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## KESWACARRI AS AN EFFORT TO INCREASE CADRE CAPABILITY FOR TREATING MENTAL DISORDERS PATIENTS IN THE MODERN INDUSTRIAL COMMUNITY 4.0

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### ABSTRACT

**Introduction:** The low role of mental health cadres is influenced by internal factors such as commitment, motivation and enthusiasm of cadres in helping to overcome mental disorders in the community. Commitment is the most important thing in carrying out the task. Increasing the commitment of the cadres can be done with KESWACARRI (caring mental health and spirituality) with the aim of building self-commitment using a caring and spirituality approach.

**Methods:** This study used pre-experimental design. The sample of was 30 cadres and caregivers who responsible for mental health patients in Ketidur Village, Mojokerto. The variable measured included commitment, caring and spirituality. The data was collected using questionnaire and the analyzed using SPSS to see the frequency distribution. Keswaccari was given to the cadres by providing material about develop caring behavior with spirituality.

**Results:** The results showed, the level of commitment, caring and spirituality of mental health cadres in 30 respondent's majority was increasing. These results indicate that there is an influence of Keswaccari to commitment, caring and spirituality.

**Conclusion:** Commitment was an important aspect for increasing caring behavior. The spirituality will be a good approach to build cadres' awareness of mental disorder condition and have a good effect in caring behavior

### KEYWORDS

cadres; commitment; caring; mental disorder patient; spirituality

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## 1. INTRODUCTION

The role of mental health cadres and care givers at Al Hidayah Shelter House has not gone well, this is because there is no regular training for mental health cadres. Training for cadres and care givers is only carried out at the beginning of the socialization of the formation of cadres. Preliminary study conducted by researchers to 5 (100%) respondents at the Al Hidayah Shelter House regarding the role of cadres and care givers that 80% of the roles of mental health

cadres and care givers are not optimal. The low role of cadres and caregivers in improving mental health such as early detection of mental health and psychosocial problems (Huang, Ma, Shih, & Li, 2008). Cadres still do not have the place and time to carry out such early detection (Oltra-Rodríguez & Martínez-Riera, 2017). The impact that will occur if the role of cadres and care givers does not run optimally, namely government programs that have been planned to improve mental health in the community will not be achieved properly,

so training is needed so that mental health cadres can carry out their roles optimally (Winahayu, Keliat, & Wardhani, 2011). Cadres are included in the social support group for mental disorder patient, where social support is still low due to a negative stigma towards mental disorder patient. The role of cadres is not limited to preventive efforts, but cadres also play an important role in the rehabilitation of patients with mental disorders so that when patients are declared cured, they can return to the community and be well received by the community (Hidayati, Khoiriyah, & Mubin, 2015; Keliat, Panjaitan, & Riasmini, 2010). The fact is that very few mental disorder patient can be accepted by the community again, this means that it is necessary to increase awareness, both cadres and the community, that patients can return to the community with social support from the community who are willing to accept and help sufferers to be able to carry out their activities again regularly (Cremonini, Pagnucci, & Giacometti, 2017).

The prevalence of mental disorders continues to increase, such as severe schizophrenia and psychosis, also known as severe mental disorders. The prevalence has increased significantly between 2013 and 2018. In 2013 the prevalence rate of households with family members with schizophrenia in Indonesia reached 1.3 cases per mile, while in 2018 the prevalence reached 7 cases per mile. In addition to severe schizophrenia, other mental disorders have also increased, although not as much as the growth in the number of people with severe mental disorders, namely depression, which has a prevalence of 6.0 in 2018. In addition, emotional disorders have also increased, which was only 6.8 in 2013 increasing to 9.0 in 2018. .

The increasing incidence of mental disorders is motivated by several factors, one of which is the stigma that considers mental patients to be useless and discriminated against both in the family and in the community (Opperman, Hanson, & Toro, 2017). The high negative stigma in society causes an increase in

the severity of mental health sufferers and affects the healing process. Existing stigma can also cause relapse in patients who have finished treatment. Constraints that occur in mental health services are the absence of appropriate early detection for sufferers who experience mental disorders, rehabilitation has not been integrated and is still focused on patients alone so that it often results in relapse in patients. Mental health services can be carried out by mental health cadres, but with limited education to mental health cadres, this affects the commitment of cadres and care givers themselves in carrying out their duties optimally (Felton & Right, 2017). The KESWACARRI (carring mental health and spirituality) was aimed to build self-commitment using a caring and spirituality approach.

## 2. MATERIAL AND METHODS

This study used pre-experimental design. The sample of was 30 cadres who responsible for mental health patients in Ketidur Village, Mojokerto. The variable measured included commitment, caring and spirituality. Keswaccari was given to the cadres by providing material about develop caring behavior with spirituality.

Through outreach activities and community service training, solutions to the problems formulated above will be offered. Activities offered to community service partners problems at the Shelter House are in the form of counseling and training on caring behavior to reduce the relapse rate of patients with mental disorders. At the preparation stage, an analysis of the partner's situation and problems is carried out to find out exactly what obstacles are faced. The community service team conducted simple interviews with cadres at the Shelter House. In this step, we found that the obstacle experienced was the high incidence of relapse among mental disorder



Figure 1. Dr. Rizki Fitryasari, S. Kep.Ns.M.Kep Provided counseling related to caring behavior the concept of spirituality for cadre



Figure 2. Rr Dian Tristiana, S.Kep.Ns.M.Kep. was explain the concept of spirituality

patient. At the planning stage, discussions were held with the community service team and mental health cadres related to the topics of training and counseling to be provided.

At the implementation stage of the activity, counseling and training. The activity was carried out in one day meeting with two sessions. Dr. Rizki Fitryasari, S. Kep.Ns.M.Kep as the head of the community service team provided counseling related to caring behavior that should be possessed by cadres. (Figure 1). Rr Dian Tristiana, S.Kep.Ns.M.Kep. was explain the concept of spirituality that can increase the commitment of mental health cadres (Figure 2).

The evaluation stage of the training provided by measure the cadre capability oabiu commitment, caring and spirituality before and after the activity.

The data was collected using questionnaire and then analyzed using SPSS to see the frequency distribution.

### 3. RESULTS

Participants in the KESWACARRI counseling and training were cadres at the Al Hidayah Shelter, Ketidur Village, Mojokerto. The number of participants in the activity was 30 people.

The results regarding commitment, caring and spirituality can be stated that almost all cadres who are given training on mental health caring and spirituality (Keswacarri) have optimal commitment as many as 25 respondents (83%) and all mental health cadres have knowledge of to carring as many as 28 respondents or (93%), while all mental health cadres have good knowledge of spirituality as many as 30 respondents or (100%).

### 4. DISCUSSION

The results of the study after the caring and spirituality mental health training (Keswacarri) on the level of knowledge of commitment, caring and spirituality of mental health cadres in 30 respondents were obtained after the training the knowledge of the cadres increased in the three materials given from pre test to post test. These results indicate that there is an influence between the mental health training of caring and spirituality (keswacarri) on the level of knowledge of the cadres regarding commitment, caring and spirituality.

The role played by mental health cadres must show empathy for the family/community (Huang et al., 2008; Tania, Suryani, & Hernawaty, 2018). Cadres are present not only physically but also emotionally, help others sincerely, build trust with family/community, foster a sense of love among others, besides that the element of spirituality must also be grown in mental health cadres by always being grateful for the blessings. that has been given by Allah SWT to us and believe that being part of a mental health cadre means having left something of high value for life which is manifested by an attitude of loving others, being kind,

friendly, respecting and appreciating family/community to make the family feel happy.

The role of mental health cadres after caring and spirituality mental health training (Keswacarri) has a positive impact. Initially, health cadres did not know at all what mental health was until what role had to be carried out by mental health cadres until finally health cadres knew what roles health cadres had to play as mental health cadres based on commitment, caring and spirituality.

After the training of health cadres was given the material, they immediately practiced to ODGJ patients who were at the shelter for early detection. Researchers set limits to health cadres, each health cadre performs early detection of at least 5 patients. After early detection is carried out, the cadre group then tabulates and presents the results of early detection. Early detection is carried out with the aim of applying the role of health cadres as mental health cadres.

Research conducted by Rosiana, Himawan and Sukesih (2015) regarding the training of mental health cadres in Undaan Lor Village by means of early detection with the classification method, showed the

results that cadres were aware of mental health problems, cadres were able to explain mental health itself and how to handle it, able to carry out early detection, mobilize the community to participate in counseling healthy groups, risks and disorders. To mobilize people with mental disorders to participate in TAK (group activity therapy), cadres are also able to refer cases and report.

The role of mental health cadres applied in this Keswacarri training is that in carrying out their roles, cadres must show a sense of caring/caring for their families/communities. Cadres are present not only physically, but also emotionally, helping others sincerely, building trust with family and society, growing a sense of love among others, and growing an element of spirituality in oneself by always being grateful for the blessings that have been given by Allah (Yusuf & Nihayati, Hanik Endang Okviasanti, 2017; Zulkifli, 2006). Allah SWT also has the belief that being part of a mental health cadre means having left something of high value for life which is manifested by an attitude of loving others, being kind, friendly, respecting and appreciating everyone to make someone feel happy.

Table 1 Demographic Characteristic of respondents (n=30)

Variabel	n	%
Sex		
Woman	25	83
Man	5	17
Age (years)		
Late Adolescence: 17-25 years	10	33
Early Adulthood: 26-35 years	15	50
Late Adult: 36-45 years	5	17

Table 2. The Score Pre and Post test of Respondents

Variabel	Pre test	Post test
Comittmen		
Good	20 (67%)	25 (83%)
Enough	3 (10%)	3 (10%)
Poor	7 (23%)	2 (7%)
Caring		
Good	22 (73%)	28 (93%)
Enough	5 (17%)	2 (7%)
Poor	3 (10%)	0 (0%)
Spirituality		
Good	26 (87%)	30 (100%)
Enough	4 (13%)	0 (0%)
Poor	0 (0%)	0 (0%)

The Keswacarri training for mental health cadres is not only aimed at increasing the knowledge of cadres in the cognitive aspect, but also aims to improve the affective and psychomotor aspects of mental health cadres, so it is hoped that after being given the Keswacarri training, not only the cognitive aspects of mental health cadres will increase. but also affective and psychomotor aspects.

Caring and spirituality mental health training (Keswacarri) conducted by researchers in an effort to build commitment and improve the ability of the role of mental health cadres and provide insight into the roles that must be carried out by mental health cadres by combining cognitive, affective and psychomotor aspects. The cognitive aspect in this study is how the cadres must know the role that will be carried out as mental health cadres, so that with the knowledge of the cadres, the cadres can carry out their roles optimally (García-Martínez, Lozano-Vidal, & Herraiz-Ortiz, 2016; Notoatmodjo, 2007). The affective aspect here is how health cadres use empathy in every action/role they carry out, for example during home visits, cadres should not only be physically present but also be present emotionally, show a sense of care and protection (Keliat, Helena & Farida, 2011; Yusuf, 2017). The psychomotor aspect here is how the attitude/behavior of the cadre when carrying out the role of the cadre must show behavior that respects/respects the family/community by showing a friendly or polite attitude (García-Martínez, 2017; Keliat, Helena & Farida, 2011)

After evaluating self-care training from the three cognitive, affective and psychomotor aspects, it was seen that there was a change in health cadres in the cognitive/knowledge aspects. Knowledge of health cadres about what roles must be carried out as mental health cadres and how health cadres in carrying out their roles are not only present physically, but also emotionally and convincingly present in themselves that being a mental health cadre means having inherited something of value. for life.

## 5. CONCLUSION

The commitment of the health cadres at the Shelter House before being given the training for self-care is mostly good and the cadres' knowledge of caring and spirituality before being given the training is good, and after being given the training most of them are good. In the aspect of spirituality, all cadres have good spirituality after being given the Keswacarri training.

## 6. REFERENCES

- Cremonini, V., Pagnucci, N., & Giacometti, F. (2017). Health Care Professionals Attitudes Towards Mental Illness : Observational Study Performed at a Public Health Facility in Northern Italy. *Archives of Psychiatric Nursing*, 32(1), 24–30. <https://doi.org/10.1016/j.apnu.2017.09.007>.
- Felton, A., & Right, N. (2017). Simulation in mental health nurse education: The development, implementation and evaluation of an educational innovation. *Nurse Education in Practice*, 26, 46–52. <https://doi.org/10.1016/j.nepr.2017.06.005>
- García-Martínez, P., Lozano-Vidal, R., & Herraiz-Ortiz, M. del C. E. (2016). Skills acquired in research and public health in the specialty of family and community nursing in the Valencian Community. *Enfermería Clínica*, 27(5), 458–465.
- Hidayati, E., Khoiriyah, & Mubin, M. (2015). Pelatihan Siaga Sehat Jiwa Terhadap Peningkatan Pengetahuan Kader Di Rw 06 Dan Rw 07 Desa Rowosari Kecamatan Tembalang Kota Semarang. *The 2 Nd University Research Coloquium*, 611–616. Semarang: Universitas Muhammadiyah Semarang.
- Huang, Y. X., Ma, F. W., Shih, H. H., & Li, F. H. (2008). Roles and functions of community mental health nurses caring for people with schizophrenia in Taiwan. *Journal of Clinical Nursing*, 17, 3030–3040. <https://doi.org/10.1111/j.1365-2702.2008.2426.x>
- Keliat, B., Panjaitan, R., & Riasmini. (2010). *Manajemen Keperawatan Jiwa Komunitas Desa Siaga CMHN (Intermediate Course)*. Jakarta: EGC.
- Notoatmodjo, S. (2007). *Promosi Kesehatan dan ilmu Perilaku*. Jakarta: Rineka Cipta.
- Oltra-Rodríguez, E., & Martínez-Riera, J.-R. (2017). The training of specialists in Family and Community Health Nursing according to the supervisors of the teaching units. *Enfermería Clínica (English Edition)*, 27(3), 179–185. <https://doi.org/10.1016/j.enfcl.2017.02.004>.
- Opperman, K. J., Hanson, D. M., & Toro, P. A. (2017). Depression Screening at a Community Health Fair:

- Descriptives and Treatment Linkage. *Archives of Psychiatric Nursing*, 31(4), 365–367. <https://doi.org/10.1016/j.apnu.2017.04.007>.
- Tania, M., Suryani, & Hernawaty, T. (2018). Kader kesehatan dalam mendukung proses recovery pada ODGJ: Literture review. *Prosiding Seminar Nasional Dan Desiminasi Penelitian Kesehatan*. Retrieved from <https://core.ac.uk/download/pdf/233592404.pdf>
- Winahayu, N., Keliat, B., & Wardhani, I. (2011). Sustainability Factor Related with the Implementation of Community Mental Health Nursing (CMHN) in South and West Jakarta. *Jurnal Ners*, 9(2), 305–312.
- Yusuf, A., & Nihayati, Hanik Endang Okviasanti, F. (2017). *Kebutuhan Spiritual: Konsep dan Aplikasi dalam Asuhan Keperawatan*. Jakarta: Mitra Wacana Media.
- Zulkifli. (2006). Posyandu dan Kader Kesehatan. Retrieved January 1, 2022, from USU Digital Library website: <http://library.usu.ac.id/download/fkm/fkm-zulkifli.pdf.html>.