Mental Health problems In Covid-19 Situation

M.A Muazar Habibi[1], Sulistyo Andarmoyo[2], Angga Irawan[3], Donny Adiatmana Ginting[4], Arman Jayady[5]

[1]University of Mataram, Indonesia. Email: muazar.habibi@unram.ac.id
[2]Universitas MuhammadiyahPonorogo, Indonesia. Email: sulistyoandarmoyo@gmail.com
[3]Nursing Study Program, Universitas Sari Mulia, Indonesia.
[4]STKIP Al Maksum, Indonesia. Email: donyginting26@gmail.com
[5]Universitas Persada Indonesia YAI, Jakarta, Indonesia. Email: ajayady@yahoo.co.id

Abstract
This first problem is closely related to the second problem, namely belief in the causes of mental disorders. Lack of understanding and awareness of mental health, makes people unwilling to seek a help, or seeking a help outside the health system, for example to a shaman or psychic. After several years and showing no progress, the patient is brought to a doctor. According to research shows that different beliefs of the causes of mental disorders will have an impact on the intention of seeking help to a shaman, scholar or psychiatrist. The results of research on 100 psychosis patients and their nurses (mostly parents or one of couples of the sufferers) showed that 67% chose traditional or alternative medicine before going to the doctor. The next problem is the stigma or misconception toward a mental illness. In our society, mental illness is still considered a disgrace, so people with mental disorders often go undetected because they do not seek help or they are isolated by their families. Stigma is also negatively correlated with people's willingness to help. In literature, mental health literacy which includes knowledge and beliefs of mental disorders. Low mental health literacy decrease the society's belief toward the efficacy of standard mental health treatment.
Keywords: mental health, Covid-19, patient, psychology, mental activity

1.   INTRODUCTION

Psychology is the study of mental activity, brain, and behavior. This mental activity is the result of biological processes in the brain that can be seen in human behavior. Therefore, a psychologist has the knowledge to understand the dynamics of a human's mental health [1], so of course the mental health disorder of the Indonesian is our responsibility.

So far, only a few psychologists are directly involved in the Indonesian mental health system. Data in World Health Organization's (WHO) Atlas 2005 states that Indonesia only has 0.3 psychologists per 100 thousand population or 3 psychologists per 1 million population. The distribution of the few psychologists is also unequal. In big cities such as Yogyakarta, Surabaya and Jakarta, there are many psychologists, As long as the writer's knows in popular provinces such as NTB and Aceh, there are only about 10 psychologists. In small towns, it is quite possible that not even a single psychologist will live there.

Currently, the number of psychologists involved in the health system, such as working in hospitals or Public health center (puskesmas) is very small. According to the Clinical psychology Association (IPK) data in 2016, there are only 1,011 clinical psychologists currently registered as members of the IPK, 353 psychologists work in hospitals. The question is, where do the large number of Faculty of psychology graduates go each year? There has been no official analysis publication from professional organizations or the results of tracer studies on campuses, but the most possible answer is that most of the graduates of the Faculty of psychology are lecturers,

work in the industrial sector, schools, the public sector such as National Population and Family Planning Board (BKKBN) and other government offices or open its own consulting firm.

2.   Public Mental Health Perspectives

If we wear this perspective, it is not how much we have done, but how much needs us,we will understand why the contribution of psychologists to the Indonesian mental health system seems insignificant. Their number and role are still too small compared to the number of people who need a psychologist's touch [2]. As an illustration, according to the Indonesia basic health research 2013, the prevalence of serious mental disorder is 1.7/1,000,000 people, or more than 400 thousand people throughout Indonesia. Common mental disorder, namely depression and anxiety of people aged over 15 years, is six percent of Indonesia's population or more than 14 million people.

The society's condition, both comparisons between service and need's capacity, as well as the level of understanding of mental health [3], creates a treatment gap. Treatment gap is the difference between the number of people with mental disorders [4] and the number who had been treated. People with mental disorders in middle and low income countries are only as much as 8% for depression, 13% for bipolar disorder and 9% for panic disorder. The comparison with the high-income countries can be seen in Table 1.

Table 1. The percentage comparison of patients receiving treatment in high income and low & middle income countries

	High income	**Low & middle income**
Physical disorders		
Diabetes	94%	77%
Heart Disease	78%	51%
Asthma	65%	44%
Mental disorders		
Depression	29%	8%
Bipolar	29%	13%
Panic Disorder	33%	9%

This treatment gap occurs due to various reasons. First, acceptance of treatment. This is very much influenced by the society's trust toward health workers [5]. Psychological services, which generally begin with an initial interview that is sometimes found to be too long, can give the impression of "just talking to". It is very different with the services they get when they visit a doctor because they will get an injection or medicines.

Another cause of the treatment gap, most of the patients who come to the Public health center (puskesmas) or a doctor have physical and psychological problems, but they complain about physical symptoms. For example, a patient who feels very tired, inert, and insomnia, actually suffers a depression or feeling blown, always have cold sweat, actually suffers an anxiety. The body's process facing a stress also allows sufferers to complain of itching, prolonged stomach ulcers, or other digestive problems.If I had met a psychologist at the time, I would not have fallen into a prolonged depression, it was said by one of depressed patients on a television show. We realize, there are a lot of children with problems in our school, they need a psychologist, but we do not know to refer the children, a rural elementary school principal revealed the statement. We do not only need medicine, we also need therapy with a psychologist, but where can we find them at affordable costs?, The statement of the Indonesia Community care for Schizophrenia (KPSI) member.

In addition, patients with psychological problems usually have several causes, mixed with other causes or problems, including physical [6]. So, do not be surprised if the mental disorder is not easily detected. For example, drug addiction can exhibit psychological symptoms such as being suspicious of others, or even depression [7]. Another cause is due to the unequal availability of

mental health services at the basic service level, such as the availability of drugs or the availability of health workers who are able to provide psychotherapy [8]. In several places in Indonesia, basic mental health services are still not available.

In the current situation, when HIMPSI and Clinical psychology Association (IPK) have succeeded in fighting for psychologists as health workers, their roles must be more pronounced in the health sector. Psychologists working at Public health center (Puskesmas)Sleman and Yogyakarta Cityin collaboration with the Health Office of Sleman Regency and Yogyakarta City, are a real contribution of tourism psychology in the health sector. This cooperation is not easy and full of dynamics. At first, psychologists became a foreign profession in society, but with the efforts and hard work of the psychologists who worked at the Public health center (puskesmas), psychologists were well accepted from year to year. Currently, the number of people visiting the Public health center(puskesmas) in Sleman Regency is an average of 170 patients per Public health center (puskesmas) per month.

When the aspiration to contribute in improving people's mental health becomes the spirit that underlies the real existence of a psychologist wherever a psychologist works, where a psychologist should be able to play a role. Any psychologist, not only clinical psychologist can help to improve people's mental health [9], because people's mental health can only be realized if society, and multidisciplinary groups can move together to make it happen. Promotion and prevention are strategic domains that can be played by graduates of faculty of psychology wherever they are.

3.   Mental Disorder and Mental Health

The mental health and mental disorder are not opposites. It is emphasized that the healthy person does not automatically guarantee that the person is mentally healthy. This is due to some factors that affect a person's health or psychological well-being. Social, economic, and physical environment factors determine a person's psychological well-being. In fact, the mild mental disorder is closely associated with a social injustice. People who are oppressed or marginalized are especially easy to get depression and anxiety. Likewise, the conditions experienced by a person throughout his life greatly affect their mental health [10].

Mental health includes subjective assessments of psychological well-being, self-efficacy, autonomy and self-actualization [11]. In a full definition, WHO says that a mentally healthy person has four conditions, namely to recognize his / her potential, to be able to deal with daily stress, to be productive and to be beneficial to others [12].

A psychologist can play a very large role in promotion and prevention in various strategic areas, promotion and prevention of mental health can be carried out in various fields. If the individual has problems and cannot be treated by the society, it is time to be referred to a psychologist who works in multidisciplinary fields of health [13]. They are the ones who contribute, curate, and rehabilitate mental health. These various strategic areas include:

3.1.   Family

Various problems that affect people's psychological well-being come from families; a vulnerable family who produces problem for children, a vulnerable family who results an infidelity and divorce, and the vulnerable family who eventually becomes a society's burden [14].Indonesian family resilience is a movement that must be a common priority. Family resilience is influenced by several things, namely physical resilience, social resilience, and psychological resilience [15]. Physical resilience includes economy, health and education, social resilience includes social life and social participation, while psychological resilience includes the ability to manage problems, hope for the future, caring for partners and self-concept [16].Seeing the description above, psychology can play a very big role in building family resilience. Psychologists and psychology scholars who work in any area of society can initiate various programs, such as improving the management of problems in the family, positive relationships in the family, caring and the ability to manage quality family time [17].

3.2.   School

School is the children's main place to grow after the family. Children spend most of their time at school. The behavior of all school elements greatly affects the psychological well-being of children. So school is a strategic place that must be able to maximize the psychological well-being of children so that they can grow optimally, recognize their potential, be able to deal with the pressures of daily life, be productive and can benefit for others around them, or in a large context, benefit for the nation [18]. This is in line with the definition of mental health according to WHO (World Health Organization).

In addition, every community has always children who need professional support (psychologist or psychiatrist) because of heavy psychological pressure [19]. Research in America, 10% of children in every school need professional support, even in urban schools, this number can increase [20].

Psychologists and psychology scholars working in the realm of schools can create a well-being system in school. The school aims to have a mutual respect climate, mutual appreciation, and mutual motivation so that children can grow optimally as described above [21]. The system must include awareness of all school stakeholders, supportive school policies, teachers who are trained in mental health according to their portion and a referral system implemented in the school.

3.3. Work environment

A stressful work environment does not create an optimal psychological well-being for the workers. The consequences can affect the welfare of the family, which in turn affects the family resilience. In addition, the work productivity will also decrease if the workers have less psychological well-being [22].

In this case, psychologists and psychology scholars working in this field can promote wellbeing in the workplace, as well as create mental health early detection systems in the work environment, so that people who need help can be treated early on.

3.4. Community

The community in this case includes all settings of strategic society. For example, through public health centers, which reach more than 9,000 places spread throughout Indonesia, psychology initiated the placement of psychologists at the public health center in Slemanand Yogyakarta. Beyond this system, there are many things that psychologists and psychology scholars can do to promote the importance of mental health, from the introduction to psychological skills education [23].

The idea, currently, developing in the global world is task shifting or the division of tasks for mental health detection and help for the general public. To compensate the enormous need of the community for mental health support, it needs to train many cadres in the community as possible to understand mental health [24].

3.5. Disaster

When a disaster occurs, of course everyone will volunteer to help the disaster victims. The overlooked side is the prevention or preparation for disasters. Every disaster will certainly bring a psychological well-being crisis, but if the community is trained and prepared, the response will be different. Furthermore, if psychologists or psychology scholars can promote disaster prevention by teaching healthy lifestyles [25], caring for the environment and paying attention to the balance of the ecosystem.

3.6. Disability

Indonesia has ratified the Convention on the Right of Persons with Disabilities into law. This has the consequence that the state is obliged to guarantee the rights of persons with disabilities, or children with special needs. Of course, this right includes all aspects of life including the right to education. In the field, in practice these rights are not easily fulfilled, for example there are still many children with special needs who have difficulty finding schools. Schools do not have the courage to organize inclusive education because the human resources in the school are not ready [26]. Psychologists or psychology scholars are eagerly awaited for their role to help this situation

so that the psychological well-being of all Indonesian citizens increases, including those with disabilities.

It would be better if psychology program also continues to evaluate itself, is what has been taught in the curriculum so far in accordance with what is needed by the community? Has the current psychologist figure matched the people's needs?

For example, the results of the author's research are notes of curriculum improvement needed to make psychologists work comfortably and productive in a multidisciplinary setting in the Indonesian health system.

The skills that psychologists need to improve in the context of their relationship with patients are the skills to assess and diagnose common mental disorders, such as depression and anxiety throughout the life. This is in line with providing evidence-based treatment (based on research and clinical guidance) in the treatment of patients with mental disorders.

7.   CONCLUSION

Psychologists also need to improve their skills in collaborating with other professions. For this reason, it is necessary to have skills to appreciate the biological aspects of mental disorders and their handling (biopsychosocial), as well as to understand the role of other health workers in handling mental health, their capacities and limitations. This will be very useful in creating referral lines to other professions. Patients with mental disorders must be treated in a multidisciplinary manner to achieve optimal recovery.

Management skills for high-risk patients, for example patients at risk of suicide, patients with psychological crises should also be able to be handled by psychologists. When entering a health system in a real community setting, crisis management skill is needed.In relation to the community, psychologists must have the skills to contribute broadly to public health, and be able to think systemically from a public health perspective. This means that psychologists work not only at the micro scale, but also at the macro scale. Psychologists have the potential to design a systemic promotion and prevention program to improve people's mental health. Therefore, skills in communicating and providing education about mental disorders that are comprehensive and in accordance with culture are the main tools in providing education to the public. Apart from paying attention to culture, this education can also optimize the functions of various media according to the audience.

Advocacy skills to promote mental health as a government priority are also essential skills that psychologists must possess. Mental health has not become a priority in most countries in the world as well as Indonesia. Therefore, to make mental health a priority must be carried out continuously by all parties, including psychologists. One of the skills that support this advocacy is program evaluation skills to assess mental health interventions. Psychologists who understand program evaluation will be able to conduct action research studies as well as evaluate the impact of a mental health program on the community.

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