rusmimpong, 2019; Siagian, Manalu, & Batubara, et al., 2020; Samudro, Mustaqim, & Fuadi, et al., 2020; Yundari & Dewi, 2018).

The study conducted by Anggraini states that one of the factors associated with treatment compliance in schizophrenia patients is family income. Income is very influential on the family, especially when the distance to the hospital has to travel long distances and costs a lot, causing the majority of patients to be lazy to go for treatment. According to Okatarisa many patients relapse because they are not controlled, this is due to the distance between homes and health facilities, especially mental hospitals, which are far away so that families have difficulty bringing patients for control. Families who have income above the minimum wage tend to be obedient in visiting health care facilities (Anggraini, 2019; Oktarisa, 2018).

Good family support will rapidly support healing. Feelings of shame, burden, and indifference are still the main factors for the recurrence of people with mental disorders. The number of mentally ill people increases from year to year due to lack of family support and family burden with sufferers. The impact of non-compliance to visit a mental hospital for the family is that the family will feel the loss of good relationships and communication with the patient (Nurjamil & Rokayah, 2017; Nurmalisyah et al., 2018).

In accordance with Andersen's theory, there are three parts related to the factors that influence health service utilization. The first factor is influenced by predisposing factors consisting of demographics, social structure, and beliefs. The second factor is the enabling factor which consists of family resources and community resources. Some important things that families need in adjusting to the presence of patients are information/psychoeducation, the right attitude, support groups, and family therapy. The third factor is the need for one's services which consists of two categories, namely perceived and evaluted (Andersen & Newman, 2005; Arif, 2006; Notoadmodjo, 2012). Based on the background of that the purpose of this study was to determine the factors that are associated with re-visiting outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital.

2.   RESEARCH METHOD

This research is a quantitative research with cross sectional study method. The sample of this study is a family who is delivering mental patients to do outpatient re-visits at Dr. Radjiman Wedidodiningrat Lawang Mental Hospital. The number of samples in this study were 400 respondents using the accidental sampling method. Accidental sampling is a method of selecting respondents who happen to meet with researchers and are willing to be involved in research (Sharp, 2018).

This research uses primary data. The instruments used are instruments with closed statements. The instrument used was previously tested for validity and reliability first to 30 respondents. The validity test technique used is the Pearson bivariate correlation test (Pearson Moment Product), with the decision if rcount ≥ rtable on the total score, the statement / question item is said to be valid. Valid statement / question items will be tested for reliability by comparing Cronbach's alpha with a significance level of 0.6, if the Cronbach's Alpha result is more than the significance level (0.6) then it is said to be reliable. Data processing in this study consists of several steps including editing, coding, and data tabulation. The variables are classified according to the median value, because the normalcy test did not work. The analysis test used in this study used the Chi-Square test. This study has passed an ethical review and received Ethical Approval from the Ethics Committee for Health Research at Lawang Mental Hospital, Number: LB.02.02/ XXVII.5.7/9238/2022.

3.   RESULTS AND DISCUSSION

From the research that has been carried out, a description of the characteristics of the respondents is obtained as follows.

Table 1. Characteristics of Respondent

Respondent Characteristics		n (percentage)
Age	Early adulthood	166 (41,5%)
	Late adulthood	234 (58,5%)
Gender	Male	214 (53,5%)
	Female	186 (46,5%)
Occupation	Not working	64 (16%)
	Working	336 (84%)
Education	Elementary Secondary	369 (92,3%)
	Higher	31 (7,7 %)

Table 1 shows that it can be seen that the characteristics of the respondents are described. The majority of respondents were late adulthood at 58.5%. Most of the respondents who delivered outpatient re-visit patients were male at 53.5%. The majority of respondents worked by 84%. The majority of respondents' education took secondary education by 92.3%.

Table 2. Distribution the answer of respondent

Variable		n (percentage)
Knowledge	Less	218 (54,5%)
	Good	182 (45,5%)
Attitude	Negative	210 (52,5%)
	Positive	190 (47,5%)
Income	Low	214 (53,5%)
	High	186 (46,5%)
Family Support	Not Supportive	214 (53,5%)
	Support	186 (46,5%)
Information Support	Less	201 (50,2%)
	Good	199 (49,8%)
Patient Re-visits	Not Routine	194 (48,5%)
	Routine	206 (51,5%)

Table 2 shows that it can be seen that the majority of respondents have less knowledge as many as 218 (54.5%), negative attitudes as many as 210 (52.5%), low income as many as 242 (53.5%), not getting family support as many as 214 (53.5%), get less information support as many as 201 (50.2%), and routine patient re-visits as many as 206 (51,5%). Furthermore, bivariate tests were conducted on the variables of knowledge, attitude, income, family support, and information support to obtain the following results.

Table 3. Relationship between knowledge, attitude, income, family support, and information support with patient re-visits

Variable		Patient Re-visits				p-value
		Not Routine		Routine		
		n	%	n	%	
Knowledge	Less	120	55	98	45	0,006
	Good	74	40,7	108	59,3	
Attitude	Negative	132	62,9	78	37,1	0,000
	Positive	62	32,6	128	67,4	

Income	Low	115	53,7	99	46,3	0,032
	High	79	42,5	107	57,5	
Family Support	Not Supportive	130	60,7	84	34,4	0,000
	Support	64	39,3	122	65,6	
Information Support	Less	113	56,2	88	43,8	0,003
	Good	81	40,7	118	59,3	

Table 3 shows that there is a relationship between knowledge, attitudes, income, family support, and information support for outpatient re-visits at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Factors that influence patient revisits according to Andersen are predisposing factors, enabling factors, and need factors. The predisposing factors included in this study include knowledge and attitudes. The enabling factors included in this study include income, family support, and information support.

The results of research that have been carried out show that there is a relationship between knowledge and repeat visits of outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Knowledge possessed by a person about health and health services can have an effect on their perceptions of the need for and use of health services (Andersen et al., 2007). Research conducted by Avelina and Angelina that there is a relationship between knowledge and family ability to care for people in mental disorders (Avelina & Angelina, 2020).

The respondents' low knowledge can occur due to the lack of information obtained or the low level of education of the respondents so that it is difficult to accept the information that has been conveyed (Ramadia et al., 2022). Lack of family knowledge will have an impact on family responses that tend to respond negatively to mental illness patients. Families who have better knowledge tend to be more able to maintain in dealing with family members who experience mental disorders compared to families who have less knowledge (Alifariki, 2019).

Insufficient knowledge and lack of access to information about illness complicate the caregiving process, and hinder family well-being. Families who have good knowledge and have poor knowledge will have differences in dealing with family members who have mental disorders (Alifariki, 2019). Families who have good knowledge have a positive effect in the form of accepting family members who experience mental disorders well (Pradivta et al., 2020).

The family's lack of knowledge about early detection and treatment results in people with mental disorders not receiving optimal care at home. Confinement and neglect become one of the family's choices because the family is still unable or even does not have the ability to handle people with mental disorders either materially or mentally. The family should be the source of strength or mode of healing or handling people with mental disorders as the closest person to people with mental disorders (Marsitadewi et al., 2019).

In the same way, attitudes also influence a person's utilization of health services at a mental hospital. Negative attitudes of caregivers cause relatives who have mental health disorders not to utilize mental hospital health services. The majority of them go to alternative medicine to get treatment assistance (Alluhaibi & Awadalla, 2022; Gabra et al., 2020; Devi, Ahmed, & Roy et al., 2020).

According to the results of the research conducted, it shows that there is a relationship between attitude and re-visiting outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Attitude contributes to the formation of family support. This is influenced by the understanding of the family in dealing with relatives who experience mental disorders. Families who have a positive attitude in accepting family members who experience mental disorders reflect the family's readiness to provide care for family members who experience mental disorders. This can accelerate the healing process and provide positive feelings for family members who experience mental disorders (Kusumawaty et al., 2021; Rahman & Permana, 2020).

The deterioration of people with mental disorders treatment is supported by the stigma against people with mental disorders. So that the family will refuse if a family member is known to have symptoms of mental illness. So that the prognosis of people with mental disorders will be worse because they are considered disturbing and endangering themselves and the surrounding environment (Marsitadewi et al., 2019). Attitudes held by families will have an impact on mental disorders and treatment will have an impact on treatment compliance to varying degrees (Deng et al., 2022).

The results of the research conducted show that there is a relationship between income and repeat visits of outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Income will affect a person's health status. The income factor of a person acts as a risk factor for the patient's low willingness to seek health services because their average income is still low from the population per capita income. In addition, income also affects the ability to finance in the health sector because it is still focused on its basic needs (Nurrohmah, 2021).

In accordance with Anggraini's research , there is a significant relationship between income and treatment compliance in schizophrenia patients. The vast majority of income earned is less than the minimum wage so that many patients are lazy to come for outpatient treatment because of the cost of treatment (Anggraini, 2019). Pratiwi's study states that there is a significant relationship between income and compliance in undergoing treatment. This can occur because people who experience mental disorders must be controlled continuously to prevent relapse (Pratiwi, & Harfiani, et al., 2020).

The results of a study conducted in Sudan stated that 60% of respondents experienced financial difficulties. In line with research conducted in Kenya, 55.6% of respondents missed scheduled visits due to medical expenses, and 5.6% of respondents stated that they missed more than 4 visits due to lack of medical expenses. Family finances affect the utilization of services to mental hospitals. Families who have low finances affect compliance with visits to outpatient clinics (Ali & Agyapong, 2015; Seid, Wordofa, & Tesfaye et al., 2021; Victor et al., 2022).

The family support is one of the factors of the family resources model which is included in the enabling factors. Family support can be defined as attitudes, actions and acceptance of sick families and this support can come from husbands, wives, children, or other families. Family support has a significant role, because the family can provide physical and mental encouragement. Family has several support functions, namely informational support, assessment support, instrumental support, and emotional support. Family support refers to social support that is seen by the family as something that can be accessed or held for the family (Ayuni, 2020).

The result of the research that has been done indicates that there is a relationship between family support and the re-visit of outpatients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. In line with Suliyanti's research there is a relationship between family support and compliance with outpatient control visits. Family support is categorized as good support because the family is very concerned and responsible for pasirn. This is indicated by the family always taking the patient to the hospital to make outpatient control visits. Recurrence cannot be prevented only by medical treatment, but also psychosocial treatment support from the family (Suliyanti et al., 2021).

Ernia's study states that there is a significant relationship between family instrumental support and compliance with patient control of people with mental disorders, with. Family instrumental support includes preparing the patient's drinking medicine, preparing outpatient administrative needs, and accompanying control to the hospital . An unsupportive family makes it difficult for someone to make visits for fear of the perception of the family itself (Ernia et al., 2020).

Informational support is a form of support that provides advice, suggestions, and information that can be used to express or solve problems. Types of information support include advice, suggestions, suggestions, instructions, and providing information. Enough information can produce knowledge related to how to prevent or care for sick families, so that individuals can recognize existing problems (Fajarini, 2022).

The findings of this study indicate that there is a relationship between information support and outpatient revisits at Dr. Radjiman Wediodiningrat Lawang Mental Hospital. Information support that can be provided to family members is helping clients understand something such as explaining how to take the correct medication according to procedures and carry out daily activities. The objective of information support is to be able to understand and manage the information provided (Etriyuna, 2022). In line with Anggraini's research that there is a significant relationship between income and treatment compliance in schizophrenia patients, with a p-value of 0.034 (Anggraini, 2019).

The family is the closest person to the patient so that it plays an important role in seeking information about patient treatment compliance so that patients are more compliant in carrying out treatment to reduce the occurrence of relapse rates. Families who are well informed will increase patient treatment compliance, this is because the family is the main support system that has a big role in the patient's recovery process.

Providing information support is of utmost importance to the family in assisting the patient's recovery. Information about the disease, the role of medication in controlling symptoms, side effects of medication, types of treatment, and support strategies should be provided. This type of information can ease the family in dealing with the behavior of relatives who have mental disorders (Nabi & Rizvi, 2022). Families are also information providers for regular hospital consultations and therapies that are good for themselves and patient-specific measures to combat stressors (Copel, 2011).

Family support are the most essential factor in re-visits outpatient . Caregivers for patients with mental disorders require a lot of family support. Emotional support from the family is one of the supports required, and this emotional support can assist carers in the treatment and rehabilitation process. Caregivers' emotional support serves as an adequate protective element to promote caregivers' mental health and reduce caregivers' mental stress (Amini et al., 2023). When carers receive help, they feel supported, comfortable, and loved, which provides good strength for the caregiver in dealing with obstacles that arise (Wulandari et al., 2016).

Aside from that, patients who receive family support have a better chance of developing in a favorable direction, so the patient will have a positive attitude, both towards himself and his environment, because the family is the first known social environment (Adianta & Putra, 2017). Family involvement in patient care may lead to better patient outcomes, such as fewer recurrences, shorter hospital stays, and better commitment to therapy and care plans. Family participation can minimize family hardship and caregiver stress, as well as the emotions exhibited by family members and caregivers (Ong et al., 2021).

4.   CONCLUSION

Outpatient re-visits at Dr. Radjiman Wediodiningrat Lawang Mental Hospital are affected by predisposing factors and enabling factors. Predisposing factors that influence include knowledge and attitudes. While enabling factors that influence include income, family support, and information support. The need for health education for families of people with mental disorders is intended to increase the family's knowledge and skills in caring for people with mental disorders. With health education, the family gets the right information so that they can optimally care for people with mental disorders. The problem of this research is the method in which the data was acquired, which can produce prejudice in the research outcomes. Family assistance for caregiver is not described by instrument limitations. Future researchers are hoped

to study other aspects such as hospital health service system components and need factors that may be associated to recurrent visits of mental illness patients by utilizing a more comprehensive questionnaire to acquire better information.

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