

Screening for psychosocial distress of post-Covid-19 among survivors using the self-reporting questionnaire 29 (SRQ-29)

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**Screening for psychosocial distress of post-Covid-19 among survivors
using the self-reporting questionnaire 29 (SRQ-29)**

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Abstract

Background: The Covid-19 pandemic is still occurring in Indonesia today. This condition can cause psychosocial problems in some post-Covid-19 survivors. The impacts felt by post-Covid-19 survivors include sadness, helplessness, hopelessness, post-traumatic symptoms (PTSD), panic, stress, anxiety, depression, loneliness, fear, anger, stigma, and concerns about socio-economic status.

Purpose: To determine the psychosocial problems experienced by post-covid-19 survivors.

Method: The research method used was descriptive quantitative with the population, namely post-covid-19 survivor patients at the Public Health Center Keranggan. The sampling technique, namely Accidental Sampling, obtained a sample size of (n=101). This research was conducted on post-Covid-19 survivors registered at the Keranggan Community Health Center UPT using the Self-Reporting Questionnaire 29 (SRQ-29) instrument developed by the World Health Organization in 1994 with a validity test of 0.929 and a reliability of 0.796. The data analysis used was univariate. The data collected was (N=101).

Results: The results of data processing for 101 respondents showed that there were psychosocial problems among post-covid-19 survivors at the Keranggan Community Health Center UPT with PTSD in 43 people (43%), anxiety and depression in 20 people (20%), and psychosis disorders in 20 people (20%), and there are no people who consume psychotropic substances and drugs.

Conclusion: So this research states that as many as 83 people (n=101) at the Keranggan Community Health Center UPT (82.17%) had psychosocial problems after being exposed to Covid-19. Nurses and community health centers need to carry out evaluations, monitoring and outreach regarding psychosocial problems to post-Covid-19 survivors.

Keywords: Covid-19; Psychosocial; Survivor.

INTRODUCTION

The Covid-19 virus is a virus that spreads very quickly through droplets and can cause infections of the upper respiratory tract. This virus first appeared at the end of December 2019 in Wuhan, China. The global outbreak of the Covid-19 virus has caused an increase in confirmed positive cases and this incident is increasing every day. WHO stated that around 486.761.597 cases were confirmed positive, with total 6.142.735 death cases, as well as 480.618.862 recovered cases as of April 1 2022.

Indonesia has 6.015.748 confirmed Covid-19 cases, with 155.164 deaths and 5.860.584 recovered cases (World Health Organization, 2022).

In January 2022, the cumulative positive confirmed cases of Covid-19 in South Tangerang reached 31.591 cases. The Covid-19 Handling Task Force also updated the latest data on patients who have recovered, increasing by 10. So that a total of 30.587 people have recovered. The number of positive Covid-19 patients who are still undergoing

Screening for psychosocial distress of post-Covid-19 among survivors using the self-reporting questionnaire 29 (SRQ-29)

treatment has increased by 69. Thus, the total number of patients undergoing treatment is 270 people. The patients underwent self-isolation or were treated at referral hospitals. Pondok Aren District is still the area with the highest number of Covid-19 cases, namely 7.127 cases. Next is Pamulang District which recorded 6.895 Covid-19 cases (Siregar, & Maulana, 2022).

There are so many positive cases of Covid-19 are accompanied by cases of recovery and cases of death. According to the Big Indonesian Dictionary, a survivor is a person who is able to survive life-threatening survival conditions. Post-Covid-19 survivors have experienced several psychosocial impacts and this has an impact on mental health. The psychosocial impacts felt by post-Covid-19 survivors include sadness, helplessness, hopelessness, post-traumatic symptoms, panic, stress, anxiety, depression, loneliness, fear, anger, stigma, and concerns about socio-economic status (Mukhtar, 2020). This occurs due to restrictions on social interaction, inaccurate information, concern and confusion regarding when the pandemic will end, and the impact of economic factors (Ruddin, 2020).

Psychosocial impacts can also be felt by individuals who are not infected with the Covid-19 virus and are felt in the moderate to severe range. This impact is according to research by (Wang, Pan, Wan, Tan, Xu, Ho, & Ho, of 1,210 respondents were depression (16.5%), anxiety (28.8%), and stress (8.1%). This is in line with research from (Li, Wang, Xue, Zhao, & Zhu, 2020). which shows that there is an increase in risk assessment and negative emotions in the form of anxiety and stress, as well as a decrease in positive emotions such as happiness and life satisfaction.

Eight stages that every individual must go through throughout his life with various crises that occur at each stage. Psychosocial is defined as a person's condition between social life and psychological health which involves psychological and social aspects (Ministry of Health of the Republic of Indonesia, 2019).

Referring to the North America Nursing Diagnosis Association (NANDA), psychosocial problems consist of grief, hopelessness, anxiety, helplessness, risk of deviation from healthy behavior, body image disturbance, ineffective

coping, ineffective family coping, post-traumatic syndrome, role performance ineffective, and situational HDR. According to (Arini, & Syarli, 2020) psychosocial problems that exist during the pandemic include anxiety, post-traumatic stress, psychotic disorders, and the use of psychoactive substances and drugs.

Research on mental health has been reported in several countries, such as China, Japan, Korea and other countries. The psychosocial impact felt by post-Covid-19 survivors is considered very important, because this will affect mental health. The temporary isolation (self-isolation) that must be carried out by someone infected with Covid-19 can result in psychosocial problems (Ćosić, Šarlija, & Kesedžić, 2020).

Mental disorders in the people of Magelang during the Covid-19 pandemic with a total of 62 respondents. The results showed that there were complaints of anxiety (72.5%), difficulty enjoying daily activities (53%), neglected activities (43.5%), loss of appetite (40%), and poor sleep (37%). (Amin, Pinilih, & Astuti, 2021).

Literature studies state that there are residual symptoms experienced by post-covid-19 survivors, namely anxiety (10.4-42%), depression (1.3-31%), PTSD (11-35%), fatigue (25.3 -87%), cognitive deficits (2.6-23%), shortness of breath (2.6- 71%), impaired mobility (18-30%), problems in fulfilling daily activities (2-36.8%), insomnia (23.2-40%) and memory disorders (Kholilah, & Hamid, 2021).

Paying attention to the number of Covid-19 cases in South Tangerang which is ranked highest in Banten Province, of course there are concerns that this could cause psychosocial problems in the South Tangerang area, especially in Setu District, so there is a need for research on the psychosocial problems experienced by post-Covid-19 survivors. The aim of this research is to determine the psychosocial problems experienced by post-Covid-19 survivors at the Keranggan Community Health Center UPT in the form of anxiety and depression, psychosis disorders, use of psychoactive substances, and Post Traumatic Stress Disorder (PTSD). This needs to be done so that post-covid-19 survivors can know about early detection of the psychosocial problems they are experiencing.

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RESEARCH METHOD

This research uses quantitative descriptive methods. The research variable in this field is psychosocial problems. The population of this study were post-Covid-19 survivors at the Public Health Center Keranggan in 2022. The population in this study was 252 Covid-19 patients. The research sample consisted of 101 people using a non-probability sampling technique, namely accidental sampling (Convenience Sampling).

The instrument used for data collection was the SRQ-29 (Self Reporting Questionnaire) questionnaire. This instrument consists of 29 questions containing components of questions 1-20 about emotional mental disorders, questions 21 about the use of psychoactive substances, questions 22-24 about psychotic disorders, and questions 25-29 about symptoms of PTSD (Post Traumatic Stress Disorder). This instrument is used to detect psychosocial problems whose symptoms have been felt in the last 30 days.

The SRQ-29 instrument produces a score range of 0-29 which is produced from 29 ordinal question items, where questions filled with the answer "YES" get a score of 1 and "NO" have a score of 0.

Regarding measurement aspects number 1-20 there is a cut off point from 6 answers " YES" then it can be categorized as having anxiety and depression disorders, in the drug category it has a cut off point of 1 which is found in item 21, psychotic has a cut off point of 1 which is in items 21 22-24, and for PTSD it has a cut off point of 1 which is in items 25-29.

This questionnaire has gone through confirmatory factor analysis and obtained guaranteed validity of the measuring instrument (root mean square error of approximation [RMSEA] = 0.046, with comparative suitability index [CFI] = 0.941, Tucker Lewis index [TLI] = 0.929). Then, from the results of the reliability test of the measuring instrument, it is known that the measuring instrument has a good reliability value (Cronbach alpha/ = 0.796).

The data analysis used is univariate analysis which is presented in the form of a frequency distribution. This research received permission from the Research Ethics Committee (KEP) of Padjadjaran University with number 520/UN6.KEP/EC/2022.

RESEARCH RESULTS

Table 1. Demographic Characteristic of Respondents-(N=101)

Variables	Results
Age (Mean± SD)(Range)(Year)	(34.84±10.265) (18-60)
18-40 years	80/79.2
41-60 years	21/20.8
Gender (n%)	
Male	44/43.6
Female	57/56.4
Education Levels (n%)	
Senior High School	27/26.7
Bachelor Degree	65/64.4
Master	9/8.9
Occupation (n%)	
Housewife	12/11.9
Civil servants	24/23.8
Private employees	44/43.6
Businessman	1/1.0
Student	20/19.7

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Table 1. shows the age of the respondents with mean and standard deviation (34.84 ± 10.265) and ranges from 18-60 years. based on gender, the majority are women, namely (56.4), while only men are (43.6). Based on education level, the majority of respondents have a bachelor's degree, namely (64.4), high school (26.7) and for master's only (8.9). viewed based on occupation, the majority of respondents' jobs are private employees, namely (43.6), while for house wives the number of respondents is (11.9), civil servants are (23.8), businessmen are (1.0) and for students the total number of respondents is (19.7).

Table 2. Screening Using the SRQ-29 Questionnaire (N=101)

Variables	Results	Category
Emotional Mental Disorders (Anxiety and Depression)	20/20.0	Very low
Use of Psychotropic Substances and Drugs	0/0	-
Psychotic Disorders	20/20.0	Very low
PTSD	43/43.0	Very low
Not indicated	18/18.0	Very low

Table 2 shows that of the 101 respondents anxiety and depression were in the very low category, namely (20.0). This result is the same as the number of people who experience psychosis disorders (20.0). People in the Keranggan and Kademangan areas do not consume psychotropics and drugs so the number recorded is (0.0), then the PTSD results are in the very low category with a number of (43%).

Table 3. SRQ-29 Instrument Question Items (N=101)

Items	Validation	Results (n/%)
Do you often suffer from headaches?	No	74/73.3
	Yes	27/26.7
Have you lost your appetite?	No	93/92.1
	Yes	8/7.9
Are you not sleeping well?	No	81/80.2
	Yes	20/19.8
Do you get scared easily?	No	82/81.2
	Yes	19/18.8
Do you feel anxious, tense and worried?	No	77/76.2
	Yes	24/23.8
Are your hands shaking?	No	96/95.0
	Yes	5/5.0
Do you experience indigestion?	No	80/79.2
	Yes	21/20.8
Do you find it difficult to think clearly?	No	84/83.2
	Yes	17/16.8
Do you feel unhappy?	No	91/90.2

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	Yes	10/9.9
Do you cry more often?	No	89/88.1
	Yes	12/11.9
Do you find it difficult to enjoy daily activities?	No	86/85.1
	Yes	15/14.9
Do you have difficulty making decisions?	No	79/78.2
	Yes	22/21.8
Have you neglected your daily activities/tasks?	No	89/88.1
	Yes	12/11.9
2 Do you feel unable to play a role in this life?	No	93/92.1
	Yes	8/7.9
Have you lost interest in things?	No	90/89.1
	Yes	11/10.9
Do you feel worthless?	No	95/94.1
	Yes	6/5.9
2 Are you having thoughts of ending your life?	No	98/97.0
	Yes	3/3.0
	No	84/83.2
Do you feel tired all the time?	Yes	17/16.8
Do you feel bad in your stomach?	No	79/78.2
	Yes	22/21.8
	No	56/55.4
Do you get tired easily?	Yes	45/44.6
Do you drink more alcohol than usual or do you use drugs?	No	101/100.0
2 Do you believe that someone is trying to harm you in some way?	No	99/98.0
	Yes	2/2.0
	No	87/86.1
Is there anything disturbing or unusual on your mind?	Yes	14/13.9
Have you ever heard a sound without knowing the source or that other people couldn't hear?	No	92/91.1
	Yes	98.9
Do you have disturbing dreams about a disaster/disaster or are there times when you feel like you are re-experiencing the disaster?	No	92/91.1
2 Do you avoid activities, places, people or thoughts that remind you of the disaster?	Yes	9/8.9
	No	92/91.1
	Yes	9/8.9
Has your interest in your friends and usual activities decreased?	No	80/79.2
2 Do you feel very disturbed if you are in a situation that reminds you of a disaster or if you think about it?	Yes	21/20.8
	No	87/86.1
	Yes	14/13.9
Do you have difficulty understanding or expressing your feelings?	No	78/77.2
	Yes	23/22.8

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Table 3. shows that (44.6) had psychological complaints of getting tired easily, followed by respondents who complained of feeling anxious, tense, worried (23.8). The next complaint was somatic complaints, the majority of respondents complained of headaches (268), followed by complaints of stomach discomfort as many as (21.8) respondents, and digestive disorders as many as (20.8).

The results of respondents answers to questions refer to indications of PTSD symptoms in numbers 25 - 29. This is shown by (22.8) respondents feeling difficulty in expressing their feelings, (20.8) respondents feeling their interest has decreased in the activities they do, then as many as (13.9) respondents feeling very disturbed if they were in a situation that reminded them of the incident, then as many as (8.9) respondents experienced disturbing dreams, and finally as many as (8.9) respondents avoided places, activities, people or thoughts. which reminded them of the incident.

DISCUSSION

Depression is an experience that usually means feeling low, sad, angry, or worthless. If this condition starts to interfere with life and only disappears for a long time, then it is certain that someone is experiencing a depressive disorder. Anxiety is a sensation of feeling afraid and restless, just like depression, anxiety will become an illness if it disappears for a long time, usually more than two weeks, it affects daily life or causes more severe symptoms. Anxiety disorders can take the form of panic and phobias (Nuryati, 2018).

The results of this research are in line with research according to (Arini & Syarli, 2020) which was ranked second for anxiety and depression. This study had a sample of 197 people, with 55 respondents having anxiety and depression (28%). Causes of anxiety and depression include experiencing a traumatic event, having a chronic or serious illness, taking certain types of medication, and having a history of other mental disorders. In contrast to other research with samples of teenagers in Surabaya, anxiety and depression were ranked first at 34% with 35 respondents. Symptoms felt include anxiety and worry, emotional disturbances, sleep disturbances, and diarrhea (Rustam, & Nurlela, 2021).

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5

Despite the growing recognition of the impact psychosocial distress has on the quality of life of patients with cancer, the implementation of the National Comprehensive Cancer Network (NCCN) Distress Management Guidelines and the mandate of evidence-based policy for routine distress screening continue to lag. To speed adoption of the guideline, the American Psychosocial Oncology Society (APOS) and Yale School of Nursing (YSN) launched the Screening for Psychosocial Distress Program in 2014. The program resulted in the development of five steps necessary to carry out routine psychosocial distress screening. These five steps are as follows: (1) screening, (2) evaluating, (3) referring, (4) following up, and (5) documenting and quality improvement (Lazenby, Tan, Pasacreta, Ercoano, & McCorkle, 2015).

According to a 2014 meta-analysis, women drinking 75 grams daily of alcohol are 1.5 times more likely to die from all causes than men for the same level of consumption. Alcohol consumption is also socially less well accepted in women. Fear of stigmatization, sometimes very intense feelings of shame, accompanied by impaired self-esteem, possibly preexisting anxiety/depression, and fear of loss of child custody all contribute to women waiting longer than men to seek help (Chanal, Mazurier, & Do, 2022).

The prevalence of PTSD in women increased significantly with psychological distress, but the prevalence of men PTSD increased even more. This study provides a reference for formulating psychological intervention measures to improve people's mental health and psychological adaptability during the occurrence of COVID-19 and any similar pandemics in the future (Liang, Gao, Ren, Cao, Qin, Hu, & Mei, 2020).

Psychotic symptoms have been linked to other coronavirus infections. We conducted a retrospective, observational study at a single center to describe new psychotic episodes in COVID-19 patients. Ten patients infected with the novel coronavirus with psychotic symptoms and no previous history of psychosis were identified by the emergency and liaison psychiatry department. Nine of the cases showed psychotic symptoms at least two weeks after the first somatic manifestation caused by COVID-19 and received pharmacological treatment (Parra, Juanes, Losada, Álvarez-

Screening for psychosocial distress of post-Covid-19 among survivors using the self-reporting questionnaire 29 (SRQ-29)

Sesero, Santana, Marti, & Rentero, 2020).

A total of 126 subjects were involved in the study, the mean PTSD-SS, SDS, and SAS scores were 45.5 ± 18.9 , 47.3 ± 13.1 , and 43.2 ± 10.2 , respectively, while 9 (31.0%), 28 (22.2%), and 48 (38.1%) of survivors met the cut-scores for clinically significant symptoms of stress response, anxiety, and depression, respectively. Infected family members, and post-infection physical discomfort were significantly associated with scores on all three scales. Social support, retirement, and number of women had a significant relationship with PTSD-SS scores. Survivors aged 60 years and older experienced milder stress response symptoms, fewer emotional depression symptoms, and fewer anxiety symptoms than younger survivors (Cai, Hu, Ekumi, Wang, An, Li, & Yuan, 2020).

Only a few studies have investigated the psychological impact of the MERS-CoV outbreak in Korea in 2015, but surveys conducted during this period found that 90% of the general public reported concerns about contracting MERS-CoV and 46% of this population experienced psychological distress. Another study reported that 7.6% of 1656 isolated individuals showed symptoms of anxiety and 16.6% of this group reported feelings of anger during the isolation period. In contrast, anxiety occurred in 47.2% of MERS patients, which was more common than the level of anxiety in isolated individuals not infected with MERS-CoV. Compared with patients with other diseases, people with EID may experience greater suffering in terms of physical and psychiatric symptoms from the infectious disease itself, extreme fear and anxiety due to their unfamiliarity with the disease, which may be life-threatening (Park, Park, Lee, Kim, Lee, Lee, & Shin, 2021).

Post-traumatic stress disorder (PTSD) is a maladaptive and debilitating psychiatric disorder characterized by reexperiencing, avoidance, negative emotions and thoughts, and hyperarousal in the months and years following exposure to severe trauma. PTSD has a prevalence of approximately 6–8% in the general population, although this figure can increase to 25% in groups who have experienced severe psychological trauma, such as war veterans, refugees, and victims of assault. The risk of developing PTSD after severe trauma is determined by various factors, including

genetics – at least 30–40% of the risk of PTSD is hereditary – and past history, for example previous adult and childhood trauma (Ressler, Berretta, Bolshakov, Rosso, Meloni, Rauch, & Carlezon, 2021).

PTSD may occur not only in those who experience the actual life-threatening like ICU admission but in those who experience the atmospheric change of society. This case demonstrated the characteristics of subthreshold PTSD caused by two disasters that shared a similar sense of insecurity, the scale of impact on the society, invisibility of the threat, restricted movement, and authoritative conflicts. These commonalities led to a recurrence and exacerbation of initial symptoms. This finding should be shared with those involved in the care system for victims' mental health suffering from a large-scale disaster, and we need further research about the issue (Hori, Sawano, Ozaki, & Tsubokura, 2021).

CONCLUSION

This research was attended by 101 respondents spread across the Keranggan and Kademangan subdistricts for a duration of 2 months. This research uses the SRQ-29 instrument which is used as an early detection of psychosocial problems. The results of the research showed that as many as 83 post-covid-19 survivors (n=101) at the UPT Puskesmas Keranggan had psychosocial problems in the form of PTSD as many as 43 people (43%), Anxiety and Depression as many as 20 people (20%), and Psychotic Disorders as many as 20 people (20%). The Covid-19 pandemic is an event that can cause trauma to a large part of society, giving rise to psychosocial problems.

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Screening for psychosocial distress of post-Covid-19 among survivors using the self-reporting questionnaire 29 (SRQ-29)

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