



Health Education Intervention on Increasing Early Detection of Depression Based on Family

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Abstract

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AIM: The aim of this study was to determine the health education intervention on increasing early detection of depression based on family.

METHODS: This study used a quasi-experimental design with one-group pretest-posttest design. The study sample was all family in Solok City, West Sumatera Province, Indonesia, with a sample size of 382 families. The sampling technique used a purposive sampling technique. Health education interventions have been carried out through family-based depression prevention modules that have been validated. Data were analyzed using the Chi-square test and paired sample t-test using the SPSS version 21.0 software.

RESULTS: This study showed a statistically significant increase in knowledge, attitude, behavior and early detection of depression after health educational intervention through family based (p < 0.05).

CONCLUSION: This study confirmed health education intervention on increasing early detection of depression based on family.

Introduction

The World Health Organization (WHO) estimates that in 2020, depression will be the main cause of an individual's inability to worldwide and psychiatric disorders will account for 15% of global morbidity, depression will occupy the second largest health problem after cardiovascular disease. Depression contributes to the inability to carry out activities that are beneficial to life, has a mind to end life, and lost interest in various things, daily work is disturbed by 11,6% [1], [2].

The prevalence of depression or mental-emotional disorders in the population aged ≥15 years in Indonesia was 6% while in West Sumatra Province was 3.6% of the population experienced emotional mental disorders and the highest city was Solok City with 8.6% [3].

Depression is an indirect health problem that affects the quality of life and productivity of the population and health status, especially if the onset of depression begins at a productive age. The problem of depression often causes problems in his own individual, family, and community environment where sufferers [4], [5].

Early detection of depression is carried out in health services and is carried out by health professionals

and cadres using a variety of diagnostic guidelines, not yet detected early detection in depressed patients carried out by families [5]. The family as the smallest unit in society must be able to be the frontline in maintaining the mental health of family members, especially depression in the family and be able to detect early symptoms of depression that occurs in the family [6]. Furthermore, the family can make the decision to seek health services for family members who are depressed; therefore, family needs an appropriate way and involves all aspects of handling this depression. Decision-making in handling people with mental disorders is influenced by several factors such as knowledge, attitudes about mental disorders, culture, economy, and distance from mental health services [7].

Materials and Methods

Study design and research sample

This study used a quasi-experimental design with one-group pretest-posttest design. The study sample was all family in Solok City, West Sumatera Province, Indonesia, with a sample size of 382 families.

The sampling technique used a purposive sampling technique. The variables of this study included knowledge, attitude, behavior, and early detection of depression.

Research procedure

Health education interventions have been carried out through family-based depression prevention modules that have been validated by mental health specialists and education experts. Data were collected by knowledge, attitude, behavior, and early detection of depression that has been validated. This research has been through an ethical review by the ethics commission with a number of 94/KEP/FK/2018.

Data analysis

The analysis was performed frequency, percentage, and mean score of knowledge, attitude, behavior, and early detection of depression. $p < 0.05$ was considered statistically significant. Data were analyzed using the Chi-square test and paired sample t-test using the SPSS version 21.0 software.

Results

Table 1 shows that the age, working status, knowledge, attitude, and early detection showed a statistically significant with depression prevention behavior ($p < 0.05$). However, there was no significant association between age, educational background, and salary with depression prevention behavior ($p > 0.05$).

Table 2 shows a statistically significant increase in knowledge, attitude, behavior, and early detection of depression after health educational intervention through family based ($p < 0.05$).

Figure 1 shows that there was an increase in knowledge, attitude, and behavior after the intervention mode for early detection behavior of depression by families as much as 73.4%, 65.6%, and 56.3%.

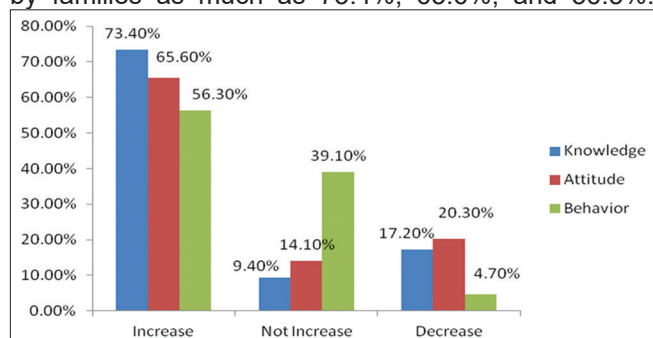


Figure 1: Distribution of knowledge, attitudes, behaviors, and early detection of depression before and after the family-based early depression detection training

Families experienced an increase in knowledge after an intervention model and the family empowerment module was carried out. Hence, it can be concluded that the family empowerment model influences family knowledge about early detection of depression.

Discussion

The results of the study showed a statistically significant increase in knowledge, attitude, behavior, and early detection of depression after health educational intervention through family based. The previous research known that there was an increase in the role of mental health cadres after being given

Table 1: Characteristics of the study subjects

Variables	Behavior				Total		P-value
	Good		Not Good		f	%	
	f	%	f	%			
Age							0.591
Teenager	16	4.10	15	3.90	31	8	
Adult	87	22.60	121	31.40	208	54.02	
Elderly	63	16.40	83	21.60	146	37.90	
Educational background							0.611
<Junior high school	43	11.17	50	12.99	93	24.16	
Senior high school	94	24.42	135	35.06	229	59.48	
Bachelor degree	29	7.53	34	8.83	63	16.36	
Working status							0.011*
Housewife	123	31.95	143	37.17	266	69.09	
Civil servant	21	5.45	20	5.19	41	10.65	
Private servant	22	5.71	56	14.55	78	20.26	
Salary							0.233
≤IDR 453.612,-	137	35.58	187	48.57	258	67.01	
>IDR 453.612,-	31	8.05	29	7.5	15	3.90	
Knowledge							0.000*
Good	134	34.81	38	9.87	172	44.68	
Not good	34	8.83	181	47.01	215	55.84	
Attitude							0.000*
Good	118	30.65	53	13.77	171	44.42	
Not good	48	12.47	166	43.12	214	55.58	
Early detection of depression							0.011*
Depression	45	11.69	37	9.61	82	21.30	
Not depression	121	31.43	182	47.27	303	78.70	

* $p < 0.05$, significant

supportive therapy training. The results of this study found that group members get a positive effect in the form of cognitive improvement that affects the ability of families with mental disorders [8].

Table 2: The effect of knowledge, attitudes, behaviors, and early detection of depression before and after the family-based early depression detection training

Variables	Pre-test	Post-test	ΔPre-test and p value post-test
Mean of knowledge score	118.20	136.69	18.49 <0.001
Min-max	58.00–149.00	84.00–196.00	
Mean of attitude score	32.20	29.94	2.26 0.001
Min-max	19.00–45.00	21.00–40.00	
Mean of behavior score	15.03	16.41	1.38 <0.001
Min-max	8.00–22.00	9.00–22.00	
Mean of early detection of depression	13.09	15.61	2.52 <0.001
Min-max	10.00–19.00	10.00–24.00	

Mental illness is a disease with complex causes, its handling requires a multidimensional way and requires multisectoral support, ranging from families to the government. Management of mental disorders is very dependent on making decisions in seeking help and how to recognize or detect mental disorders of depression early [9].

The Indonesian government developed a mental health service strategy. According to the Ministry of the Health, Republic of Indonesia developed a mental health service strategy that focuses on primary health care with its public health services. Previously, the approach of treating mental patients with a referral system in the primary health care for diagnosed people with mental disorders was referred to a mental hospital. Mental health prevention efforts have also been issued by the minister of health involving non-government organizations (NGOs) in tackling mental health and psychosocial problems in the community due to disaster and conflict [3].

Another program that has been carried out by the government to overcome mental health problems is to provide public hospitals and follow-up care to be referred to mental hospitals as a referral hospital for mental patients, but the handling of mental patients in existing health services is waiting for patients to come or referred to the hospital. Many mental sufferers who have not come to health services or handled properly are caused by several factors, including factors of regulations that apply to an area, cultural values, and the perspective of a region's community about mental disorders [3], [5].

Knowledge is very closely related to education. Knowledge about an object also contains two aspects that were positive and negative aspects. These two aspects will ultimately determine a person's attitude toward a particular object. The more positive aspects of the object that is known are expected to foster a more positive attitude toward the early detection of depression as well as the action toward early depression [10].

Behavior change in health education is through a learning process or training for families with implementation modules that have been prepared. This model is a novel approach that is used for the early detection of depression that involves the active role of family members.

Conclusion

This analysis confirmed a statistically significant increase in knowledge, attitude, behavior, and early detection of depression after health educational intervention through family based.

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