

Relationship between National Health Insurance Ownership and Compliance with Access to Health Services for Patients with Severe Mental Disorders (PSMD) “Pasung” in Blitar Regency, Indonesia



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ABSTRACT

Patients with Severe Mental Disorders (PSMD) “Pasung” require long-term care, which causes a financial burden on the family. The Indonesian government has guaranteed funding for the treatment. However, there are still PSMDs who do not make regular visits to health services. This study aimed to describe the Relationship between National Health Insurance Ownership and Compliance with Access to Health Services for PSMD in Blitar Regency, Indonesia. This study used an analytic observational design with a retrospective cohort study approach. Total sampling techniques selected 50 PSMD “pasung” recorded health insurance and several visits to primary health services. The data was obtained from the primary health services reporting records from January to March 2020. This study used the biserial point correlation (CI: 99%) test for analyzing data. This study has ethical clearance approval. The results showed that there was a positive relationship between ownership of NHI and compliance with access to health services ($t\text{-obs} (3,491) \geq \text{critical} (2,678)$; $p\text{-value} = 0,001$; $r\text{-bis} = 0,450$; $\alpha = 0,01$). Indonesia has guaranteed the cost of PSMD treatment with shackles, but patients and families who use these facilities are not optimal. In conclusion, national health insurance ownership is related to compliance with access to health services for PSMD “Pasung”. Health agencies can pay attention to policy-making for enhancing access to health services of PSMD “Pasung”.

Keywords: National Health Insurance; PSMD; Pasung.

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INTRODUCTION

Confinement is an action to control clients with mental disorders that are not controlled by ordinary people or trained.¹ The family has an essential role in PSMD treatment. They often care for PSMD at home without proper treatment rather than accessing health services regularly. As PSMD caregivers, the family does not have money to take them to health care services. Consequently, PSMDs cannot access proper treatment and gain recovery.^{2,3} The families practice confinement to PSMD and cannot access health services because the government does not provide mental health services near them.^{3,4}

The prevalence of mental disorders in Indonesia is 9.162.886 people or about 3,7% of the population.⁵ Fourteen percent of all families who have family members with mental illnesses are confined.⁶ In

East Java, the number of confinement cases recorded in the e-confinement data is 2.558 people.⁷ Meanwhile, in Blitar Regency, according to a recap report from the Blitar City Health Agencies, the number of confinement patients was 22 people (4,92%) out of a total of 447 PSMD, which should have been 0%.⁸

The government's efforts to overcome this have been stated in Presidential Regulation Number 12 of 2013 concerning National Health Insurance (NHI), mandatory for all Indonesians and can be used as a treatment for PSMD. PSMDs “pasung” will get treatment or services, including promotive, preventive, curative, and rehabilitative, to assist in the healing process.⁹ However, access to mental health services is still low. The lack of access to mental health services is caused by various factors, namely the lack of family

knowledge regarding the treatment of PSMD and the public opinion that PSMDs are perceived as a curse from God.⁴ The absence of costs will stop treatment.² The availability of material assets in finance and health services are factors for accessing health services. Financial availability will help PSMDs and their caregivers in reaching health services. Low finances will cause the ability to get health services to be low.¹⁰

The government bears NHI contributions for the less fortunate. It will help the community access health services because the state has paid the costs. Communities will receive promotive, preventive, and rehabilitative medical services, including BMHP drugs (medical consumables), according to medical needs. The community will also get non-medical benefits in the form of lodging

and an ambulance⁹ With the existence of NHI, many people should have access to health services, which can increase the number of access to health services for the population, especially the lower economic class.¹¹

Based on a preliminary study of the literature showed that the efforts of PSMD with “*Pasung*” families in utilizing health facilities in Blitar City are less than 10%. Some families still need to be obedient in accessing health services.¹² The researchers are interested in analyzing the relationship between National Health Insurance Ownership and compliance with access to health services for patients with severe mental disorders (PSMD) “*pasung*” in Blitar Regency, Indonesia.

METHOD

The research design used by researchers was observational analytic, namely examining the correlation between the two variables using a retrospective approach cohort study. The population in this study was as many as 50 people. The sampling technique used was total sampling with a sample of 50 people. This research was conducted at the Blitar Regency Health Agencies, where we collected the secondary data. The recording and reporting of PSMD “*pasung*” cases are recorded at the Provincial Health Agencies East Java in the primary health services reporting records from January to March 2020. Data were collected from April 1, 2021, to May 18, 2021. Analysis univariate is presented in the form of numbers and percentages. This study used a point biserial correlation (CI: 99%) for bivariate analysis. This study has ethical clearance approval from the Ethics Committee Health Faculty of Nursing, the University of Jember, with 30/UN25.1.14/KEPK/2021.

RESULT

The presentation of the results of this study includes a) Subject characteristics, b) Compliance with access to health services, and c) Relationship between ownership of NHI and frequency of access to health services.

Subject Characteristics

The frequency distribution of PSMD “*pasung*” characteristics consists of Indonesian population registration, cause of shackles, routine treatment, and National Health Insurance presented as categorical data. Subject characteristic variables are shown in Table 1.

Table 1 shows that the subjects in this study amounted to 50 PSMD (n=50). Most PSMDs “*pasung*” already have an Indonesian population registration number of 70%. The cause of shackles in PSMD is primarily due to violent behavior (54%). PSMD who routinely do treatment is 44%. The percentage of PSMD confined to National Health Insurance (NHI) is only half the population.

Compliance with access to health services

The variable of compliance with access to health services uses the frequency of access to health services in January – March 2020, presented in Table 2.

Based on Table 2, PSMDs have a frequency of access to health services of as much as two visits per three months. A mode value of zero means that most PSMD “*pasung*” have never accessed health services for three months. The minimum number frequency of access to health services is as much as zero visits. Meanwhile, the maximum frequency of access to health services is seven visits for three months.

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The results of the analysis of the relationship between National Health Insurance ownership and compliance with

Table 1. Subject Characteristics based on Indonesian population registration, cause of shackles, routine treatment, National Health Insurance (n=50)

No.	Variable	Amount	Percentage (%)
1.	Indonesian Population Registration (IPR)		
	a) Do not have an IPR	14	28
	b) Have an IPR	35	70
	c) Not recorded	1	2
2.	Cause of shackles		
	a) Violent behavior	27	54
	b) Wandering around	15	30
	c) Other reason	3	6
	d) Not recorded	5	10
3.	Routinely do treatment		
	a) Drop out	15	30
	b) Routine	22	44
	c) Not recorded	13	26
4.	National Health Insurance (NHI)		
	a) Do not have NHI	25	50
	b) Have NHI	25	50

Source: Primary health services reporting records from January to March 2020

Table 2. The value frequency of access to health services in January – March 2020 (n=50)

No.	Variable	Number of Visits	Number of Subjects	Median	Mode	Min-Max
1.	Compliance with access to health services	0	15	2	0	0-7
		1	10			
		2	2			
		3	10			
		4	11			
		7	2			

Source: Primary health services reporting records from January to March 2020

Table 3. The value frequency of access to health services in January – March 2020 (n=50)

No.	Variable	p-value	r pbis
1.	National Health Insurance Ownership	0,001	0,450
2.	Compliance with access to health services		

Description: (*) Significance level at $\alpha = 0,01$

Source: Primary health services reporting records from January to March 2020

access to health services for patients with severe mental disorders (PSMD) “pasung” in Blitar Regency are presented in Table 3.

There is a positive relationship between NHI ownership and compliance with access to health services for PSMD “pasung” in Blitar Regency (t-obs (3,491) \geq critical (2,678); p-value=0,001; r-bis=0,450; $\alpha=0,01$). There is a strong relationship between health insurance utilization and medication adherence in PSMD survivors.

DISCUSSION

Subject Characteristics

Patients with severe mental disorders do not have an IPR (Indonesian Population Registration) because they experience problems making an IPR. Lack of information about residents in manufacturing, the importance of the function of the IPR, as well as lack of facilities and infrastructure, are obstacles to making IPR.¹³ The factors that influence a person to have an IPR are information and communication, resources, the attitude of implementers, and bureaucratic structure. Communication is a vital source. Through the communication of various information related to the policy, it can be known by the target group. With the data obtained, one's knowledge will be better, giving rise to a positive attitude or perception about the importance of having IPR.¹⁴

IPR on PSMD is essential because it is a condition for registering an NHI. The caregiver or family can make an IPR of PSMD to get NHI and zero-cost PSMD treatment.¹⁵ Officers can also carry out IPR recording PSMD by visiting their homes.¹⁶ Making an IPR on PSMD depends on each regional policy government. The Ministry of Home Affairs has the following duties and responsibilities: encourage the regency or city population and civil registration agencies to help publish

residence documents through outreach to a victim of shackles.¹⁷ The author assumes that the government's data collection on the distribution of IPR ownership and the public's attitude or knowledge of IPR are two significant factors in realizing the IPR program.

Detention in PSMD occurs because of fear of the risk of violent behavior.¹⁸ Violent behavior by PSMD is when the patient has a history that can endanger himself, others, or the environment physically or emotionally.¹⁹ Violent behavior in the community and health services carried out by patients against others or otherwise torturing oneself. Self-violence this self can include suicidal ideation.²⁰

It aligns with previous research, which states that violent behavior is the most dominant cause of shackles.²¹ This study also states that violent behavior, aggressive behavior, and endangering others are the dominant factors in confinement.²² However, it differs from the previous analysis, which states that economic status is the most dominant factor causing shackles.²³ Violent behavior is the cause of the highest percentage of shackles because PSMD will damage them and injure themselves and others. Low finances can also lead to shackles of PSMD.

Routine treatment is influenced by knowledge, support family, treatment beliefs, and perceptions of the drug's benefit.²⁴ PSMD routinely take medicine because PSMD families need motivation in the healing process of PSMD. Family in providing care for PSMD requires equitable health promotion and education. This need includes reliable information about mental health, treatment possibilities, resources, and health services available for PSMD and family.²⁵

Treatment discontinuation can be due to a lack of funds to access health services.²⁶ Low socioeconomic level is the cause of discontinuation of therapy.²¹ Financial availability will help clients in reaching

health services. More finances will be needed to ensure the ability to get health services is also expected.¹⁰ Offer than that, some families feel bored and give up, so they ignore treatment in PSMD.²⁷

The government's efforts to overcome this have been stated in Presidential Regulation Number 12 of 2013 concerning National Health Insurance (NHI), mandatory for all Indonesians and can be used as a treatment for PSMD.⁹ With the existence of NHI, many people should access health services, and access to health services should be increased for the population, especially the lower economic class.¹¹

This study is supported by previous research that states that most PSMD with “pasung” carry out regular treatment control as much as 48%.⁸ Unlike the previous study, which says that the family care for PSMD with “Pasung” does not provide regular treatment and access to health services in an emergency only.²¹ Authors assume that routine treatment in PSMD is influenced by several factors, namely in the form of family support, treatment beliefs, and perception of medicinal and financial benefits.

National Health Insurance (NHI)

Factors affecting NHI ownership utilization include knowledge, attitudes, and family support.²⁸ Knowledge has a significant role because it will affect a person's behavior or attitude in accessing health services.²⁹ Behavior is often obtained from knowledge or the experience of oneself and others.³⁰ The environment can influence people's development and behavior, and sociocultural factors can influence attitudes toward accepting information.³¹ Perceived benefits are also a factor in NHI ownership. Motivation for NHI ownership is influenced by awareness of the importance of health benefits by becoming an NHI participant to guarantee health.³²

PSMDs that have NHI when accessing health services do not know the procedure for using it. In the end, PSMD does not use it. PSMD who do not have NHI because the family of PSMD objected to paying their dues every month, even though the government issued a policy of free treatment or recipients

contribution assistance who are entitled to a contribution subsidy from the state.^{9,33} Another factor because PSMD does not have IPR.¹³ Unlike previous research, most PSMD with “Pasung” did not have as many as 43,5 % NHI.³³ Authors assume that PSMD with “pasung” with National Health Insurance (NHI) is only half of the population due to factors from the PSMD families, the government, and the environment.

Compliance with access to health services

Various factors can influence the use of health services. Namely, predisposing factors (knowledge, behavior, beliefs, values, age, gender, education), enabling factors (economic status, service attainment, availability of facilities, and community commitment) and reinforcing factors (behavior and actions of community leaders and health workers).³⁴ No cost to access health services becomes an obstacle, so treatment for PSMD is stopped.² Low finances will cause low ability to reach health services.¹⁰

Most PSMDs with “pasung” never access the same health services once because the PSMDs are still being held in confinement.⁴ PSMDs are often cared for by family members at home instead of accessing health services.^{2,3} Community Mental Health Nursing (CMHN) provides nursing care directly by visiting the house of the PSMD with “pasung” by giving action nursing care for PSMD and their families, freeing shackles, and continuing therapy for PSMD. Education is also applied to family members so the PSMD will not be imprisoned again.³⁵ The purpose of the home visit of PSMD with post confinement is to obtain the latest information about the ability of the client to overcome the problem and the family’s involvement in the care of the client at home and know the progress of the health of PSMD.³⁶

Knowledge has a crucial role because it will affect a person’s behavior in accessing health services.²⁷ Ignorance of someone about NHI and primary health services causes someone not to access health services. Someone who never accesses health services tends to have poor behavior, excellent or negative behavior due to lack of information. After that,

belief in disease can encourage someone to be obedient and access health services.³⁷ This study aligns with previous research that states that family efforts to utilize health facilities still need to improve by as much as 10%. Some families still need to be obedient in accessing health services.⁸

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Health services can be influenced by various factors, namely predisposing factors, enabling factors, and reinforcing elements.³² No cost to access health services becomes an obstacle, so treatment for PSMD is stopped.² Treatment discontinuation can be due to insufficient funds to access health services.²⁴ Low finances will cause a low ability to reach health services.¹⁰ Low socioeconomic level is the cause of discontinuation of treatment.²¹ NHI is related to enabling factors because examples of enabling factors are economic status, service attainment, and availability of facilities.³²

The purpose of holding NHI is to improve health services to all participants according to the management system controlled by quality and cost. The lower economic community will receive reasonable assistance to obtain an NHI contribution subsidy from the state. NHI can be used as a treatment for PSMD. PSMDs with “pasung” will get treatment or services both promotive, preventive, curative, and rehabilitative that can assist in the recovery process.⁹ The government also facilitates the ownership of NHI for PSMD with “pasung”.³⁸

Primary health services have collaborated with BPJS as the agency for implementing NHI to increase access to health services. An NHI program can improve access to PSMD with “pasung”.³⁸ Primary health services and NHI are interrelated and cannot be separated in the health system.³⁹ This research aligns with previous research that states NHI significantly influences the utilization of primary health services.⁴⁰ Different from the previous study, which states that insurance ownership does not increase the utilization of primary health services.¹¹ There should be no reason regarding

the economic status to be obedient in accessing health services for PSMD with “pasung” because they get treatment for free.

CONCLUSION

In this study, the percentage of PSMD with “pasung” who have National Health Insurance (NHI) is only 50% or half of the total population. Most PSMD with “pasung” have never accessed health services for three months. National health insurance ownership is related to compliance with access to health services for PSMD with confinement. PSMD who have an NHI have more compliance with access to health services for PSMD “pasung”. Health agencies can pay attention to other policy-making to increase access to health services of PSMD with “pasung”.

Limitations in this study include the need to complete data presented in the “pasung” cohort data from January to March 2020. In the univariate analysis, the researcher made coding that was not recorded on the variable characteristic of the subject due to. Many of these variables are empty. In addition, there are other reasons in the discussion of the causes of shackles. Researchers cannot explain the item because of the data. The “pasung” cohort for January – March 2020 mentions another reason and not specifically.

The results of this study expect that the East Java Provincial Health Office can find out the completeness of recording and reporting of cases to the PSMD “pasung” so that it can do accurate evaluation analysis in subsequent policy-making. Future researchers can improve this research by using primary data to complement and present more specific results and discussions.

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CONFLICT OF INTERESTS

There is no conflict of interest.

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