



**EXCELLENT PSYCHIATRIC NURSING CARE MANAGEMENT FOR
Mr. S WITH SOCIAL ISOLATION AT PROF. DR. MUHAMMAD ILDREM
MENTAL HOSPITAL NORTH
SUMATRA IN 2025**

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ABSTRACT

Social isolation is a common problem in individuals with mental disorders, especially schizophrenia, which significantly affects social function and quality of life. This case study aims to explore the implementation of excellent nursing care in managing a patient with schizophrenia who exhibits symptoms of social withdrawal. The study was conducted at Prof. Dr. Muhammad Ildrem Mental Hospital in North Sumatra in March 2025. A qualitative descriptive method with a nursing care approach was used, consisting of five steps: assessment, nursing diagnosis, intervention, implementation, and evaluation. The subject was a 62 year old male with repeated relapses, diagnosed with paranoid schizophrenia and showing signs of social isolation such as withdrawal, low self-esteem, and lack of communication. Interventions were carried out using therapeutic communication and a structured strategy (SP1-SP4) focused on building trust, exploring the causes of social isolation, and practicing social interaction. The evaluation showed significant improvement, where the patient became more responsive, engaged in conversation, and developed the confidence to interact with peers. This study highlights the importance of structured nursing care in enhancing social functioning in psychiatric patients and supports the role of nurses as care providers and educators.

Keywords: Social Isolation, Schizophrenia, Psychiatric Nursing, Therapeutic Communication, Nursing Intervention

Introduction

Mental health is a crucial aspect of sustainable development. According to SDGs goal 3.4, reducing premature death due to non-communicable diseases requires strengthening promotive and preventive health services, including psychosocial well-being (PAHO, 2020). One of the challenges in achieving this goal is the high prevalence of mental disorders, particularly

social isolation, which disrupts an individual's quality of life and social interaction (Manullang Jernita *et al.*, 2025)

In Indonesia, the integration of mental health services into primary care has been promoted, along with early screening tools like SRQ-20. However, patients exhibiting negative symptoms such as withdrawal or flat affect often do not receive adequate interventions (Sari P and



Maryatun, 2020). WHO reports that over 450 million people globally suffer from mental illnesses, with schizophrenia being the most common (Kemenkes, 2023). Indonesia's Ministry of Health reported over 400,000 cases of severe mental illness, with Sumatra Utara province housing 22,529 cases, of which only 58.77% receive proper care (PAHO, 2020).

A preliminary survey at RSJ Prof. Dr. Muhammad Ildrem in March 2025 showed 1,302 psychiatric patients between January and September 2023, with 73.7% being male. Among them, Mr. S presented a recurrent schizophrenia case with severe social withdrawal. Interviews with the patient and family revealed a pattern of isolation, emotional distance, and communication barriers, highlighting a lack of family support and the need for intensive therapeutic nursing care.

This study aimed to apply excellent nursing care in addressing Mrs. S social isolation by implementing therapeutic interventions based on national nursing standards (SPKI, SIKI) and professional regulations (Permenkes No. 4/2022, UU No. 17/2023). The goal was to restore social functioning, build communication skills, and enhance self-esteem through structured approaches such as therapeutic group activities and interpersonal skills training (Sitawati A D et al., 2022).

Research Method

This research used a qualitative descriptive case study design, emphasizing the nursing care management of one psychiatric patient experiencing social isolation. The study was conducted in the Gunung Sitoli Ward of Prof. Dr. Muhammad Ildrem Mental Hospital over a period of four days, from March 25 to 28, 2025.

The subject of the study was a 62-year-old male diagnosed with paranoid schizophrenia, who had experienced multiple relapses and exhibited persistent symptoms of social withdrawal. Data collection techniques included direct observation, semi-structured interviews with the patient, family members, and healthcare staff, and a thorough review of the patient's medical history. The nursing care process followed the five-step framework: assessment, nursing diagnosis, planning, implementation, and evaluation, using SDKI, SLKI, and SIKI standards (Wibawa Sakti et al., 2023).

Triangulation was used to ensure the validity and credibility of the findings, comparing information from patient reports, family narratives, and staff observations. Data were categorized into subjective and objective symptoms, and a problem tree analysis was developed to illustrate the relationship between root causes (low self-esteem), primary problems (social isolation), and consequences (self-care deficits).

Result

Mr. S exhibited classic symptoms of social isolation, including reluctance to engage with others, flat affect, infrequent eye contact, and avoidance of group settings (Zaini, Komarudin and Abdurrahman, 2023). Subjective data revealed his feelings of uselessness and unworthiness, which were reinforced by long-term stigma and limited family interaction. Objective findings during observation included poor self-care, reduced speech, and minimal response to environmental stimuli (Saragih et al., 2024).



From this assessment, three nursing diagnoses were established based on SDKI: Social Isolation related to lack of social support and low self-confidence; Low Self-Esteem related to stigma, chronic illness, and loss of social role; and Self-Care Deficit related to reduced motivation and social disconnection. These diagnoses provided the framework for the design of tailored interventions (Tanjung I N and Pardede J A, 2023).

The intervention strategy applied the SP1–SP4 structure. SP1 focused on building a therapeutic relationship by establishing trust and helping Mr. S identify his own reasons for avoiding interaction. Communication training and small greetings were introduced gradually. SP2 emphasized guided practice where the patient was supported to greet at least one other person and reflect on the experience. SP3 built upon this by encouraging interaction with multiple individuals and integrating these into a daily routine. Finally, SP4 encouraged participation in therapeutic group activities, offering continued support and reinforcement (Sutejo, 2019).

Implementation took place over four consecutive days. Initially, Mr. S remained passive and withdrawn, hesitant to speak or maintain eye contact. However, with consistent encouragement, active listening, and validation of his small successes, Mr. S gradually began to respond. He started greeting staff members, initiating short conversations, and expressing willingness to join group discussions (Harahap R A, 2021).

Discussion

The success of SP1-SP4 interventions in this case reaffirms the importance of structured, empathetic nursing strategies in psychiatric care (Yosep I and Titin S, 2016). Social isolation in schizophrenia is often overlooked due to its internalized presentation, but when addressed early, it can lead to meaningful improvements in the patient's quality of life and recovery outcomes.

Studies by Wuryaningsih (Wuryaningsih E W *et al.*, 2018) and Tiandini (Tiandini, 2024) support the finding that therapeutic communication is effective in enhancing self-esteem and facilitating re-socialization. This case study also underlines the value of nurse-patient interaction, where empathy, patience, and respect are essential components in managing long-term psychiatric symptoms. Furthermore, documentation using SPKI and evaluation based on SLKI ensure that care remains measurable and aligned with national health standards (Kemenkes, 2023).

These findings emphasize the crucial role of nurses as educators, caregivers, and advocates in psychiatric settings. By using evidence-based practices and consistent therapeutic engagement, psychiatric nurses can foster positive changes in patients with chronic mental illnesses, promoting not only symptom reduction but also holistic recovery.

Conclusion and Suggestion

Conclusion: The implementation of excellent psychiatric nursing care using SP1 to SP4 strategies proved highly effective in improving the social functioning of Mr. S, a patient with schizophrenia and social isolation. Through therapeutic communication, structured



social exercises, and supportive interaction, Mr. S demonstrated notable progress in his ability to connect with others, express himself, and participate in communal activities. This case underscores the importance of tailored nursing interventions in the rehabilitation of socially withdrawn psychiatric patients.

Psychiatric patients, particularly those experiencing social isolation, should be encouraged to engage regularly in social interactions and consistently apply the communication techniques practiced during hospitalization. Participation in group therapy and community mental health activities post-discharge is essential to maintaining social skills and preventing relapse. Support systems, including family members, should be actively involved in the recovery process by facilitating positive interactions and reducing stigma.

Hospitals are advised to institutionalize structured nursing interventions, such as SP1 to SP4, across psychiatric care units. These structured approaches should be embedded into clinical guidelines and standard operating procedures to ensure consistency and effectiveness in psychiatric care delivery. Additionally, periodic training for mental health nurses in therapeutic communication, behavioral reinforcement, and evidence-based intervention techniques is crucial to maintain care quality (Febrianti, Sundari and Rahmawati, 2024).

For future researchers, this case study can serve as a foundation for developing more extensive studies on psychiatric nursing care. It is recommended that similar interventions be tested in larger and more diverse populations to evaluate their effectiveness and scalability. Longitudinal studies are also needed to understand the long-term impact of

structured nursing care on relapse rates, patient independence, and social reintegration (Tukatman SKep, 2023).

From an educational perspective, structured intervention strategies such as SP1–SP4 should be incorporated into psychiatric nursing curricula. Real-life case simulations and field training should be emphasized to equip future nurses with the competencies required to manage social isolation effectively. Academic institutions must also prioritize research-based learning and encourage student involvement in community mental health programs to strengthen practical skills and theoretical understanding.

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