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**Improving the Quality of Life and Self-Efficacy of ODGJ and Mental Disorder Risk Groups in Desa Siaga Sehat Jiwa (DSSJ) Kalegen Bandongan Magelang Through the Application of Cognitive Therapy and Body Endurance Support**

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ABSTRACT

**Introduction.** Schizophrenia is a mental disorder that generally attacks the productive age and is the main cause of disability. The problems experienced by ODGJ schizophrenia when living life in society are very diverse, one of which is the existence of self-stigma that arises due to the negative effects of other people's judgments on patients, resulting in a decrease in self-efficacy which has an impact on decreasing quality of life, work ability, social function, price. self and hope. . In addition, there are also many community members who experience psychosocial problems and are classified as a risk group for mental disorders. For this reason, a CBT approach is needed to improve self-efficacy and quality of life

**Methods.** This activity is intended to improve the quality of life and self-efficacy of community groups who experience mental disorders and are at risk of mental disorders. The methods and strategies used are through therapy activities, mentoring with lectures, questions and answers, discussions, demonstrations and field visits. Changes in self-efficacy and quality of life before and after the activity were measured using the General Self Efficacy Scale and WHOQOL-BREF instruments.

**Results.** Cognitive therapy mentoring meetings were conducted 2 times with a gap of 2 weeks. the results show that there is a difference in self-efficacy before the average is 29.9 to 39.7 and for the quality of life from an average of 54.6 to 64.95.

**Conclusion.** CBT is proven to be able to improve the quality of life and self-efficacy of ODGJ and the community at risk of mental disorders, so it needs to be implemented to improve the mental health of the community.

Keyword : cbt; odgj; kualitas hidup; efikasi diri

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**Introduction.** According to Davison (2017) schizophrenia is a mental disorder that affects more people than other mental disorders, generally attacks the productive age and is the main cause of disability in the 15-44 year age group. The symptoms of schizophrenia cause severe impairment in the individual's ability to think and solve problems, disrupt affective life and social relation skills. Schizophrenia is a collection of symptoms or syndromes that can cause very serious psychiatric problems. The problems experienced by ODGJ schizophrenia when living life in society are very diverse, one of which is the existence of self-stigma that arises due to the negative effects of other people's judgments on patients, resulting in a decrease in self-efficacy which has an impact on decreasing work ability, social function, self-esteem, and self-esteem. hope. All of these things describe the quality of life of ODGJ Schizophrenia which is closely related to the disability they experience in the form of cognitive and perceptual changes in living life. ODGJ often experience failure in carrying out social functions, face problems related to interpersonal skills, have poor social skills, and experience cognitive function deficits, so that eventually they experience social isolation and cause their quality of life to be poor. ODGJ need psychosocial support in addition to the help of mental health professionals. For this reason, cognitive behavioral therapy or CBT is one approach that can be applied to patients because this therapy is a therapy based on a combination of several interventions designed to change the way of thinking and understanding situations and behaviors so as to reduce the frequency of negative reactions and disturbing emotions (Epigee, 2009). Ida, Tuti & Yati (2022) in a systematic review study stated that CBT is useful in overcoming various problems, one of which is self-efficacy. Cognitive behavior therapy (CBT) is a non-pharmacological intervention in dealing with maladaptive thinking and behavior (Dobkin et al, 2019). Cognitive behavior therapy uses an approach by changing maladaptive ways of thinking into adaptive ones so that changing thoughts can bring about changes in feelings and behavior (Situmorang, 2018).

**Methods.** The methods and strategies used are therapy activities, mentoring, lectures, questions and answers, discussions, demonstrations, and field visits. Measurements of the quality of life and self-efficacy of the participants were carried out using the General Self Efficacy Scale and WHOQOL-BREF instruments, before and after the activity. then the data were analyzed by comparing the mean of self-efficacy and quality of life between before and after the activity. the number of participants is 40 people. The activity was carried out in groups of 2 meetings with an interval of two weeks.

**Result and Discussion.** The implementation of service is carried out in a planned, gradual and continuous manner. The initial stage is to coordinate between the service team with cadres and community leaders regarding the technical activity plan. The counseling and mentoring activities through the offline mechanism were carried out in 2 stages to 40 participants. Phase 1 (on 21

July 2022 and 4 August 2022). The technical face-to-face assistance includes the following:

1. Mapping participant groups
  - a. Determination of participant groups  
A group of 40 people consists of ODGJ (who are already cooperative) and people at risk of mental disorders (having a history of chronic disease).
  - b. Group mentoring time sharing  
A group of 40 people participated in the first therapy assistance on July 21, 2022  
The same group of 40 people participated in the second mentoring on August 4, 2022
2. Carry out therapeutic assistance activities
  - a. The meeting was held at the Kalegen village hall with a health protocol
  - b. Participants filled out the self-efficacy and quality of life scale questionnaire at the first meeting before starting therapy assistance (as a pre-test).
  - c. Participants filled out the self-efficacy and quality of life scale questionnaire at the second meeting (2 weeks interval) after the second mentoring activity ended (as post-test data).

The results of the activity 100% of participants attended the activity for 2 stages. Measurement of the questionnaire showed a change or increase in the scale of self-efficacy and quality of life. The increase is evidenced by the change in the value of the pre-test (before training) an average of 29.9 to an average of 39.7 (post-test) for the self-efficacy scale. For the quality of life scale, the average pre-test result increased from 54.6 to 64.95 post-test.

**Table. 1. The average score of the self-efficacy and quality of life scale before and after mentoring**

No	Scale	Pre-test (f)	Post-test (f)
1	Self Efficacy	29,9	39,7
2	Quality of Life	54,6	64,95

There was a quantitative change in the self-efficacy scale in 40 participants between before and after cognitive therapy assistance. Before mentoring there were 13 participants who still had a low self-efficacy scale, but after mentoring there was an increase of 100% of participants having high category self-efficacy. The mean score of the self-efficacy scale (table 1) before mentoring was 29.9, increasing to 39.7 after mentoring therapy. For the quality of life scale there is a quantitative change in the quality of life scale in 40 participants between before and after cognitive therapy assistance. Before mentoring there were still 7

participants who had a low quality of life scale, but after mentoring there was an increase in the quality of life scale to moderate, good and very good. The mean score of the quality of life scale (table 1) before mentoring was 54.6 and increased to 64.95 after mentoring therapy.

These results indicate that CBT is one of the right approaches to help people belonging to risk groups and also ODGJ who have been cooperative in undergoing rehabilitation in the community. The CBT intervention given to the respondent is a simple action refers to a simple step in create gratitude with proposed cognitive approach by Miller (in Utami et al, 2020), namely a) identify thoughts that wrong; b) formulate and support grateful thoughts; c) change the mind that wrong to thoughts of gratitude; and d) apply gratitude in inner and outer actions. Sessions that given include psychoeducation CBT, cognitive restructuring, modeling,

counting blessings, relaxation and prayers, given in two times meeting. Finding This is in line with McCullough's research, Tsang, and Emmons (2004) that one of the positive emotions that arises because of gratitude is a better mood. Emmons and McCullough (in Nanda et al, 2020) also reveal that there is a feeling gratitude can bring up positive emotions and reduce negative emotions.

The results of this activity are still very simple, because the behavioral changes that occur are not controlled by confounding factors. This activity is only a form of application of research results that have previously existed, with the aim of helping the community improve their health status.

**Conclusion and Suggestions.** CBT is one of the right approaches to help people belonging to risk groups and also ODGJ who have been cooperative in undergoing rehabilitation in the community. The CBT intervention given to respondents in this community service activity is a simple action that refers to simple steps in creating gratitude with a cognitive approach. the results showed a change in the average increase in the self-efficacy scale and the quality of life of the participants after participating in the activity. It is suggested that activities can be implemented and developed on a wider scale of respondents with various cases of both physical and mental health problems.

## References

- Davidson, J.R., Dawson, S., & Krsmanovic, A. (2017). *Effectiveness of group Cognitive Behavioral Therapy for Insomnia (CBT-I) in a primary care setting*. Behavioral Sleep Medicine, 00:1-13, doi: 10.1080/15402002.2017.1318753.
- Ida Ayu Made Ari Santi Tisnasari , Tuti Nuraini , Yati Afiyanti, (2022). *Penerapan Cognitive Behaviour Therapy Pada Pasien Kanker*, Journal of Telenursing (JOTING) Volume 4, Nomor 1, Juni 2022 e-ISSN: 2684-8988 p-ISSN: 2684-8996 DOI : <https://doi.org/10.31539/joting.v4i1.3429>
- Dobkin, R. D., Mann, S. L., Interian, A., Gara, M. A., & Menza, M. (2019). *Cognitive behaviour therapy improves diverse profiles of depressive symptoms*

- in Parkinson's disease*. International journal of geriatric psychiatry, 34(5), 722-729. <https://onlinelibrary.wiley.com/doi/abs/10.1002/gps.5077>
- Situmorang, D. D. (2018). *Academic Anxiety sebagai Distorsi Kognitif terhadap Skripsi: Penerapan Konseling Cognitive Behavior Therapy dengan Musik*. Journal of Innovative Counseling: Theory, Practice, and Research, 2(02), 100-114.
- Nanda Putri Adhiningtyas , Muhana Sofiati Utami. (2020) *Gratitude Cognitive Behavior Therapy untuk Meningkatkan Kualitas Hidup pada Perempuan dengan HIV/AIDS*. Gadjah Mada Journal Of Professional Psychology Issn 2407-7801 (Online) Volume 6, No. 1, 2020: 92-106 <https://jurnal.ugm.ac.id/gamajpp> DOI: 10.22146/gamajpp.54234.
- Muhana Sofiati Utami, Mar'atush Shalihah, Nanda Putri Adhiningtyas, Siti Rahmah, Winda Kartika Ningrum. (2020), *Gratitude Cognitive Behavior Therapy (G-CBT)*. Jurnal Psikologi ISSN 0215-8884 (Print), Volume 47, Nomor 2, 2020: 137– 150 ISSN 2460-867X (Online), DOI: 10.22146/jpsi.43730 <https://jurnal.ugm.ac.id/jpsi> .
- Ira Aini Dania. (2019) *Cognitive Behaviour Therapy Pada Skizofrenia*, Jurnal Penelitian Keperawatan Medik, Vol. 2 No. 1 Edition: May – October 2019.
- Erga Patragave Ratih & Muhana Sofiati Utami. (2018), *Terapi Kognitif Perilaku efektif dalam meningkatkan efikasi diri*. Gadjah Mada Journal Of Professional Psychology Volume 4, No. 2, 2018: 185-194 ISSN: 2407-7801.
- Taylor, D.J. & Pruiksma, K.E. (2014), *Cognitive behavioural therapy for insomnia (CBT-I) in psychiatric populations: a systematic review*. International Review of Psychiatry, April 2014; 26 (2): 205-213, doi: 10.3109/09540261.2014.902808.
- Emmons, R. A., & McCullough, M. E. (2004). *The psychology of gratitude*. United States: Oxford University Press.
- Emmons, R. A., & McCullough, M. E. (2003). *Counting blessings versus burdens : An experimental investigation of gratitude and subjective well-being in daily life*. Journal of Personality and Social Psychology, 84(2), 377–389. doi: 10.1037/0022-3514.84.2.377