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Telepsychiatry of Health Workers For Patient ODGJ Psychogeriatri

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Abstract. The purpose of this study is to find out how the telepsychiatry method performed by health workers Mental Hospital Dr Wardjiman Wediodiningrat Lawang Malang East Java Province for patients ODGJ Psikogeriatri in the village Blandit Wonorejo Singosari Malang. Constructivist paradigm, type of qualitative research with single case study approach. Primary data sources are in-depth interviews, observations, while secondary data is from documentation, audio-visual materials. The object of this research is telepsychiatry of health worker for ODGJ psychogeriatri patient, while research subject is psychiatrist, nurse, installation staff of PKRS RSJ and patient. Purposive sampling. Validity: triangulation, member check. The result of this research is there are three stages are Pre Telepsychiatry; Process of Telepsychiatry; and The Final of Telepsychiatry. Verbal Communication between Health workers and Patients, verbal communication is Oral verbal communication, and verbal communication is written. Nonverbal Communication between health workers and Patient are: Kinesik, Paralanguage, Haptik, touch of warmth. Barriers are the Internet Network's up and down facilities; The lack of a common perception; Broken senses. The interaction with psychiatrists, nurses, and patients ODGJ Psychogeriatri has a similarity of meaning, so telepsychiatry is done as a complement is the recovery of the health of ODGJ patients related to distance.

1. Introduction

Research conducted in the village of Blandit Wonorejo Singosari of Malang in January to April 2018, it is very interesting for researchers to study telepsychiatry methods and to be known by the community and health professionals in the field of psychiatric, in dealing with patients ODGJ (People with Mental Disorders). According to Information from the Promosi Kesehatan Rumah Sakit (PKRS) of the psikiatric Hospital. At Radjiman Wediodiningrat Lawang of Malang of East Java Province, that Telepsychiatry method applied to ODGJ patient at desa Siaga Sehat Jiwa (DSSJ) in Blandit Wonorejo of Singosari is the only one treatment method in Indonesia. The implementation has been one year since May 2017 by PKRS RSJ Dr. Radjiman Wediodiningrat at Lawang of Malang of East Java Province.

Mental health, according to Law no. 3, 1966 is a state of healthy soul about mental health efforts and handling mental illness cultivated by the government or private entities by involving the community in the efforts of mental health (promotive, preventive, curative, rehabilitative). Psychiatric cases in the community are often undetectable. If it had been identified, handling is currently not



optimal, due to the limited number of professionals and health facilities in this field. Dr. Radjiman Wediodiningrat Psikiatric Hospital of Lawang is a regional referral mental hospital for 15 districts / cities in East Java. In addition to case referrals, RSJRW also has an obligation to become a reference center of knowledge in the field of psychiatry. 12 psychiatrists are inadequate to perform intramural services in a 700-bed hospital at RSJRW, so it should be thought of a more efficient way to reach psychiatric cases in primary and secondary health care facilities.

PKRS (Promosi Kesehatan Rumah Sakit) Psikiatric Hospital Dr. Wardjiman Wediodiningrat (RSJ Lawang) conducted a survey to several villages in Malang to serve as DSSJ (Desa Siaga Sehat Jiwa) as a village built by RSJ Lawang in running one of its programs namely DSSJ by a posyandu of soul. After a survey to some villages in Malang, Blandit Wonorejo Village of Singosari is a village selected as Desa Siaga Sehat Jiwa because according to one of the sources of Benny said:

“The village of Blandit Wonorejo is the village with the most points of its ODGJ compared to the other villages here, one village with its ODGJ up to 33 "(Interview with Mas Benny as nurse RSJ of Lawang in Mental Organic section, April 2018)”

In Blandit Wonorejo village as DSSJ established posyandu soul who suffer from ODGJ. In Posyandu soul, there is a nurse, midwife, and soul volunteer who every time assist in handling ODGJ when there is schedule list with RSJ Lawang. Schedule list is every month at 3rd week on Monday, and it is routinely done with ODGJ patients.

The development of information technology today can be done telepsychiatry (telemedicine in the field of psychiatry) which can be one of the answers to this need. Telemedicine is a health service provided using communication technology. This service can be direct consultation between patient with doctor, nurse with doctor, or consultation from doctor to doctor.

That's why, Dr. RSJ. Radjiman Wedioningrat Lawang made an innovation for the service of soul partner that is telepsychiatry (telemedicine in psychiatry field) in healthy village alert of Blandit Wonorejo Singosari at Malang to empower partners and give direct communication access in increasing the reach of psychiatric service.

The researcher mentioned above is a very interesting thing to be studied more deeply with the focus of research: How the telepsychiatry method performed by health personnel Dr. Radjiman Wediodiningrat Psikiatric Hospital of Lawang of Malang in handling ODGJ at Blandit Wonorejo village Singosari of Malang, East Java Province. The purpose of this research is to know telepsychiatry method applied to ODGJ patient at Blandit Wonorejo village of Singosari of Malang can be handled by RSJ Dr. Radjiman Wediodiningrat of Malang, East Java Province.

Before entering on the results and discussion the researcher convey about some related concepts and theories in this research. The concepts in this research are Health Communication, Therapeutic Communication, Telepsychiatry, Health Manpower, People with Mental Disorders (ODGJ), Psychogeriatric. The theory in this research used is the theory of Symbolic Interaction.

The definition of health communication by Pettergrew, 1982 in Northouse, Peter G, and Northouse Laurel L, [10] is:

Health Communication is a subset of human communication that is concerned with how individuals in a society seek to maintain health and deal with health-related issues. In health communication the focus is on specific-related transaction and factors that influence this transaction. Transaction that occur between health professionals and between professionals and clients are of particular interest in health communication. Transactions can be verbal and nonverbal, oral or written, personal or impersonal, and issue oriented or relationship oriented, to name a few of their characteristics. In general, health communication is concerned with the application of communication concepts and theories to transactions that occur among individuals on health-related issues.

Pettergrew in [8], therapeutic communication is:

“...the verbal and para verbal communication transaction between a helper n e helpee with result in feeling of psychological (thoughts), emotional (feeling), and or phycica (actions) relief by the helpee.”

Rossiter and Pearce, Truax and Carkhuff, and Rogers mentioned that the characteristics of communicators in therapeutic communication are empathy, trust, honesty, validation, caring. The five

characteristics of therapeutic communication are all skills or abilities that are essential for effective health communication. In various situations all five can be exchanged for each other. For example, empathy and caring can be expressed through nonverbal messages of eye contact and nod of the head; validation, honesty, and trust can be expressed through self-disclosure [8].

Telepsychiatry or telemedicine is a health service provided by using communication technology. This service can be in the form of direct consultation between patient and psychiatrist, as well as consultation from psychiatrist to psychiatrist, soul nurse with psychiatrist [1].

Health Worker, according to the Law of the Republic of Indonesia No. 36, 2014 about Health Worker [13], in 11st pasal of Chapter III, which is included in the qualification and the group of health workers are medical personnel are doctors, specialists, dentists, dentist specialists, and nursing personnel are various types of nursing.

The definition of mental disorders is like 'mental illness or imperfect mind development, psychopathic disorders, and many other disorders or inability to think' [6].

Psychogeriatric service is a service that provides special services for elderly, health workers who play a psychiatrist, soul nurse, psychologist. The elderly condition that has undergone changes and decreases both in an anatomical structure and the function of the organs of the body requires understanding and awareness for health personnel for health services. changes that occur both physically, psychologically / emotionally, the social and spiritual interactions of the elderly require their own approach and technique in communicating.

The Symbolic Interaction Theory is highly relevant for analyzing this research, related themes and supporting assumptions in the Mead Interaction Theory according to Mead are as follows:

Theme:

- 1) The importance of meaning for human behavior
- 2) The importance of self-concept
- 3) The relationship between individuals and society

Assumption:

- 1) Man acts against others based on the meaning that others give to them.
- 2) Meaning is created in human interaction
- 3) Meaning is modified through an interpretive process
- 4) Individuals develop self-concept through interaction with others.
- 5) Self-concept provides an important motive for behaving
- 6) People and groups are influenced by cultural and social processes.
- 7) Social structure is generated through social interaction.

Important Concepts of Symbolic Interaction:

- 1). Mind
Mead defines is the mind as the ability to use symbols that have the same social meaning, and Mead believes humans should develop thoughts through interaction with others.
- 2). Self
Mead defines itself as the ability to reflect ourselves from the perspective of others. For Mead, self evolves from a special type of role-taking, imagining how we are seen by others.
- 3). Society
Mead argues that interaction takes place within a dynamic social structure - culture, society, and so on. Individuals are born into an existing social context. Mead defines society (society) as the network of social relationships created by humans. Society exists before the individual but is also created and shaped by the individual, by acting in alignment with others [14].
Other people generally refer to the perspective of a social or cultural group as a whole. It is given by the community to us, and the attitude of others in general is the attitude of the whole community [14].

2. Research Method

2.1. Research Paradigm

This research uses constructivist paradigm. Paradigm adheres to the principle of relativity in looking at a natural or social phenomenon. Creating science as theoretical, network or reciprocal patterns as work hypotheses, temporary, local and specific. Etymologically the relationship between subject and object is a unity, subjective and is the result of a combination of interaction between the two. Methodologically, research must be natural setting (out of laboratory) to capture natural phenomena as they are and thoroughly without the intervention and manipulation of researchers. For that purpose, data collection is done hermeneutically and dialectically focused on the construction, reconstruction and elaboration of a social process [2].

2.2. Types of Research

The type of this research is qualitative research that is research method used to research on natural object condition, data analysis is inductive, and qualitative research results more emphasize meaning than generalization. The natural object is the object that is what it is, not manipulated by the researcher so that the condition at the time the researcher entered the object, after being in the object and after leaving the object relatively unchanged [12].

2.3. Research Approach

The approach of this research is to use case study approach. The researcher determines that this case study research method focuses more on the type of single instrumental case study, ie the researcher focuses on issues or issues, then selects one of the limited cases to illustrate the problem [4].

2.4. Data Source

2.4.1. Primary Data

Researchers use primary data with in-depth interview method to obtain data in accordance with the needs of research, including health workers, patients, families. Then using the method of observation, the researcher conducted a pre-research observation and while the research took place by observing all events that occur on the subject and object of research in Dr. Radjiman Wediodiningrat Psikiatric Hospital Lawang Malang East Java Province.

2.4.2. Secondary Data

Source of data obtained through intermediate media or directly in the form of books, records, existing evidence or archives published or not in general. Sekaran [11]. In other words, by collecting data by visiting the libraries, study centers, archives centers, and reading many books related to the research in question.

2.5. Object and Research Subject

2.5.1. Research Objects

The object of research is to refer to the problem or theme under study [7]. The researcher focuses on the health personnel involved in handling the healing of ODGJ psychogeriatric patients in Mental Hospital Lawang of Malang and Blandit Wonorejo Village Singosari of Malang, East Java Province as the object of research.

2.5.2. Research Subject

Research subjects are individuals or objects, or organisms that serve as a source of information needed in data collection research. Another term used in the mention of research subjects are respondents or informants [7].

Researchers in taking the subject of the study using purposive sampling is a sampling technique used by researchers if they have certain considerations in sampling [6]. In other words, sampling is required in accordance with the purpose of research interests with certain criteria. Criteria to be subjected to research are as follows:

- 1) 1 Physician psychiatrist (psychiatrist) who worked in the Psikiatric Hospital of Dr. Wardjiman Wediodiningrat at Lawang of Malang, East Java Province
- 2) 1 Nurse working in the psikiatric Hospital of Dr. Wardjiman Wediodiningrat at Lawang of Malang, East Java Province
- 3) 1 Employee PKRS (Promosi Kesehatan Rumah Sakit) in the Mental Hospital of Dr. Wardjiman Wediodiningrat at Lawang of Malang, East Java Province. The division that cooperates with DSSJ (Desa Siaga Sehat Jiwa).
- 4) 1 Patient ODGJ Psikogeriatri located in DSSJ (Desa Siaga Sehat Jiwa) located in Blandit Wonorejo Village of Singosari at Malang, East Java Province

2.6. Data Collections

Techniques of collecting data in this ways includes: Observation, in-depth interviews, documentation, and audio-visual materials. Multi Sources is very helpful for researchers to complete the desired data in accordance with the purpose of research.

2.7. Data Analysis Plan

After the field research is completed, the researcher will analyze and present the data. Presentation of data on a case study approach is as follows: 1) creating and organizing files for data, 2) reading all text, making marginal notes, 3) Describing the case and context, 4) Using categorical aggregations to form themes and patterns 5) Using direct interpretation, 6) Presenting an in-depth picture of the case (or some cases) using Cresswell's narration, charts and drawings (1998: 148-149) [4].

2.8. Data Validity

Researchers use triangulation ie source, method, investigator, and theory [9]. The researcher also uses the validity of data other than triangulation is as follows: 1) Extension of Participation, 2) Observational Perseverance, 3) Checking, Discussion, 4) Reference Sufficiency, 5) Member Check [2].

2.9. Location of Research

The location of research to be used as location research are as follows:

- 1) Dr. Radjiman Wediodiningrat Hospital Lawang of Malang, East Java Province Address: Jl. Jend. A. Yani Lawang of Malang, East Java Province, Indonesia.

2) Blandit Wonorejo village of Malang as Desa Siaga Sehat Jiwa (DSSG) as a place for healthy posyandu for the implementation of Telepsychiatry in cooperation with RSJ Dr. Radjiman Wediodiningrat Lawang of Malang, East Java Province.

3. Result And Discussion

The results of this study is to answer research on how the telepsychiatry method of health personnel at Dr. Radjiman Wediodiningrat Lawang of Malang, East Java Province For Patient ODGJ Psychogeriatric in Blandit Wonorejo Village Singosari of Malang, East Java Province.

3.1. *Implementation Process of Healthcare Telepsychiatry For ODGJ Psychogeriatric Patients*

There are three (3) stages in the process of implementation of Telepsychiatry conducted among others are:

(1) *Pre Telepsychiatry*

In pre telepsychiatry, it must be prepared is a psychiatrist who is in Dr Radjiman Wediodiningrat of Mental Hospital Lawang of Malang assisted by the operator systems Information of Hospital Mental. Then Facilities that must be prepared is a set of computers connected to the internet network that is located in the Mental Hospital. Information and communication technology at Mental Hospital has been installed Hot Spot facility and there is room SIRS (Hospital Information System). Because the service at Mental Hospital is all innovative and quickly therefore must be facilitated the internet (information Public Relation Lawang Mental Hospital). In Room Mental Hospital Information System, automatically available computer facilities that have web cam, sound mixer, micro phone that serves to listen to the voice of the other person at a long distance. Then there is Skype application on computer and laptop

And then in the preparation in Desa Siaga Sehat Jiwa (DSSJ) in the Blandit Wonorejo village Singosari of Malang, must prepare the place (Posyandu Jiwa). Its function is as a place for ODGJ activities along with health personnel, such as doing exercises in the morning, Group Therapy Activity, making hand skills, and examinations such as Telepsychiatry. Then there is a soul nurse along with the responsibility of a posyandu like a local midwife or a local nurse in the Blandit Wonorejo village. In posyandu Blandit provided a computer facilities or laptop that there is a web cam, microphone, and sound mixer with Skype application for ongoing remote communication.

(2) *The Process of Telepsychiatry*

When the facilities used for telepsychiatry activities are ready all, then patients with recurrent ODGJ Psychogeriatric will be telepsychiatry by psychiatrists at RSJ Lawang. This Telepsychiatric activity was performed after ODGJ patients all performed morning exercises guided by nurses and gym coaches at posyandu Blandit Wonorejo village.

The ongoing process of a psychogeriatric ODGJ patient with initials "Sko" is male, tall, tan, 61 years old (Heberphrenic schizophrenic diagnosis) calm condition, village address Blandit Wonorejo Rt. 01 Rw. 01 Singosari District is in front of a laptop accompanied by a soul nurse named mas Benny age 26 years. When the process took place telepsikiatry (communications remotely via an Internet-connected computer) that psychiatrist dr Eko ask about the condition of the father of "Sko" at this time, then father "Sko" replied that he was not in good health because for three days can not sleep well, his body condition was cold, hot, and flu. Then dr Eko gave an advise or prescription after receiving a verbal message from ODGJ, which was communicated directly with Benny's nurse for follow-up. Dr Eko also prescribed medication-related medications relating to the psychological condition of ODGJ patients after Dr. Eko looked at his novel condition through a laptop camera. (Researcher's observation results April 2018).

According to Benny as nurse that the steps taken as above are:

"Assessment, follow up, posyandu, therapy, then are follow continuously when held telepsychiatry". (Interview with Benny's nurse in Blandit Wonorejo Singosari village Malang, April 2018).

This is done every month on week 3 every Monday continuously. The goal is that patients with ODGJ who relapse because the drug runs out or do not want to take the drug into controlled and controlled his psychic health also by the RSJ Singosari of Malang. This is also to avoid the ODGJ family reinforcing ODGJ patients in the village of Blandit Wonorejo Singosari Malang, as spoken by Nur (PKRS RSJ Lawang)

"The existence of the DSSJ in Blandit is to minimize the ODGJ pasien that will be reinstated by their family because before the DSSJ program appear, it often happens here" (The result of interview with Nur of PKRS RSJ Lawang, January 2018).

Because it is known in the village of Blandit this point ODGJ most than other villages in the district of Malang with an estimated, 0.22 percent.

(3) *The Final of Telepsychiatry*

The final step, after completion of telepsykiatry process, dr Eko convey greetings to nurses Benny and ODGJ patients, do not forget to recall the recipe that must be purchased and drunk regularly. Dr. Eko also gave advice for control to ODGJ psychogeriatri through Benny nurse with frequency of 1 month for control to Lawang Mental Hospital.

3.2. *Verbal Communication between Health worker and Patient ODGJ Psychogeriatri*

The verbal communication done in this telepsychiatry is oral and written communication through language symbols performed between psychiatrists, nurses, and psychogeriatric ODGJ patients.

(1). *Verbal communication*

Verbal communication oral is a direct communication delivered with words performed between psychiatrists and nurses and ODGJ patients, at several stages that occur during the telepsykiatry process takes place. Dr. Eko asked about the condition of the patient, with the patient named "Sko" piye kabare pak? "(How are you sir)" awake rasane piye pak? ".... (how is your body condition). It was an oral verbal communication performed by a psychiatrist with ODGJ Psikogeriatri patient using Javanese "ngoko" because the patient was East Java, lacking Indonesian.

(2) *Verbal communication is written*

is a communication delivered by a psychiatrist to a nurse in the form of writing. Communication in the form of chat through skype media, this is done when psychiatrists experience verbal communication that is not smooth with nurses and ODGJ patients.

3.3. *Nonverbal Communication between Health and Patient ODGJ Psychogeriatri*

(1) *Kinesic*

During the implementation of telepsykiatry, researchers observed that the patient when invited to communicate with the patient's psychiatrist always nodded his head and his mouth always seemed to be moved like chewing. When asked by the ODGJ patient psychiatrist sometimes silent and look sad. Psychiatrists by looking at the condition of such patients, psychiatrists have been able to conclude the condition of the patient should be done what kind of action and what drugs should be prescribed.

(2) *Paralanguage*

Psychiatrists and soul nurses in the implementation of telepsyatry with mental patients tend to use soft and slow intonation sounds, as these "Sko" patients are in quiet condition not in acute conditions. A subtle, slow trance used by psychiatrists and nurses, the goal is that the messages conveyed can be understood by ODGJ patients. Seen clearly in the observations of researchers, ODGJ patients feel calm until the telepsykiatry process lasted until completion.

(3) *Haptics*

This touch communication takes it in the telepsychiatry process between psychiatrists, nurses and ODGJ of Psychogeriatric patients. What happens is the touch of warmth and permissiveness that is given is expected that the patient can give and realize his ideas without fear, so the patient ODGJ psychogeriatric can express his feelings more deeply. So there is sharing between psychiatrists, nurses, with ODGJ patients. When it goes on and on, the burden will be reduced then it will experience healing. The touch that the observational observers take is the embrace of the nurse and the motivating words of the psychiatrist and nurse for ODGJ Psychogeriatric.

3.4. *The problem that occur during the telepsychiatry process between the psychiatrist and the psychogeriatric ODGJ patient*(1) *Internet Network*

As long as researchers observe in the implementation of telepsychiatry between psychiatrists and patients with ODGJ Psychogeriatric, there are constraints on their communication that is not smoothly intermittent communication between psychiatrists, nurses, and patients with ODGJ Psychogeriatric. This happens because constrained internet network up and down during the telepsychiatric process took place.

(2) *Absence of perception equation*

When telepsychiatry takes place between a psychiatrist with a nurse and a psychogeriatric ODGJ patient takes place, there is a pause that sometimes a psychiatrist awaits the responds of ODGJ patients, this is due to the absence of a shared perception of a psychiatrist not understood by a psychogeriatric ODGJ patient. Nurses who help as a mediator between psychiatrists and ODGJ patients so that no perception errors occur.

(3) *The damaged senses*

This damaged sensation occurs when the patient is less able to listen to the psychiatric communications delivered to the ODGJ patient. Although it has been assisted headphone facility that is implanted by the nurse to the patient ODGJ psychogeriatric

3.5. *The results of telepsychiatry analysis associated with Symbolic Interaction theory George Herbert Mead*(1) *The importance of meaning for human behavior*

Psychiatrists understand the verbal and nonverbal messages of ODGJ psychogeriatric patients, so the psychiatrist can give feedback to the ODGJ psychogeriatric patient directly or through the accompanying nurse. This psychiatrist catches the symptoms that exist in the patient so that patients are given solutions about what drugs should be consumed every day within a period of one month before re-checking done. Psychiatrists can also provide advise for ODGJ psychogeriatric patients that should be done during the healing process.

(2) *The importance of self-concept*

As psychiatrist and soul nurse to patient of psychogeriatrically dedicated ODGJ at RSJ Lawang of Malang, who hold telepsychiatry have confidence that they can heal through medical intermediary and of course belief to Allah SWT.

(3) *The relationship between individuals and society*

The treatment in the village averaged using a personalistic treatment of ODGJ patients with families relying on treatment to shamans or to kyai or ustadz or the deprivation of their ODGJ family. But what is done by RSJ Lawang in healing patient ODGJ psychogeriatric is with biomedical system and Personalistic system which is in installation of mental rehabilitation that is spiritual therapy and also religious therapy. The DSSJ program conducted by RSJ Lawang with Telepsychiatry Method, together with psychiatrist and soul nurse of RSJ Lawang is a new option in changing the social situation in Blandit Wonorejo village which is to overcome the problem of ODGJ psychogeriatric patient by biomedical system.

4. Conclusion

Method of telepsychiatry applied by psychiatrist and nurse in patient of ODGJ Psikogeriatri, which exist in Blandit Wonorejo village Singosari of Malang as DSSJ (Desa Siaga Sehat Jiwa) is:

- 1) Implementation Process of Telepsychiatry for Patient ODGJ Psychogeriatry, (1) Pre Telepsychiatry is preparation before telepsychiatry from RSJ Lawang and from Posyandu Jiwa in Blandit Wonorejo Singosari of Malang; (2) Process of Telepsychiatry; (3) The final of Telepsychiatry
- 2) Verbal Communication between Health Personnel and Patient ODGJ Psychogeriatry, in this case there are two verbal communication is (1) Oral verbal communication is direct communication is delivered with words performed between the psychiatrist with the nurse and patient ODGJ psychogeriatry; (2) Verbal communication is the writing of a communication delivered by a psychiatrist to the nurse in the form of writing. Communication in the form of chat through skype media.
- 3) Nonverbal Communication between Health Workers and ODGJ Psychogeriatric Patients are: (1) Kinesic, (2) Paralanguage, (3) Haptic, the touching of warmth.
- 4) Barriers experienced by health workers when conducting Telepsychiatry, the barriers that occur during the telepsychiatry process between a psychiatrist and a psychogeriatric ODGJ patient are (1) Internet Network facilities; (2) The lack of a common perception; (3) The damaged senses.
- 5) The results of telepsikiatry analysis associated with the Symbolic Interaction Theory of Blumer and George Herbert Mead are: (1) The importance of meaning for human behavior Psychiatrists understand the verbal and nonverbal messages of ODGJ psychogeriatric patients, so the psychiatrist can give feedback to ODGJ psychogeriatric patients directly or through the accompanying nurse; (2) The importance of self-concept, as psychiatrist and soul nurse to patients with psychogeriatric ODGJ who have dedication in RSJ Lawang of Malang, who hold telepsikiatry have the belief that they can heal through medical intermediaries and of course belief in Allah SWT. In this case psychiatrists and soul nurses are complementary to cooperate in the healing process of patients with psychogeriatric ODGJ who have a diagnosis of schizophrenia Heberfrenik namely father bersial "Sko"; (3) The relationship between the individual and the community, the DSSJ Program conducted by RSJ Lawang with the telepsychiatry method, together with psychiatrist and soul nurse at RSJ Lawang is a new option in changing the social situation in the village of Blandit Wonorejo, the beginning of their treatment by locking ODGJ and treatment to a shaman or a "clever person". The telepsychiatry method is a method that helps overcome the problem of ODGJ psychogeriatric patients by means of therapeutic communication then followed by action of biomedical system.

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