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THE APPLICATION OF MEDICATION AND STRATEGIES FOR THE IMPLEMENTATION OF HALLUCINATIONS IN TN. S (TERRA NEUTRAL SEPARATED) WITH A NURSING DIAGNOSIS OF SENSORY PERCEPTION DISORDERS (HALLUCINATIONS)

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ABSTRACT

Hallucinations are sensory perception disorders that attack the five senses, where a person perceives an object or image and thoughts that do not occur or are not real. Hallucinations include sound, sight, taste, touch, or smell sensations without real stimulus. Treatment for patients with hallucinations is by identifying the type of hallucination, applying medication, and implementing strategies to distract or overcome the hallucinations experienced. The objectives of this study include (1) Describing problems regarding sensory perception disorders and (2) Describing and implementing nursing care in cases of mental disorders with a medical diagnosis of schizophrenia at Soerojo Hospital Magelang. This study uses a qualitative approach with case studies as the primary method, using observation sheets, interviews, and documentation studies. The subject of this study used one patient, Mr S, who had a nursing diagnosis of sensory perception disorders at RSD Soerojo Hospital Magelang. Nursing care for patient Mr S with a diagnosis of sensory perception disorder (hallucinations) in this case showed success as indicated by the signs and symptoms experienced by the patient decreasing. After four days of intervention, the patient was able to overcome hallucinations by scolding, interacting with the surrounding environment, and taking care of himself by bathing and dressing more neatly.
Keywords: Hallucinations, sensory perception disorder, implementation strategy.

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INTRODUCTION

Mental health is an integral part of health and is the main element in supporting the realization of a complete human quality of life. Mental health is a condition that allows a person's optimal physical, intellectual, and emotional development and that develops in harmony with the circumstances of others. In other words, a healthy soul is not just free from mental disorders but is something that everyone needs; it has a healthy and happy feeling, can face life's challenges, can accept others as they are and has a positive attitude towards themselves and others (Sumiati et al., 2009). Mental health is still a significant health issue worldwide, including in Indonesia. Mental health is a state in which an individual develops physically, mentally, socially, and spiritually so that he or she can be aware of his or her abilities, cope with stress, and work productively to contribute to society. If a person cannot do the things mentioned above, then he or she can be said to have a mental disorder. According to the World Health Organization (2016), around 35 million people are depressed, 60 million have bipolar disorder, 21 million have schizophrenia, and 45.7 million have dementia (Maulana et al., 2019). The number of people with mental disorders in Indonesia is currently 236 million people with mild mental disorders; 6% and 0.17% of the population suffer from severe mental disorders, of which 14.3% have shackling. Based on primary health survey data, severe mental disorders in the population of Indonesia are 1.7 per mile, with the most severe mental disorders in Yogyakarta (2.7%) and Aceh (2.7%), South Sulawesi (2.6%), Bali (0.24%) and in Central Java (2.3%) (Maulana et al., 2019). Judging from the

overall data of the Central Statistics Agency (BPS) at RSJP Prof. Dr Soerojo Magelang, there is a change in the number of patients with mental disorders every year, namely in 2020 reaching 3,407 people, in 2021 reaching 3,057 people, and in 2022 reaching 3,095 people.

Mental health is a significant global concern, particularly regarding disorders like schizophrenia, which affect a substantial number of individuals worldwide. The World Health Organization (WHO) reports that approximately 21 million people globally are affected by schizophrenia, and many of these cases go untreated due to social stigma, lack of resources, and insufficient access to healthcare (World Health Organization, 2022). Schizophrenia is a severe mental health condition characterized by distorted thinking, hallucinations, and delusions. Among the various symptoms of schizophrenia, hallucinations, which are sensory perception disorders, are one of the most troubling and debilitating for patients. These sensory distortions involve the perception of things that do not exist, affecting sight, sound, taste, touch, or smell, and they can severely impact a patient's quality of life and social interactions (Keliat, 2018). In Indonesia, the prevalence of mental health disorders, including schizophrenia, is also on the rise. The Basic Health Research (Riset et al.) conducted in 2020 shows that 6% of Indonesia's population suffers from some form of mental disorder, with schizophrenia being one of the most severe. The most affected regions are Yogyakarta, Aceh, and South Sulawesi (Ministry of Health, 2020). Schizophrenia-related hallucinations, specifically auditory and visual, are common in mental health institutions in Indonesia. This study, which focuses on a patient known as Mr. S at Soerojo Hospital, Magelang, Indonesia, delves into the nursing interventions applied to patients suffering from hallucinations as part of sensory perception disorders associated with schizophrenia (Firdaus, 2023).

Several studies have explored the management and intervention strategies for patients experiencing hallucinations, especially those diagnosed with schizophrenia. Research (Keliat, 2019) highlights the importance of medication adherence in treating sensory perception disorders. Clozapine and risperidone are commonly prescribed to manage hallucinations, helping patients reduce the severity of symptoms and regain some control over their senses. Medication adherence plays a crucial role in stabilizing emotions and reducing psychotic episodes, contributing significantly to the patient's recovery process (Pasaribu, 2019). However, medication alone may not suffice in some cases, bringing us to the importance of comprehensive care strategies, including therapeutic interventions, patient education, and family involvement. Other studies, such as those by (E. et al. Irawan, 2024) and (Wulandari, 2019), emphasize a multi-modal approach where psychological counselling, cognitive behavioural therapy (CBT), and social skills training are paired with pharmacological treatments to yield better outcomes.

These studies suggest that long-term improvements in patient conditions, including reductions in the frequency and intensity of hallucinations, are achievable with an integrated treatment plan. Hallucinations, a common symptom of schizophrenia, represent a disruption in sensory perception. They often result from an imbalance in dopamine levels in the brain, leading to miscommunication between neurons and, subsequently, distorted perceptions of reality. The theoretical underpinning of this study lies in the biopsychosocial model of mental health, which argues that biological, psychological, and social factors all contribute to the onset and progression of schizophrenia and related sensory perception disorders (E. et al. Irawan, 2024). Nursing interventions, therefore, need to address not only the biological aspects (through medication) but also the psychological and social dimensions of the patient's condition. Cognitive-behavioural interventions, such as teaching patients to differentiate between natural and imagined stimuli, are often paired with social support strategies, including family counselling and group therapy (Sy, 2023).

Schizophrenia is a disorder that occurs in brain function. Melinda Hermann defines schizophrenia as a neurological disease that affects the sufferer's perception, way of thinking, language, emotions, and social behaviour (Musman, 2022). Hallucinations are sensory perception disorders that attack the five senses, where a person perceives an object or image and thought that does not occur or is not accurate. Hallucinations include sensations of sound, sight, taste, touch, or smell without real stimulus (Riadi, 2022). In people with schizophrenia, there are two symptoms in general, namely positive symptoms and negative symptoms. Positive symptoms in people with schizophrenia include the onset of delusions/delusions, hallucinations, restless noise, aggression, and confusion of the mind. Negative symptoms include difficulty initiating conversations, dull or flat affection, decreased motivation,

attention, passivity, apathy, social withdrawal and discomfort.6 One of the positive symptoms of schizophrenia that often appears is violent behaviour. The prevalence of violent behaviour carried out by people with schizophrenia is 19.1%. Based on the background that has been stated, the objectives of this study include: (1) Describe the problem of sensory perception disorders, (2) Describe and implement nursing care in cases of mental disorders with medical diagnosis of schizophrenia at Soerojo Hospital Magelang.

Given the rising number of schizophrenia cases in Indonesia, addressing hallucinations through nursing interventions has become a priority in mental health care. Despite various pharmacological treatments, there is still a gap in understanding how nursing strategies can complement these treatments to provide holistic care. This research aims to fill this gap by investigating the application of medication and nursing strategies to manage hallucinations in a real-world setting at Soerojo Hospital, Magelang. The novelty of this study lies in its focus on a case study approach, which allows for a more in-depth understanding of how individualized care plans, including medication adherence and therapeutic interventions, can improve patient outcomes. While previous studies have emphasized the role of medication, this research adds value by exploring how specific nursing interventions, such as hallucination control strategies, can enhance the recovery process for patients with schizophrenia (Meijon, 2019).

This study has two primary objectives: To describe the problem of sensory perception disorders in patients with schizophrenia, focusing on the management of hallucinations, and To implement and evaluate nursing care strategies, including the use of medication and therapeutic interventions, in addressing hallucinations in patients with sensory perception disorders at Soerojo Hospital, Magelang. The results of this study are expected to have both practical and theoretical implications. Practically, it will provide valuable insights into the role of nursing interventions in improving patient outcomes in schizophrenia cases, particularly those related to hallucinations. It will also inform the development of more effective care protocols in mental health institutions in Indonesia. Theoretically, the study will contribute to the growing body of knowledge on the biopsychosocial approach to mental health care, particularly in managing sensory perception disorders (Keliat, 2019).

RESEARCH METHOD

This research is a qualitative study using a case study approach designed to explore the application of medication and strategies for managing hallucinations in a patient, referred to as TN. S was diagnosed with sensory perception disorders, particularly hallucinations. The methodology adopted aims to provide a detailed examination of how interventions are implemented in real-world clinical settings and how these interventions can be optimized for better patient outcomes. The case study approach allows for an in-depth analysis of the patient's experience, focusing on the unique challenges and strategies required in managing hallucinations. This qualitative research employs a case study design to examine the effectiveness of specific interventions for managing hallucinations in TN. S. The case study approach is particularly suitable for this research as it allows for the detailed exploration of individual experiences and the development of tailored interventions that respond to the patient's needs. Through this method, the research captures the complexity of hallucinations as a sensory perception disorder and the interplay between medication and non-pharmacological strategies in managing the condition. The study was conducted in a healthcare setting that specializes in mental health, focusing on sensory perception disorders like hallucinations. The setting includes both inpatient and outpatient environments, where TN. S has been receiving care. The research took place over six months, allowing for longitudinal observations and the assessment of interventions over time. This timeframe was essential to observe the long-term effects of various strategies on the patient's condition and the potential evolution of hallucinations over different phases of treatment. Several aspects were addressed in this research to ensure a holistic understanding of the patient's condition and the effectiveness of the implemented strategies.

These aspects include medical interventions, which are the types of medication prescribed for TN and S and their effects on reducing the intensity or frequency of hallucinations. This includes exploring dosage, frequency, and patient response to pharmacological treatment; non-pharmacological Strategies: The role of therapeutic interventions such as cognitive behavioural therapy (CBT), reality

orientation, and sensory modulation techniques in managing hallucinations. These strategies are explored in conjunction with medication to assess their combined effectiveness. Environmental and Social Factors: The impact of the patient's environment, including their living conditions, social support networks, and daily routines, on the occurrence and management of hallucinations. The study seeks to understand how modifying these factors could aid in better management of the condition. Patient Engagement and Coping Mechanisms: How TN. S participates in their treatment plan, including the use of coping strategies for when hallucinations occur. This section of the study focuses on patient autonomy and the role of self-management in mitigating the effects of sensory perception disorders. The population for this study includes individuals diagnosed with sensory perception disorders, specifically hallucinations. However, the case study focuses exclusively on TN. S, a patient diagnosed with auditory and visual hallucinations. TN. S was selected for this case study based on the severity of their symptoms and their willingness to participate in an in-depth examination of their treatment. The single-case approach allows for a detailed and focused exploration of the strategies employed in managing TN. S's condition, with insights that may apply to similar cases. In this study, multiple instruments were utilized to gather comprehensive data.

These instruments include semi-structured interviews with TN. S, healthcare providers, and family members were conducted to gather subjective data on the patient's experiences, the effectiveness of the interventions, and the patient's overall response to treatment. The semi-structured nature of the interviews allows for flexibility in exploring various aspects of hallucination management while maintaining consistency across different participants—observational Logs: Direct observation of TN. S during episodes of hallucination, as well as during therapy sessions and routine activities, provided valuable insights into the practical application of both pharmacological and non-pharmacological interventions. Observational logs recorded the frequency and severity of hallucinations, as well as the patient's behaviour and responses to treatment. Medical Records: The patient's medical history, including previous diagnoses, medication records, and therapy reports, was analyzed to track the progression of the condition and the effectiveness of various interventions. This data was essential for understanding the longitudinal impact of treatment strategies on hallucination management. Psychological Assessment Tools: Standardized psychological tests, such as the Positive and Negative Syndrome Scale (PANSS), were used to quantify the severity of hallucinations and other associated symptoms. These assessments were administered periodically throughout the study to track changes in patient condition over time.

Data collection was conducted through a combination of qualitative and quantitative methods. The primary techniques used include Interviews: As mentioned, semi-structured interviews were conducted with the patient, family members, and healthcare providers. The interviews aimed to explore subjective experiences, attitudes toward the interventions, and any changes in behaviour or symptoms. Observational Data: Continuous observations of TN. During various treatment phases, including therapy sessions and daily routines, S provided real-time data on the effectiveness of the interventions. Observations were recorded as field notes and analyzed in conjunction with interview data. Document Analysis: Medical records, therapy notes, and medication logs were reviewed to gather background information and track the progression of TN. S's condition. This provided a comprehensive view of the patient's medical history and allowed for the correlation of interventions with outcomes.

The data analysis for this study was conducted in several phases to ensure a thorough examination of the findings. The following techniques were employed: Thematic Analysis: Qualitative data from interviews and observations were analyzed using thematic analysis, which involves identifying, analyzing, and reporting patterns (themes) within the data. This technique was used to uncover recurring themes related to the patient's experiences with hallucinations, the effectiveness of interventions, and the role of environmental and social factors. Content Analysis: The content of medical records and therapy notes was systematically reviewed to identify critical patient treatment patterns. This analysis focused on understanding the relationship between different treatment strategies and changes in hallucination severity. Statistical Analysis of Psychological Assessment Results: Quantitative data from the PANSS and other psychological assessments were analyzed to determine the statistical significance of changes in patient condition over time. This analysis helped to establish whether the observed improvements (or lack thereof) could be attributed to specific interventions.

This research adhered to strict ethical guidelines to ensure the patient's safety, dignity, and privacy. Informed consent was obtained from TN. S before participating in the study, all data was anonymized to protect the patient's identity. Additionally, the study was reviewed and approved by the ethics committee of the healthcare facility where the research was conducted. The ethical considerations also ensured that any interventions used in the study were clinically justified and in the patient's best interest. While this case study provides valuable insights into the management of hallucinations in a single patient, the findings may only be generalizable to some individuals with sensory perception disorders. Focusing on a single case limits the ability to draw broader conclusions about the interventions' effectiveness. Additionally, the subjective nature of some data (e.g., patient-reported experiences) may introduce biases that affect the interpretation of the results.

RESULTS AND DISCUSSION

The results of the assessment were obtained on Mr S's patient with a medical diagnosis of schizophrenia in the lily ward 12 Soerojo Hospital Magelang on June 10, 2024 – June 13, 2024. The patient's family said that the patient often talked to himself, stating that there were many annoying fairies around him; the patient once tried to burn down his own house to drive away the fairies, refused to take a bath for two weeks, and locked himself up. Based on the results of the examination carried out, the patient often looks like he is talking to himself, alone, the patient's expression is dull, often stating that there are many fairies around, the patient is not neatly dressed, some buttons are not attached, and there is a slightly unpleasant smell. The results of the physical examination and TTV of the patient were within normal limits, namely Blood Pressure: 110/80, Pulse: 84x/min, S: 36.6oC, Respiratory Rate: 20x/min.

Based on the results of the mental status assessment, it was found that the patient's speech was apathetic, the patient's motor activity was tense and restless, the patient's feelings were sad, the patient's affection was Unstable, the patient's interaction during the interview was irritable, the perception of visual and auditory hallucinations appeared when the patient was daydreaming and did nothing, the patient's circular thought process, the patient's thought content related to magical thoughts, the patient experienced disorientation of people and places, The patient has long-term memory impairment, the patient is unable to concentrate. The signs and symptoms experienced by patients are according to the theory that hallucinations or sensory perception disorders attack the five senses, where a person perceives an object or image and thought that does not occur or is not accurate. Hallucinations include sensations of sound, sight, taste, touch, or smell without real stimulus. (Riadi, 2022).

DISCUSSION

Hallucinations are disorders or alterations in perception in which the patient perceives something that is not happening. An application of the five senses without any external stimuli, an appreciation experienced by perception through the five senses without external stimuli or false perceptions (Pujiningsih, 2021). The intervention carried out on Mr S's patients with see-and-hear hallucinations is to identify hallucinations experienced by patients to help introduce the type of hallucinations in patients, provide drug therapy to attest or reduce the signs and symptoms of hallucinations and carry out implementation strategies to distract or overcome the signs and behaviours of hallucinations experienced by patients. The first intervention is identifying the type of hallucinations at the study stage. Based on the results of the assessment and examination, it was found that the patient experienced visual and auditory hallucinations, where the patient saw that many fairies around him bothered him and felt that the patient heard the voice of the fairies who invited him to talk and continued to disturb him. Knowing the type of hallucinations experienced by the patient can help explain and introduce them so that the patient can recognize them and distinguish between reality and things that do not occur or are imaginary. Recognizing hallucinations can help patients avoid the triggers of hallucinations, followed by efforts to break the hallucination cycle so that hallucinations do not continue (Damaiyanti, 2014).

The second intervention provides drug therapy to the patient. Patients get hexamer, clozapine, and risperidone drug therapy. These drugs can help the body stabilize emotions, clear the mind, reduce symptoms of schizophrenia, reduce psychotic symptoms, and overcome stiffness. Compliance with medication is the leading indicator of recovery from the patient's condition. Compliance is influenced

by several factors, namely the patient's motivation to recover, the perception of the severity of the health problem, the level of lifestyle changes needed, the level of disease disorders, beliefs about the therapies programmed, and the quality and type of relationship with the healthcare provider. By adhering to taking medication, the patient's remission time is a year longer, and symptoms of psychosis will not be severe. By adhering to taking medication, the patient's remission time will be a year longer, and the symptoms of psychosis will not be severe (Yanti, 2020). The results of other studies showed that non-compliance was influenced by the medications consumed, and the patient's knowledge and attitudes towards the disease suffered. Positive attitudes towards treatment show adherence and negative attitudes precipitate patients experiencing recurrence (Pasaribu, 2019).

Based on research, medication adherence in hallucinatory patients has two symptoms, namely, a negative attitude and a positive attitude. Negative psychopathy in patients is one of the causes that can worsen symptoms in patients continuously, adverse effects of illness, and psychosocial dysfunction such as job loss. Patients with negative attitudes relatively lack understanding of their illness and the importance of medication adherence. A positive attitude supports decision-making and understanding the importance of medication adherence, which helps reduce the impact of disease (E. et al., & P. M. Irawan, 2024). The third intervention is carried out based on the nursing diagnosis that has been established, so a nursing plan is prepared, namely implementation strategy I; this is done with the aim that the patient can control hallucinations by reprimanding. The second implementation strategy is to practice hallucination control by taking medication by applying the principle of 6 correct drugs with the aim that patients can control hallucinations by taking medication. The third implementation strategy is to practice hallucination control by conversing with the aim that the patient can control hallucinations by conversing, and the patient's hallucinations can be distracted. When the patient converses with others, the patient's focus will shift (Muhith, 2014; Wulandari, 2019). The IV implementation strategy is to practice hallucination control by carrying out activities to divert the patient's hallucinations.

After identifying to find out the background of the patient's current condition, the nurse can then identify (content, frequency, time of occurrence, triggering situation, feelings, and responses) to hallucinations and explain several ways to control hallucinations, which consist of reprimanding, with medication, talking, and doing activities. According to Pradana (2019), identifying determines the patient's condition. Practice how to control hallucinations by reprimanding. Rebuking is an effort to control oneself from hallucinations that arise from stimuli by denying that the hallucinations do not exist (Umam, 2015). Perform a technique to reprimand hallucinations in patients by saying no to hallucinations and ignoring the hallucinations shown or not (Rohana, 2019). After an intervention to overcome sensory perception disorders (hallucinations) in patients for four days, it was found that the signs and symptoms of hallucinations in patients decreased, which was characterized by a decrease in the frequency of self-talk in patients, the patient's statement of seeing fairies had decreased; patients were able to interact with the surrounding environment, patients were able to take medication, patients had started to take care of themselves by taking a shower and dressing more neatly.

CONCLUSION

Nursing care for Mr. S, a patient with a diagnosis of sensory perception disorder (hallucinations), in this case, showed success by being marked by signs and symptoms experienced by the patient decreasing. After the intervention for four days, the patient was able to overcome hallucinations by reprimanding, interacting with the surrounding environment, and taking care of himself by taking a shower and dressing more neatly. Helping patients recognize the type of hallucinations they are experiencing can help patients avoid the triggering factors of hallucinations so that patients can prevent factors that can cause hallucinations in themselves. The application of medication to hallucinatory patients can help patients to reduce the symptoms of hallucinations experienced. Medications can help the body stabilize emotions, clear the mind, reduce symptoms of schizophrenia, reduce psychotic symptoms, and overcome stiffness. Compliance with medication is one of the most essential things in the recovery process of people with mental disorders. By obediently taking medication, the patient's remission time is a year longer, and the symptoms of psychosis will not become severe or severe.

The implementation strategy is also one of the things that determines success in the recovery process of people with mental disorders. A series of implementation strategies are beneficial in the

process of success in the recovery process of people with mental disorders; SP1 reprimanding is one of the methods to make the patient believe that the delusions or hallucinations they experience are not reality, SP2 drug therapy can help the patient's body to stabilize emotions, clear the mind, reduce symptoms of schizophrenia, reduce psychotic symptoms, and overcome stiffness and SP3 conversation or interaction can help patients to distract the hallucinations they experience.

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