JOURNAL LA MEDIHEALTICO

VOL. 05, ISSUE 06 (1171-1180), 2024
DOI: 10.37899/journallamedihealtico.v5i6.1569

The Effectiveness of the Implementation of Mood Management on Sad Person Screening with Suicide Risk

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Article Info

Article history:
Received 16 August 2024
Received in revised form 17 October 2024
Accepted 5 November 2024

Keywords:
Mood management
Sad Person
Suicide

Abstract

Mood changes are caused by a functioning thought process that experiences maladaptive behaviors that generate negative thoughts that cause the patient to descend behaviors such as withdrawal from the environment associated with depressive episodes, which results in maladaptive coping mechanisms that increase the risk of suicide, so that Mood management can be given to reduce the burden of the problem. The aim of the study was to analyze the effectiveness of the application of mood management to SAD PERSON screening with suicide risk. The research method used a pre-experimental research design with one group pre posttest design, the research subjects of patients at risk of suicide were 15 patients with a total sampling technique, the research instrument used a SAD PERSON observation sheet and the data was analyzed by the Wilcoxon non-parametric statistical test. The results showed that the average score of symptoms before the implementation of mood management was 6.73 with a standard deviation of 1.033 and the average score after the implementation of mood management was 4.80 with a standard deviation of 1.207, and the p-value was obtained with a value of 0.001 (<α 0.05). Conclusion of the effective application of mood management to SAD PERSON screening with suicide risk in the Limboto Health Center.

Introduction

Suicide is a psychiatric emergency, as a person's attempt to end their life in the form of signs, threats and attempts to injure themselves to the point of being life threatening with the aim of ending their life. More than 90% of individuals who attempt suicide experience mental problems (Ramadia et al., 2023). Suicide is related to blocked or unmet needs, feelings of helplessness, hopelessness, ambivalent conflict between the desire to live and unbearable pressure, narrowing of perceived options and a need for escape that shows signs of suffering (O'Connor, 2021; Efendi & Kristian, 2020).

Data from the World Health Organization (WHO) shows that more than 700,000 people in the world die from suicide every year and the fourth largest cause of death is in the 15-29 year age group. 70% of suicides in the world occur in low and middle income countries with ingesting pesticides, hanging themselves and using firearms which are the most common methods of suicide (WHO, 2023).

In Indonesia, based on data from the National Crime Information Center (Pusiknas) of the Indonesian Police in 2023 (Bayuna et al., 2024; Narendroputro et al., 2023). It was found that there was an increase in suicide cases in 2022 by 900 cases to 971 suicide cases in 2023, the

ISSN 2721-1215 (Print), ISSN 2721-1231 (Online)

10 provinces with the most reported suicide cases, namely the highest cases were in the Province Central Java with 356 cases, East Java with 184 cases, Bali with 94 cases, West Java with 60 cases, DI Yogyakarta with 48 cases, North Sumatra with 41 cases, Lampung with 27 cases, West Sumatra with 26 cases, Bengkulu with 22 cases. and North Sulawesi with 18 cases.

Patients who attempted suicide previously showed symptoms including threatening to commit suicide, expressing wanting to die, saying everything would be better without them, expressing plans to end their life, actively attempting suicide by trying to cut their veins, hanging himself, drinking poison, banging his head, dropping his head from a high place, preparing tools to carry out a suicide plan, anxiety and emotional instability (Nyumirah et al., 2023; Richards et al., 2019; Blanchard & Farber, 2020).

These symptoms arise due to changes in the patient's mood and can be identified through SAD PERSON screening which is widely used to assess suicide risk which is based on 10 factors including gender, age, depression, history of suicide attempts, excessive alcohol, loss of rational thinking, divorce status, organized suicide plans, absence of social support and the presence of disease. So, these 10 factors can identify the risk of suicide in patients due to changes in mood.

Mood changes occur due to a combination of dysfunctional thought processes and experiencing maladaptive behavior triggered by thought processes (Besten et al., 2023; Panchal et al., 2019). Thought processes that produce negative thoughts can cause patients to experience descent behaviors such as withdrawing from environments that are associated with depressive episodes (Hollon et al., 2021; Kube et al., 2020; Kingdon & Turkington, 2022). About 15% of patients who are depressed, especially severe depression, commit suicide and patients are unable to use maladaptive coping mechanisms so that these changes in mood can increase the risk of suicide (Ambrus et al., 2020; Maramis, 2022; Poyraz et al., 2021).

Suicide is committed because someone feels unable or incapable of solving the problem or test they are facing (LeFeber & Solorzano, 2019; Howard et al., 2022; Pronk et al., 2021). Therefore, suicide is an attempt made because one is no longer able to cope with all the problems one is experiencing, there must be relief after these difficulties, and the problems one faces are in accordance with one's abilities so it is believed that they can be resolved and reduce the feelings that arise as a result of suicide with proper mood management. is one of the conveniences provided to reduce the burden of problem (Sheehan et al., 2019; Maple et al., 2020; Davidson et al., 2021).

A preliminary study conducted by researchers at the Limboto Community Health Center found that there were 53 patients at risk of suicide at the Limboto Community Health Center. Apart from that, researchers also conducted interviews with 5 patients' families, stating that all five patients had a history of suicide attempts and often indicated suicidal plans or serious intentions. The patient cannot control changes *in mood* or changes in mood or emotions that arise so that when these *mood changes* occur the patient becomes angry and hurts himself, and states that he wants to die.

Methods

The type of research used is quantitative design design pre-experimental with one group pre post test design. The research population is all patients at risk of suicide at the Limboto Community Health Center . The samples in this research are taken from the entire population of patients at risk of suicide at the Limboto Community Health Center, 15 patients. Data collection was carried out using sheets SAD PERSON observations consisting of over 10 aspects evaluation that is type gender, age, depression, history test kill self/previous suicide, alcohol dependence or drugs/excessive alcohol, loss thought rational/rational thinking loss, divorced/separated, plan kill self/organized plan, support/no social support and illness

chronic/sickness. Observation sheet This use guttman scale because use choice answer form yes and no .Then, assessment risk grouped on four category that is score 0 (no There is risk), score 1-2 (risk low), score 3-6 (risk moderate) and a score of 7-10 (risk tall). Grouping done with create a total score for each component evaluation for each patient. Then determined mark mean, standard deviation, minimum score and score maximum before and after implemented management mood. Next data The data normality test was carried out using the Shapiro Wilk test, which was then carried out done analysis bivariate with using the non-parametric Wilcoxon statistical test.

Results and Discussion

Table 1. Characteristics of Respondents Based on Age at the Limboto Community Health Center

No	Age	Amount	Percentage
1	Late teens (17-25 years)	3	20
2	Early adulthood (26-35 years)	5	33.3
3	Late adulthood (36-45 years)	2	13.3
4	Early elderly (46-55 years)	3	20
5	Late elderly (56-65 years)	1	6,7
6	Seniors >65 years	1	6,7
Total		**15**	**100**

Based on Table 1 above , the majority of respondents are categorized as early adults, namely 26-35 years, 5 respondents (33.3%) and the least number of respondents are late elderly, namely 56-65 years, 1 respondent (6.7%) and seniors, namely >65 years, were 1 respondent (6.7%).

Table 2. Characteristics of Respondents Based on Gender at the Limboto Community Health Center

No	Gender	Amount	Percentage
1	Man	9	60
2	Woman	6	40
Total		**15**	**100**

Based on Table 2 above, the majority of respondents were male, namely 9 respondents (60%).

Table 3. Characteristics of Respondents Based on Education at the Limboto Community Health Center

No	Education	Amount	Percentage
1	No school	5	33.3
2	elementary school	5	33.3
3	JUNIOR HIGH SCHOOL	5	33.3
Total		**15**	**100**

Based on Table 3 above , the last level of education of respondents is comparable between 5 respondents (33.3%) who did not attend school, 5 respondents (33.3%) from elementary school and 5 respondents from junior high school (33.3%).

Table 4. PERSON'S SAD Score with Suicide Risk Before Implementing *Mood Management* at the Limboto Community Health Center

Person Sad Score	N	Mean	Standard Deviation	Minimum Score	Maximum Score
Before Implementing *Mood Management*	15	6.73	1,033	5	8

Based on Table 4 above, the average SAD PERSON score with suicide risk before implementing mood management is 6.73 with a standard deviation of 1.033, a minimum score of 5 and a maximum score of 8.

Table 5. Person's Sad Score with Suicide Risk After Implementing *Mood Management* at the Limboto Community Health Center

Person Sad Score	N	Mean	Std. Deviation	Minimum Score	Maximum Score
After implementing *mood management*	15	4.80	1,207	3	6

Based on Table 5 above, the average SAD PERSON score with risk of suicide after implementing mood management is 4.80 with a standard deviation of 1.207, a minimum score of 3 and a maximum score of 6.

Table 6. Analysis of the Implementation of Mood Management in SAD PERSON Screening with Suicide Risk at the Limboto Community Health Center

No.	Implementation of Mood Management	N	Mean	Standard Deviation	p-value
1	PERSON SAD Score Before	15	6.73	1,033	0.001
2	SAD PERSON Score After		4.80	1,207	

Wilcoxon test, Sig P value (2-tailed) = ≤ 0.05; SAD PERSON: Sex, Age, Depression, Previous suicide, Excessive alcohol, Rational thinking loss, Separated, Organized plan, No social support, Sickness.

Based on Table 6 above , the average symptom score before implementing mood management was 6.73 with a standard deviation of 1.033 and the average score after implementing mood management was 4.80 with a standard deviation of 1.207, and the p-value was 0.001 (< α 0.05) means that the implementation of mood management is effective in screening SAD PERSON with risk of suicide at the Limboto Community Health Center.

SAD PERSON Screening with Prior Suicide Risk Implementation Management Mood at the Community Health Center Limboto

Research result show that mean PERSON SAD score with risk kill self before implemented management mood is 6.73 with standard deviation 1.033, minimum score 5 and score maximum 8. This because based on results SAD PERSON observation, patient indicates the most risk kill categorized self tall among them patient part big manifold sex man as many as 9 respondents (60%), yes respondents aged > 45 years as many as 5 respondents (33.3%), all respondents enter House Sick with depression or decline concentration, distraction sleep and disorders pattern Eat as many as 15 respondents (100%). Respondent Once There is history test kill self as many as 15 respondents (100%), all respondents lost thought rational, psychosis and organic brain syndrome, namely as many as 15 respondents (100%), partly big respondents divorce or widows 10 respondents (66.7%), some big respondents show plan kill organized self or serious intentions as many as 10 respondents (66.7%), partially big respondents No There is

support social as many as 10 respondents (66.7%) and some big respondents suffer disease chronic as many as 13 respondents (86.7%).

Characteristics of people at risk kill self among them behavior sick self himself as usual fingers somebody risky for do action kill self the do a hurtful behavior self they own and own thinking want to end life or kill self that is usually appear. Because they disturbed or feel security they start disturbed so that they own a thinking the with the word if they dead or if they no exist in this world. Not only that, patient feel no own normal expectations tendencies that have a negative feelings towards conditions that are met or not have a hope more to come happening in the future, feelings sad or extreme mood in can take a long time give rise to depression and usual somebody tend or risky do action kill self like disturbance prolonged sleep will experience disturbance Sleep that is No Can Sleep every night, them only think about about moderate feelings and problems faced so that can risky for do action kill self (El-Haddad et al., 2020; Saputra et al., 2023; Kiverstein et al., 2019).

This matter in line with study Pardede (2017) and Sandford et al. (2023) show patient at risk patients kill self based on results observation that is experience depression and disorders mental health, loss hope, experience internal negative events alive, isolated, lacking interpret life and acceptance negative self. Supported with findings study Saputri & Rahayu (2020) obtained patient in the UPIP room at RSJD Dr. Amino Gondohutomo Semarang stated Once do test kill self with thrust knife to the chest and head, experiencing depression heavy.

Assumption researcher that at- risk patients kill self no only shown with verbal response, but also demonstrated with nonverbal responses and history kill self previously among them patient state desire kill self, deep and long sadness give rise to depression result action kill self, hopelessness, feeling isolated, hurtful self alone and disturbed Sleep (Bergen et al., 2023; Pompili, 2024; Farr et al., 2021). Then, risk kill you can too linked with type gender and marital status, where type normal gender phenomenon kill self Lots occurs in men and marital status happen trend kill yourself to someone who is divorced.

SAD PERSON SCREENING with the Risk of Suicide After Implementation Management Mood at the Community Health Center Limboto

Research result show that average patient PERSON SAD score with risk kill self after implemented management mood is 4.80 with standard deviation 1.207, minimum score 3 and score maximum 6. Difference between the average before and after which is 1.93 so can seen There is decline symptom risk kill yourself to the patient after implemented management mood . This matter because based on results SAD PERSON observation patient indicates the most risk kill categorized self currently among them part big manifold sex man as many as 9 respondents (60%), yes respondents aged > 45 years as many as 5 respondents (33.3%), all respondents enter House Sick with depression or decline concentration , distraction sleep and disorders pattern Eat as many as 7 respondents (46.7%). Respondent There is history test kill self as many as 5 respondents (33.3%), all respondents lost thought rational , psychosis and organic brain syndrome , namely as many as 15 respondents (100%), partly big respondents divorce or widows 10 respondents (66.7%), some big respondents No There is support social as many as 9 respondents (60%) and some big respondents suffer disease chronic as many as 13 respondents (86.7%). Viewed from results study the obtained that happen decline symptoms in patients with risk kill self based on results observation after implemented management mood.

Management mood conceptualize choice of media or goal motivated therapy optimization affective (Buck, 2019; Morris et al., 2022; Höpfner & Keith, 2021). Initially called theory affect dependent stimulus regulation, which is theorized related with improvement emotions and atmosphere heart, then known with theory mood management. Management mood related with arrangement emotion or atmosphere heart through management atmosphere day or emotion for

avoid boredom, stress and avoidance atmosphere heart negative things happen in a way affective, below pressure, calming messages and more positive than uplifting messages pleasure (Zhang et al., 2021; Gellwitzki, 2022; Pfister, 2019). On the other hand, individuals are bored like uplifting message pleasure. By general, order with a more affective tone positive needed, meanwhile management emotion anything related with feeling No pleasant avoided by patients (Maiocchi & Shafieyoun, 2022; Watang & Miswanto, 2022).

Supported with study Kandar et al. (2024), who stated that implementation management effective mood in release somebody from various pressure emotional without exists attention do kill self so that can divert pain someone who makes patient become relieved and calm.

Assumption researcher management mood can be made as distraction by the patient Because in management patient's mood can manage mood or atmosphere heart like angry nor sadness that causes decline symptom risk kill self among them disturbance sleep and disorders pattern (Liljeroos et al., 2023; McAleese et al., 2021). Eat diminish, lose thought rational reduced, patient obtain support social, but not experience change constitute symptoms present in oneself patient among them type gender, age, history enter House illness, divorce or widowhood and disease chronic experience. But, there is a number of experiencing symptoms decline after done management mood so experience change mood in the patient with risk kill self.

Application of Mood Management to SAD PERSON Screening with Suicide Risk at the Limboto Community Health Center

The results of the study showed that mood management was effective to be applied in screening SAD PERSON with suicide risk because the average SAD PERSON score obtained before implementing mood management was 6.73. After researcher do measurement to SAD PERSON risk screening kill yourself on the day First continued with implementation management the mood is carried out for 14 days and every day implementation management mood was given to 3 patients for 4 days consecutive with steps implementation that is identify mood for example signs and symptoms and history disease, identify risk safety self or someone else, monitor function cognitive patient like concentration and ability make decisions and monitoring activity and level stimulation environment patient , next researcher give chance For convey feeling with the right way like do positive things in accordance with hobby patient or activity normal positive carried out by patients, researchers explain about disturbance mood and handling, recommends role active in treatment and rehabilitation, teaching recognize trigger disturbance mood for example stressful situations that can be make patient experience change mood, teaches patient monitor general mood independent and teach skills coping and resolution possible problems give rise to change mood or atmosphere heart for example relaxation guided imagery or imagination guided. After done management mood of the day fourth on each patient done measurement return SAD PERSON to the patient so that obtained average score PERSON'S SAD after implementing mood management is h 4.80. It can be seen that there is a significant difference between the average SAD PERSON score and after applying mood management so that the application of mood management is effective in screening SAD PERSON with the risk of suicide in patients at the Limboto Community Health Center.

Emotion management is an intervention program that places more emphasis on emotional aspects, where the ability to manage maladaptive negative emotions experienced by individuals to achieve more adaptive emotions by using several skills, including recognizing Because in management the mood is done identification signs and symptoms, identification risk safety patient risk kill self or others, monitor function cognitive patients and abilities make decisions, as well as monitor functions cognitive and stimulation environment patient so that patient can about change the mood that occurs. Then , deep implementation management the mood is expressed Because patient given chance in disclose feeling with appropriate action that is do

activities positive so that can divert attention patient to problems that arise that can trigger change mood. Next , in implementation Mood management is available aspects of releasing emotions and reducing emotions negative for example with do imagination guided or guided imagery (Erik & Muzdalifah, 2018). Guided imagery can reduce psychological pressure such as stress and anxiety because guided imagery affects the body's control system, provides relaxation and releases endorphins to provide calm. Psychologically, guided imagery invites individuals to produce mental images that are clarified with pleasant feelings when the individual begins to imagine the image. Guided imagery makes it easier for individuals to pay attention to the mental images that appear. so that can reduce symptom risk kill self Because change atmosphere the heart causes it problem can become calm (Wandira & Alfianto, 2021).

Implementation of management mood can be also seen as therapy diversion or distraction to problems that can be experienced trigger change mood because divert attention from the problems experienced which can cause anxious, stressed or despair and activates natural endorphin hormones, as well as improving the body's chemical system thereby lowering blood pressure and slowing breathing, heart rate, pulse and brain wave activity. A deeper or slower breathing rate is very good for creating calm and emotional control (Syamsuriyati, 2022).

research (2017) found that the application of mood management through supportive therapy with guidance techniques can reduce the urge to commit suicide in schizophrenia patients. Another research conducted by Saputri & Rahayu (2020) found that patients in the UPIP room at RSJD Dr. Amino Gondohutomo Semarang shows that there is an influence of mood management through relaxation therapy in reducing the risk of suicide in patients experiencing severe depression.

Assumption researcher management effective mood in reduce symptom risk kill self Because patient redirected and guided during four day consecutive For do management starting mood from identify mood, identify risk safety self or someone else, monitor function cognitive patient and monitoring activity and level stimulation environment patient , give chance to patient For convey feeling with the right way , researcher explain about disturbance mood and handling, recommends role active in treatment and rehabilitation , teaching recognize trigger disturbance mood, teaches patient monitor general mood independent and teach skills coping and resolution possible problems give rise to change mood or atmosphere heart for example relaxation guided imagery or imagination guided so that can stimulate endorphin hormones that can give rise to calm and emotion more under control.

Conclusion

Screening SAD PERSON before implementation management mood in the patient with risk kill self the average score is 6.73 and after implementation management mood in the patient with risk kill self is 4.80 , as well Implementation management effective mood to screening SAD PERSON with risk kill yourself at the Community Health Center Limboto with p-value 0.001 (<α 0.05). Therefore Therefore , Community Health Centers are expected to implement mood management as part of the therapy given to mental patients who are at risk of showing symptoms of suicide which can be done every day in order to get more effective results in reducing symptoms of risk of suicide.

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