

**Seclusion and its Prevention.
(A study on the efforts to release of seclusion and restrain prevention viewed
from sociological aspects in Sukoharjo)**

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Abstract: Seclusion is an act putting a block of wood on the hands and/or feet of a person, tied or chained, isolated at a special place in the house or in the woods. Families with mental disorder clients often feel the burden associated with client care. The reason why the family does Seclusion is to prevent the violent behavior, prevent the risk of suicide, and prevent the client's leaving home and family disability to take care for clients of mental disorder.

The purpose of this study was to determine the condition of the seclusion client, seclusion client's level of independence and other relationships that affect client toward seclusion and sociological aspects related to the actions or efforts to control seclusion in Sukoharjo in 2013. The study was conducted in two health centers in Sukoharjo using total sampling consist of 15 families, 13 families with client seclusion and 2 families free seclusion clients. After conducting the study, it is expected to achieve a solution to do at the health center or mental health services by the government which in the end it can be achieved ' Sukoharjo free from Seclusion'.

Key words: *Sociological, Daily Activities, Social Activities*

1.1. Background of study

Actually seclusion has been banned in Indonesia since 1977 by the Minister of Home Affairs letter No. PEM.29/6/15, dated November, 11 1977 addressed to the Head of the Provincial Governor of Indonesia, it is requested that people do not restrain people with mental disorders and raising public awareness to hand over patient care at the Mental Hospital. This rule is reinforced by the Law No. 36 2009 on Health in Article 149 mandates that people with mental disorders are abandoned, homeless, threatening the safety of themselves and/or others, and/or disturbing the peace and/or public safety required to get treatment and care in health care facilities by the government, local government, and society.

Regional Mental Hospital (RSJD) Solo finds seclusion cases for about 254 victims who suffered mental disorder. The victims were discovered beginning in 2011 until now. Based on data in Central Java province in June 2013, the numbers in Wonogiri residents are 92 people in seclusion, it is on the second ranks after Pati regency with 100 people and it is followed by Kebumen Regency 49 people in Seclusion for the third ranks. While in August 2013 the numbers of Sukoharjo residents restrained are 42 people.

Treatments of patients who have psychiatric disorder and get isolation from the social environment in Sukoharjo are still constrained by the attitude of their family. There is still lack of family awareness in the importance of treatment for patients with severe or mild psychiatric disorders affecting it. Families attitude that is less open mind towards the existence of people with severe

mental disorders become the main constraint faced by health workers when they want to collect data about the patients. Though the data is needed, so people with mental disorders can be handled immediately. Health center only served to record and become mediator in handling mental disorders people. After recorded, if their family permits, the patient will be picked up by an authorized team from Regional Mental Hospital (RSJD) and they will be treated.

Based on the above conditions, researchers interested in conducting research on the effort of releasing from the seclusion and preventing to restrain back in Sukoharjo due to lack of people's awareness both family and the society around psychiatric disorders patient, also the care provided to them. In addition, campaign in finding patients with mental disorder to support government programs, Indonesian free from seclusion 2014.

2.1. LITERATURE REVIEW

a. Overview about Community Mental Health condition in Sukoharjo.

Sukoharjo is one of districts in Surakarta neighborhood; Sukoharjo's area is 466.66 hectares and recorded as 1.43 % area of Central Java Province. Sukoharjo consists of 12 districts and 167 villages. (Dinkes kab. Sukoharjo, 2004). The population in 2004 was 815,089 inhabitants. (Central Bureau of Statistics District Sukoharjo, 2005), while the Dependency Ratio = 0.44.

A large number of people suffering from mental illness in Sukoharjo are ranging from mild psychological distress to acute mental disorders. Although mental disorders

do not cause death directly, but it will cause the sufferer become unproductive and pose a burden for patients and their families surrounding communities. Until now the government's attention to the mental health Sukoharjo is still underway.

b. Definition of Mental Health , Mental Disorders , stock and restrain

Mental health is a healthy condition of emotional, psychological, and social that involved from satisfying interpersonal relationships, behaviors and effective coping, positive self-concept, and stable emotional (Johnson, 1997, in Vedebeck, 2008).

Mental disorders are symptoms that are manifested through changes in the main characteristics of behavioral or psychological malfunctions are generally measured from some norm concepts associated with distress or illness, not only from the expected response to a particular incident or limitations of the relationship between individual and surrounding environment (Kaplan and Sadock, 2007).

Seclusion definition is an act put a block of wood on the hands and/or feet of a person, tied or chained, isolated at a special place in the house or in the woods.

Restrain can be defined as any action that could result in loss of one's freedom of action as a result of physical restraint in spite of binding and has no prohibition against the restrain.

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c. Kinds of Mental Disorders

Various mental disorders (Rusdi Maslim, 1998):

1. Schizophrenia.
2. Depression
3. Fear
4. Personality disorders
5. Mental retardation
6. Behavior Disorders Child and Adolescent Period

d. Causes of Mental Disorders

Causes of mental disorder are:

1. Constitutional factors include shape of body, energy and activity, vegetative nervous system reactivity, physical

durability, sensitivity, intelligence and other talents

2. Congenital defects (birth defects)
3. Inappropriate Psychological development
4. Early restrain
5. Patagonia Family model
6. Adolescence
7. Sociological factor at wrong development
8. Genetics:
9. Neurobiological
10. Biochemistry of the body
11. Neurobehavioral
12. Stress:
13. Misuse of drugs:
14. Psychodynamic:
15. Biologic factors
 - a. Descent
 - b. Physical
 - c. Temperament
 - d. Diseases and injuries of the body
 - e. Circadian rhythm of body
16. Psychological factors
 - a. Infancy
The meaning of infancy is approaching the age of 2 years - 3 years old.
 - 1)How to care for baby
 - 2)How to feed
 - b. The period of pre-school children (between 2 to 7 years)
 - 1) The relationship of parent - child
 - 2) Protection of excessive
 - 3) The marriage was unharmonious and broken homes
 - 4) Authority and Discipline
 - 5) Sexual development
 - 6) Aggression and hostility way
 - 7) The relationship of brother - sister
 - 8) Disappointment and painful experience.
 - c. Children at school period
Important problems that may arise:
 - 1) The development of physical
 - 2) Adjustment in school and socialization
 - d. Adolescence
Physically, in this period there were significant changes is the emergence of secondary signs (self traits of femininity or masculinity). Being mentally at this time is the great upheaval during this period,
 - e. Young Adulthood
The issues that are important in this period are:
 - 1) Relationships with the opposite sex
 - 2) Feelings of fear and guilt about marriage and pregnancy
 - 3) Feelings of fear to act as the parents for child or lack of ability on having children

- 4) Differences hopes will play each (no new adjustments in behavior / thinking)
- 5) Financial problems
- 6) Disturbances of family
- 7) Selection and adjustment work
- f. Older adulthood
The problems that may arise:
 - 1) Decreased physical state
 - 2) Changes in family structure (married, jobs) so parents often lonely
 - 3) The limited possibilities for new changes in the field of work or repair past mistakes.
 - 4) Decreased sexual function and reproductive
- g. Old Age

There are two important things at this time. Reduced responsiveness, memory, learning power reduction, physical abilities and social skills cause anxiety and economic insecurity, and often lead to misunderstanding of the parents towards their environment. Feelings of alienation due to loss of motion limitations peers can cause emotional distress which is severe enough.

1. Socio-cultural factor
Some cultural factors are:
 - a. Ways of raising a child
 - b. Value system
 - c. Imbalance between the desire with the fact
 - d. Tensions due to economic factors and technological advances
 - e. Family unity displacement
 - f. Minority issues
- (Coleman, JC: Abnormal Psychology and Modern life. Taraporevala Sons & Co., Bombay, 1970. Page. 126)

3.1. RESEARCH METHODOLOGY

A. Research Design

This study uses the data from quasi intervention to determine seclusion family understanding to the restrain, to know the causes and characteristics of seclusion victims. This study also measures the degree of independence of the client's self-care that has been released from restrain and that is still restrained in Sukoharjo.

B. Population and Sample

The population is overall symptom/unit to be observed. The population was all client families with good seclusion that have been released or are still restrained in Sukoharjo district, Central Java. Recent data obtained health department of Sukoharjo district, there

are 42 families who had done the restrain of the family members.

The sample is a portion of the amount and characteristics of the population studied. In this experiment the total sampling where the sample is all members of the family members who've put in the seclusion and are still restrained. The characteristics of the sample for this research are client families whose data will be analyzed are as follows:

1. Next of kin and family members involved in caring for clients
2. Responsible for client and stay with the client
3. Over the age of 18 years.
4. Can read and write
5. Willing to be respondents in the study

The characteristics of the sample for this research client whose data will be analyzed are as follows:

1. One of the family members has experience in mental illness who are in a seclusion condition or free for seclusion up to 1 year
2. Able to communicate orally

C. The Research

The study was conducted at the family house and the clients who have a mental disorder that was ever restrain or never located in Sukoharjo Central Java. Location of the study were selected to get permission easily for doing research, affordable research costs and available to new changes that can improve the quality of nursing care of mental disorders. Sukoharjo also has the most number of respondents and qualified in place and there is not research on Seclusion before.

D. Research Time

The study started from arranging proposal, data collection till processing and writing a research report. The data collection started on November 2013

4.1. RESULTS OF THE RESEARCH

Preparation of implementation begins by determining respondents who met the inclusion criteria. All families who are willing to take part in the study have signed a statement of willingness (informed consent) given by the researchers during the visit to the family home.

In the first week of the study carried out initial measurements to determine the demographic data and the client's family. Implementation of interventions for families and clients lasted for 4 weeks. To streamline the short amount of time, researchers made a schedule based on the location of the work area for each health center. Schedule of a visit for Monday, Tuesday, Wednesday and Thursday includes Polokarto health center for 13 families, while Friday and Saturday are

scheduled for visiting Bendosari health center for 2 families. Material submitted during the first week of the intervention that discusses the assessment of family problems, the second week of the initial interaction with the client to discuss seclusion, the third week of the characteristics of seclusion client and his family, the fourth week to discuss the management of family stress with a mental disorder according to sociological aspects.

A. factors that increase restrain practice in Sukoharjo.

Mental health problems initially received little attention by the Government Sukoharjo because indirectly related by cause of death. Attention to mental health problems increased after the Health Department Sukoharjo collects data about the number of people with mental disorders from a local clinic reports. The result of the data collection reveals that mental disorders in Sukoharjo have increased from year to year. To determine the magnitude of the problem of mental disorder in Sukoharjo District Health Office conducted a study in each district Sukoharjo, the data show that in 2013 there were 42 people experiencing severe mental disorder.

Based on the results of the study it was concluded that although mental disorders do not directly cause the death but it cause great suffering for the individual and a heavy burden for the family both mental and material because the patient is not longer productive. This is the main factor of increasing restrain in Sukoharjo practice. The most people who suffer from mental illness in Sukoharjo are in the levels ranging from mild to severe stress, panic, anxiety, depression to memory loss.

The majority of seclusion in Sukoharjo client's family said that the case of psychiatric care is expensive because of the disorder and the long-term cost to the patient, it is not only covers the cost of the trim associated with medical services such as drug prices, but also consulting services specific costs such as the cost of transport to the hospital and other additional costs. It is in line with the economic impact caused by the loss of a productive day for a living for patients and families who have to care and maintenance costs to be borne by the family and society.

Other important data from this study is the fact that the case of the restrain occurs because of: 1) lack of availability of mental health services in the community, 2) there is not continuity between program services and community hospitals, 3) the stigma and lack of understanding of the mental health problems,

4) lack of family support, and 5) lack of government support, especially related laws, policies, and adequate financing system.

B. preventive action to restrain practice in Sukoharjo

The patient's recovery was highly expected by the family, a lot of efforts have been made by the parents from traditional medicine treatment to international treatment (medical). Many parents want to cure patients by carrying them to the shaman, clerics, psychics and paranormal.

Parents will do anything for a patient who is really loved to them. They will sacrifice their wealth and power so that patients can be recovery; even some of them use their money until the money runs out. Before the patient was taken to the mental hospital, many parents took the patient to paranormal, clerics, shamans; because they think their children are not affected by mental illness, but it is just common illness.

The results of this research study explains that human rights violations are represented by the restrain is not the result of ignorance or neglect or rejection of family health care, but it is regarded as a form of government Sukoharjo negligence about their responsibility to provide basic mental health services. It required good cooperation from various stakeholders to address this and protect the rights of seclusion victims.

So far health department has only do projection without any real data. According to an interview of health center, patients are referred to those who come to the health services, therefore there are still many of them that are restrained will never be recorded by the doctors of clinic (health center). It is useless, although there are thousands of medical personnel prepared if no one wants to see people of their society but they are only waiting patients in health center.

C. The Role of Family in treatment of Mental Disorders Clients particularly In Sukoharjo

Solving problem in caring for family members who experience mental illness can be determined by factors that affect the ability of the family. Several field studies shows data like according to Green (1980, in Notoatmodjo.2000) the restrain behavior is influenced by 3 factors: predisposing factors (predisposing factors include knowledge, attitudes, value system of education level, socioeconomic level, enabling factors (factors enabling the include the availability of infrastructure, health facilities) and reinforcing factor (amplifier factors that includes the

attitudes and behavior of public figures and health officials, laws and regulations).

Based on interviews with seclusion families victims in Sukoharjo it is obtained the data that the reason for restraining is variety such as preventing acts of violence which are considered dangerous to themselves or others, to prevent the client to leave the house and interrupting others, prevent client self-harm such as suicide themselves, because of ignorance family inability to handle the client when it is relapse. Poverty and low education families are one of the causes of severe mental disorders living in seclusion. Though government Sukoharjo are targeting people with mental disorders who had been restrained become free by the end of 2013. The role of the family is very important to support the free case seclusion in Sukoharjo.

D. Role of the Government and the Institute of Health in addressing restrain in Sukoharjo

Government and local authorities are responsible for the equalization provision of mental health services by involving the active participation of the community, including giving financial support for mental illness treatment and care for the poor.

In the Law No. 36 Year 2009 on Health in Article 149 mandates that people with mental disorders are abandoned, homeless, threatening the safety of himself and/or others, and/or disturbing the peace and/or public safety shall receive treatment and care in facilities health services by the government, local government, and society.

Based on that rules, seclusion began to receive attention from various parties in around the world, as like the establishment of ` The seclusion Research Group in September 2008, which is a collaboration of various health areas in Indonesia such as medicine, nursing, psychology and law. The purpose of the establishment of the agency is to eliminate the practice of seclusion in Indonesia through education and advocacy research (The Seclusion Research Group, 2008). The presence of these institutions should be welcomed especially by involving the field of psychiatric nursing who has a significant role in almost all of the health care system. In other words, nurses are expected to provide a major impact in reducing the burden on society due to mental disorder.

Mental health services in Indonesia can be said not satisfactory enough. In terms of government funding under the budget allocates only 1 % of the total budget of the psychiatric health in Indonesia (Irmansyah,

2006). Data Specialist Doctors Psychiatry in Indonesia (PDSKJI), states that currently only available approximately 8500 bed psychiatric hospital in Indonesia whereas the number of severe mental disorder in Indonesia is estimated at about 10 million inhabitants. Sukoharjo is still lacking in terms of government funding related to mental disorders. The above conditions are in addition to the inadequate number of health professionals working in the field of mental health such as psychiatrists and mental health nurses in Sukoharjo. The small budget to deal with mental disorders has an impact on health care in a psychiatric hospital to overcome the expected improvement in the public sector and the community.

E. Sociological Impact of restrain in Sukoharjo Region

Stigma and lack of awareness and ignorance of mental illness by the public towards is not only give negative consequences on the sufferer but also family members and the community includes the attitudes of denial, rejection, excluded and isolated. As mentioned in the 2007 by Djatmiko's book that clients of mental disorder have a high risk for human rights. One form of such rights violations are still the practice of family seclusion performed if there is a family member suffering from a mental disorder, Though in a way that unconsciously shackle family has physical and rights of people to add to the burden of mental and suffering.

Lack of knowledge of the family in mental illness, the family shame, the disease that cannot be heal, the cost of treatment and the absence of measures to secure family and environment is the cause of the communities in Sukoharjo do seclusion and restrain.

From 15 samples of the clients that we visited 13 seclusion patients obtained from the District Polokarto. Cruel and inhumane action is so contrary to the principles of human rights even for mental disorder clients who incidentally are also a human being with all of its basic rights. One of the clients who have visited obtained clients who died while still in restraints. The practice of drawing attention to human rights, especially the right to socialize, organize, gather, and so on. To remove the practice of seclusion it is required multi sector collaboration and cooperation, as well as the imposition of legal sanctions against the perpetrators of seclusion practices to raise public awareness and understanding.

Ill people who do not necessarily want to come for treatment or do not even know if her condition is a disease. This makes a lot of

patients who do not seek treatment, if they are not treated effectively and continuously it will be very difficult to cure. Seclusion is poor or the most extreme form of this condition when actually mental health is something that can be treated.

According to observations in the field, in general when there is other person who will release the seclusion victim, do not rebel, but on the daily life there are some specific constraints.

Seclusion and restrain is a very inhumane act because it would make the quality of mental patient's life getting worse. Therefore stop seclusion from now on.

4.2. CONCLUSION AND RECOMMENDATIONS

A. Conclusions

1. Characteristics of client families with Seclusion is as follows: median age 35 years Seclusion client families, mostly female family professed religion is Islam, the average family education junior, the majority of families working as farmers, while the relationship with the client found that most are parents. Based on these characteristics it can be concluded that the majority of clients are elderly families with low education and income
2. Characteristics of clients with Seclusion is as follows: the average age of clients Seclusion 35 years, most of male with the mean length of 11 years suffer from mental disorders, religion is Islam professed client, client education high school, most clients routinely treated with 4 times the amount of relapse, as many as 3 clients still in a state of seclusion and the average 8 year the client put in the Seclusion.
3. Four sociological aspects related to age, routine treatment, activity and condition of seclusion, and long restrain, as well as education.

B. Recommendation

Related to the conclusion above, there are some advices that can be suggested for the sake of this research development purposes.

1. Central Java Provincial Health Office: making local regulations related to mental health service programs in Sukoharjo to increase family participation to enable community empowerment.
2. Community Health Center: establish community mental health services program as the main program in the main program of health center services. Medical

personnel-related increase its role and function in treating client's mental disorder especially with seclusion in accordance with the action plan drawn up so that in the end could be achieved Sukoharjo Non Seclusion.

3. Community: Village improves services and accelerates the formation of a Healthy Life by forming Desa Siaga Hidup Sehat in Sukoharjo.
4. Family with Seclusion clients: a more active role in caring for and seeking support resources to improve independence of seclusion client so the result can be expected regardless of the Seclusion clients.
5. Scientific: The application of the results of this study need to continually evaluate that belief and its effectiveness can be demonstrated and improved
6. Methodology: Further research should be able to answer the research by increasing the sample as well as expand the population, especially to see the most dominant factor related to sociological aspects as well as the actions or efforts to control Seclusion in Sukoharjo.
7. It should be planned data collection procedures and methods of intervention implementation in accordance with the conditions on the ground to anticipation if at another time there is a change in accordance with the conditions in the study area.
8. For further research, should be more focused on the establishment of Mental Health Ready Village (DSSJ) to determine an active role Cadre for Mental Health (KKJ) in performing its duties.

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