

## THE PSYCHOEDUCATION EFFECT ON THE EMOTIONAL MENTAL DISORDERS SYMPTOMS OF COVID-19 PANDEMIC SURVIVORS

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### ABSTRACT

The Covid-19 pandemic has had an impact on mental and emotional disorders in society. It made psychosomatic symptoms and maladaptive behavior for health. Psychoeducation could be a solution to improve healthy behavior so that it could prevent the occurrence of more severe mental disorders. This study aimed to determine the psychoeducation effect on the emotional mental disorders symptoms in communities affected by the COVID-19 pandemic. This study used a quasi-experimental method of pretest posttest control group design. The sample was 76 respondents who lived in East Java. The respondents were divided into 2 groups. 38 respondents in the first group received psychoeducation about mental health and psychosocial support through online media. Variables were measured using the Self Report questionnaire 20 and analyzed by the Wilcoxon sign rank test and the Mann-Whitney test. The intervention had a significant effect on decreasing the respondents' symptoms of mental emotional disorders with p value < 0.001. The study also found that there was a significant difference between the treatment group and the control group with p value <0.001. Psychoeducation is a source of coping for individuals to cope with stress due to the COVID-19 pandemic so that they are able to cope with stress better. The results of this study are expected to be an effort to improve the mental and psychosocial health of the community affected by the COVID-19 pandemic.

Keywords: covid-19; mental disorder; psychoeducation

### INTRODUCTION

The corona virus (Covid-19) has infected almost all countries in the world. Since January 2020, WHO has declared the world to be in a global emergency regarding Covid-19 (Wang et al., 2020). Especially in Indonesia, the Government has declared a disaster emergency status related to this virus pandemic. Steps have been taken by the government, one of which is to promote the Social Distancing movement, the movement to wear masks, cultivate a clean life, etc. But many people do not respond well to this, such as not wearing masks, continuing to do crowding activities that do not keep their distance, diligently washing their hands and others (Buana, 2020).

The phenomenon of public disobedience to this health protocol shows that it seems that the Indonesian people are not afraid to face the Covid-19 pandemic. But other research shows that there is psychological stress experienced by people during the pandemic (Barzilay et al., 2020). The survey on mental health showed that 63% of respondents experienced anxiety and 66% of respondents experienced depression due to the Covid-19 pandemic, as many as 80% of respondents had symptoms of psychological post-traumatic stress due to experiencing or witnessing unpleasant events related to Covid-19 (Winurini, 2020). The existence of behavioral and emotional gaps is a picture of the occurrence of emotional mental disorders (O'Connell et al., 2009).

Mental-emotional disorders themselves can be manifested in the form of anxiety (Fullana et al., 2020), depression, post-traumatic stress (Yoshikawa et al., 2012), drug use, sleep disorders (Pappa et al., 2020) etc. The main symptoms of anxiety are worrying that something bad is going to happen, worrying too much, being irritable, and having trouble relaxing.

While the main symptoms of depression that appear are sleep disturbances, lack of confidence, fatigue, lack of energy, and loss of interest (Salari et al., 2020). The prominent symptoms of post-traumatic stress are feeling distant and separated from others and feeling constantly alert, careful, and on guard (Shevlin et al., 2020). Another study stated that symptoms of severe psychological post-traumatic stress experienced by 46% of respondents, symptoms of moderate psychological post-traumatic stress experienced by 33% of respondents, symptoms of mild psychological post-traumatic stress experienced by 2% of respondents, while 19% had no symptoms (Miotto et al., 2020).

The survey conducted on 2,364 respondents in 34 provinces stated that the results were not much different from the previous examination. 69% of respondents experienced psychological problems. 68% experienced anxiety, 67% experienced depression, and 77% experienced psychological trauma., while 49% of respondents who are depressed even think about death (Winurini, 2020). The data illustrates that mental health problems, such as anxiety, depression, traumatic due to the Covid-19 pandemic are felt by Indonesian people at this time.

The number of people experiencing mental health problems due to the Covid-19 pandemic is understandable considering that the Covid-19 pandemic is a new source of stress for the world community today. There are several main risk factors for the occurrence of several mental emotional disorders such as distance and social isolation, economic recession due to Covid-19, stress and trauma to health workers, stigma and discrimination (Thakura & Anu Jain, 2020), knowledge, sources of information, social support (Erdem et al., 2014). So far, the handling of the impact of mental health on the community related to the COVID-19 pandemic is still rarely done. However, handling that is not right on target or not in accordance with the source of the problem felt by the client will not have a significant impact.

Treatment focuses on mental health problems so far has not been done comprehensively. Psychosocial and mental health support programs is very important to overcome the problem of emotional mental disorders for the Covid-19 survivors in East Java. The programs is a series of stress management activities that are trained to the community. The consists of promotion (increasing physical and mental immunity), prevention of health problems (prevention of transmission and prevention of mental and psychosocial health problems (Kementerian Kesehatan, 2020). The programs has now been widely launched but there is no research on its effectiveness in mental health problems. Psychosocial and mental health support in addition to reducing stress is also expected to change people's behavior to be more obedient to health protocols so it can break the chain of Covid-19 transmission (Sumartyawati et al., 2020). program can be provided through psychoeducation which contains material on how to provide mental health and psychosocial support. This is an effort to increase personal abilities and social support in dealing with stress due to the COVID-19 pandemic. Personal abilities and social support are part of the source of coping (Stuart, 2013).

Psychoeducation is an intervention method that focuses on educating participants about challenges or problems in life. These interventions can be carried out on individuals, families, and groups, helping participants develop sources of support and social support in dealing with these challenges, and developing coping skills to deal with these challenges (Wetik et al., 2021). The. So it can be said that psychoeducation is an intervention method in this study. This phenomenon became the background for researchers to examine *the effect of psychoeducation* on the Covid-19 survivors' mental and emotional disorders in Malang City, East Java.

## METHOD

This study used a quasi-experimental method of pretest posttest control group design. The sample was 76 respondents who lived in East Java. It were selected by purposive sampling method. Inclusion criteria were over 20 years old, able to read and write, have suffered Covid-19. Respondents were divided into 2 groups, 38 respondents in the treatment group and 38 respondents in the control group. The first group received psychoeducation about mental health and psychosocial support through zoom meeting. Psychoeducation was conducted in 3 sessions. The first session was an exploration and introduction to the problem of the COVID-19 pandemic. In the second session, the respondents were explained and trained about efforts to support mental health and psychosocial during the Covid-19 pandemic. The third session was monitoring and evaluation of the exercises that had been carried out. The control group was not given by the intervention.

Variable in this study is mental emotional disorder symptoms. Psychoeducation was applied to treatment group. Mental emotional disorders were measured by the Self Report Questionnaire 20 before and after treatment. The questionnaire consisted of 20 questions about the symptoms of emotional mental disorders with the answers "yes" and "no". The results of the total respondents' answers were categorized into 2, the normal range if there were less than 5 "yes" answers. It was included in the range of requiring the health care provider help if there were more than 5 "yes" answers. The data results were then analyzed with the Wilcoxon sign rank test to determine the effect before and after getting psychoeducation and the Mann-Whitney U test to determine the difference between the treatment and control groups using SPSS software.

## RESULTS

Table 1.  
 Respondent characteristics (n=76)

Variable	f (%)
Ages (mean±SD)	32.47±13.694
Sex	
Male	24 (31.6)
Female	52 (68.4)
Marriage status	
Unmarried	27 (35.5)
Married	47 (61.8)
Widow / widower	2 (2.6)
Level of Education	
Senior High School	46 (60.5)
Diploma	16 (21.1)
Sarjana	14 (18.4)
Occupation	
Health worker	10 (13.2)
Private sector	18 (23.7)
Teacher	5 (6.6)
Unoccupied/Student/college student	20 (26.3)
Government employees	5 (6.6)
Entrepreneur	6 (7.9)
Housewife	7 (9.2)
Etc	5 (6.6)

Table 1 describes the demographic data of respondents who participated in the study. Research respondents had an average age of 32.47 years, most of the respondents were female, married, had high school education/equivalent and had not worked or students.

Table 2.  
 The description of Emotional Mental Disorders in the treatment group and the control group (n=38)

Emotional Mental Disorder Indicator	Treatment group		Control group	
	Pre test n (%)	Post test n (%)	Pre test n (%)	Post test n (%)
<b>Symptoms</b>				
Frequently headaches	11 (28.9)	8 (21.1)	14 (36.8)	14 (36.8)
Loss of appetite	7 (18.4)	7 (18.4)	9 (23.7)	9 (23.7)
Not sleeping well	15 (39.5)	12 (31.6)	16 (42.1)	14 (36.8)
Easy to get scared	6 (15.8)	3 (7.9)	9 (23.7)	9 (23.7)
Anxious, worried, tense	12 (31.6)	11 (28.9)	11 (28.9)	10 (26.3)
Shaking hands	1 (2.6)	1 (2.6)	0 (0)	0 (0)
Indigestion	8 (21.1)	8 (21.1)	6 (15.8)	6 (15.8)
Difficult to think clearly	6 (15.8)	2 (5.3)	10 (26.3)	10 (26.3)
Feeling unhappy	6 (15.8)	1 (2.6)	6 (15.8)	6 (15.8)
Often crying	0 (0)	0 (0)	4 (10.5)	4 (10.5)
Difficulty enjoying daily activities	8 (21.1)	3 (7.9)	14 (36.8)	14 (36.8)
Difficulty making decisions	5 (13.2)	1 (2.6)	10 (26.3)	11 (28.9)
Abandoned daily tasks	10 (26.3)	2 (5.3)	8 (21.1)	8 (21.9)
Difficult to play a role in everyday life	0 (0)	0 (0)	3 (7.9)	3 (7.9)
Lost interest	7 (18.4)	2 (5.3)	8 (21.1)	8 (21.1)
Feeling worthless	1 (2.6)	0 (0)	1 (2.6)	1 (2.6)
Thinking of ending life	1 (2.6)	0 (0)	0 (0)	0(0)
Feeling tired all day	6 (15.8)	3 (7.9)	8 (21.1)	6 (15.8)
Often feel bad in the stomach	8 (21.1)	4 (10.5)	7 (18.4)	7 (18.4)
Easily tired when doing activities	12 (31.6)	8 (21.1)	12 (31.6)	18 (47.4)
Average number of symptoms	3.43	2.00	4.13	4.18
Minimal - maksimal value	1 – 14	1 – 7	1 – 15	1 – 14
<b>Emotional Mental Disorders Range</b>				
Normal range (<5 symptoms)	29 (76.3)	36 (94.7)	27 (71.1)	27 (71.1)
Need help from health care provider (>5 symptoms)	9(23.7)	2(5.3)	11 (28.9)	11 (28.9)
Wilcoxon sign rank test ( $\alpha=0.05$ )	P value < 0.001		P value = 0.637	
Mann-whitney U test ( $\alpha=0.05$ )	P value < 0.001			

Table 2 described the comparison of mental emotional disorders symptoms between the treatment group and the control group. The results showed that the symptom of poor sleep was the most frequent symptom experienced by respondents in the intervention group both before and after being given psychoeducation. Table 2 also explained that although there are signs of emotional mental disorders, most of the respondents were still in the normal range

(29 respondents or 76.3%) and increased after receiving psychoeducation to 36 respondents (94.7%). The results of the Wilcoxon sign rank test for the treatment group were  $<0.001$  ( $\alpha=0.05$ ). Because the  $p$  value  $< \alpha$ , it is concluded that the provision of psychoeducation, mental health and psychosocial support had a significant effect on reducing the emotional mental disorders symptoms in respondents during the covid-19 pandemic. These results showed a significant difference with the control group, and evidenced by the Mann-Whitney test with  $p$  value  $< 0.001$ .

## DISCUSSION

The results of measuring signs of emotional mental disorders in respondents during the Covid-19 pandemic showed there were 20 of 76 respondents (0.26%) included in the category of emotional mental disorders that required assistance from health workers. 9 respondents who experienced mental emotional disorders were in the treatment group while the other 11 respondents were in the control group. The indicator of the mental emotional problems occurrence was based on the number of signs and symptoms experienced by the respondent. Respondents who experienced more than 5 symptoms were included in the category of mental emotional disorders that require the help of health workers. The survey results illustrated that at least more than a quarter of respondents experienced mental health problems. It means at least 1 in 4 people experienced mental emotional disorders during the Covid-19 pandemic. The results of this study were also supported by several other studies. The results of research in Hong Kong stated that there were 19% of respondents who experienced depression and 14% experienced anxiety. 25.4% of respondents experienced the disorder since the Covid-19 pandemic (Choi et al., 2020).

Mental emotional disorders is a collection of mental disorders symptoms that indicate the occurrence of stress, anxiety and depression in individuals. The existence of the Covid-19 pandemic stressor is a stressor that has a mental impact on a person. Research shows that respondents experience obstacles in adapting to a sudden pandemic situation. Lifestyle changes that must comply with health protocols (Hyland et al., 2020), restrictions on social activities, working from home, schooling from home (Wu et al., 2020), and the threat of death that can occur in all age ranges are the causes of the emergence of stress reactions in society (Wu et al., 2020). The findings of this study indicate that although not all respondents fall into the category of mental-emotional disorders that require the help of health workers, all respondents experience at least 1 to 15 symptoms of mental-emotional disorders. This shows that the impact of the Covid-19 pandemic stressor has actually caused a stress reaction in all individuals, but the ability of each individual's coping mechanisms plays a role in preventing stress from worsening. The worse the individual's coping ability, the more severe the stress response caused. The symptoms that appear will also increase.

Sociodemographic factors have an important influence on an individual's ability to cope with the stressors of the Covid-19 pandemic. Age, gender, marital status, education, occupation factors are considered statistically related to the incidence of depression, anxiety and stress during the COVID-19 pandemic (Özdin & Bayrak Özdin, 2020). The findings in this study indicate that among of all demographic factors (age, gender, education level, occupation and marital status), only marital status is statistically related to the emotional mental events of respondents ( $p$  value 0.046 and  $R$  value 0.230). Although there is a statistical relationship, when viewed from the  $p$  value and  $R$  value, the relationship is not very significant and the level of closeness is weak. Researchers argue that this shows that there are other factors that play a more important role in the occurrence of emotional mental disorders. Future research is

expected to explore more demographic factors related to stress during the Covid-19 pandemic.

Improving coping mechanisms for survivors of the Covid-19 pandemic is very important to prevent more severe mental disorders. The more severe the mental disorder experienced, the more difficult the healing and rehabilitation process will be. Poor coping mechanisms will cause individuals to become more susceptible to severe stress, this stress will also directly affect the modulation of immunity through the HPA-axis mechanism. So that the more severe mental problems, the body's immunity will decrease. This is also increasingly dangerous for individuals because they will be more susceptible to exposure to Covid-19. Psychoeducation is a form of coping enhancement therapy by improving one's cognitive, affective and psychomotor. The psychoeducational content provided by the researcher is about mental health and psychosocial support during the Covid-19 pandemic. Respondents in the treatment group received materials and training to improve mental health during the Covid-19 pandemic.

The results showed that respondents in the treatment group experienced a significant decrease in symptoms of mental emotional disorders with a  $p$  value  $< 0.001$ . When compared with the control group who did not get the intervention, it also showed a significant difference with a  $p$  value  $< 0.001$ . It means that psychoeducation has a significant effect on the respondents' emotional mental disorders during the Covid-19 pandemic. Psychoeducation is a treatment that can be done by a therapist. Psychoeducation is an intervention method that focuses on educating participants about challenges or problems in life. These interventions can be carried out on individuals, families, and groups, helping participants develop sources of support and social support in dealing with these challenges, and developing coping skills to deal with these challenges. So it can be said that psychoeducation is an intervention method in this study (Bevan Jones et al., 2018). Research shows that psychoeducational therapy is significant in overcoming depression (Bevan Jones et al., 2018), psychoeducation is also significant in improving individual coping mechanisms in dealing with stressors so as to prevent anxiety disorders (Andrews et al., 2018).

Psychoeducational therapy is an intervention method that focuses on educating participants about challenges or problems in life. This intervention can be carried out on individuals, families, and groups, helping participants develop sources of support and social support in dealing with these challenges, and developing coping skills to deal with these challenges. So it can be said that psychoeducation is an intervention method in this study. The psychoeducation provided contains material for mental health and psychosocial support during the Covid-19 pandemic. Progressive muscle relaxation is one of stress management that was trained to the respondent. This study shows that respondents feel more relaxed after applying progressive muscle relaxation. These results are also in agreement with previous studies on the effect of progressive muscle relaxation (Iqmah, M. K. B., PH, L., & Mulyani, 2021). Therapy is carried out not only by providing health education, but also by providing stress management training programs that are monitored and evaluated regularly. Monitoring and evaluation allows participants to be able to carry out continuous training activities so that they can feel the benefits. The psychoeducation provided is about mental health and psychosocial support during the Covid-19 pandemic. The psychoeducation provides integrates biological, psychological, and sociocultural approaches in the fields of health, social, education and community, as well as to emphasize the need for diverse and complementary approaches from various professions in providing appropriate support (Kementerian Kesehatan, 2020).

Psychoeducation activities provide education and exercise to increase immunity (health promotion) such as how to eat a healthy diet, exercise and other healthy activities or habits to increase immunity. In addition, participants were also trained how to develop positive emotions, positive thoughts, positive social relationships and positive spirituality. All of these training materials are a new source of coping for individuals to improve their ability to deal with stress (Rochmawati D.H, Setiawan. H, Pujiyanti. T.A, 2021). The greater the source of coping that is owned by the individual, the possibility of being able to survive in the face of stress is also high. In other words, psychoeducation about mental health and psychosocial support that is received becomes a new source of coping to adapt to stress. This is what causes the symptoms of mental emotional disorders in the treatment group to experience a significant decrease compared to the control group.

## CONCLUSIONS AND RECOMMENDATION

The most common symptom of emotional mental disorder experienced by respondents during the COVID-19 pandemic was not sleeping well. There was an increase in the number of respondents with normal emotional mental range and a decrease in the number of signs and symptoms of emotional mental disorders in respondents after receiving psychoeducation. Psychoeducation has a significant effect on reducing the symptoms of respondents' emotional mental disorders during the covid-19 pandemic. There is a need for periodic screening of public mental health during the COVID-19 pandemic. This is necessary to prevent the occurrence of mental disorders that are more severe and difficult to handle. Psychoeducation on mental health and psychosocial support can be a program that can be done to increase the coping resources of the community who have survived the COVID-19 pandemic.

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