

## Nursing care for mr.h's mental disorder with hallucination disorders at Wisma Arjuna Mental Hospital Grhasia Yogyakarta

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### Abstract

Hallucinations are a positive symptom of schizophrenia, characterized by perceptual disturbances without real stimuli, such as hearing voices or whispers. This disorder impacts behavior and increases the risk to oneself and others. The purpose of this report is to provide nursing care for patients with auditory hallucinations at Grhasia Mental Hospital, Yogyakarta. The researcher employed an observational case study and interview design. The assessment of Mr. H indicated that the patient experienced auditory hallucinations in the form of commanding whispers, particularly at night. The nursing interventions included establishing a trusting relationship, identifying hallucinatory behaviors, and training in rebuke and conversation techniques. The evaluation showed improvement as the patient gradually began to be able to recognize, control, and reduce his hallucinations

**Keywords:** auditory hallucinations; rebuke techniques; therapeutic communication

### 1. Introduction

Mental health Merukan condition prosperous Good physical, physiology social, spiritual and stressors (Mad Zaini et al., 2023). Meanwhile, disturbance soul is something condition somebody has pointing change in a way significant in thinking, behaving and feeling that can cause suffering and obstacles ability in live activity as humans in general (Widhidewi et al., 2023). One of form disturbance soul is like schizophrenia is disturbance mental state characterized by chaos in method thinking, perception, emotion and interaction social (Ningsih et al., 2024). In schizophrenia there is two symptom that is negative and positive. Symptoms negative that is in the form of interesting self from environment social, whereas symptom positive that is hallucinations. From the symptoms both, hallucinations become symptom main from schizophrenia (Agustaria, 2024).

Hallucinations is condition patient experience perception sensory fake, like hear sound, see shadow or feel something real No There is form real in the environment surrounding area (Damayanti et al., 2022). When hallucinations happen behavior patient usually experience angry without because, speaking or laugh alone, feeling Afraid to something that is not real, experienced improvement pulse heart, showing attitude suspicious and hostile as well as difficult relate with other people. Behavior the can cause risk endanger self yourself, others or environment surrounding area. This is happen Because patient is at under influence hallucinations that drive do action outside his consciousness. Therefore That needed role nurses who have knowledge and skills in nursing soul For help reduce the impact caused (Dita, 2023).

According to the World Health Organization in 2022, the prevalence sufferers hallucinations all over the world come in in category high, around 24 million people or 1 in 300 people with 0.32% (WHO, 2022). Meanwhile Indonesian Health Survey 2023, the number sufferers disturbance soul recorded as many as 630,827 people (Ministry of Health, 2023). Meanwhile, data according to the 2018 Basic Health Research shows the prevalence of schizophrenia in Indonesia is experiencing increase in a way significant that is reaching 7 cases per 1,000 population. In addition according to National Institute of Mental Health in 2024, in patients schizophrenia experience different symptoms, but the more often happen is hallucinations (Kakiay & Wigiyanti, 2025). Provinces that experienced disturbance soul the biggest is Yogyakarta as much as 0.28%, in position second occupied by Aceh with amount 0.27%, level third is South Sulawesi with amount 0.26%, and position to four are Bali and Central Java as much as 0.23% increase proportion disturbance souls in the 2018 Riskesdes data are sufficient significant If compared to with Riskesdes 2013, increased from 1.7% to 7% (Moana, 2025).

Based on the registration data of Grahasia Mental Hospital Yogyakarta, there are 9 patients in the Arjuna room. with disturbance hallucinations. Assessment implemented during writer practice in the Arjuna room began on February 3, 2025. During the implementation practice writer have the

opportunity give care nursing in a way directly on one of the patient with disturbance mental health hallucinations. Assessment done with method interviews and observations started with foster connection each other believe. Based on background behind said, the author pushed know more carry on about care nursing soul especially in patients with disturbance hallucinations hearing at Grhasia Mental Hospital Yogyakarta.

## 2. Method

Research design This is study studies case observation with design approach cross-sectional. Subjects in the study This is patient with disturbance soul sensory perception or hallucinations. Taking case was conducted in the Arjuna room of Grhasia Mental Hospital, Yogyakarta, on February 3, 2025. In collecting data, the researcher use a number of technique, namely interview with foster connection each other believe adan observation, and studies documentation For get comprehensive information related condition patients and interventions nursing care provided customized with record medical.

Data analysis was performed in a way gradually, starting since study be on site research, during the data collection process, until all data collected in accordance with condition patient, carry out action nursing in accordance with plans that have been made, as well as do evaluation to effectiveness interventions that have been given use evaluate development condition patient.

## 3. Results and Discussion

### 3.1. Results

Research result This covers information case through assessment data, data analysis, diagnosis nursing until planning nursing, evaluation and action continue. All implemented in concise, effective language efficient and informative followed with good explanation.

Assessment covers information about patient, findings found clinical, timeline events and illnesses experienced by the patient as following : Patient on Mr. H's name, male 39 years old, referred and accompanied by Elkana's management to get handling more continued on January 26, 2025. Patient show symptoms disturbance psychological during not enough more One Sunday before referred. Complaints main points conveyed is feeling anxiety and fear that is not reasonable, especially to somebody craftsman angkringan which according to patient seen scary although No There is interaction negative or real conflict.

In addition, patients show behavior No normal like often babbling, talking Alone as if currently dialogue with other people, as well as often command friends at the cottage. If the order No obeyed, patient tend angry and reactive in a way emotional. This is cause discomfort in the environment surrounding area. At the time done assessment more carry on, show that patient experience hallucinations hearing, namely often hear whisper voice that is not clear and not own form real. Whisper This usually appear moment Evening day or when patient is at in quiet and calm conditions. Sounds the often give commands that are not logical, such as order patient For pacing without clear direction. Experience This make patient feel disturbed in a way emotional and psychological.

Condition general patient visible compas mentis, pressure blood pressure 124/87 mmHg, pulse 83 times per minute, respiration 20 times per minute, height 160 cm with weight 70 kg. then done inspection physique obtained that head looks symmetrical, clean- haired colored black brownish, No there is lump And painful press on head neck no There is enlargement gland thyroid, chest is not visible retraction wall chest, abdomen, no swelling, no There is disturbance digestion, no disturbances in extremities on And down and not There is disturbance in walking. Medical therapy provided is oral Clorzapine 100 mg twice daily and Risperidone 2 mg twice daily.

Based on the data analysis carried out by the author through interviews and observations, subjective data was obtained: Patients often... hear whisper voice that is not clear and not own form real. Whisper This usually appear moment Evening day or when patient is at in quiet and calm conditions. Sounds the often give commands that are not logical, such as order patient For pacing without clear direction. Experience This make patient feel disturbed in a way emotional and psychological. As well as objective data patient looks expression face patient looks changeable, patient sometimes looks speak alone, patient seen going back and forth then obtained results diagnosis nursing disturbance perception sensory or hallucinations (SDKI D.0085) related with disturbance hearing proven with hear voices whisper, response No in accordance behave as if hear something. From the data For overcome problem nursing

patient Mr. H researchers Performing Action 3 x 24 hours is expected disturbance perception sensory (L.09083) can getting better with criteria results verbalization hear declining, behavior hallucinations decreasing, back and forth decreasing

## 3.2. Discussion

### 3.2.1. Assessment Data

The results of a case study involving a psychiatric disorder with hallucinations revealed that Mr. H, aged 39, was categorized as an adult. Hallucinations are more common in adulthood, as adulthood is a period of cognitive, emotional, and behavioral maturity. Failure to achieve this maturity can hinder developmental milestones, leading to mental disorders (Agustaria, 2024). The results of this study also supported the finding that hallucinations are most prevalent in the 14-54 age range (Suri Herlina et al., 2024).

The patient's gender was found to be male. These findings align with research by Jatinandya & Purwito (2020) that found that hallucinations are more common in men than in women. This is because men are perceived as the primary breadwinners in the household, thus assuming greater responsibility and pressure, while women are less at risk due to their greater ability to accept their circumstances.

According to medical records, the patient was referred to the emergency room at Grhasia Mental Hospital and escorted by the Elkana Foundation for further treatment. The patient had been exhibiting symptoms of psychological distress for approximately one week prior to the referral. The primary complaint was feelings of anxiety and unreasonable fear, particularly of a street vendor, whom the patient described as intimidating, despite the absence of any significant negative interactions or conflicts. Furthermore, the patient exhibited unusual behavior, such as frequent delirium, talking to himself as if in a dialogue with others, and frequently ordering his friends around him. If his orders were not obeyed, the patient became angry and exhibited overly emotional reactions. This behavior caused discomfort in those around him.

After an initial examination, the patient was transferred to the Bima Room for further observation and initiation of medication therapy. Several days later, the patient's condition improved, and on January 28, 2025, he was transferred to a quiet room, the Arjuna Room. During his stay in the Arjuna Room, researchers began conducting assessments and direct observations of the patient. The assessment revealed that the patient had experienced a mental disorder five years prior and had a history of treatment at Amino Mental Hospital. Furthermore, there was no family history of mental disorders. The predisposing factor for the patient's mental disorder is suspected to be a history of illicit drug use, particularly ecstasy pills, which he began using excessively at the age of 20. Although the patient subsequently discontinued the drug, the habit of consuming high doses caused mental and psychological disturbances.

The precipitating factor, which triggered a relapse, was the withdrawal experience. The patient discontinued treatment because he felt he was cured and no longer needed medication, which ultimately led to a relapse of his mental disorder symptoms. During the assessment, the patient revealed that he frequently heard whispering voices ordering him to move around or pace. These whispers were most frequent at night and disturbed his sleep. The patient also reported hearing a faint voice saying, "Let's go home," although the voice was indistinct. These whispers occurred approximately four to five times a day, lasting approximately 20 minutes each time. Observations revealed that the patient frequently daydreamed, occasionally talked to himself, and paced the room. Mr. H also attempted to cover his ears several times, apparently in response to the whispering sounds that continued to bother him. Vital signs revealed a blood pressure of 124/87 mmHg, a pulse rate of 83 beats per minute, and a respiratory rate of 20 breaths per minute. He was 160 cm tall and weighed 70 kg. The patient reported no physical complaints.

Pharmacological therapy for Mr. H consisted of oral Clorzapine 100 mg twice daily. This medication is used to help relieve the symptoms of schizophrenia, a mental disorder characterized by hallucinations, delusions, and disturbances in thinking and behavior. Additionally, the patient was given Risperidone 2 mg twice daily. Risperidone is used in the treatment of acute and chronic schizophrenia, as well as other psychological conditions. This medication works to reduce positive symptoms such as hallucinations, delusions, thought disturbances, suspiciousness, and hostility, as well as overt negative symptoms such as apathy, social withdrawal, and lack of emotion or motivation.

### 3.2.2. Diagnosis Nursing

As for the case Mr. H obtained data results show diagnosis disturbance perception sensory or hallucinations (D.0085) are related with disturbance hearing proven with hear voice whisper, response No appropriate, behave as if hear something. This thing also can proven with subjective data that patient Mr. H sigh often hear voices whisper without form that is not clear source, sound the disturbing and content to rule. This is make Mr H become difficult sleep and feel disturbed in a way psychological. In addition Mr. H feel difficult differentiate fact with hallucinations. Objective data on patients known, visible nervous often turn and speak alone, it's difficult focus and pattern his sleep disturbed.

Hallucinations is disturbance perception of one of the or more five senses like hearing, sight, taste and touch (Kakiay & Wigiyanti, 2025). Causes occurrence hallucinations in a way general There is two factor main, namely factor predisposition and factors Precipitation. Predisposing factors is conditions that make somebody more prone to like history disturbance soul, imbalance substance chemistry brain like dopamine, tarama psychological and isolation social. Meanwhile factor precipitation is reason direct such as severe stress, lack of sleep, use psychoactive like narcotics and alcohol, or condition medical certain like fever height and disturbance brain. Condition two the can trigger emergence hallucinations sound, sight, smell or hallucinations others (Anggarwati et al., 2024).

According to writer occurrence hallucinations in patients Mr. H Can caused by history consume pill ecstasy. Substance This including in group stimulants and hallucinogens that can cause somebody experiencing hallucinations consequence its influence drug to brain, especially Because improvement dopamine and serotonin levels excessive use. in a way Keep going continuously or in dose tall can cause emergence sensation see, or hear something real No There is.

### 3.2.3. Intervention

Based on diagnosis nursing cases in patients Mr. H that is disturbance perception sensory relate with disturbance hearing proven with hear voice whisper, response No appropriate, behave as if hear something. It is expected after given intervention nursing during three day, disturbance perception sensory hallucinations Can improved (L.090883) and became focus intervention management hallucinations (I.109288) with criteria results : patient can control hallucinations with do activities or activity daily, patient can disclose How How feelings to hallucinations said, the patient can demonstrate method rebuke or No care about his hallucinations. Intervention nursing have role important in accompany patient. Nurse give support through technique communication therapeutic, discussion, validation feelings and help response to treatment, creating safe and quiet environment as well as help patient differentiate realistic from hallucinations (Noviyani, 2023).

### 3.2.4. Implementation

As for the implementation soul in patients with hallucinations hearing struggle help patient recognize, control and reduce intensity voice that is not real as well as prevent impact negative from hallucinations (Famela, 2022).

Writer do implantation starting on Monday, February 3, 2025. Starting with foster connection each other believe obtained results patient feel like speak with writer and appearance capable foster connection each other believe. Patient seen cooperative, open in disclose his feelings, and not show signs rejection to the approach given.

At the stage identify reason risk hallucinations obtained results patient say often hear whisper voices that are not clear and not own form real. Whisper This usually appear moment Evening day or when patient is at in quiet and calm conditions. Sounds the often give commands that are not logical, such as order patient For pacing without clear direction. Sat identifies type behavior hallucinations hearing ever done obtained results, patients say feel disturbed in a way physical and emotional. Patients also experience difficulty sleep and often woke up consequence disturbance voice said. Then writer teach technique rebuke chase away obtained results patient already know how rebuke but patient looks difficulty For mention or move return rebuke.

On the day second Tuesday, February 4, 2025 continued implementation with identify behavior hallucinations that still experienced by the patient. From the results assessment, patient say Sleep overnight Still awake but No so disturbed like previous and patient say intensity hallucinations felt A

little reduced. Teaching technique reprimand obtained results patient say Already Can remember method rebuke although patient Still hear whisper once in a while.

On the day third Wednesday, February 5, 2025 implementation Still to be continued started from evaluate activity daily method reprimand obtained results patient looks capable demonstrate method return method rebuke. Next practice method control hallucinations with method chatting moment hallucinations obtained results patient say feel like can know another way to scold with chatting

### **3.2.5. Evaluation**

Based on results assessment disturbance hallucinations hearing in patient Mr. H during three day implementation of 3 x 24 hours obtained evaluation, patient show development positive in handle hallucinations hearing. on the day first, the patient looks cooperative and capable foster connection each other believe with writer. Patient disclose often hear voices without the form that appears especially moment Evening day and cause disturbance Sleep as well as discomfort emotional. Scolding techniques start introduced, although patient looks difficulty practice it.

On the day second, the patient report Sleep more Good from previous and intensity hallucinations understanding start reduced. In addition patient Already Can remember return method rebuke although once in a while Still hear whisper.

Evaluation day third, the patient capable demonstrate return technique rebuke with more good and start trained technique addition in the form of chatting moment appear hallucinations. thing This show that patient start capable recognize and respond positive methods that have been taught and felt helped in control symptom his hallucinations with support approach therapeutic.

## **4. Conclusion**

Based on results assessment, intervention, implementation and evaluation during three 3 x 24 hours a day concluded that patient Mr. H experience disturbance sensory perception or hallucination marked hearing with often hear voice whisper without disturbing form in a way psychological and physical care nursing care provided focus on management hallucinations through approach communication therapeutic, strengthening connection each other believe, and give technique coping like scold and talk moment appear hallucinations.

During the implantation process, the patient show development positive. Patient start open, cooperative, capable disclose his feelings, as well as in a way gradually can recognize, control, and reduce intensity hallucinations. Reprimanding techniques Enough effective in help patient face hallucinations hearing and improve function adaptive to disorders experienced by the patient.

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