

Analysis of Clinical Practice of Mental Nursing Supportive Therapy on Emotional Control of Patients at Risk of Violent Behavior

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You Have to Know!

1. This study aimed to analyze the effectiveness of supportive therapy in controlling emotional responses among patients at risk of violent behavior.
2. Supportive therapy led to significant improvements, with SLKI scores rising from 2 to 5 and better outcomes shown on the RUFA Intensive III scale.
3. Supportive therapy helps strengthen emotional regulation, reduce violent tendencies, and improve the mental and psychosocial health of patients.

Abstract

Introduction: Patients with mental disorders are often brought to the emergency room of mental hospitals in a fixated condition that begins with violent behavior that can endanger themselves, the environment and the surrounding people. This study aims to analyze mental nursing with supportive therapy for patients at risk of violent behavior in the Punai room of Atma Husada Mahakam Samarinda Mental Hospital. **Methods:** The method used in this research is descriptive with a nursing approach. The subjects of this case study were patients with a risk of violent behavior as many as 2 people selected with inclusion and exclusion criteria in accordance with the Evidence Based Nursing journal. **Results:** The results of the analysis showed a significant change from SLKI, starting with a scale of 2 increasing enough to turn into a scale of 5 decreasing, also supported by measurement with the RUFA Intensive III Score scale (21-30). **Conclusions:** This can be applied by room nurses to patients with violent behavior as a method of changing behavior in clients.

Keyword: Mental Disorder, Violent Behavior, Supportive Therapy

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1. INTRODUCTION

Mental Health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that a person realizes his own abilities, can overcome pressure, can work productively, and is able to contribute to those around him (Law No.18 of 2014 concerning Mental Health).

Meanwhile, according to Law No.3 of 1966, mental health is where the state of the soul that allows optimal physical, intellectual and emotional development of a person and develops it goes in harmony. and according to WHO (World Health Organization) Mental health is that a person feels healthy and happy, is able to face life's challenges and can accept others as they should and have a

positive attitude towards themselves and others. And efforts in mental health are every activity to realize optimal mental health for each individual, family, and community by means of promotive, preventive, curative and rehabilitative approaches. (Law No.18 of 2014 concerning Mental Health) If these efforts have been made, it is hoped that all individuals, families and communities can become a person who has good mental health, but until now in the environment around us there are still people with mental disorders.

People with mental disorders, commonly abbreviated as ODGJ in Indonesia or often abbreviated as PWD, are people who are experiencing disturbances in their thoughts, behaviors and feelings that have been manifested in

the form of a set of symptoms or meaningful changes in behavior, which can also cause suffering and obstacles in carrying out functions as a human being.¹ People with mental disorders are usually referred to as schizophrenia which is a brain disease and is classified as a type of serious mental disorder, about 1% of the world's population suffers from this disease. Patients usually show early symptoms and they are usually considered to have multiple personalities, even though this disease affects their emotions, perceptions, and thinking which causes abnormal behavior with one personality.²

In Indonesia, 13.4% of the population lived with mental disorders in 2017, and in 2018 the Rikesdas showed that the average number of people with mental disorders began in the adolescent age range of 15-24 years with a prevalence of 6.2%. And to be precise in East Kalimantan, the prevalence in the population over the age of 15 with mental disorders is 6.2% in 17th place out of 34 provinces in Indonesia. While the prevalence of data on household members who experience schizophrenia/psychosis mental disorders, East Kalimantan is 5.1% in 27th place out of 34 provinces in Indonesia.¹

Patients with mental disorders are often brought to the emergency room of a psychiatric hospital in a condition bound by hands and feet commonly referred to as fixation, as a nurse certainly thinks that patients with violent behavior have disturbed and endangered themselves, the environment and the surrounding people, and it can be interpreted that the Risk of Violent Behavior is behavior shown by individuals in the form of threats that can be physical, emotional or sexual aimed at others.³ So in this study will discuss patients with Risk of Violent Behavior who will be given therapy at the Atma Husada Mahakam Samarinda Mental Hospital in the Punai room.

The therapy that will be carried out in this study is supportive therapy. Supportive Therapy is a talking or communication therapy designed for someone to express related to the anxiety he is currently experiencing, through this therapy the therapist will provide a solution, justify the mindset, and provide support to the patient.⁴ According to the author, the advantage of Supportive Therapy with other cognitive therapies is that in the implementation section there is one phase, namely Deep Breath Relaxation, which functions to make the feelings that the client experiences when expressing all the contents of his mind and feelings can be better than before. In addition, this technique helps regulate the patient's physiological responses, such

as heart rate and breathing, thus creating a calmer mental condition that supports the process of emotional expression and self-reflection. It is in this therapy that I will do to the author's managed patients in the Punai room by expressing all the feelings he is experiencing at this time and conducting self-evaluation on the patient while still being empathetic.

In the Atma Husada Mahakam regional psychiatric hospital in Samarinda in 2021 recorded the number of patients per month, namely 113 people with those admitted in 2021 there were 1,255 people, with a percentage experiencing Violent Behavior 24.6% and currently in the Punai room in April with a percentage of Violent Behavior 5%, from the data that has been found in 2021 and in April 2022 there are still many patients who experience Violent Behavior, especially in patients who will be researched at this time are patients who have experienced the Risk of Violent Behavior since they came to the emergency room of Atma Husada Mahakam Mental Hospital. Based on the background described above, the authors are very interested in conducting a Nursing Practice Analysis of Supportive Therapy for Patients at Risk of Violent Behavior in the Punai Room of the RSJD. Atma Husada Mahakam Samarinda.

2. METHODS

2.1. Study Design and Sample

The method used in this research is descriptive with a nursing care approach. The descriptive method is to describe the nursing care process by focusing on one of the important problems in nursing care for patients with Risk of Violent Behavior.

This case study was conducted in the Punia Room of Atma Husada Mahakam Samarinda Hospital on May 30, 2022 - June 6, 2022.

The subjects of this case study were 2 patients with Risk of Violent Behavior who were selected with inclusion and exclusion criteria in accordance with the Evidence Based Nursing journal. The inclusion criteria in this case study are patients with mental disorders, there is a risk of violent behavior, and are admitted to the Punia room of Atma Husada Mahakam Samarinda Mental Hospital. Patient selection is based on an initial diagnosis indicating a risk of violent behavior according to clinical assessment by the health care team.

2.2. Data Collection

The nursing process is carried out to obtain data by means of assessment, and enforcement of nursing diagnoses, interventions, implementation (nursing actions), and evaluation. The process of implementing this case study was carried out in accordance with previous research that had existed, but this was carried out in the Punia room of the Atma Husada Mahakam Samarinda Mental Hospital

with the provision of Supportive Therapy 1 time a day for 10 days this was supported by the client having been cooperative in receiving input/ interventions provided by the author, as well as the intervention of Supportive Therapy innovations can be applied to clients for 10 days. This frequency ensures that the patient receives regular reinforcement of coping skills and emotional regulation, facilitating the establishment of a stable

Table 1. Results of Providing Supportive Therapy to Mrs. C (n=2)

Evaluation Elements	Managed Patients							
	Pre (May 30, 2022)				Post (June 3, 2022)			
RUFA	RUFA : (Score 21 – 30) Intensive III				RUFA : (Score 21 – 30) Intensive III			
	KH	Sb	Sd	Tg	KH	Sb	Sd	Tg
SLKI Indicator	Verbalization of Threats to Others	3	3	5	Verbalization of Threats to Others	5	5	5
	Aggressive Behavior	3	4	5	Aggressive Behavior	5	5	5
Based on Journal Description	Before Therapy	After Therapy			Before Therapy	After Therapy		
	Subjective: The client said that she often gets angry because of her child, who does not want to obey her orders	Subjective: The client said that he felt a little calmer, he could control the anger he felt. Objective: His facial expression was no longer tense, the client explained his problems about why he was angry, the client was cooperative, and the client's intonation began to decrease.			Subject : The client said "Can't I go home now, sir? Is there a number to call, sir?" I feel fine today. Objective : The client doesn't look tense, and the client can focus on the conversation, the client keeps asking if her husband has contacted her, the client's emotions are sometimes still unstable	Subjective: The client said he was calm and could control his emotions independently Objective: The client's expression was no longer tense, his emotions were stable, his verbal intonation was moderate, his gaze was no longer sharp, the client was cooperative in communicating, the client could repeat SP1P - SP3P.		

Table 2. Results of Control Patients in Mrs. D with Generalist Therapy (n=2)

Evaluation Elements	Managed Patients							
	Pre (June 2, 2022)				Post (6 Juni 2022)			
RUFA	RUFA : (Skor 21 – 30) Intensive III				RUFA : (Skor 21 – 30) Intensive III			
SLKI Indicator	KH	Sb	Sd	Tg	KH	Sb	Sd	Tg
	Verbalization of Threats to Others	2	2	5	Verbalization of Threats to Others	4	5	5
	Aggressive Behavior	3	3	5	Aggressive Behavior	5	5	5
Based on Journal Description	The patient only underwent general procedures				The patient only underwent general procedures			

therapeutic relationship while addressing the underlying causes of violent behavior. Innovation interventions can be carried out according to the standard operating procedures (SOP) that has been made, while in control patients, Generalist Actions are carried out for 7 days, supported by clients who are cooperative in carrying out the Implementation Strategy.

This research uses standard operating procedures that have been compiled by researchers. Supportive therapy was given to the intervention group for 10 days and the control group received general treatment for 7 days.

3. RESULTS

Table 1 shows that there were significant results in the implementation of the Suppressive Therapy innovation therapy. Table 2: shows that there are significant results in the implementation of the Suppressive Therapy innovation therapy.

4. DISCUSSION

After conducting an assessment on May 26, 2022 in patients with innovative Supportive Therapy interventions on Mrs. C with a nursing diagnosis of Risk of Violent Behavior while in control patients an assessment was carried out starting May 29, 2022 with no innovation intervention, it's just that in these two patients Generalist Therapy is still carried out while the patient is treated, this is also what makes the 2 clients become cooperative quickly.

Violent behavior is a form of behavior that aims to injure someone physically or psychologically.⁵ Based on this definition, violent behavior can be verbal, directed at oneself, others and the environment. Violent behavior can occur in two forms, namely during ongoing violent behavior

or a history of violent behavior, in intervention and control patients with RPK (Risk of Violent Behavior) nursing diagnoses.

Independent nursing actions for RPK patients at risk of violent behavior are very necessary because they can improve the client's quality of life, one of which is patients who are given innovative interventions of Supportive Therapy can improve effectively, this is also supported by generalist therapy and patients can improve effectively.

Supportive Therapy can be applied to all ages from children, adolescents, and adults, it can also be used individually or in groups, several studies have shown that supportive therapy is effective for treating various problems related to schizophrenia,⁴ with the benefits of Supportive therapy seeks to help the subject to function more effectively by providing personal support. The therapist does not ask the subject to change, but the therapist acts as a companion. The therapist encourages the subject to reflect on the situation of their life in the environment. Nurses who have training in supportive therapy approaches can also play a similar role. Nurses, especially those working in mental health, are often involved in supportive therapy by listening and providing emotional support to patients. In patients managed with the nursing problem of risk of violent behavior from the actions taken by the author, it can be concluded that from the first day to the third day the patient can control his anger independently, Generalist Action when general actions or therapies are carried out on the fifth day the patient is no longer angry, the decrease in anger is reduced also assisted by Supportive innovation therapy, the client can be cooperative, the view is not sharp, but the patient is still sometimes tense, while in control patients on the first to third day the client can control anger

independently as well, but in control patients themselves when in the room when they no longer communicate with the author, sometimes look at people with sharp eyes and use tense expressions until the last day of discharge.

5. CONCLUSION

After the client's Supportive Therapy is carried out, there is a change to a stable emotion, the gaze is not sharp, the expression is not tense, the verbal intonation is moderate, with the SLKI scale being 5 decreasing the RUFA III scale (21 - 30). This is an indicator that Supportive Therapy can change violent behavior with the problem of Risk of Violent Behavior.

6. CONFLICT OF INTEREST

The author declares that there is no conflict of interest in conducting this research.

7. ACKNOWLEDGEMENT

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8. ETHICAL CONSIDERATION

There are no ethical issues. This study was approved by the Health Research Ethics Committee of the Faculty of Health Sciences Universitas Pondok Pesantren Darul 'Ulum, Jombang, Jawa Timur, Indonesia.

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