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Original Research

HEALTHCARE PROFESSIONALS PERSPECTIVES ON DISCHARGE PLANNING FOR PATIENTS WITH MENTAL ILLNESS

Hasmila Sari[1,2], Budi Anna Keliat[3], Juniati Sahar[3], Herni Susanti [3] and Kasiyah Junus [4]

[1] Doctoral Program, Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia
[2] Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, North Sumatra, Indonesia
[3] Faculty of Nursing Universitas Indonesia, West Java, Indonesia
[4] Faculty of Computer Science, Universitas Indonesia, Depok, West Java, Indonesia

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CORRESPONDING AUTHOR
Hasmila Sari
hasmila_sari@yahoo.com
[1]Doctoral Program, Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia
[2]Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, North Sumatra, Indonesia

ABSTRACT

Introduction: Discharge planning is transferring a patient to a different level of care to improve continuity of care by bridging the gap between hospital and community care. Discharge Planning is integral to nursing services and cannot be separated from mental health nursing. It is considered an essential part of the psychiatric rehabilitation process. This study aimed to explore the perspectives of healthcare professionals involved in discharge planning for patients with mental illness.
Method: This research used qualitative methods with a phenomenological approach. Ten participants were selected using a purposive sampling method, with inclusion criteria: healthcare professionals involved in the discharge planning process for patients in psychiatric hospitals, had worked in the service for at least 5 years, and provided direct or indirect services to patients. Data were collected through in-depth interviews using interview guides, recording devices, and field notes. Data were analyzed using thematic analysis.
Results: The study identified four themes related to discharge planning preparation for patients with mental illness: (1) perceptions of roles and experiences in discharge planning; (2) internal and external barriers in discharge planning; (3) internal and external support in discharge planning; and (4) expectations for the continuity of discharge planning.
Conclusions: The perspective of healthcare professionals shows that there are several things found in the implementation of discharge planning for patients with mental illness in terms of roles and experiences according to their responsibilities, barriers, and support in discharge planning and expectations for the continuity of discharge planning from hospital to community. The findings indicate that there are still significant disparities in the way that discharge planning for patients with mental illness is implemented in different mental health service settings. These study findings are intended to serve as a further source of information to develop a discharge planning system that integrates patients with mental illnesses from the hospital into the community.

Keyword: Discarge Planning; Mental Illness; Qualitative; Schizophrenia

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1. INTRODUCTION

Mental illnesses are individual behavioral or psychological patterns that cause distress and dysfunction and reduce the substantive quality of life (Stuart et al., 2023), defined as schizophrenia, schizoaffective disorder, bipolar disorder, or major depressive disorder (Mlada et al., 2021). Schizophrenia was ranked 15th in terms of years of life lost to disability (YLD) in 2016, making it one of the mental health conditions that causes an economic burden (Idaiani et al., 2019). The prevalence reaches around 24 million people or 1 in 300 people (0.32%) worldwide, with an estimate of 1 in 222 people (0.45%) in young adults and more in men than women (WHO, 2022); (Smithnaraseth et al., 2020).

The prevalence of schizophrenia in Indonesia in 2018, based on Basic Health Research, was 0.18%, with the highest prevalence in Bali, followed by Yogyakarta and West Nusa Tenggara (Idaiani et al., 2019). Even though mental illnesses do not cause death directly, they will cause the patient to become unproductive and cause a burden on the family and surrounding community.

Since treatment for psychiatric cases is claimed to be expensive and time-consuming in the healing process, family support is essential during treatment (Videbeck, 2019). Mild and severe mental disorders significantly affect the quality of life and productivity of individuals/families because the consequences persist throughout life and are chronic with recurrence rates that can occur at any time so that they ultimately become a burden on families and society (WHO, 2022); (Lin et al., 2018);(Walke et al., 2018);(Morrison & Stomski, 2019). Since families are the primary caregivers for patients with mental illnesses, nurses must work together, care for, and share resources with families as part of their clinical practice (Stuart et al., 2023). Families are adversely affected by the long-term burden of caring for individuals with mental disorders, which can significantly alter their life and state of health (Purwanti et al., 2018); (Al-Sawafi et al., 2020); (Smithnaraseth et al., 2020). in order to facilitate successful discharge planning, families must be prepared to receive family members discharged from hospital treatment.

Discharge planning is a coordinated process designed to assist patients in adapting to their new environment and ensure they receive follow-up treatment at home following their hospital discharge. This procedure is part of the psychiatric rehabilitation process and the transfer process to another level of care (Boyd, 2018). Discharge planning is planned for the patient from the moment of admission to minimize treatment duration, decrease readmissions (Potter & Perry, 2017), improve the continuity of care from hospitals to the community (Tyler et al., 2019), and provide an achievable strategy to bridge the gap between hospital and community care while also improving patient outcomes (Forchuk et al., 2020).

Related research on Motivational Aftercare Planning (MAP) among patients and health workers

in psychiatric units showed that the motivation of intervention wards increased significantly from 52 to 94% compared to control wards; interview results also showed improvements in the experience of discharge planning (Kisely et al., 2017). Other findings regarding a mental health service institution's evaluation, transition, and post-discharge program show improvements in clinical and functional recovery in intellectual, social, and psychological well-being areas. In addition, participants' self-reports showed reduced readmissions during the program. Positive results were also obtained from interviews where participants indicated that support from their own lived experiences with mental illness was an influential aspect while participating in this program (Scanlan et al., 2017).

Together with West Sumatra, West Kalimantan, and Central Sulawesi, Aceh was the province with the sixth highest prevalence of schizophrenia in Indonesia, at 0.21%, higher than the national prevalence of 0.18% (Idaiani et al., 2019). The Aceh population in 2021 was around 5.33 million (Aceh Central Bureau of Statistics, 2022), and the estimated number of ODS in Aceh was 11,193. Schizophrenia cases were the highest case referral compared to other mental disorders, with the number of patients treated at the Aceh Psychiatric Hospital during the last year being 1,870 cases for inpatient treatment and 7,093 cases for outpatient treatment (Aceh Psychiatric Hospital, 2022). This study aimed to explore the perspectives of healthcare professionals involved in discharge planning for patients with mental illness. These research findings were intended to be the foundation for the development of a discharge planning model for patients with mental illnesses. They linked the implementation of discharge planning at psychiatric hospitals with community health centers to promote effective and targeted communication and ensure that patients and their families have valuable knowledge upon their return home.

2. MATERIALS AND METHODS

2.1 Design

This qualitative study used a phenomenological approach and aimed to explore the perspectives of healthcare professionals involved in discharge planning for patients with mental illness. Some of the things that will be explored here are perceptions of discharge planning, obstacles encountered, support received, and expectations of health workers in the future.

2.2 Population and sampling

Participants in this research were 10 healthcare professionals who worked at the Aceh Psychiatric Hospital and the Health Office. This number refers to the literature stating that qualitative study participants are four to ten people until saturation is reached (Creswell & Poth, 2018). The participants were selected using a purposive sampling method, with the inclusion criteria being healthcare professionals who were involved in the patient discharge planning process, had worked in the service for at least 5 years, and provided services directly or indirectly to patients. The selection of participants was determined according to the inclusion criteria of the study. Firstly, the researcher made a time contract to explain the purpose and objectives of the study and then handed over informed consent to be read and signed by the participants if they were willing. Furthermore, the researcher made a time and place contract for data

Table 1. Interview Questions

Introductory Question:
1. Participants' perceptions of discharge planning
Core Questions:
1. Participant's role when the patient is discharged 2. Participants' perceptions of hospital discharge planning during this time 3. Barriers encountered by participants in patient discharge planning 4. Support required for discharge planning 5. Participants' expectations for future discharge planning

collection by ensuring that the interview was conducted in a comfortable place so that the researcher and participants could concentrate. The researcher had established trusting relationships with participants before the beginning of the study.

2.3 Instrument

The data collection tool is the researcher himself using in-depth interview guides, recording equipment, and field notes. The interview guide was developed based on the topic and objectives of the research and was organized in detail. Researchers play a role in digging as deep as possible for information related to research needs and objectives guided by interview guidelines prepared in advance (Creswell & Poth, 2018). The researcher used open-ended questions developed during the face-to-face interviews and probing questions related to participants' responses to ensure the research objectives were achieved (Table 1). The recording devices were used after getting consent from research participants.

2.4 Procedure

The data were collected using face-to-face, in-depth interviews with participants who met the inclusion criteria. The time for the interview was agreed between 45-60 minutes using Indonesian. Researchers also asked participants for permission to record the interview using a digital recorder and manual notes according to the research needs. After explaining the study objectives, process, confidentiality, and the right to withdraw at any time, participants were interviewed privately in their own comfortable and conducive space. The interviews were semi-structured and explored the participants' experiences in preparing for discharge planning for patients with mental illness. The researcher made field notes to document the conditions that existed during and immediately after the interview. Participants were also asked to provide their basic demographic data to ensure purposive sampling that included age, gender, recent education, place of work, length of employment, and currently held position. Participants were recruited and interviewed until no new information emerged.

2.5 Analysis

The researcher ensured the trustworthiness of the data by conducting triangulation, namely document studies on medical records and other documents used in patient discharge planning, as well as member checks by asking participants to review and edit copies of their interview transcripts before data analysis. Transferability was performed by maximizing sample variation through the selection of participants who came from various work units and different wards but were all involved in discharge planning for patients with mental illness. Furthermore, the researcher compiled a thick description in the form of research report results derived from verbatim transcripts to make it easier for readers to evaluate the accuracy of the data transfer method that the researcher used.

Thematic analysis in this study was conducted according to the steps stated by (Creswell & Poth, 2018), namely preparing data, organizing data (transcripts), reducing data into themes (coding), summarizing codes, and presenting data. The researcher began the analysis by listening to the verbal descriptions of all participants and transcribing the interviews. Furthermore, the researcher read the descriptions repeatedly to analyze specific statements and make a list of significant statements. Then the researcher organized the statements that were significant and relevant to the purpose of the study into certain codes that were arranged in the same pattern to produce sub-themes which were then grouped into themes. All data analysis was checked and discussed with the research team to ensure it reflected the intent and meaning of the data collected.

2.6 Ethical Clearance

This study has been reviewed and fulfilled an ethical test conducted by the Faculty of Nursing at Universitas Syiah Kuala with the research code 113003210923.

3. RESULTS

3.1 Thematic Analysis Results

Four themes emerged from this study's data analysis: (1) perceptions of roles and experiences in discharge planning; (2) internal and external barriers in discharge planning; (3) internal and external support in discharge planning; and (4) expectations for the continuity of discharge planning. These themes and sub-themes are presented in Table 3.

3.2 Participant Characteristics

The participants involved in this study totaled 10 healthcare professionals working at the Aceh Psychiatric Hospital and the Aceh Provincial Health Office. The majority of participants were nurses (n=7), the age range of participants was 38 - 56 years old, the work experience period ranged from 13 years - 34 years, and the level of education varied from a Diploma of Nursing to a Master's degree. (Table 2.)

Table 2. Participant Characteristics

Participant's code	Age (years)	Gender	Education level	Work units/ Ward	Work experience	Position
1	43	Male	Bachelor of Nursing	Inpatient ward	17 years	Case Manager
2	48	Female	Bachelor of Nursing	Intermediate ward	17 years	Head of ward
3	38	Female	Master of Nursing	Intermediate ward	13 years	Team leader
4	42	Male	Bachelor of Public Health	Community Mental Health Unit	19 years	Unit leader
5	47	Female	Diploma of Nursing	Intermediate ward	19 years	Associate nurse
6	56	Female	Master of Nursing	Nursing Division	32 years	Head of Division
7	55	Female	Master of Health	Division of Services	31 years	Vice Director
8	56	Female	Bachelor of Nursing	Inpatient ward	34 years	Unit leader
9	51	Female	Master of Health	Provincial Health Office	21 years	Head of Section
10	46	Male	Bachelor of Computer	IT Unit	16 years	Unit leader

Table 3. Themes and Sub-themes

No	Themes	Sub-themes	Specific quote
1	Perceptions of roles and experiences in discharge planning	Discharge planning process	*It is usually when the patient is admitted to the psychiatric hospital that we have planned, such as how long he is treated in the acute room, intermediate, then the quiet room (P8)*
		Collaboration with parties involved in the discharge planning	*……it doesn't just involve the patient, it can be the family and then later the nurses too (P1)* *This must be coordinated, as well as later when the patient has been to the ward, the nurse with the doctor must be able to predict the patient's condition. Before discharge, it is coordinated again with colleagues at the primary health care referring or hospital, such as CMHN nurses in the field with the head of the Mental Health Section of the Health Office (P7)*
	Internal and external barriers in discharge planning	Lack of family support	*...so far, the problem is sometimes the family when we contacted them, they were less cooperative and couldn't pick the patient up for various reasons...* (P3)
		Barriers to hospital policy	*...then for patients who couldn't be sent home, they had to register for dropping, but apparently they couldn't because they were far away, there was no schedule in the area. Finally, the patient was treated again, and the days of treatment increased again...* (P3)
		Barriers from the community	*For example, some patients are a danger to the community, such as being violent. The community says that if he is released from pasung, he will deal with the community. If he hurts people again, then the family will go to the police station. So this is a threat to the family, and the social sanctions are greater. So it is indeed a challenge for*

No	Themes	Sub-themes	Specific quote
			patients with mental illness, especially if the family lacks care, low family education, and also economic problems… (P9)
3	Internal and external support in discharge planning	Patient internal support	*... So, if the family indeed picks up the patient, we must convey what we have taught here. Hopefully, it doesn't mean abandonment from the family so that there is continuity between the nurse and the patient's family (care) at home...*(P5)
		External support and policy	*…when the patient is discharged, we have to be extra convincing, not only with the family but sometimes with the village officials… we hope that continuity from the Public Health Centers to the home will work...* (P1) *Everything has to be done across sectors, right...with the Population and Civil Registration Office and social services, including security forces, police...* (P4)
4	Expectations for the continuity of discharge planning	Family role enhancement	*... most of us convey to the family ... please help, our efforts have been as much as possible ... please help from the family, please try what we have taught to the patient as we teach to the family, please practice it…..don't let him(patient), God willing, don't come in here again...* (P5)
		Enhanced role of hospitals and communities	*…Of course, they should not be stigmatized, given space for mental patients and still be given activities, so that is the most important thing as well as support from the community. Then if there is a place for patients after clinical recovery to be placed first in an institution or rehab so that they can be given skills so that after returning to the community, they can support themselves and their families. So maybe the tendency to relapse is getting smaller, hopefully, the current hospital policy will be able to collaborate with the Social Service, Health Service, and others…* (P6)

Theme 1. Perceptions of roles and experiences in discharge planning

All participants agreed that discharge planning for patients with mental illness from the hospital is a process of preparing for the patient's discharge that must be planned from the beginning of the patient's hospitalization and requires the coordination of all health professionals from each ward and related work units. However, participants expressed different roles and experiences in the process of implementing discharge planning and the various collaborative engagements they experienced during discharge preparation.

1.1 Discharge planning process

During the discharge planning process, healthcare professionals conveyed the various roles they perform according to their job responsibilities in preparing discharge planning for patients with mental illness. Three participants (P2, P3, P5) are nurses who provide direct nursing care to patients in the hospital room. Hence, they said that discharge planning is implemented every day through the implementation of care in controlling signs and symptoms according to the nursing diagnosis established in the patient. Five participants (P1, P6, P7, P8, P10) were healthcare professionals in charge of hospital management units and did not deal directly with patients every day so they revealed that discharge planning was carried out through various different coordination according to their position. Two participants (P4 & P9) are healthcare professionals in charge of the community mental health unit. Hence, they conveyed that their role in planning patient discharge is more dealing with communities such as families, communities, and cross-sectors outside of health.

"...a plan for the day of patient care starting from the emergency room then in the ward until later in the rehabilitation. Patients can go home if they have been declared clinically cured by the doctor, after an assessment they can carry out independent activities…(P2)

"...the process provided by the health team at the psychiatric hospital to assist the patient and family in establishing needs, implementing and coordinating what has been provided in the hospital or the care provided..." (P6)

1.2 Collaboration with parties involved in the discharge planning

Some participants stated that discharge planning for patients with mental illness may be different from general discharge planning because, in their experience, this process sometimes requires more coordination and involves many parties outside the health sector. One of the phenomena faced by many psychiatric hospitals in Indonesia is the discharge of patients for special reasons, such as not being picked up by the family for many reasons so that the psychiatric hospital must take the patient home (dropping). In addition, if there are cases of pasung in the area, the discharge of patients also requires special planning involving many parties.

... from the hospital, there is a term called dropping, if there is an uncooperative family so the patient is accompanied by hospital staff... (P05).

"...Actually, we from the Health Office or Puskesmas have repeatedly conveyed. When we want to free the ODGJ from pasung and pick them up, we have already informed the family and the Puskesmas. Then like the security of ODGJ on the road, there must also be coordination with the police and others. If we tell a story about ODGJ, there are many stories, we have to involve cross-sectors. Not to mention those who are displaced and do not know where their family card is. But now BPJS has allowed one hospital family card in the name of the patient, which is enough to help. The hospital also has cooperation with Population and Civil Registration Office." (P9)

Theme 2. Internal and external barriers in discharge planning

Healthcare professionals reported several barriers encountered in the implementation of discharge planning for patients with mental illness. Barriers encountered not only come from internal factors such as from the family and patients, but also come from external factors such as hospital policy factors and barriers in the community.

2.1 Lack of family support

Almost all participants reported that one of the biggest barriers in preparing for discharge planning was the family's lack of cooperation in accepting the patient's discharge. Since the beginning of the patient's treatment period in the hospital, healthcare professionals have conveyed that psychiatric hospitals are not 'daycare centers' for patients with mental illness so family cooperation and participation are needed in providing nursing care. Families are expected to visit the hospital so they can be involved in discharge planning through continuous care from hospital to home. The reality that often occurs in the field is that family visits are rare during the treatment period so education cannot be provided. Not to mention the stigma from family members themselves towards patients who have returned home, so this is one of the causes of faster relapse.

...the patient's family might not respond, there was no good communication with the hospital...(P05)

"This is a problem at the psychiatric hospital, namely that the family is not cooperative. So after delivering the patient here when we contact them again, it turns out that they cannot be contacted, and that becomes a problem. For example, we have contacted twice, sometimes the family picks up and promises to pick up in a week, but after a week we contact again, the family still promises again but does not come to pick up either." (P06)

"...patients sometimes do not want to socialize, let alone the community, even their families do not want to. They have been discharged or dropped off but they are not allowed to join the community. The stigma in the family is also very difficult for us to remove. Although it has been conveyed from the puskesmas that the ODGJ has been clinically cured, meaning that he can do light work such as washing dishes, sweeping. But some people think it is not clear when they do it. In the family itself, there are still many who stigmatize, although there is also a change in attitude from the family to be better or more caring for ODGJ, of course, if this happens the relapse rate can be lower (P09).

2.2 Barriers to hospital policy

Most of the discharge planning for patients with mental illness still experience obstacles in terms of policies and rules set by the hospital. The absence of standardized and sustainable standards between mental health service facilities causes patient discharge planning to not run as expected. For example, in patients who are sent home by dropping, if the dropping requirements have not been met, the patient must be treated again so that the length of stay increases which will have an impact on hospital costs. In addition, the large number of homeless patients is also one of the obstacles in discharge planning.

*"...that's a problem for us, because our AVLOS is higher than average. We have agreed to 30 days in discharge planning, but the conditions of the hospital sometimes still cannot be 30 days. Even today, the LOS sometimes reaches 42 or 46 days, exceeding the target. It is also difficult for the hospital financially to keep these patients in the psychiatric hospital because the treatment is still long..."(*P07).

"...is an obstacle, not to mention the homeless patients. The only one who wants to think about where the homeless patients will go is probably the Mental Hospital. Meanwhile, the Social Services only accepts non-psychotic homeless patients. For those with mental disorders, there is currently no special place..." (P06)

2.3 Barriers from the community

Continuing care from psychiatric hospitals to the community is currently not well implemented. Health workers said that after patients are discharged from

the hospital, there are often barriers from the community that cannot be removed such as stigma, and lack of coordination between health workers.

"...the obstacle is sometimes at the Puskesmas or Health Office...when the patient is delivered there is no CMHN nurse there. There are agencies that want to cooperate, but there are also those whose response is not good. Sometimes our officers arrive there and no one is waiting, finally our officers immediately deliver to the house..." (P04)

"...They are still welcome, the family is also invited and presented, meaning that they only transit to the puskesmas. The Puskesmas staff sometimes respond poorly and do not want to know about the patient's condition. There should be education, but the Puskesmas and Health Office staff only attend and officers from the Mental Hospital also sometimes only introduce it so there is no education according to procedure. As we said earlier, there are those who respond well and those who do not, especially patients who relapse repeatedly. So not all agencies and health centers are welcoming regarding the flow and education is also limited, maybe only related to medicine so that the medicine will be taken later, so there is no delivery related to if you don't take the medicine what the impact is. But even though the psychiatry hospital has worked well, meaning that they have coordinated, may be because the staff from the psychiatry hospital when dropping is very limited, only one person with a driver and the delivery is also far away..." (P09)

Theme 3. Internal and external support in discharge planning

Discharge planning for patients with mental illness requires various supports to be optimally implemented. Healthcare professionals reported a variety of supports they received while preparing for discharge planning from the hospital to the community. The most influential internal support came from patients and their families, while external support was reported in the form of support and material assistance from hospitals and other mental health care facilities.

3.1 Patient internal support

Healthcare professionals expressed their experience that the commitment and cooperation of the patient's family is the 'best support' that they really hope for discharge planning regarding support from the psychiatric hospital. Families can communicate with other family members, neighbors or the environment about the patient's condition so that it can slightly ease the burden felt.

" ... the support that we expect the most is indeed the commitment of the family. We often say sometimes during education if there happens to be a family who picks up ... ladies and gentlemen, we understand your condition but don't make it a burden, just live with it, if indeed later when the patient must be treated, brought back to the hospital. Your not alone.... it can be conveyed to family, neighbors and the community too. Likewise, if you are allowed to go home, tell your family or neighbors so that by telling them like that they will also be able to help... (P01)

3.2 External support and policy

Some participants expressed their opinion that the support they received from the hospital was helpful in preparing for discharge, such as the provision of data packages to communicate with the patient's family and the provision of the patient's basic needs upon discharge. Healthcare professionals also hoped that policies related to discharge planning could be well socialized.

"...the hospital has provided a fee for communication with the patient's family, around 100 thousand for communication, such as telephone calls. If the psychiatrist has declared the patient clinically cured, we immediately call the contact phone number that is on the patient's status, we inform the family, that the patient has clinically cured and can be picked up..."(P03)

"...But, mental problems are economic socio-cultural and very complex, 90% of patients are poor, economically poor. The dropping program is to fulfill the hospital's discharge planning. So far, we have also been facilitated by Baitul Mall for discharge. So we, the hospital management, when the patient is discharged, have to think about what to do, who to contact. So the hospital is looking for more costs for discharge, costs for cross-sectors, facilitating the patient's food and drink back home, until his clothes we also think about, we also think about his flip flops. So the management in the hospital does not only think about the patient but the needs of clothing and food to transportation must be considered. That is probably what causes the hospital's operational costs to be high..." (P07)

Theme 4. Expectations for the continuity of discharge planning

Healthcare professionals participants expressed their hope that discharge planning could be continuous with home care, and that families would play a more proactive and cooperative role. On the other hand, healthcare professionals also expected an increased role of other professions in preparing for discharge and good cross-sector coordination with the community.

4.1 Family role enhancement

The cooperative role of the family is very meaningful in continuing nursing care at home so that family cooperation is expected during discharge planning, such as coming to visit at any time and picking up the patient when he is allowed to go home. Healthcare professionals also hope that patients can be independent and productive after returning home with the support of their families.

"The hope is that in addition to cooperative patients, families are cooperative when notified, willing to come to pick them up. Families also have the same knowledge and skills on how to care for mentally ill patients at home (P02).

"...so the hope is that in addition to recovery, patients are productive and independent in the community. There must be skills that they can do when they get to their families..." (P04)

4.2 Enhanced role of hospitals and communities

Discharge planning for patients with mental illness requires multidisciplinary cooperation and coordination from the beginning of treatment to discharge to the community. The participant hope that all mental healthcare professionals who treat patients can work together effectively for discharge planning. In addition, the hope is also expressed that there will be cross-sector coordination with various government agencies to facilitate the continuity of care for patients with mental illness, especially homeless mental patients with the ultimate goal of minimizing stigma on people with mental disorders.

"...If it is related to the hospital, maybe our hope is that while he (patients) is being treated there should be more attention from fellow nurses so that hopefully the patient's development will be faster. Sometimes we, as nurses, are the ones who are in front and then doctors and other healthcare, such as psychologists, pharmacists, feel that there is a lack of synergy." (P02)

".....The cooperation between hospitals, families, community health centers, and health services is essential, isn't it...and the community too, so there should be no stigma, stigma for mental illness people who have returned home....I want the Department of Social Affairs...to address the problem of homelessness because for many years...the Department of Social Affairs should be more concerned about completing houses for homeless mental patients...((P01).

4. DISCUSSION

Theme 1. Perceptions of roles and experiences in discharge planning

Discharge planning is a process that begins when the patient is first admitted. Healthcare professionals especially nurses, must be able to assess the patient's environment and identify needs and potential resources to help the patient adapt well upon discharge. Discharge planning begins with developing education and skills, where this information must be provided to patients and families to reduce the possibility of relapse (Stuart et al., 2023). Related research on the experiences of mental healthcare professionals in implementing the transitional discharge model for the discharge of patients with mental illness from hospitals to the community resulted in four themes, namely the role and positive experiences of healthcare professionals, the perceived benefits of implementing the model, challenges in implementing the model, and suggestions for maintaining model implementation (Forchuk et al., 2020). These results are consistent with the research theme, which is the healthcare' role in assisting patients get ready for discharge by sharing their experiences and helping patients get ready for discharge. For healthcare working at mental health facilities, discharging patients who have dropped out is a unique experience. Dropping is when a patient is discharged from the hospital after his family fails to pick him up. This phenomenon is often found in practically all mental hospitals in Indonesia, and it is carried out when the patient's family does not respond to requests to pick them up, even though the number of patient beds is limited and is needed for other patients who need more care.

The goal of discharge planning will be achieved if there is cooperation between the nurse, patient, and family who interact with each other for the patient's recovery (Potter & Perry, 2017). Psychiatric nurses play an essential role in ensuring the coordination of patient care in hospitals, including evaluating modalities for providing nursing care and facilitating communication (Stuart et al., 2023). Previous research on patients' experiences with complex problems in discharge planning resulted in a theme regarding social support, which states that patients need support from their surroundings when facing situations in the community after being discharged from the hospital (Carusone et al., 2017). Likewise, other research on the experience of mental health professionals in preparing for the discharge of patients from the hospital to the community mentioned that to ensure a smooth transition, cross-sector and internal collaboration is required when it comes to the discharge of patients with mentalillnesses (Noseworthy et al., 2014). Similar findings from this study indicated shortcomings in how hospital discharges were coordinated, mainly for families and communities who had yet to show they were willing to work together. The hospitalexperienced difficulty returning patients

Because family members could not be contacted, so the hospital dropped them directly to the patient's home and contacted CMHN nurses in the area to facilitate the patient's return.

Theme 2. Internal and external barriers in discharge planning

The family is the closest unit to the patient and is the "primary caregiver" for the patient, so the role of the family is very important in determining the care needed at home. Family-related barriers are reported as one of the important challenges that determine family involvement in the care of patients with mental illness, as reported by (Dehbozorgi & Fereidooni-moghadam, 2022), that family-related barriers include lack of family knowledge about mental illness,

family care challenges, family crises and conflicts, and patient rejection. These barriers are exacerbated by the family's long distance of residence, low socioeconomic status of the family, family fatigue, and poverty. Almost all participants stated that the lack of family support was one of the processes that hindered the patient's discharge planning. The stigma that is still attached to mental illness is enough to influence the acceptance of most families in accepting the return of patients, especially in some cases of mental patients who have experienced disorders for a long time and have a history of violence or crime with victims of their own family members or the local community. Community rejection in the neighborhood can sometimes also cause families to be uncooperative and reject the patient's discharge.

Discharge planning helps patients receive care after going home and helps them get ready to reintegrate into society by bridging the gap between hospital care and care in the community (Berman et al, 2018). In addition to managing teams of healthcare providers, mental health nurses must work with multidisciplinary professionals (Stuart et al., 2023). According to previous research on the quality of hospital discharge from the experiences and perspectives of patients, families, and healthcare professionals, information delivery from hospitals to the community was frequently incomplete, unclear, and delayed. In particular, healthcare professionals expressed their experience that the quality of information exchange from hospital to community is very poor, which creates challenges in implementing effective discharge planning. There are barriers to implementing effective discharge planning, such as breakdowns in communication between health professionals (Forchuk et al., 2020). Similar findings from the study also showed that poor professional collaboration and a lack of awareness of community service providers posed barriers to care coordination between internal hospitals and the community. Financial policies, such as the Ina CBGs (Indonesian-Case Based Group) claim, a payment system with a package structure based on the patient's illnesses, also become barriers to returning patients. Discharge planning is further complicated by the presence of mental illness patients with a history of homelessness whom the community or Social Services bring in because it is unknown what the patient's address or family is, which causes the number of homeless patients to keep rising and accumulate in hospitals.

Theme 3. Internal and external support in discharge planning

When a patient is referred, transferred, or discharged to a different institution or level of care, discharge planning procedures frequently allow for the transfer of clinical care information (Boyd, 2018). One thing that needs to be continued after the patient is discharged home is follow-up. According to Stuart et al. (2023), only 50% of patients who have been discharged effectively complete discharge planning and proceed to outpatient treatment. Previous Implementing a smooth transition to community-based outpatient services can play an important role in ensuring continuity of care and improving patient outcomes (Walker et al., 2021). This can be one of the supports for preparing discharge planning from the beginning of hospitalization. According to related research, most service users, especially patients and families, still play a minimal role in the crucial stages of hospitalization and discharge. This is because health workers are not as involved in hospitals, communities, or service users' lives as they should be (Wright et al., 2016). Similar insights were drawn from this study, which showed that patients with mental illnesses receive very little care and preparation before returning home due to a lack of family support and commitment. Discharge planning education could not be provided to patients who requested to be discharged without their family's presence due to the low number of family visits, according to information gathered from interviews and observations in several treatment rooms.

One of the key factors in preparing for discharge planning is the existence of an effective discharge planning system that is influenced by the behavior of providers, policy makers, and patients. Research (Gholizadeh et al., 2018) on the implementation of discharge planning in health systems resulted in several key themes, namely behavior (policymakers, providers, and patients), organizational change, financing and payment systems, and rules and regulations. Policies and regulations of mental health service facilities such as hospitals and other government agencies are very influential external support in patient discharge planning, especially from mental hospitals which often involve many cross-sector agencies. The discharge of patients from mental hospitals such as dropping and freeing from pasung requires a fairly long and complex coordination with various parties. The economic status of the majority of the community, which is categorized as poor, and the demographic conditions of Aceh's vast territory are one of the reasons for the low involvement of families in discharge planning. So far, the psychiatry hospital has facilitated the provision of all the needs of patients who will be discharged to their respective regions with the help and support of government agencies such as Baitul Mall, the Social Service, and other non-governmental organizations.

Theme 4. Expectations for the continuity of discharge planning

research examining how patients and healthcare professionals perceived the implementation of the Patient Oriented Discharge Summary (PODS) instrument to carry out discharge identified different yet complementary themes. Specifically, health workers defined the term "goals of care" and stressed their responsibility to meet care goals for discharge planning. At the same time, patients focused more on the "goals of life" perspective of recovery,

characterizing the PODS as merely one component of the recovery process rather than a particularly memorable experience (Hattangadi et al., 2020). Similar findings were also found in this study, where healthcare professionals expected the patient's family to be committed to continuing care at home according to the nursing care provided in the hospital inpatient ward. In contrast, the patient's family focused more on the outcomes achieved by the patient after being discharged from the hospital in the form of productive work. These findings provide a broader understanding that the discharge planning experience is perceived differently by healthcare professionals and patients or families because they view continuity of care after discharge according to different perspectives and interests. This suggests that additional areas need improvement and that further study is needed to understand better how patients and their families deal with discharge planning. For this reason, the family and patient must commit to continuing care after being returned to the community.

The integrative function of hospital-based psychiatric nurses includes all activities coordinating client care, such as facilitating collaboration and care coordination, managing nursing resources, and ensuring compliance with professional standards and regulations (Stuart et al., 2023). One of the research themes (Noseworthy et al., 2014) is about making the transition process run smoothly and seamlessly, which requires good roles and relationships between patients, families, healthcare professionals, and support from the hospital and community. Other related research also states that strategies are needed to maintain the implementation of discharge planning by standardizing the implementation of discharge planning across all wards, improving communication between health workers in the hospital and the community regarding patient progress after discharge from the hospital (Forchuk et al., 2020); Mental health policyholders in services can collaborate with decision-makers in government to advocate for better policies on discharge planning (Xiao et al., 2019). In line with the findings of this research, psychiatric hospitals, and community health centers do not yet have standardized regulations regarding the continuity of discharge planning for mental disorder patients in Aceh. Until now, there has been no 'gold standard' for good discharge planning in mental health nursing. Therefore, it is difficult to evaluate and compare the quality of discharge planning in various mental health service institutions in Indonesia.

5. CONCLUSSION

The perspective of healthcare professionals shows that there are several things found in the implementation of discharge planning for patients with mental illness in terms of roles and experiences according to their responsibilities, barriers and support in discharge planning and expectations for the continuity of discharge planning from hospital to community. These study findings imply that there are still significant gaps identified in the implementation of preparation for discharge planning for mental illness patients in various mental health service settings. The findings of this study are intended to serve as a further source of information to develop a discharge planning system that integrates patients with mental illnesses from the hospital into the community. In order to determine which policies related to the discharge planning of patients with mental illnesses can be implemented adaptively, a more in-depth investigation of the roles played by different teams of mental health professionals in both preparing patients for discharge and enforcing laws that apply in different contexts is also necessary.

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