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Telepsychiatry Therapy As New Media For People With Mental Disorders Treatment

(Case Study of The People With Mental Disorders Health Workers To Reach Out Far Patients)

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Abstract

Introduction. There are weak economic conditions of patients, such as costs, distance, transportation and supported by a minimal number of psychiatrists at Lawang Mental Hospital, the best alternative for Lawang Mental Hospital is offering innovation namely providing telepsychiatry therapy services to mental patients in Wonorejo Village, Singosari District Malang, which was allegedly by Ardimulyo Public Health Center staff in Singosari Subdistrict, that the presence of patients with the most mental disorders was 37 in the village of Wonorejo. The purpose of this study was to explore and analyze Telepsychiatry Therapy as a New Media For People With Mental Disorders Treatment

Methods. This study uses a constructivist paradigm, a qualitative method with a case study approach. The object of research is to refer to the problem or theme by focusing telepsychiatry therapy from health workers for the treatment of people with mental disorders. The research subject was an informant. The subjects of the study used purposive sampling, namely psychiatrists, nurses, and mental patients. Data collection techniques are participant observation, in-depth interviews, documentation, and using audio-visual materials. While the validity technique, using triangulation and member check.

Results. That Telepsychiatry therapy as a new medium is very helpful for psychiatric patients in mental health care every month well, because it is not constrained by distance, costs, and transportation anymore, so between Mental Hospital and mental patients can overcome the minimal problem of psychiatrists from Lawang Mental Hospital. While mental patients can do mental health checks every month at the Posyandu Jiwa which was established in the village of Wonorejo with telepsychiatry therapy facilities from a psychiatrist at the Lawang Mental Hospital.

Keywords: Telepsychiatry Therapy, New Media, Mental Disorders patients, Health Worker.

Introductions

One of the programs for the development of treatment innovations in the Dr. Radjiman Wediodiningrat of Lawang Mental Hospital is to be able to answer the minimum number of psychiatrists needed for the care of patients with mental disorders (ODGJ). At the Mental Hospital of Lawang, the capacity of patient was 700 that have been suitable with the number of beds provided at the Mental Hospital. To overcome the number of patients that exceeds the maintenance capacity, the Mental Hospital has a pilot project to make a new breakthrough, namely remote medicine through computer media connected to the internet, which is called telepsychiatry therapy or telemedicine therapy.

Telepsychiatry therapy, is the only one of the pilot projects of the PKRS (Hospital Health Promotion) installation, to deal with patients with mental disorders, whose existence is far from the Mental Hospital, the condition of economically disadvantaged patients, rental transportation for patients who are less reachable. According to Pak Nur said that:

"There are family complaints of patients who have already been treated at the RSJ, which relapsed again, they complained of the distance from the house to the mental hospital far away, and the transportation also requires not a small amount of money, while the economic condition of the patient's family is weak. (Results Interviewed Pak Nur PKRS Officer, April 16, 2018).

From several factors that have been conveyed by Pak Nur, the Mental Hospital of Lawang made a medical innovation by utilizing the development of communication technology through computer media connected to the internet network, namely telepsychiatry therapy conducted by psychiatrists from the Mental Hospital of Lawang for patients at long distances. In connection with telepsychiatry therapy, Puskesmas Ardimulyo is sub-district health centers of Singosari, together with the psychiatric team at Mental Hospital of Lawang, conducted psychiatric case surveys in all villages in Singosari sub-district.

According to the results of the integrated survey data conducted by all health officers at Puskesmas Ardimulyo Health Center, Singosari District, Malang district, in collaboration with kader- kader Posyandu from September 2016 to January 2017, the track record of patients with disabilities and patients at risk was obtained. For Toyomarto Village there were 18 people with mental disorders, 35 people in Wonorejo Village, and 6 people in Batu retno Village. Besides that,

Randu Agung Village found 20 cases of mental disorders and Dengkol Village 6 people with mental disorders (Puskemas Ardimulyo, 2018). So most mental patients are Wonorejo villages, which are 35 patients. The time the patient progressed became 37 patients. Reading the situation, between PKRS Officers at Mental Hospital of Lawang, Puskemas Ardimulyo Officers, and Wonorejo Village Devices agreed to establish at Posyandu jiwa of Wonorejo village as a place to care for ODGJ patients.

In 2017, there is Posyandu stands in Wonorejo village as a place for mental health checks in mental patients. The Psychiatric Posyandu check schedule is conducted every month, week 3 every Monday. In this Posyandu self, telepsychiatry is carried out between psychiatrists who are assisted by nurses to examine the patient's condition psychologically and physically, by inviting communication of ODGJ patients who complaints to their psychological and physical condition.

Looking at the background presented, the author wants to explore and analyze the purpose of this research, namely how the telepsychiatry therapy method is carried out at the Posyandu Jiwa in Wonorejo village as a medium of communication between psychiatrists, nurses and ODGJ patients at Posyandu Jiwa in Wonorejo village.

Before answering the purpose of this study, there are several concepts and theories that need to be conveyed, including the following:

Telepsychiatry Therapy (telemedicine in the field of psychiatry) is a health service provided using communication technology. This service can be in the form of direct consultation between patients and doctors, as well as consultations from doctors to doctors. There are 2 types of telemedicine services, namely: 1) Store and forward telemedicine solutions, where communication is not done directly, but in the form of sending patient data via e-mail and answers are also provided via e-mail. 2) Real-time telemedicine (Synchronous telemedicine), where patients or doctors consult doctors who are in other places using audio and audiovisual communication (RSJ Team, 2016: 5-6).

New Media is a media that is formed from the interaction between humans and computers in particular. These include the web, blogs, online social networks, online forums, and others who use computers as their media. New media is internet-based media using sophisticated computers and mobile phones. The two main forces of initial change were satellite communication and

computer utilization. The key to the power of a large computer as a communication machine lies in the digitalization process that allows all forms of information to be carried out efficiently and blend with each other, Carey in (McQuail, 2011: 43).

People with Mental Disorders (ODGJ) are syndromes or behavioral patterns, or psychological someone, which is clinically significant, and which is typically related to a symptom of suffering (distress) or hendaya (impairment / disability) in one or more important functions from humans. Dysfunction is a behavioral, psychological, or biological dysfunction, and the disorder is not solely located in the relationship between that person and the community (Maslim, 2013: 7).

Health Workers are According to the Laws of the Republic of Indonesia No. 36 of 2014 concerning Health Workers, in *pasal* 11 of chapter III which includes qualifications and intended health groups are a variety of medical doctors, specialist doctors, doctors, specialist doctors, and care workers are various types of care.

Symbolic Interaction Theory of George Herbert Mead

Symbolic Interaction Theory is also used for this study. George Herbert Mead, known as the originator of Symbolic Interaction theory. He is very admiring the ability of humans to use symbols, but declares that the acting person is based on the symbolic character that appears inside a certain situation. Symbolic defined as an arbitrary label the representation of phenomena. The symbol form is the essence of Symbolic Interaction Theory. As stated by its name Theory of Interaction. Symbolic emphasizes the relationship between symbols and interactions. This declaration was Herbert Blumer, one of the students from George Herbert Mead. According to Mead, individuals are active and reflective participants towards their social context.

Symbolic Interaction Theory in (West and Turner, 2014: 98), says that people are moved to act on the meaning given to people, objects, and events. So the meanings are created in the language that people use to communicate with other people and to themselves, or their thoughts. Language maybe allows people to develop their feelings and to interact with others in a community.

Theme and Assumption of Symbolic Interaction

After studying the Symbolic Interaction theory, there is basically assumption of Symbolic Interaction show three big topics:

1) Importance of human behavior

These assumptions are as follows:

(1). Human beings are done as human beings based on the meaning that others give to them.

The assumptions that explain the behavior as well as the set of thoughts and behaviors that are carried out according to the context of the person and the response of the person related to those stimuli.

(2). the meaning created from the interaction between humans

Mead emphasized the basic inter subjective of the meaning. The meaning is there, according to Mead, only when people have the same interpretation about the symbols they register in the interaction.

(3). the meaning of modification is through an interpretive process

Blumer stated that the interpretive process has a step. First, the actors determine the objects that have meaning. Blumer argues that part of this process is based on the psychological approach and consists of the people involved in the communication with his own self. Second step, involves the person to choose, check, and do the meaningful transformations in the context of where they are located.

2) The importance of conceptualization

(1). Individuals develop conceptual concepts through interaction with others.

It means that we develop sense (self-sense) was not always being contacted with other people. The people are not with conceptualization; **their study** about them by interaction. According to The Symbolic Interaction The baby does not have the feeling he/ herself as an individual. During a first year of his life, the children begin to make the difference their self from his surroundings. This is

the earliest development of the concept itself. The Symbolic Interaction Theory states that the process of continuation continues through the process of the child studying language and the ability to give response to others and internalizing the accepted feedback. Alicia Cast (2003) in (West and Turner, 2014: 102), He stated that social contexts and interactions are the important ones that affect themselves.

(2). the concept will provide an important motive for behavior

Thinking about beliefs, values, feelings, assessment of the effects of behavior is a principle in Symbolic Interactions. Mead argues that the presence of self, they have the mechanism to interact with their own self. The mechanism is used to guide behavior and attitudes. Mead saw it was a process, not a structure. Have themselves to forced person to construct the action and response, from the presentation to express it. So, for example, if you make a sure the capability in communication theory, then you makes sure it very much to attend in all course. The process is said to be a (self-fulfilling prophecy), or hopeful by herself making someone to behavior that her hope.

3) Relationship between individuals with society

The assumptions related to this topic, as follows:

(1). People and groups are influenced by cultural and social processes.

The assumptions that it has been a social norm to limit individual behavior. Besides that, the strengths culture influent behavior and attitudes in our own concept.

(2). Social structure is produced through social interaction

The assumptions about the position taken by the previous assumptions. Interaction Theory Symbols ask the view that the social structure does not change, as the fact that the individual's body can modify the social basis. That mankind has a choice maker that must not always follow an exactly rule.

Methods

Paradigm of constructivism, ontology, and paradigm indicates the reality of social oriented so it will grow the theory for reality compound. Research uses a quantitative method with the approach

of the Case Study. The case study focus the life cases in real life, in context or contemporary settings (Yin, 2009) cited by Cresswell, 1998: 62). The object of research is referring to the problem or topic by focusing on *telepsychiatry therapies* from health workers for the treatment of people with mental disorders. Whereas, the subject of research is the corresponding formator informan. This research uses purposive sampling, namely psychiatrists, nurses, mental patients. Data collection techniques for this study are observation participants, in-depth interviews, documentation, and audio- visual materials. While the validity technique uses triangulation and member check.

Results

Telepsychiatry is a long-distance consultation between a psychiatrist and a patient accompanied by a nurse, by using computer and laptop as media to connect to the internet network using the Skype menu. The main actor of *telepsychiatry* is a psychiatrist with ODGJ patients who are accompanied by nurses to help ODGJ patients when psychiatrists invite to talk and look after through the media how psychological conditions can be seen from facial expressions and gestures.

According to the researcher's observations and the results of interviews with nurses that the *telepsychiatry* process can take place, you must pay attention to several things including the followings:

- (1) The existence of Posyandu Jiwa in a village
- (2) Psychiatrist installation PKRS at Mental Hospital
- (3) Nurses to assist patients
- (4) Mental patients in calm conditions
- (5) Available internet network
- (6) Computer / laptop devices with Skype menus, equipped with head phones, speakers as loudspeakers (audio visual)
- (7) Records of patient progress for the previous month from nurses and cadres



Figure 1 Telepsychiatry between Psychiatrists and Patients who are accompanied by a Nurse at Posyandu

Source: Researcher's documentation

Telepsychiatry is equipped by headphone installed in the patient's and nurse's ears so they listen to what the psychiatrist communicates to ODGJ patients and nurses, they can also see visually. When an ODGJ patient is unable to capture what the psychiatrist is saying, the nurse will help to answer it or provide a direct understanding to the patient what the psychiatrist intended regarding the condition of the ODGJ patient (Source: Observation results at the Posyandu Jiwa 2018).

"Telepsychiatry is part of therapeutic communication because there is observation and acceptance ..." (Source: Results of interview with Benny Nurse at Lawang Mental Hospital in Posyandu Jiwa April 16th, 2018).

This observation activity is carried out at the Posyandu Jiwa toward Psychiatric Health Post for ODGJ patients by psychiatrists and nurses when they communicate through the media, and there is acceptance or responsiveness from psychiatrists and patients who are guided by nurses in receiving messages from psychiatrists when patients complain about *telepsychiatry*. *Telepsychiatry* is a complementary treatment because its function is as a medium between psychiatrists and patients to communicate with each other. Patients need consultation with a psychiatrist, while psychiatrists have an obligation to check monthly routines for patients with postpartum or non-passive ODGJ who have complaints about psychological conditions physically.

Clarified by Mr. Benny, one of the nurses at the Mental Hospital of Lawang who accompanied ODGJ patients when telepsychiatry took place, in the tele process the substance discussed between psychiatrists, nurses and patients was as follows:

"Clearly there are developments in attitudes, affective, psychomotor, and cognitive. Evaluation signs of symptoms of the disorder, are there still voices, are they still seeing shadows, are there still emotions of anger or sadness, and so on. Then sleep rest, self care ... because one of the indicators of ADL's independence is that ... there is also how obedience to treatment, for the continuity of therapy. And finally what is the social function, the interaction with the neighbors, the desire to move together with the group ..."
"(Results of an interview with mas Benny nurse at RW Lawang Hospital, April 16, 2018).

Every routine check in the Posyandu through the telepsychiatry method delivered by psychiatrists, nurses to ODGJ patients in Wonorejo village include the whole relating to the development of mental health in cognitive, affective, and psychomotor, which includes mind, emotional, and behavioral patients, because all of these elements will determine independence in their daily activities such as eating, personal hygiene, resting sleep, adherence to taking medication, socializing with family and other people. If the conditions of the three elements of the patient are stable, the patient's independence will run stably too. So there are no sound hallucinations, an increase in emotions that are less stable, behavior can be controlled, and can socialize.

This examination through *telepsychiatry* is not overall ODGJ which amounts to 37 but this telepsychiatry is carried out when there is ODGJ who only has complaints about his condition so as not to experience recurrence.

"*Telepsychiatry* runs every month between psychiatrists and patients but not all, 1 to 3 ODGJs who consult psychiatrists ..." (Results of interviews from Pak Nur, one of the PKRS staff at RSJRW of Lawang 2018).

The monthly Posyandu Jiwa schedule always runs regularly including the *Telepsychiatry* consultation method applied at Posyandu Jiwa. But not all ODGJ patients consulted psychiatrists, only ODGJ patients who got complaints regarding their psychological and physical condition between 1 and 3 ODGJ at Wonorejo villages who consulted a psychiatrist.

One of the patients with the initials "P" has auditory hallucinations that are told to "slash" hurt with sharp to other people, then the condition of his body feels cold and sometimes feels hot, sneezes, feels uncomfortable to sleep often wakes up at night.

Dr. Eko, one of the psychiatrists from the PKRS Installation RSJRW at Lawang, after holding consultations with *telepsychiatry* while looking at psychological conditions through the monitor, Dr. Eko was able to read how the condition of ODGJ patients at that time. Then Dr. Eko gave advice or advice to ODGJ patients through nurses by prescribing drugs sent via chat with nurses through Skype media that must be given to ODGJ patients according to complaints from ODGJ patients, then always control when attending at Posyandu Jiwa, and taking medicine regularly with the dosage found in the recipe.



Figure 2: *Telepsychiatry* Process in ODGJ Patients at Posyandu Jiwa

Source: Researcher's documentation

In figure 2 the researcher accompanied the ODGJ patient in the *telepsychiatry* process with the initials "W", the researchers tried to follow the flowing of communication between psychiatrists and ODGJ patients. In the process of *telepsychiatry*, the psychiatrist asked the name, the patient said. Then the patient tells about his complaints to the psychiatrist, that this patient often experiences severe sleepiness, then often the appearance of hallucinations listening to the voices of 7 people told him to always clean up and items that were dispensed to others could not be taken back.

The complaints of ODGJ patients were immediately responded by the psychiatrist by asking the patient to show the medication that had been taken before, as seen in Figure 3.2, the patient showed the psychiatrist, 3 types of antipsychotic drugs including *Clorpromazin* HCl, Haloperidol, and Renaquil. Then the psychiatrist suggested to the nurse who accompanied the ODGJ patient to reduce the doses. This antipsychotic drug has been provided by Puskesmas Ardimulyo, Singosari

District, which initiated at Posyandu Jiwa with the assistance of RSJ RW Lawang Hospital (Source: Results of researcher participant observation during the telepsychiatry process in 2018).

Discussion

Process of *Telepsychiatry Therapy*

Therapeutic communication conducted by Psychiatrists at the Posyandu Jiwa of Wonorejo village by the *Telepsychiatry* method, which is a long-distance communication process with the aim of treating ODGJ patients. In the process, psychiatrists are assisted by nurses who assist patients to communicate with psychiatrists about mental health development. Wonorejo is both cognitive, affective, and psychomotor.

Telepsychiatry is part of therapeutic communication because in it there is observation and communication that occurs between psychiatrists, nurses and patients. *Telepsychiatry* that occurs in the treatment process of patients between psychiatrists, nurses and patients produced in the analysis of data in chapter III is that there are several stages including as referred to (Suryani, 2006: 55-63):

1) Preparation Phase

The preparation or pre-interaction stage is very important before interacting with patients. In this preparation stage health workers explore feelings and identify their strengths and weaknesses. At this stage health workers also seek information about patients. Then health workers design the first meeting with the patient. At this stage first, health workers explore feelings, hopes, and anxieties; Second, analyzing one's strengths and weaknesses; Third, collecting data about patients; Fourth, plan the first meeting.

At this stage the telepsychiatry process is valid at the Posyandu Jiwa, health workers continue to prepare even though the previous data already has results from examining the Mental Hospital of Lawang. At this stage psychiatrists and nurses must explore each other's feelings not to feel anxious in dealing with patients, because it will affect the examination. Must be active listening (listening) complaints of patients who consulted when telepsychiatry. At the first meeting a follow-up therapy was carried out when the Posyandu Jiwa schedule was held in Wonorejo village.

2) Introduction Stage

Introduction is an activity carried out by health workers when they first meet or contact patients. During introduction, health personnel must introduce themselves to the patient at first.

By introducing himself means being open to patients and this is expected to encourage patients to open themselves up.

At this introductory stage, the psychiatrist introduces himself by greeting audio visually through a computer monitor that is connected to the internet to patients who will be examined. Psychiatrists also ask patients to introduce themselves. Likewise with nurses who accompany patients, also introduce themselves to patients, and vice versa. The introduction of psychiatrists, nurses, and patients will have good interactions. The nurse's main role at this stage is to provide a sensitive situation and show acceptance, and help patients express their feelings and thoughts.

3) Working Phase

This work phase is the core of the whole process of therapeutic communication. At this stage health workers and patients work together to deal with problems faced by patients. At this stage of work, health professionals are needed to encourage patients to express their feelings and thoughts. Health workers are also required to have a high level of sensitivity and analysis of changes in patients' verbal and nonverbal responses. Knowledge and experience in carrying out counseling or therapeutic communication greatly determine the success of health workers at this stage.

At this stage, psychiatrist and nurse health personnel need to do active listening because at this stage it aims to solve the patient's problems. Through active listening, health workers help patients to define the problem at hand, how to overcome the problem, evaluate ways or alternative solutions to problems that have been chosen. Because it is required to be sensitive in the verbal and nonverbal responses of patients so that they can determine the plan, make goals, and take action according to the needs and problems of the patient. Communication techniques that are often used at this stage include exploration, reflection, sharing perceptions, focusing, and concluding.

The purpose of concluding techniques is to help patients explore important emotional issues and themes. Therefore, it is expected that the patient feels that the psychiatrist and nurse understand the messages that have been conveyed. But if health workers do not convey conclusions there will be an inequality of perceptions of the problem between health workers and patients. So that the problem solving is not directed and irrelevant with the expected results and the patient's problem becomes unresolved.

In this *telepsychiatry* method the psychiatrist and the patient examine the patient's condition through several questions that are conveyed to the patient regarding psychological, physical, daily activities, socialization, and compliance with medication. At this stage of work, the patient submits his complaints to the psychiatrist and the nurse regarding physical and psychological conditions a month before. The psychiatrist looks at the condition of the patient with his facial expression, gesture, how verbal, then the patient's dosage of medication, when the psychiatrist knows the progress of the patient's mental health so the psychiatrist can advise patients directly or through the nurse who accompanies the patient.

At this stage, there must be a same perception between psychiatrists, nurses and patients regarding the latest development of mental health of patients, because it is related to drug therapy or only injection therapy for ODGJ patients after pasung.

4) Termination Phase

Termination is the end of meeting health workers with patients. This termination phase is divided into two, namely temporary termination and final termination. Temporary termination is the end of each health worker meeting with the nurse, after a temporary termination, the nurse will meet again with the patient at a specified time. While the final termination occurs if health workers have completed the overall nursing process. Evaluate the achievement of goals from the interactions that have been carried out

The task of health workers at this stage includes the first, evaluating the achievement of the objectives of the interactions that have been carried out. This evaluation is also called objective evaluation. In this evaluation, health workers should not be impressed to test the ability of patients but should be impressed by simply repeating or concluding. Second, conduct subjective evaluations. Subjective evaluation is done by asking the patient's feelings after interacting with health professionals. Health workers need to know how patients feel after interacting with health workers. Knowing about anxiety, the benefits of interacting, or even causing problems from that interaction. Third, agree on follow up actions on the interactions that have been carried out. Follow-up given must be relevant to the interaction that has just been carried out or with the interaction that will be carried out. Fourth, make a contract for the next meeting. This contract is important to make so that there is an agreement between health workers and patients for the next meeting. Contacts made include the place, time and purpose of the interaction. Stuart G.W. (1998) cited by Suryani (2006: 63), states that the process of terminating health workers and patients is

an important aspect of nursing. So that it is not done well, regression and anxiety can occur again in patients.

Post pasung ODGJ care before carrying out follow-up treatment at Posyandu Jiwa in Wonorejo village, has performed inpatient care at Mental Hospital of Lawang for one to two months. During the stay, the temporary termination and final termination stages must apply to ODGJ patients. In nursing nurses always visit nurses every day as well as psychiatrists visiting nurses every other day. While the final termination is done when the patient has undergone changes in mental health after going through treatment and some mental therapy is done at Mental Hospital of Lawang. Psychiatrists and nurses will allow patients to go home but must control their health when the medication runs out.

It is different from nursing at Posyandu Jiwa of Wonorejo village that this temporary termination stage will continue when the patient is in care. This temporary termination in Posyandu applies even if it is checked every month because patients are considered in the quiet category. It should be borne in mind that the patients undergoing therapy at the Posyandu Jiwa in Wonorejo of Lawang were patients in a calm condition meaning that they had received prior treatment from the special Mental Hospital ODGJ post Pasung. but ODGJ non pasung were in the mild category, they only received treatment from the District Health Center of Singosari, then continued to the Posyandu Jiwa at Wonorejo village.

Telepsychiatry (telemedicine in the psychiatric field) conducted at the Posyandu Jiwa in Wonorejo village is a type of real time telemedicine (synchronous telemedicine), in which patients or doctors consult doctors in other places using audio and audio visual communication (PKRS Team, 2016: 2) In the implementation of Posyandu Jiwa, Wonorejo village Telepsychiatry was carried out in an audio visual manner, namely direct mental health consultation between psychiatrists and patients accompanied by nurses. But when there is noise around the room telepsychiatry takes place, the nurse helps send messages through writing by chatting or typing and then sending to the psychiatrist.

The telepsychiatry was conducted by the Posyandu Jiwa village in Wonorejo, according to a statement from one of the Nurses at Lawang Mental Hospital, Mas Benny. The data analysis also mentioned that the message could be indirect. So in telepsychiatry you can use a type of store and forward telemedicine solutions, where communication is not done directly, but in the form of sending patient data via e-mail and answers are also provided via e-mail (PKRS Team, 2016: 1).

So this was also done at the Soul Posyandu regarding the development of mental health of patients in Wonorejo village. It can be done by email to the Mental Hospital as a report on the progress of ODGJ patients post pasung.

The relationship of therapeutic communication between nurses, psychiatrists, and patients, in the telepsychiatry method on the basic principles of nursing is including a helping relationship model. This relationship model is the basis for most of nursing practice or medical practice. This model consists of patients who have symptoms of seeking help and nurses or doctors who have knowledge related to patient needs. Nurses and doctors provide assistance in the form of treatment/treatment or treatment. The reciprocity of the patient is expected to collaborate by adhering to the advice of the nurse or doctor. The nurse and doctor know what is best for the patient, holds what the patient is interested in and is free from other priorities.

In telepsychiatry, when a patient has complaints about his psychiatric condition, psychiatrists and nurses are very helpful in meeting the needs of patients by consulting through telepsychiatry at the Posyandu Jiwa of Wonorejo village. Psychiatrists and nurses collaborate in helping ODGJ patients after pasung in dealing with their mental health. Providing good service on a monthly basis at meetings at Posyandu by carrying out treatments, and administering medication after the telepsychiatry process ends.

Examination and treatment will run smoothly more easily, if the sufferer considers the psychiatrist as someone who is always ready to help, be patient, and can be trusted. This must be seen from the psychiatrist's personality, from his behavior and his words. All of this must be so that the sufferer will not get the impression that the psychiatrist is impatient, often accuses or demands, often gives criticism, likes to be suspicious or irritable (Maramis, 1986: 163).

This follow-up therapy held at the Posyandu Jiwa of Wonorejo village is part of a holistic medical treatment, because patients, especially postpartum ODGJ patients, get treatment from the Lawang Mental Hospital by somatotherapy, but currently receive advanced psychotherapy therapy at the Posyandu Jiwa of Wonorejo village. In the Posyandu Jiwa of Wonorejo still running pharmacotherapy, psychotherapy, and environmental therapy or sociotherapy, the implementation was always assisted by nurses and mental cadres assigned to the Soul Posyandu. The doctor or psychiatrist in this advanced therapy did not jump directly at the Soul Posyandu but only at Mental Hospital of Lawang using the telepsychiatry method which was assisted by the operator of Mental Hospital of Lawang. This method is aimed at ODGJ patients in Wonorejo village as a whole, and

can be called sociotherapy by psychiatrists with nurses to ODGJ patients in Wonorejo village. In this discussion psychotherapy and environmental manipulation, this is carried out by nurses and mental cadres who work together on the schedule of Posyandu every month or every two weeks of mental cadre visits in the patient's family.

The basis of all treatments is the therapeutic atmosphere created by doctors and their patients. As long as the patient is still a holistic human and has a feeling of life, such as feeling worried and anxious and hope and love, he must also be faced by another human being, a doctor who has emotions as well. This relationship is very different from the relationship between machines and engineers, or robots and computers or patients with computers. The relationship between doctor and patient is not only a relationship between friends, not also the relationship between father and son, because the relationship between father and son is affective, while between the feelings of doctors to patients is empathetic.

Carl Rogers (1961) quoted by Mundakir (2006:119), in the relationship of health workers with patients must develop a helping relationship. Rogers believes that the therapeutic characteristics of what people do, but how can someone do communication with other people. Rogers identifies a negative relationship and in developing helping relationships, including sincerity, empathy, and warmth, these three elements must be possessed by mental health personnel, so that patients have trust, openly express their unrest to health workers.

Referring to the Symbolic Theory of Interaction with telepsychiatry therapy is referring to the main concept of the importance of meaning for human behavior. When the telepsychiatry process occurs between those psychiatrists, patients accompanied by nurses, they are exchanging symbols. The symbols must be interpreted with the same perception between psychiatrists, nurses and patients so that the message conveyed by the psychiatrist is the effective result means that there is a positive response from patients to answer questions and accept suggestions to make changes suggested by psychiatrists and nurses in maintaining his mental health during further care at the Posyandu Jiwa of Wonorejo village.

In verbal communication the psychiatrist knows what is conveyed by the patient regarding the message of his physical condition. Through nonverbal communication the psychiatrist knows how the patient's psychological condition can be seen from the patient's facial expression. Psychiatrists in this case can capture the symbols sent by patients through psychological conditions, namely the facial expression of the patient, how the patient's condition at the time of

telepsychiatry takes place or the development of one month after drug therapy at the previous Posyandu jiwa. At the time of telepsychiatry the patient's condition is in a calm condition, so it is not in a state of nervous anxiety.

Model of Telepsychiatry Therapy

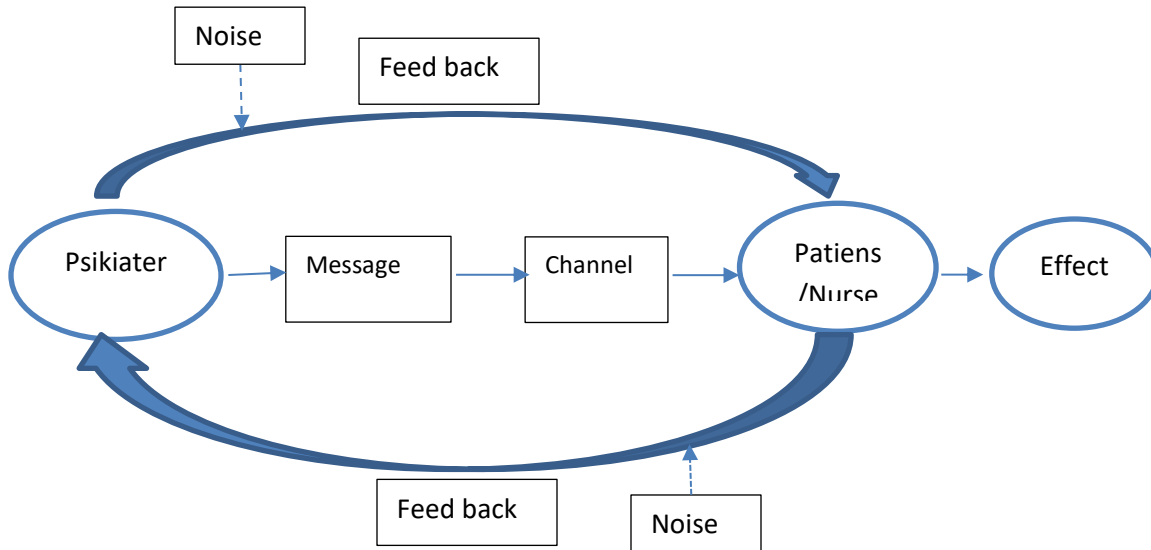


Figure 3. Model of Telepsychiatry

Source: By The Reseacher

Model Telepsychiatry Therapy, this model describes the process of long-distance communication through internet-connected communication media, the culprit is psychiatrists and patients accompanied by nurses. Communication that occurs is communication that talks about psychological and physical conditions of mental patients, ADL routines (Activity Daily Learning) such as: eating, medication compliance, work, bathing, voluntary therapy, and social relationships with other people. Telepsychiatry therapy is prioritized for mental patients who have complaints during the treatment period, namely the effect of taking medication whether there is a change in condition or vice versa. Psychiatrists after observing the patient's condition through a computer screen when telepsychiatry therapy takes place, psychiatrists can conclude the patient's condition, then give advice to the nurse who accompanies the patient, to provide psychotropic drugs that are

relevant to the patient's condition, or the drug can be lowered or increased, or even the medicine can be replaced for the patient's recovery.

Conclusion

Telepsychiatry therapy by psychiatrists with the help of nurses to mental patients in Wonorejo village is very effective in remote medicine. Because in its implementation the psychiatrist communicates with mental patients by looking at and asking about the conditions psychologically and physically, with the help of nurses. After knowing the patient's condition, the actual psychiatrist gave further action, namely prescribing psychotropic drugs for the recovery of the patient's health. This is done every month at the Posyandu Jiwa of Wonorejo village. With the presence of telepsychiatry this helps mental patients who have not been able to seek treatment at the Mental Hospital because of constraints of distance, costs, and transportation. With the existence of telepsychiatry therapy at Posyandu Jiwa of Wonorejo village, it routinely has a positive influence on families and mental patients.

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