

## Implementation of strategies in psychiatric nursing care to reduce delusions in patients with schizoaffective disorder: case report

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### Abstract

Schizoaffective disorder is a serious mental disorder that combines symptoms of schizophrenia and mood disorders, one of which is characterized by delusions. Delusions cause disturbances in thought processes and behavior that have an impact on the patient's adaptability, self-care, and social function and quality of life. This study aims to evaluate the effectiveness of nursing implementation strategies in overcoming symptoms of delusions in schizoaffective patients. The method used was a case study on one 31-year-old patient with a diagnosis of F25.0 at Wisma Sembodro Grhasia Mental Hospital Yogyakarta. The intervention was carried out for five days with three approaches using reality orientation, practicing abilities, and education on the use of drugs. The results showed a significant decrease in symptoms of delusion such as the content of thoughts does not match reality, the content of the conversation is difficult to understand, finding it difficult to concentrate, excessive vigilance, oppositional or hostile attitude, facial tension, changed sleep patterns. In addition, patients were able to recognize and practice skills such as cooking and reciting the Qur'an, and showed compliance with treatment. The discussion confirmed that the implementation strategy was effective in reducing symptoms of delusion and improving patient adaptation. Suggestions for this study are to involve the family in the therapy process and in future studies to involve more patients.

**Keywords:** delusions; implementation strategy; schizoaffective

### 1. Introduction

Mental health is one of the four major health problems in developed countries. Cases that often occur in countries are schizophrenia and schizoaffective which are serious mental disorders, so they can interfere with daily activities. Schizoaffective mental disorder is a combination of schizophrenia symptoms with mood symptoms such as depression or mania (Tukatman, 2023). The cause of schizoaffective disorder itself has not been clearly proven, but there are several factors that potentially contribute to each other such as genetic factors, environmental factors, neurodevelopmental factors, biochemical factors, neurofunctional, neuroanatomy, and neuroimmunology (Wahyuni & Lesmana, 2024). Symptoms of schizoaffective can be in the form of illusions, delusions, impaired thought processes, thinking ability, and strange behavior (Kadir et al., 2023). One of the symptoms of schizoaffective disorder is a delusion when it occurs. A delusion is a false belief about the content of the mind that is strongly or continuously maintained but does not correspond to reality (Tim Pokja SDKI DPP, 2017).

Based on data from the Indonesian Health Survey in 2023, the prevalence of mental health problems in Indonesia is around 2.0% with an average population age of more than 15 years. The prevalence of mental health problems in the DI Yogyakarta Province area is around 1.9% with an age above 15 years (Kementrian Kesehatan RI, 2023). The prevalence of patients with schizoaffective disorder is around 0.3% of the general population. Schizoaffective disorders result in significant morbidity and mortality (Abidi et al., 2017). One of the characteristics of schizoaffective disorder is delusions with the general population of delusions having a prevalence of around 0.18%, while the prevalence in psychiatric hospitalizations is between 1% and 4%. The prevalence of delusional thought process disorders actually tends to be higher, due to a lack of insight in preventing and seeking help in recognizing the disease. The prevalence of delusional thinking disorder actually tends to be higher, due to a lack of insight into preventing it and seeking help in recognizing it (Rowland et al., 2019).

The disturbance of the thought process of a delusion usually has symptoms according to the type of delusion, such as a high sense of suspicion, feeling that he has extraordinary powers far above

ordinary humans in general, feeling that he has a severe illness and is contagious to others, thinking that he is dead, and feeling that he has entered another world (Prakasa & Milkhatun, 2020). According to Wulandari, (2021) signs and symptoms of delusions can be in the form of suicide attempts or killing

others, refusing to eat or take medicine, excitement or fear, uncontrolled movements, irritability, the content of the conversation is not in accordance with reality so that it is not real, avoiding other people, dominating the conversation, doing religious activities excessively or not carrying out at all, hostility, suspicion, impaired self-care. Thought process disorders in the form of untreated delusions can lead to crimes or problems related to the law and can result in arrest (Tania et al., 2021). Patients with symptoms of delusion stay away from others and can interfere with their social relationships. Therapies that can be applied to people with delusions are reality orientation, positive aspect training, and adherence to medication, these management strategies are used in therapy for people with delusions. The application of reality orientation therapy can be carried out with three sessions, the first is person orientation, the second session is place orientation, the third session is time orientation (Nurin & Rahmawati, 2023).

According to research by Pranandari et al., (2024) shows orientation therapy can reveal suspicion of family and neighbors, through this therapy sustainable psychiatry, including reality orientation therapy for six days combined with non-pharmacological interventions, delusional behavior in patients is significantly reduced. This study is also related to research conducted by Sari & Kusumawati, (2022) who said patients with schizoaffective can disturb the mood in the form of depressive which is very prominent at the same time. Schizoaffective patients can carry out pharmacological therapy and psychosocial therapy in the form of education and supportive therapy given to patients and families. Based on this description, this study aims to provide mental nursing care to overcome the nursing problem of delusion with the implementation strategy method in schizoaffective patients at Wisma Sembodro, Grhasia Mental Hospital, Sleman, Yogyakarta.

## 2. Method

The method used in this research is a case study conducted with a nursing approach in the form of assessment, intervention, implementation, and evaluation (Keliat & Hamid, 2019). Respondents in this case report amounted to one person with a schizoaffective diagnosis with a nursing problem of delusion. This research took place in the maintenance room of Wisma Sembodro Grhasia Mental Hospital Sleman Yogyakarta. Carried out for five days of treatment starting from February 25, 2025 to March 1, 2025. Research data collection using observation techniques, interviews, and secondary data checks sourced from client record documents. This research instrument uses the Indonesian Nursing Diagnosis Standards (SDKI) and Indonesian Nursing Outcome Standards (SLKI).

Methods collected data using mental assessment formats and medical record documents. Data analysis was carried out descriptively by conducting an assessment in accordance with the mental nursing assessment format, nursing diagnosis was established based on the results of observations and interviews with clients, nurses, and medical records of patients formulating diagnoses using SDKI with a diagnosis code of delusion (D.0105). After establishing the diagnosis, a nursing plan is carried out with goals compiled from SLKI with the goal code of orientation status (L.09090). The plan also includes interventions that are given in accordance with the diagnosis that has been established by providing delusion management (I.09295) and implementation strategies regarding delusions by orienting reality on the first day to the fourth day, practicing the abilities possessed on the second day to the fourth day, adhering to treatment on the fourth day, then implementing the implementation strategy in accordance with the problems obtained so that the results of nursing care evaluation are obtained. After each implementation, the patient writes in the Daily Activity Schedule (JKH) to control the patient in practicing each implementation that has been taught and reduce relapse.

## 3. Results and Discussion

### 3.1. Results

The assessment in this study was conducted on February 24, 2025 at Wisma Sembodro Grhasia Mental Hospital Sleman Yogyakarta. In the results of the patient interview Mrs. I was 31 years old, with a housewife's job, the patient lived in the Special Region of Yogyakarta, Bantul Regency, the patient had the last education S1 or strata 1. The reason for the patient's admission to the hospital was because the patient had a tantrum at home, talked to herself about religion, felt that the patient participated in the war during the Islamic government in Makkah, the patient often slammed the door for no reason and said harsh words. The patient was admitted on February 16, 2025 with a medical diagnosis for Axis 1 F.25.0 which is schizoaffective, for Axis 3 Diabetes Mellitus (DM) with a history

of Extrapyrimal Symptoms (EPS). Patients with complaints feel that they are participating in a war and become a warlord, irritable, and often silent. The patient also felt that he was often followed or stalked by someone and the patient felt uncomfortable until the patient showered still wearing clothes so as not to be seen with others. Drug therapy clozapine, for the schedule of taking the drug is half a tablet in the morning, one tablet at night. Divalproex by taking one tablet in the morning. The precipitating factor is that the patient has been off medication for 2 weeks which is of internal origin with the psychological problem of the patient feeling sad for 6 months which is of internal origin. The precipitating factor of socio-cultural the patient felt tired of taking care of the child alone while the husband worked, the patient felt for 2 months appeared internally.

**Table 1** Predisposing Factors

<b>Predisposing Factors</b>		
<b>Neurobiology</b>	<b>Psychology</b>	<b>Sociocultural</b>
a. The patient first experienced symptoms in high school before college in 2009.	a. The patient has a cheerful personality and likes to chat.	a. The patient lives with her child, husband, and parents.
b. In high school the patient participated in religious monitoring which changed the patient as a whole.	b. The patient sometimes feels sad when her husband lives in Jakarta.	b. The patient has a 1.5 year old child, the patient and her husband are in a longdistance relationship because the husband works in Jakarta and returns home every week.
c. The patient regularly receives treatment at Panembahan Senopati Hospital.	c. The patient feels tired of taking care of the children.	c. Before marriage, the patient worked in a daycare and worked at a clinic.
d. The patient has a history of DM and EPS	d. The patient feels lonely at home.	d. The patient likes to follow religious studies so that the patient covers the aurat with a veil.
		e. The patient is the first of 2 children

Data source: Primary data (2025)

Supporting factors from neurobiology, the patient first experienced symptoms of delusion during high school before college in 2009 and has routinely treated at Panembahan Senopati Hospital, during high school the patient participated in religious monitoring which changed her overall, the patient has a history of DM and EPS. Psychological supporting factors are that the patient has a cheerful personality and likes to chat with others, the patient feels sad when left by her husband working in Jakarta, so the patient feels lonely when at home. Socio-cultural supporting factors are that the patient lives with her child, husband, and both parents, the patient has a 1.5-year-old child, the patient and her husband are in a long-distance relationship because the husband works in Jakarta and returns home every week, before marriage the patient worked in a daycare and worked at a clinic, the patient likes to attend religious studies so that the patient covers her aurat with a veil, the patient is the first child of 2 siblings.

**Table 2** Signs and symptoms of delusions

<b>Signs and symptoms</b>	<b>Scale day 1</b>	<b>Scale day 5</b>
<b>Subjective</b>		
Expressing the contents of the delusion	✓	✓
Finding it difficult to concentrate	-	-
Feeling worried	✓	✓
<b>Objective</b>		
Showing behavior according to the contents of the Dream	✓	✓
Thought content does not match reality	✓	-
The content of speech is difficult to understand	-	-
Excessive suspicion		
Excessive caution	-	-
Excessive talk	✓	-
Opposition or hostility	✓	-

Signs and symptoms	Scale day 1	Scale day 5
Tense face	✓	-
Changed sleep patterns	✓	-
Inability to make decisions	-	-
Flight of idea	✓	-
Decreased work productivity	✓	-
Inability to care for self	✓	-
Withdrawal	✓	✓

Data source: Primary data (2025)

Table 2 describes the signs and symptoms of delusions in patient Mrs. I. Signs and symptoms in patients on the first day or day of assessment have signs and symptoms of expressing the contents of the delusion, showing the behavior of the contents of the delusion, the contents of the mind do not match reality, feeling worried, excessive suspicion, opposing or hostile attitudes, tense faces, changing sleep patterns, flight of ideas, unable to care for themselves, and withdrawing. Signs that did not appear on the first day were the content of the conversation was difficult to understand, found it difficult to concentrate, was excessively vigilant, talked excessively, was unable to make decisions, and decreased work productivity.

Based on Table 2, the patient experienced a decrease in signs and symptoms of delusion on the fifth day. Signs and symptoms that are still present in the patient include showing the contents of the delusion showing the behavior of the contents of the delusion, feeling worried, excessive suspicion, and withdrawal. Signs and symptoms that did not exist on the fifth day included the content of thoughts that did not match reality, the content of the conversation was difficult to understand, found it difficult to concentrate, excessive vigilance, opposing or hostile attitude, facial tension, changed sleep patterns, unable to make decisions, flight of ideas, decreased productivity, unable to take care of themselves.

Table 3. Orientation Status

No	Aspects assessed	Pre	Post			
			1	2	3	4
<b>Decreasing-Rising</b>						
1	Productivity	2	2	3	3	4
<b>Increasing-Decreasing</b>						
2	Verbalization of delusions	2	2	3	3	4
3	Delusional behavior	2	2	2	3	4
4	Worry	2	3	3	4	4
5	Suspicious	1	2	2	3	3
6	Hostile attitude	2	2	2	3	4
7	Tense	2	2	3	3	4
8	Withdraw	1	2	2	3	3
<b>Worsening-Improving</b>						
9	Behavior in line with reality	1	1	2	2	3
10	Thought content matches reality	2	2	3	3	4
11	Talks	2	3	3	4	4
12	Concentration	4	4	4	4	4
13	Sleep pattern	2	3	3	4	4
14	Decision-making ability	4	4	4	4	4
15	Mindset	3	3	3	4	4
16	Self-care	2	2	2	3	4

Data source: Primary data (2025)

Based on Table 3 on the patient's reality status before the implementation of the strategy, several aspects of the assessment have the lowest value in the suspicious category with a scale of 1, then in the withdrawal category with a scale of 1, and behavior according to the reality of the worsening category with a scale of 1. For aspects assessed on a scale of 2 and 3, the category is moderately improved in numbers 2 to 8, and for numbers 9 to 16 it has a moderately worsened category. In concentration, and the patient's decision-making ability there is no change.

**Table 4.** Abilities possessed

No	Aspects assessed	Pre	Post		
			1	2	3
1	Write about positive aspects or abilities abilities such as cooking and reading the Quran	-	✓	✓	✓
2	Practicing the chosen skill: cooking and reading the Quran	-	✓	✓	✓
3	Patient writes down daily activity schedule (JKH)	-	✓	✓	✓

Data source: Primary data (2025)

Based on Table 4, patients in the first pre-implementation and post-implementation can write down and practice their abilities. There is an increase in post The patient can write down and practice the abilities that the patient has the ability to cook and read the Al-Quran. Patients write into the daily activity schedule and practice cooking on the rehabilitation schedule. In the next post-implementation, patients can apply their abilities in daily life and can reduce their delusions.

**Table 5.** Use of medication

No	Aspects assessed	Pre	Post
1	Listed 6 correct drug administration:	-	✓
	Correct patient name	-	✓
	Correct name of the drug	-	✓
	Correct drug dosage	-	✓
	Correct time of administration	-	✓
	Correct method of administration	-	✓
	Correct information (patient mentions the impact of stopping medication)	-	✓
2	Writing medication into daily activity schedule (JKH)	-	✓

Data source: Primary data (2025)

In Table 5, the implementation of health education on the regular use of drugs was carried out with the results of pre and post implementation of patients showing changes in patients being able to mention 6 correct drug administration starting from the correct patient name, correct drug name, correct drug dose, correct time of administration, correct method of administration, and can mention the impact if you stop taking medication. Patients also write on JKH and do related schedules to take medicine along with the name of the drug taken.

### 3.2. Discussion

Mental nursing is a field that provides treatment for mental health disorders that provide comprehensive care for individuals experiencing psychological or emotional challenges. Mental nursing provides therapy with various methods, one of which is an implementation strategy that covers non-pharmacological therapy to pharmacological therapy (Efendi & Kristian, 2022). Patients with mental disorders have an emotional nature that causes adaptive relaxation, inability to cope with stress or impaired function which is classified into neurosis and psychosis. Etiology in mental disorders can be genetic, chemical, biological, psychological, or socio-cultural factors (Nurlela et al., 2023).

#### 3.2.1. Signs and Symptoms of Delusion

This case discusses Mrs. I who is a 31-year-old woman with a medical diagnosis of schizoaffective (F25.0). Patients with schizoaffective diagnoses are most common in women starting in adolescence, adulthood, and even the elderly (Setiawati et al., 2021). This research is in line with Sari & Kusumawati, (2022) which describes schizoaffective patients who are female are more likely to experience schizoaffective than men. Schizoaffective disorder is a mood disorder that arises when someone has schizophrenia so that it changes the way a person thinks, acts, and understands reality, this

disorder can have symptomatic signs such as hallucinations, delusions, slurred speech, loss of interest in an activity, experiencing changes in sleep patterns (Beech, 2023).

One of the signs of schizoaffective patients is hallucinations and delusions. The theory contained in the nursing problem of delusion has signs and symptoms found in reality orientation such as expressing the contents of the delusion, difficulty concentrating, showing the behavior of the contents of the delusion, the contents of the mind do not match reality, the contents of the conversation are difficult to understand, worry, suspicion, hostility, withdrawal, sleep patterns change. In the case of Mrs. I, she revealed the contents of her delusion by saying that there would be a big war between people and after that the apocalypse would occur, the patient said that in the war she became a female warlord and the patient said that there was radiation after the war so that the patient's palms felt hot. This study is in line with Wijaya et al., (2022), which explains the signs and symptoms of delusions can result in damage to verbal communication characterized by unrealistic thoughts, loss of association, flight of ideas, repetition of words, and has a low reality value so that patients with delusions have suspicion and are wary of others. In a study conducted by Sundari et al., (2024) said that patients with mental disorders often feel the presence of intense external stimuli, characterized by realistic, illogical, egocentric nature that lasts a long time believed by the patient's truth which is difficult to correct, lived as reality so that they live in that belief.

### 3.2.2. Orientation Status

Patient Mrs. I on orientation status with the definition of beliefs that are in accordance with reality (PPNI, 2018). In orientation status, the patient has excessive suspicion of her husband and people in the neighborhood, so the patient often withdraws. The patient's behavior is not in accordance with reality and the patient often speaks harshly so that the patient is difficult to return to reality (Hulu et al., 2022). Waham in patients can be reduced as they do but with the provision of reality orientation so that patients can adapt to the surrounding environment (Shafaria et al., 2023). The patient's productivity in everyday life can decrease because the patient has thoughts that are not in accordance with reality so that it can interfere with daily work such as taking care of the house and other work (Wijoyo & Mutikasari, 2020).

This study is in line with Nurin & Rahmawati, (2023) which states that orientation status can be an outcome criterion in conducting reality orientation therapy, and can reduce signs and symptoms of delusion. In patients with delusions, there are often changes in behavior that can be as in the research of Victoryna et al., (2020) there are changes in the intensity of delusions before and after the standard of nursing care is carried out and there are significant changes in the behavior of patients with moderate categories. When therapy is carried out on Mrs. I, the level of patient orientation status is measured based on modifications of the SLKI so that researchers can measure the patient's reality orientation (Fajariyah & Nabila, 2024).

### 3.2.3. Abilities Possessed

The second implementation is regarding positive aspects or abilities possessed by training patients in cooking during mental rehabilitation sessions and including them in JKH. Positive activities or having the ability to reduce self-concept disorders in patients with delusions. The ability that is owned can be done by making a schedule of daily activities starting from waking up to sleeping again (Fazriyani & Mubin, 2021). Worshiping Allah SWT and reading the Koran, as well as cooking is one of the ways to divert delusions so that patients can think positively. Related research is contained in Herawati, (2024) showed that Al-Quran reading therapy did not have a significant effect on the client's delusional condition.

Therapy with a spiritual approach is effective for patients with delusions such as research from Triyani et al., (2019) which says spiritual therapy can help patients get closer to ALLAH SWT. So that it can make meaning of life, relieve emotions, reduce stressors, and symptoms experienced by patient to improve quality of life. Practicing the abilities possessed can reduce symptoms of delusion and can be about the surrounding environment so that patients do not dissolve in their feelings by doing activities that have been scheduled together with researchers. Like the research of Citra & Sukanti, (2023) which states that doing activities that patients have and scheduling them can help reduce symptoms and can connect with other friends. Patients also get new skills that can be done in a mental hospital so that a sense of confidence in the client grows.

### 3.2.4. Medication Use

The third nursing implementation is to explain taking medication and routine control. In this session the patient is asked to explain 6 correct drugs such as correct client name, correct drug name, correct dose, correct time of administration, correct method of administration, correct purpose. Patients receive pharmacological therapy in the form of clozapine ½-0-1 and divalproex 1-0-0. Both drugs are antipsychotic drugs that function to relieve bipolar or manic episodes that are occurring. Clozapine is a second generation antidepressant drug that causes metabolic disorders with a high risk characterized by weight gain and becomes a risk factor for type 2 diabetes mellitus (Arirahmayati et al., 2024). Divalproex is a drug whose function is to inhibit dopamine or produce an inhibitory effect on central dopamine and reduce inositol (Prasanti, 2019).

Pharmacological therapy is an important cornerstone of recovery, involving patients in drug adherence, thus minimizing drug-resistant patients when there is a change in symptoms, and this health education provides information about drugs. The side effects experienced by patients will result in patient beliefs about medication. This treatment therapy is based on treatment compliance from patients about their treatment (Cahaya et al., 2022). This health education aims to reduce symptoms and patients can understand the use of drugs during the treatment period. This study is in line with Rahim et al., (2024) who said that patients obedient in taking drugs monitored by the family can encourage patients to control the symptoms of mental disorders.

### 3.2.5. Limitations of the study

This study has limitations, namely in this study did not involve the family in providing care and therapy because at the time of providing nursing care, the family did not visit the hospital. Another limitation lies in the application of therapy that is only carried out to one client.

## 4. Conclusion

The conclusion of this case study shows that the provision of mental nursing care through an implementation strategy approach is effective in reducing symptoms of delusion in patients with schizoaffective. After implementation for five days the patient has a decrease in signs and symptoms including the contents of the mind do not match reality, the contents of the conversation are difficult to understand, find it difficult to concentrate, excessive vigilance, defiant or hostile attitude, tense face, excessive vigilance, opposition or hostility, concentrate, excessive vigilance, oppositional or hostile attitude, facial tension, changed sleep patterns. Before implementing the strategy, the patient's orientation status had increased outcome criteria such as suspicion and withdrawal. After implementation, there was a change in scale to decrease. The second implementation of the patient's abilities by cooking during mental rehabilitation and filling spare time by reading the Koran. Patients can also mention 6 correct drug administration and can mention the consequences of stopping taking medication regularly, so that patients are obedient to taking medication regularly. Suggestions in the study to involve the patient's family in treatment and every therapy session with health workers and involve more than one patient with delusions in the study.

## 5. Acknowledgements

The authors would like to thank the supervising lecturers who have provided input for the writing of this KIAN until it is completed, as well as the Grhasia Mental Hospital Yogyakarta for helping with the case study. Gratitude is also given to the patients who have allowed the author to study and provide therapy for cases of delusion.

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