

## Case report of schizophrenia patients with hallucination nursing problems at Wisma Arjuna Grhasia Mental Hospital Yogyakarta

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### Abstract

Schizophrenia is a psychiatric disorder that causes disorders of thinking, perception, emotions, and behavior. Auditory hallucinations are one of the main symptoms that schizophrenia patients often experience. Objective: This report discusses the case of a 26-year-old man who experienced auditory hallucinations and uncontrolled behavior. The patient was admitted to a psychiatric hospital with a diagnosis of schizophrenia. Nursing care is carried out through assessment, diagnosis, intervention, implementation, and evaluation based on implementation strategies. Interventions include pharmacological therapy, cognitive behavioral therapy, therapeutic communication, and education for patients and families. Results: Evaluation showed an improvement in the patient's condition with a decrease in the frequency of hallucinations and an increase in self-control. Conclusion: This report confirms that a multidisciplinary approach in nursing care can improve the quality of life of schizophrenia patients with hallucinations.

**Keywords:** hallucinations; psychiatric nursing; schizophrenia

### 1. Introduction

Schizophrenia is a mental health disorder characterized by disorders in thinking patterns that affect the ability to speak, look at things, behavior, perception and attention incorrectly. Disturbed mind disorders in which various thoughts are not logically related and disturbances of motor activity that are weird (strange behavior). Schizophrenia patients often get into a life of fantasies and delusions, avoiding others and reality. Genetic, environmental, and other factors can cause schizophrenia. Schizophrenia affects men more often than women and is more common in patients aged 28 to 35 years (Subagyo et al., 2022).

Based on data from World Health Organization (WHO) (2022), 970 million people or 1 in 8 people worldwide have mental disorders: 301 million people have anxiety disorders, 280 million people have depression, 40 million people have bipolar and 1 in 300 people (0.32%) or the equivalent of 24 million people with schizophrenia or 0.4% of 222 adults with schizophrenia schizophrenia (WHO, 2022). The Ministry of Health in June 2024 released the prevalence of mental disorders from psychosis/schizophrenia in Indonesia. Based on data from the 2023 Indonesian Health Survey (SKI), the Special Region of Yogyakarta (DIY) is the province with the highest number of people with psychosis.schizophrenia. Data shows that 9.3% of the Yogyakarta province has the highest prevalence for households (RT) that have household members (ART) with symptoms of psychosis/schizophrenia in the 2023 SKI (Ministry of Health, 2023).

Hallucinations are one of the symptoms of mental disorders in which a person experiences a change in the perception of internal and external stimuli accompanied by reduced, excessive or distorted responses. Changes in sensory perception include hearing, sight, taste, smell, and touch. About 90% of people with schizophrenia experience hallucinations with the most common auditory hallucinations reaching 70% and hallucinations reaching 70% (Subagyo et al., 2022). Auditory hallucinations are a state when a person hears a voice, either clearly or faintly, the voice invites someone to speak or do something. Generally, a person with auditory hallucinations often speaks, smiles and laughs to himself, withdraws from the environment, looks in one direction, closes his ears, looks agitated and often suddenly angry (Syahdi, D., & Pardede, 2020).

#### 1.1. Case Illustration

A 26-year-old man was admitted to a mental hospital with complaints of often talking to himself and feeling anxious since the last 3 weeks. Patients often suddenly move their hands uncontrollably, hear whispers of people's voices, and scream in a low voice. From the medical history, the patient has

previously been admitted to a psychiatric hospital receiving tx riclona, clozapine, frimania, and risperidone therapy, since taking these drugs, the client often salivates and spits carelessly.

A physical examination shows vital signs within normal limits. The results of the mental examination showed composing awareness, lack of eye contact, tense facial expressions, and affective effects that did not seem to be in accordance with the situation. The patient experiences auditory hallucinations, with a strong belief in the voices that whisper them.

## 2. Method

The design of this study uses a case report method with a single case described descriptively. In its implementation, it starts from assessment, diagnosis, intervention, implementation and evaluation. The subject of the study in this case report is a schizophrenic patient with major nursing problems of auditory hallucinations in the quiet inpatient room of Grhasia DIY Psychiatric Hospital. This study lasted from February 3-5, 2025 until the intervention was given in 3 days. The instruments used were the format of the assessment of psychiatric nursing care and implementation strategies. Data collection techniques through observation, interviews and physical examinations as primary and secondary data sources obtained from medical records. The principles of nursing ethics applied in this study include honesty, usefulness, avoiding losses, maintaining client data or anonymity.

## 3. Results and Discussion

### 3.1. Results

Mr. Y is one of the clients who was admitted to a mental hospital with schizophrenia and experienced a relapse in January 2025. Previously, Mr. Y had been treated about 2 years ago. Mr. Y, who was 26 years old, was taken to a mental hospital and referred and escorted by the management of the Elkana Foundation to get further treatment. The patient showed symptoms of psychological distress for approximately 3 weeks before being referred to the hospital. The main complaint conveyed was that he often spoke to himself and felt anxious since the last 3 weeks. Patients often suddenly move their hands uncontrollably, hear whispers of people's voices, and scream in a low voice.

Previously, there was no family history of clients who had mental disorders. At the time of the assessment conducted on February 3, 2025, Mr. Y said he was in the hospital and wanted to go home immediately even though the client was confused about his condition. Mr. Y was already in a quiet room because he had previously screamed. When studied, Sdy. Y said that sometimes he seems to hear whispers. When interacting, clients look a little confused and answer more slowly compared to most people. In addition, the client's eye contact is minimal and must be stimulated in advance so that the client can make eye contact with the people he interacts with. The hallucinations experienced by clients during hospitalization have an impact on their daily lives, sometimes doing things beyond the client's control.

During hospital treatment, clients receive medical therapy in the form of lorazepam and diazepam which are used to reduce anxiety in patients. Patients are also given additional medications such as trihexyphenidyl to reduce the side effects of tremors. During treatment, patients still show symptoms of auditory hallucinations. The diagnosis was established based on the results of data analysis on Mr.

Y. is a sensory perception disorder: auditory hallucinations. The diagnosis is based on the client's subjective data that says he often hears whispers telling him to do something. The objective data obtained is that the client looks confused, often pacing back and forth and making uncontrolled movements. The purpose of nursing care to clients is to reduce auditory hallucinations so that clients can control perceived hallucinations. The implementation provided to the client based on a pre-prepared nursing care plan or implementation strategy (SP) is to train the client to control hallucinations by reprimanding or ignoring hallucinations, conversing with others, doing scheduled activities, and education to consume medication regularly. The nursing care plan provided is in line with the research conducted by (Avica & Norman, 2023) which suggests that there is an effect of providing generalist therapy with an implementation strategy approach 1-4 on the level of client ability to hallucinate. Communication is carried out using therapeutic communication so that it can improve the interaction between nurses and clients in nursing care as well as the client's ability to control hallucinations. In addition, providing communication implementation strategies also helps in the nursing care process because it supports the client's emotional stability (Avica & Norman, 2023).

### 3.2. Discussion

The results of the study were obtained that the age characteristics of Mr. Y aged 26 years were included in the adult category. Adulthood hallucinations are more common in adulthood in terms of cognitive, emotional and behavioral aspects. The failure of the inability to reach maturity can hinder the fulfillment of development so that it has an impact on the occurrence of mental disorders (Agustaria, 2024). The results of the study also confirmed that the high incidence of hallucinations was in the age range of 14-54 years (Suri Herlina et al., 2024).

In the study of the patient's sex characteristics, it is known that they are male, this result is also in line with the research conducted by (Jatinandya & Purwito, 2020) that the occurrence of hallucinations is experienced by men compared to women. The reason is because men are considered to be the main support in the household, so that men have responsibilities and become greater life pressures.

Based on medical record data, patients came to the emergency room of the Ghrasia Psychiatric Hospital and were referred and escorted by the management of the Elkana Foundation to get further treatment. The patient showed symptoms of psychological distress for approximately 3 weeks before being referred to the hospital. The main complaint conveyed was that he often spoke to himself and felt anxious since the last 3 weeks. Patients often suddenly move their hands uncontrollably, hear whispers of people's voices, and scream in a low voice.

After an initial examination, the patient was transferred to the Bima Room for further observation and began treatment therapy. A few days later, the patient's condition showed improvement, so on February 1, 2025, the patient was transferred to a quiet room, namely the Arjuna Room. While in the Arjuna Room, the researcher began to conduct direct assessments and observations of patients. From the results of the study, it is known that the patient had experienced a psychiatric disorder two years ago and had a history of treatment at Duren Sawit Hospital. The predisposing factor of mental disorders experienced by patients is suspected to be related to the history of use of illegal drugs, especially ecstasy pills, which began to be consumed excessively since the age of 20. Although the patient later stops using the drug, the habit of consuming in high doses causes disturbances in his psychiatric and psychological condition.

Meanwhile, the precipitation factor that triggers relapse is the experience of stopping medication. Patients stop treatment because they feel that they have recovered and no longer need treatment, which eventually leads to a recurrence of symptoms of mental disorders. In the course of the study, the patient revealed that he often heard whispers that commanded him to move his hands and walk back and forth. The whispers are most often heard when the patient is alone. The results of the observations showed that the patient appeared to be daydreaming, talking to himself, and pacing back and forth in the room.

Pharmacological therapy for Mr. Y is to take the oral medication lorazepam 0.5 mg and diazepam 2.5 mg taken twice a day. This drug is used to help alleviate the symptoms of schizophrenia, which is a mental disorder characterized by hallucinations, delusions, and disorders in thinking and behavior. In addition, patients are also given trihexyphenidyl 2 mg taken twice daily. This drug is used to treat the symptoms of Parkinson's disease or extrapyramidal disorders caused by the side effects of psychiatric medications.

#### 3.2.1. Nursing diagnosis

In Mr. Y's case, the results showed that the diagnosis of sensory perception disorder (D.0085) related to hearing loss was evidenced by hearing whispers, inappropriate responses, and hearing attitudes. This can also be proven by subjective data that patients complain that they often hear disembodied whisper voices, the voice is distracting and contains commands. Objective data on patients found that patients appeared restless and often spoke to themselves, and their sleep patterns were disturbed.

Hallucinations are perceptual disturbances in one or more of the five senses such as hearing, sight, taste and touch. The cause of hallucinations in general is two factors, namely the predisposing factor and the precipitation factor. Predisposing factors are conditions that make a person more vulnerable such as a history of mental disorders, imbalances of brain chemicals such as dopamine, psychological trauma and social isolation. Meanwhile, precipitation factors are direct causes such as severe stress, lack of sleep, psychoactive use such as narcotics and alcohol or certain medical conditions such as high

fever and brain disorders. These two conditions can trigger the appearance of sound, vision, smell or other hallucinations (Bell et al., 2024).

### 3.2.2. Intervention

Based on the nursing diagnosis in Mr. Y after being given a three-day nursing intervention, it is expected that the sensory perception disorder of the hallucinations will improve (L.090883) and become the focus of the hallucination management intervention (I.109288) with outcome criteria: the patient can control the hallucinations by carrying out daily activities or activities, the patient can express how he feels about the hallucinations, the patient can demonstrate how to reprimand or ignore hallucinations. Nursing interventions have an important role in accompanying patients. Nurses provide support through therapeutic communication techniques, discussion of feelings validation and help with the response to treatment, create a safe and calm environment and help patients distinguish reality from hallucinations (Rafiyah, 2023).

### 3.2.3. Implementation

Implementation in patients with auditory hallucinations aims to help patients recognize, control and reduce the intensity of unreal sounds and prevent the negative effects of hallucinations (Famela et al., 2022).

The author carried out the implementation starting on Monday, February 3, 2025, starting with fostering a relationship of mutual trust, obtained as a result of the patient, felt happy to talk to the author and seemed to be able to foster a relationship of mutual trust. The patient appears cooperative, open in expressing his feelings, and shows no signs of rejection of the approach given.

At the stage of identifying the cause of the risk of hallucinations, the results of patients saying that they often hear whispers of voices that are not clear and have no real form. These whispers usually appear when the patient is alone in a quiet and quiet state. These voices often give illogical commands, such as telling him to move his hands, and walking back and forth unclearly. When identifying the types of auditory hallucinogenic behaviors that had been performed, patients said they felt physically and emotionally disturbed. Then the author teaches that the reprimanding technique is obtained as a result that the patient can repeat the way the reprimanding technique is good and correct.

On the second day, Tuesday, February 4, 2025, the implementation was continued by identifying hallucinating behaviors that were still experienced by patients. From the results of the study, the patient said that the intensity of the hallucinations felt was slightly reduced. Evaluating the reprimanding technique, the results were obtained that the patient said that he could repeat the method of reprimanding even though the patient still heard the whispers. Furthermore, training how to control hallucinations by having a conversation the hallucination data obtained results from patients saying that they were still afraid to have a conversation with their friends.

On the third day, Wednesday, February 5, 2025, the implementation is still continuing, starting from evaluating daily activities on how to reprimand, then teaching patients to get acquainted with other friends to start conversations.

### 3.2.4. Evaluation

Based on the results of the implementation for 3 x 24 hours, the evaluation was obtained, the patient showed positive progress in dealing with auditory hallucinations. On the first day, the patient appeared cooperative and was able to foster a trusting relationship with the author. The reprimanding technique has been taught and the patient is able to repeat the technique well and correctly

On the second day, the patient said that the sound of the whispers that appeared had been slightly reduced, the patient seemed to be able to repeat the reprimanding technique that had been taught even though he still occasionally heard whispers

On the third day, the patient was able to repeat the reprimanding technique better, and began to be trained to converse when whispers appeared by introducing themselves first to other friends so that they were more familiar and the patient felt more confident. This shows that the patient is able to recognize and respond positively to the methods that have been taught and feel helped in controlling his hallucination symptoms with the support of a therapeutic approach.

#### 4. Conclusion

This case report shows that a structured and evidence-based approach to nursing has an important role in the treatment of schizophrenia patients with hallucinations, the implementation of nursing implementation strategies that include pharmacological therapy, psychosocial therapy, and therapeutic communication can help patients control hallucinations as well as improve their quality of life. Handling schizophrenia patients requires the involvement of various parties, including nurses, medical personnel, and the patient's family. Education to families is very necessary so that they can provide optimal support for patients.

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