

MANAGEMENT OF SERVICE EXCELLENT HEALTH CARE MANAGEMENT TO Mr. S, WITH SOCIAL ISOLATION WITHDRAWAL IN THE GUNUNG SITOLI ROOM Prof. Dr. MUHAMMAD ILDREM PSYCHIATRIC HOSPITAL NORTH SUMATERA PROVINCE YEAR 2025

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ABSTRACT

Mental disorders, including social isolation and withdrawal, are conditions that affect a person's behavior and social interactions (Mubin Fatkhul et al., 2024). This case study was conducted in Gunung Sitoli Room, Prof. Dr. Muhammad Ildrem Psychiatric Hospital, on Mr. S, 65 years old, with a history of schizophrenia and relapse due to social isolation. S, 65 years old, with a history of schizophrenia and relapse due to non-compliance with medication. The purpose of this activity is to apply nursing care using the Implementation Strategy (IS) approach to address social isolation and withdrawal. Interventions focused on improving social interaction skills, self-care, and self-esteem. The results of the 4-day implementation indicated that Mr. S interacted more effectively, improved his hygiene, and increased his self-esteem. S was able to interact better, improve personal hygiene, and began to recognize and carry out his positive potential. In conclusion, the SP approach has proven effective in reducing symptoms of social isolation, improving self-care, and building self-esteem in patients with mental disorders. It can be a helpful intervention model in mental health nursing practice.

Keywords : *Mental disorders, social isolation, withdrawal, mental nursing care, Service Excellent Health*

Introduction

Mental disorders, also referred to as mental disorders or psychiatry, are health conditions that affect how a person thinks, behaves, and interacts socially. These disorders vary in type, severity, and impact on daily activities (Yuliana, R.R. and Hakim, 2024).

One form of mental disorder is social isolation withdrawal, which can be seen from several signs and symptoms, such as avoiding interaction, refusing social relationships, and limiting communication, including not making eye contact (Sinaga, 2021). They tend to be alone, show dull emotional expression and apathy, and prefer to sit with their back to the door. Predisposing factors include disruptions in

individual Development, dysfunctional communication patterns within the family, and sociocultural values that constrain interaction and self-expression (ASEAN Statistics, 2021).

Meanwhile, precipitating factors include sociocultural stressors, such as pressure from the environment and social stigma, as well as psychological stressors that arise from traumatic experiences or heavy emotional burdens. The combination of these two factors can reinforce an individual's tendency to withdraw from social relationships and daily activities (Hesti *et al.*, 2024).

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Social isolation is a behavior characterized by avoidance of direct interaction, stemming from a lack of space to share experiences, thoughts, and feelings. Difficulty communicating directly with others, as evidenced by isolating behavior, lack of attention, and inability to share experiences (Kementrian Kesehatan, 2023).

Withdrawal is a behavior shown by mental illness patients who tend to avoid social interaction and prefer to be alone. Usually characterized by decreased self-confidence and distancing themselves from the surrounding environment (Fatimah and Nuryaningsih, 2018).

According to the WHO (2019), in 2019, around 970 million people worldwide

experienced mental health disorders, with anxiety and depression being the most common conditions. These disorders have a major impact on quality of life and productivity, and contribute to global disability. The COVID-19 pandemic has exacerbated the situation, causing a more than 25% increase in cases. This highlights the importance of better access to mental health services (Osborn, Wasanga and Ndetei, 2022).

The prevalence of mental disorders in Indonesia in 2023, recorded people in mental distress, who have received services at health facilities is 90% of the 491,985 people who experience mental disorders. The highest provinces are Jambi (50.4%), Banten (46.7%), DI Yogyakarta (46%), South Sulawesi (43.4%), and Central Java (43.4%) and the lowest prevalence is Southwest Papua (28.6%), West Papua (24.3%), Central Papua (19.7%), and Papua Mountains (0.34%) (Kementrian Kesehatan, 2023).

The prevalence of mental disorders with social isolation in the world in 2020 was recorded at 46,200 people. According to Sinaga in 2019, the number of patients with social isolation in Prof. Dr. Muhammad Ildrem Medan Mental Hospital was 5.6%, and became the third diagnosis after hallucinations by 79.8%, and self-care deficits of 6.5% (Sinaga, K, 2025). While according to Pardede in 2020, clients who experienced mental disorders in the North Sumatra Provincial Hospital, 72% of clients experienced social isolation (Pelayanan *et al.*, 2025).

Based on the initial survey, between January and December 2024, there were

1,302 patients with mental disorders, with 73.7% male and 26.3% female

In March 2025, out of 450 available beds, 229 patients were hospitalized with the most common diagnoses being hallucinations (78%), social isolation (5%), and others. In the Gunung Sitoli ward, 9 out of 14 patients experiencing social isolation withdrew, including Mr. S, who experienced a relapse due to treatment. Mr. S, who experienced a relapse due to ineffective treatment. The hospital has implemented social therapy and economic empowerment programs, yet some patients have not made significant progress. Therefore, an evidence-based nursing case study approach was needed. This research is in line with the vision of Prof. Dr. Muhammad Ildrem Mental Hospital, the vision of STIKes Mitra Husada Medan, and the D3 Nursing study program which carries the PACER culture (Professionalism, Accountability, Collaborative, Empathy, Reliability) (Pelayanan *et al.*, 2025).

This research is also supported by national regulations, including Permenkes No. 4 of 2022, Permenkes No. 26 of 2019, Law No. 17 of 2023, and Kepmenkes No. HK.01.07/MENKES/1495/2023, which emphasizes the importance of professional, sustainable, and integrated mental nursing services. Based on this, the author chose the title Service Excellent Mental Nursing Care Management on Mr. S with Social Isolation. S with Social Isolation Self Withdrawal in the Gunung Sitoli Room of Prof. Dr. Muhammad Ildrem Mental Hospital, North Sumatra Province in 2025

(President of the Republic of Indonesia [Presiden RI], 2023).

Research Method

This research is a descriptive case study, a design that aims to explain the situation and study location and to describe the phenomenon in detail (WHO 2021, 2021), specifically used to explore the problem of mental disorders in the form of social isolation. Withdrawal that occurred in the Gunung Sitoli room, RSJ. Prof. Dr. Muhammad Ildrem in 2025. The method used is a nursing care case report approach which includes stages: assessment, diagnosis, intervention, implementation, and nursing evaluation. The research was conducted on March 24-27, 2025, at RSJ. Prof. Dr. Muhammad Ildrem, Jln. Tali Air No. 21 Medan. The subject is one patient with inclusion criteria, namely being admitted to the Gunung Sitoli room, experiencing social isolation and mental disorders. Withdrawn, can communicate well, and willing to participate, as well as exclusion criteria in the form of non-cooperation and the absence of nervous system disorders. The data types include primary data obtained through interviews and observations, as well as secondary data from medical records and family information. Data were collected through structured interviews, direct observation, and documentation of medical records and assessment results (Pelayanan *et al.*, 2025)

Result

This case study was conducted in the Gunung Sitoli Room at Prof. Dr. Muhammad Ildrem Mental Hospital on Mr.

S, a 65-year-old male, the second of three children from Sidikalang, a junior high school graduate, unmarried, and not working. S, a 65-year-old man, the second of three children, from Sidikalang, a junior high school graduate, unmarried, and not working (Sugiyono, 2020) Mr. S appeared poorly cared for, had a history of recurrent mental disorders, had been hospitalized in psychiatric hospital. by avoidance of interaction, brief verbal responses, withdrawal from the environment, and infrequent participation in group activities. In addition, Relapse occurred due to non-compliance with medication. Data were obtained through direct interviews with Mr. S and the nurse, observation of behavior and activities. S and nurses, observation of behavior and activities, as well as medical records and documentation of health services received (Hesti *et al.*, 2024)

Discussion

1. Assessment

Mr. S, a 65-year-old man with a medical diagnosis of paranoid schizophrenia, was admitted to Prof. Dr. Muhammad Ildrem Psychiatric Hospital and reviewed on March 24, 2025, in the Gunung Sitoli room. He was unmarried, lived alone after his parents' deaths, and was unemployed. During the assessment, Mr. S exhibited withdrawn behavior, was reluctant to interact, and reported loneliness and low self-confidence. He had a previous history of mental illness and had withdrawn from medication. Physically, Mr. S was stable but appeared to be poorly groomed. He was also less engaged in social activities and showed limited understanding of his condition and medication. Support is

still needed for self-care and social recovery.

2. Nursing diagnosis

Based on the assessment results, Mr. S exhibited several nursing problems. S showed several nursing problems. Social isolation appears to be related to low self-confidence and feelings of rejection during social interactions, characterized by avoidance of interaction, brief verbal responses, withdrawal from the environment, and infrequent participation in group activities. In addition, Mr. S experienced self-care deficits associated with decreased motivation, characterized by an untidy appearance, long and dirty nails, unkempt teeth, and only bathing once a day. Mr. S also experiences low self-esteem, characterized by negative self-perceptions, including statements that he is useless, feels embarrassed because he is not married, and lacks confidence in establishing social relationships.

3. Intervention

Based on the results of determining nursing diagnoses on Mr. S. S, the Implementation Strategy (SP) plan that is designed to be applied includes several actions that are suitable for the patient's condition, namely:

a. Social Isolation Withdrawing (Core Problem)

Build trust with Mr. S, assist him, and make him feel comfortable. S, help Mr. S understand the causes, as well as the advantages and disadvantages of interacting, and encourage Mr. S to start with one person. S to start with one person. Teach Mr. S to interact with 2-3 people. Teach Mr. S to interact with 4-5 individuals during in-room activities. And motivate Mr.

S to expand social interaction through activities, such as conversations

b. Self-Care Deficit (Effect)

Educate Mr. S on the importance of personal hygiene, and how to care for himself, and train him to do so independently. S to do it independently. Teach Mr. S how to dress appropriately. Teach Mr. S how to eat and drink properly. And teach Mr. S how to defecate appropriately.

c. Low Self Esteem (Causa)

Discuss and identify and Mr. S's positive potentials and abilities and help Mr. S to develop them. S and help Mr. S select and assess his abilities. Teach Mr. S in practicing the second ability that has been selected. Teach Mr. S to carry out the third ability that has been determined and teach Mr. S to develop the fourth ability that has been agreed upon. S in developing the fourth ability that has been agreed upon.

4. Implementation

The implementation of nursing implementation on Mr. S was carried out in accordance with the implementation strategy that had been determined from the diagnoses. S is carried out in accordance with the implementation strategy that has been determined from the diagnosis.nursing, namely social isolation.withdrawal, self-care deficits, and low self-esteem. Implementation was carried out for 4 meetings, starting from Tuesday, March 25 to Friday, March 28, 2025.

5. Evaluation

The evaluation was conducted in stages over four consecutive days, from

March 25 to 28, 2025, in accordance with the designed implementation strategy. On the last day of the evaluation, it was found that Mr. S :

a. Social Isolation Withdrawal

Mr. S Mr. S showed positive developments, such as the gradual ability to get acquainted, understanding how to interact, being able to start conversations and making eye contact when talking. Mr. Mr. S is not alone, has 2-5 friends, and is able to mingle and participate in group activities and daily activities that have been scheduled in the room.

b. Self-care Deficits

Mr. Mr. S showed improvement in personal hygiene, such as bathing twice a day, shampooing, brushing his teeth twice a day, and cutting his nails when they started to get long. He also looks more presentable after a haircut and is able to take care of himself including understanding and practicing how to make up. Mr. Mr. S was seen cleaning his hands before and after eating, cleaning his glass, and eating in an orderly manner. In addition, Mr. Mr. S has practiced proper toilet etiquette, such as cleaning himself and flushing the toilet after use.

c. Low Self Esteem

Mr. S S began to show positive abilities by choosing simple activities, such as making the bed, distributing lunch, washing glasses and plates, and wiping the table after eating, although he still needed guidance and supervision. Mr. Mr. S

looked happy and felt useful after doing these activities. Furthermore, the implementation was continued independently by Mr. S with assistance from the nurse according to the schedule. S with assistance from the nurse according to his daily activity schedule (Manullang, J, 2021).

Conclusion And Suggestion

Based on the assessment of Mr. S on March 24, 2025, in the Gunung Sitoli room of the Mental Hospital. Prof. Dr. Muhammad Ildrem showed social isolation with withdrawal behavior. Nursing diagnoses include social isolation. Withdrawal is a significant problem due to low self-esteem and the risk of auditory hallucinations, with the impact of self-care deficits. The interventions provided are social interaction training, personal hygiene assistance, and recognition of self-potential. Implementation was carried out on March 25-28, 2025, as planned. Evaluation showed improvements in interaction, appearance, and self-esteem. Suggestions are provided for students to practice self-care, for patients to attend therapy regularly, for educational institutions to improve the quality of instruction, and for nurses to use therapeutic communication effectively.

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