Located in Southeast Asia, Indonesia still has a tendency to have many kinds of natural disasters, especially after massive attack of earthquake and Tsunami in 2004 in Aceh province. Along with horizontal and vertical conflicts, Indonesian people have more risk to suffering from severe mental health problems. Basic health research revealed that the prevalence of severe mental health problems in Indonesia is 1.7 per mile, the majority number of cases is derived from following provinces such as Yogyakarta, Aceh, South Sulawesi, Bali and Central Java. Surprisingly, restraint is still common for severe mental health problems; it is about 14.3% people with schizophrenia is being isolated from the outside world. The number of restraint in Indonesia seems to be increased, since the number of people with schizophrenia is increasing every year. As the result, the government of Indonesia launched “Indonesia free of bodily restraint” to find and release restrained people with severe mental health problems. However, stigmatization is still challenging in Indonesia.

In psychiatry, stigma plays important role since it becomes one of reasons for family to put the family member with schizophrenia under lock and key situation. In order to avoid negative perception of severe mental health problems, the affected family member will be restrained inside the house to minimize the social impact and negative stereotypes of severe mental health problems. In this case, restraint is chosen as the first option by the family to deal with unachieved highly social expectation in the community. Families are struggling with
stigmatization and some of them succumb to the reality. Unfortunately, stigma is not only conducted by the community, but also both of patients and their families.

STIGMATIZATION

Originally came from Greek term, Stigma means mark or scar left in the skin in the process of animal branding and continue to slave branding. The scar remains mentally painful for the slave in that area, and the term is usually used to describe people with severe mental health problems but having a physical restraint and lock in the room. In the process of being stigmatized, they are suffering from, at least two situations that are triggering them to it; diagnostic labelling and behavior labelling. Once, when people are diagnosed with severe mental health problems, unconsciously, and frequently they will get stigmatization from the community. The label remains tied even after they are passed away inside the nearby communities. Beside, uncontrolled and unethically behaviors of the people are giving them a bad name, even though the community has no idea about their medical diagnostic.2-3

Our community seems to be very rude, just because some people do not show expected or normal pattern of behaviors, they will be easily stigmatized as mentally ill people. In addition to public stigma, it may also lead them to have self-stigma and suicide behavior.4 Unfortunately, the actions to minimize the negative beliefs and behaviors towards people with severe mental health problems in developing countries, including Indonesia, are still challenging and need more attention and commitment from the government and policy maker.5 Interestingly, not only by diagnosis and behavior, people tend to be stigmatized when they have poor appearances, while they have no psychiatric medical record and perform no strange behaviors.6 Furthermore, the trend now is moving from restraint to leave their family member alone, with lack of care. This situation is possible since the effect of stigma not only affects their family, but also family possibly to become source of stigma, vice versa.3-8 So, the new concept of psychiatric nursing diagnostic is needed to be initiated in order to help people who leave alone without attention.

PSYCHIATRIC CASE IN ACEH

In Lhokseumawe city, Aceh Province of Indonesia, some people with severe mental health problems have unsupported family. Based on my experience, they are “allowed” homeless without appropriate clothes. Their family situation is not similar one to another, some of them have a complete family, and the others are only having mother or father, or brother and sister. But, they have one thing in common; their family does not want to take care of them. They are presenting lots of reasons, such as lack of information and experience, or even busy and rely on other family members to take care of them. Some of them are responding by saying that they have no idea what they have to do or giving up to the reality. Unfortunately, their conditions remain the same and even worse. Having no attention and lack of care, their condition is getting deteriorated. They have no one to remind them to take regular medication, daily bathing and appropriate clothing. Worse, their families have difficulties to make decision whether or not to take them to the hospital, even they exhibit severe positive symptoms. They are left alone and abandoned.

ABANDONED

Firstly used in 14th century, abandoned is the word to describe something left without care or needed
The word is usually used to explain the condition of thing that is forgotten by the owner. Applied in psychiatric situation, the term of abandoned may be defined as people with severe mental health problems who are left by family without attention and lack of care with no one who responsible for treatment and intervention. The top reason why these people are abandoned is; the families treat them as a burden, especially for financial burden, because most of them derived from poor family, and they have no additional budget to support people with severe mental health problems. The other significant reason is, their family is giving up on them, with lack of experience and information, and they let them live as it is. Stigmatization is also come up to become a trigger for the family to let their family member abandoned and decided to reject any professional help from psychiatrist and psychiatric nurse.

It may be important to suggest abandoned, as a new nursing diagnosis for psychiatry in Indonesia, because it emerges frequently in Indonesian population, especially in Aceh province. Even there is no evidence to prove about this new situation yet, but this phenomenon can be an entry point to overcome the unsolved recurrent relapse problems for people with severe mental health problems in Indonesia. Besides, the impact of abandoned patients can be detrimental not only for themselves but also others. In this case, the local government attention is needed to initiate policy to force family to support treatment and intervention by having family motivation enhancement therapy and involved in family support group. But, in the near future, a study about abandoned people with severe mental health problems is needed to verify that abandoned phenomenon in psychiatry is really exist in Indonesia or perhaps elsewhere in the world.

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