



Life Skills-Based Life Therapy Program for Beneficiaries with Mental Disabilities

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Abstract: Life skills education is carried out with the aim of providing skills to a person so that life becomes more productive and efficient. This study aims to describe the concept of learning life skills for people with mental disabilities at BRSPDM Dharma Guna Bengkulu which is packaged in a life therapy program. This study uses qualitative methods with data collection techniques used are interviews, observations, and documentation studies. Sources of information in this study are centered on social workers who serve people with mental disabilities. This is done to obtain information about life skills education programs for people with mental disabilities. The result of this research is a model of providing life skills to persons with disabilities by providing programs that are of interest to participants such as agriculture, fisheries, carpentry, local crafts, handicrafts, and hydroponic gardening. The learning process is carried out through identifying learning needs through interview techniques for each person with mental disability. Social workers have the task of formulating and identifying the required programs. So that, the life skills program is not only carried out within the Dharma Guna BRSPDM environment. Not only that, learning activities supported by partners can provide practical experience to learning participants with mental disabilities. The conclusion of this study is that livelihood therapy activities are a form of therapy-based learning that is able to provide provisions for people with mental disabilities. The identification process becomes the basis for providing navigation to learning participants both from directions to outcomes that can later be obtained by learning participants. Activities carried out individually on identifying learning needs are a way of receiving information about problems and future skill needs of people with mental disabilities.

Keywords: life therapy, life skills education, people with mental disabilities

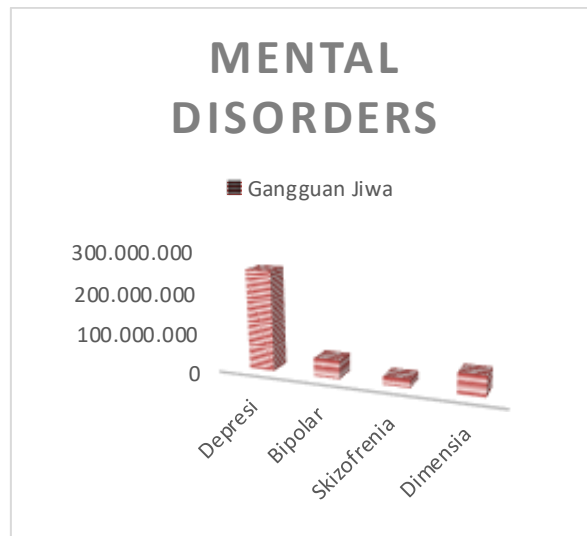
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Introduction

The problems of each individual have their own variations ranging from low to severe. One of the most serious problems that occur in individuals is mental disorders. Mental disorders are clinical problems related to distress so that they require special attention in terms of psychological, spiritual, and health. It was recorded that in 2017 there were 12.2% - 48.6% of people with mental disorders in the world with variations of these mental disorders, such as; depression, bipolar, schizophrenia, epilepsy, alcohol and certain drug use disorders. Mental disorders suffered by the world community are generally felt by adults with a range of 450 million adults spread from all over the world with this type of mental disorder. The distribution of people with mental disorders around the world is illustrated in the following table;





Picture 1. World Mental Disorders Chart

From the picture above, according to the (WHO, 2019) research, there are around 246,000,000 individuals who experience depression, while another 45,000,000 have bipolar disorder which can be caused by a combination of genetics and environmental conditions. The number of people affected by schizophrenia (hallucinations, delusions, and disturbances in thinking) is 20,000,000, and 50,000,000 million are recorded as having memory problems or thinking with dementia syndrome. Indonesia, has a number of people with mental disorders as much as 6% mild disorders, 0.17% moderate disorders, and 14.3% (Risksedas, 2018). This mental disorder is a group of mental disabilities who have the right to obtain social welfare.

Persons with Mental Disabilities (PDM) have the same opportunity as individuals to gain recognition as individuals and be reinstated in their community groups. There needs to be a role for government to make this happen. The government has an obligation to direct, foster, protect and foster an atmosphere that supports the widest possible participation of the community in the implementation of social welfare, as a form of contribution to national development so that it can be achieved. This is in accordance with what was conveyed by (Murni & Astuti, 2015) that the government is obliged to fulfill the rights of persons with disabilities.

There are several layers of society that must be provided with welfare by the government, one of them is people with special needs. People with special needs who are often known as diffable consist of several groups, such as; groups with physical, intellectual, mental or sensory limitations. Talking about mental/sensory limitations is known as the tuna laras group. Tuna Laras is an individual who has mental or behavioral disorders due to having experienced mental illness due to the malfunctioning of one or more Central Nervous System (CNS) since birth, congenital disease, accident or due to heredity. In general, mental disorders refer to mental imbalances that result in disharmony in life and behavior that can damage an individual's ability to adapt. The same thing was stated by (Ningsih, 2014) that the classification of mental disabilities is that it is difficult to hold emotions and defects of mind and perception. People with mental disorders is a disability categorization. Like society in general, people with mental disabilities have the right to obtain welfare, one of which is to receive benefits from the government in the form of therapeutic activities and gain life skills.

BRSPDM Dharma Guna Bengkulu is a Social Rehabilitation Center for People with Mental Disabilities, a Technical Service Unit under the Directorate General of Social Rehabilitation of the Ministry of Social Affairs of the Republic of Indonesia. This hall has the task of developing ex-psychotic social skills to become capable and useful citizens. In this case, the hall has a function as a place of learning for people with mental disabilities. Mental disabilities coordinated by the hall are individuals who were previously patients with mental disorders who received

recommendations from mental hospitals to increase their empowerment, receive social security, receive assistance, and obtain social rehabilitation. According to Hubertus in (Murni & Astuti, 2015), the handling of people with mental disorders should not be arbitrary, depending on the type of disorder experienced, the treatment can be with drugs, therapy or a combination of both. The therapy used can be in the form of counseling, behavioral therapy, or cognitive behavior.

People with mental disabilities become beneficiaries of the social service to fulfill the right to develop themselves so that they get abilities according to their interests and can play an active role in society optimally. Balai provides learning activities through training activities, such as; Skills training: Agriculture, Catering, Carpentry, Stone Carpentry, Fishery, Sewing, Doormat Broom, Electric Welding, Weaving, Local Crafts Entrepreneurship Development: Livestock, Fisheries, Salted Egg Business, Ornamental Plants, and other activities. Developing human potential, as well as socialisation, values and skills, must be carried out through educational activities. The implementation of educational practices is directed at the efforts to uphold humanistic values into a solution to this global phenomenon (Sujarwo, S., Tristanti, T., & Kusumawardani, 2022).

Based on the description above, empowerment activities with life skills are closely related to the model of implementing non-formal education. People who are members of the community will find it easier to operate various sales activities because they are supported by each member in the community. An educational process by individuals (in this case adults) to become more competent in their skills, attitudes, and concepts of their communities through democratic participation is the meaning of community based (Sujarwo, S., Kusumawardani, E., Tristanti, T., & Santi, 2021). Activities carried out with an educational approach are carried out in a structured manner starting from identification to further coaching. Therefore, this study will examine the life skills-based learning procedures organized by the Dharma Guna social rehabilitation center for people with mental disabilities based on life skills for beneficiaries with mental disabilities. This study essentially provides a new repertoire for non-formal education science which has a role as a developer of learning programs for the community.

Research Method

This study uses a qualitative method (Sugiyono, 2013) using a field research approach, which is an approach that looks at the phenomenon more broadly and deeply in accordance with what is happening and developing in social situations. This research process is carried out by taking into account the conditions in the field, in this case the learning activities set by social workers in the form of life skills for people with mental disabilities. The resource persons for this research are social workers who work at BRSPDM Dharma Guna Bengkulu. Data collection techniques used were observation, documentation, and interview techniques. Data analysis technique is using analysis interactive (Miles, Huberman, & Saldana, 2014).

Result and Discussion

The Dharma Guna Bengkulu Social Rehabilitation Center for People with Mental Disabilities (BRSPDM) is an institution that has the task of providing social rehabilitation for people with mental disabilities. Some of the activities provided are therapy to support the life skills of the beneficiaries (mentally disabled). Mentally disabled in this case are referred to as beneficiaries. Activities organized by the institution are carried out by extension workers and social workers who have a role in developing programs, conducting registration and assessment of people with mental disabilities, social advocacy, rehabilitation, reassociations, to mapping people with mental disabilities.

Based on the results of interviews with social workers at the Dharma Guna BPRSDM, information was found that the beneficiaries embraced by this center are people with mental disabilities, some of whom are patients who have been declared cured from a special mental hospital. The beneficiaries were recommended by the Social Service to be able to undergo therapy at the center before returning to community groups. The categorization of beneficiaries

of this disorder are those who have behavioral, congenital or disease, including: a) mental retardation, b) functional psychiatric disorders, c) alcoholism, d) organic mental disorders and epilepsy.

After getting a recommendation from the social service carries out registration and assessment activities for persons with mental disabilities as a basis for formulating appropriate treatment in Social Rehabilitation Assistance (ATENSI) services. Based on the results of interviews that this activity was carried out for the families and participants themselves so that any information obtained from both the family and the hospital or potential beneficiaries became a source of information so that there were no errors in determining the provision of assistance to beneficiaries. Furthermore, social workers conduct a review of the assessment results to determine the form of ATENSI services to beneficiaries so that they can be productive, independent and prosperous. After going through the assessment stage, the beneficiaries (PM) are provided with services in the form of facilities by being placed in a dormitory that has been provided by the hall and fulfilled all basic needs, both in terms of health needs and proper clothing. The activity took place, beneficiaries were given rehabilitation in the form of basic/Psychosocial/Vocational needs fulfillment services. After formulating the needs of each participant, a process of reconciliation or empowerment is carried out. The program given to beneficiaries is a maximum of one year for skill improvement activities. The purpose of holding a learning program for beneficiaries of mental disabilities is to gain independence and community empowerment. The learning concept designed is in the form of therapy. The results of the documentation study conducted on the hall document found a learning model for beneficiaries with the following distribution:

Table 1 Types of Therapy for Beneficiaries of People with Mental Disabilities

No	Types of Therapy
1	Livelihood therapy
	Agriculture
	Fishery
	Stone carpentry
	Handicraft Local
	Handycraft
	Hydroponics
2	Psychiatric Consultation and Psychosocial Therapy Living in the Community
3	Spiritual mental therapy: Religion and <i>Ruqyah</i>
4	Sports physical therapy: Volleyball, Indoor Football, Badminton and Table Tennis
5	Physical Therapy Health from a Doctor
6	Art Psychosocial Therapy: Dance Arts, Rebbana, Bengkulu Regional Arts
7	Morning Exercise Physical Therapy
8	Mutual Cooperation Social Therapy

Sources BRSPDM Dharma Guna 2021

Livelihood therapy is a learning activity provided with the aim of making the beneficiaries independent by training them to carry out productive economic activities according to their abilities. This activity is also expected to fill the time of the beneficiaries so that they can carry out positive activities. The activities provided by the therapist are activities that are tailored to the assessment results from the identification of the needs of the beneficiary. Some of them are agricultural activities, fisheries, carpentry, local crafts, making handicrafts, and making

hydroponic plants. Livelihood therapy is a concept promoted by BRSPDM Dharma Guna whose activities include increasing the ability to adapt to the surrounding environment, increasing income after incentive treatment from a mental hospital. Livelihood therapy is expected to be able to equip participants with mental disabilities so that their welfare increases and is accepted by society in general, regardless of the limitations they previously had.

Based on the results of interviews with social workers, information was found that livelihood therapy activities are carried out using the role of therapists who are also direct workers from the field, for example in collaboration with the agriculture office in providing agricultural livelihood therapy services to beneficiaries. Beneficiaries were given the opportunity to learn about crop harvesting techniques and identify other types of plant pests and diseases. In today's era of globalization, one must equip him/herself with the knowledge to compete and survive in the increasingly harsh world of life and deal with various life challenges. Community demands are getting complex, and the competition is getting tighter. For that reason, it is necessary to prepare quality human resources, one effort to improve human resources is through education. Education, in nature, can be developed by the educational actor through the existing social institutions, namely families and schools, which are considered reliable units in developing one's personality (Septiarti, S., Hanum, F., Suadirman, S., & Kusumawardani, 2022).

Most cases of mental cannot improve without professional help. However, there are several ways that you can also help with the treatment and recovery process from the mental disorders that you have. These methods are generally related to lifestyle changes, home care, and planning during the treatment and recovery period. In the next therapeutic activity, psychiatrist consultation activities are given with the aim of obtaining advice related to the medical actions of the beneficiaries. Similar to psychiatrist consultations, there are psychosocial therapy activities in community life whose purpose is to provide understanding to people with mental disabilities so that they can return to their community.

Mental-spiritual strengthening activities for people with mental disabilities by providing religious insight and ruqyah. According to the informant, this activity was carried out based on the Qur'an and Sunnah. Islamic spiritual therapy is realized in the activity of purifying the soul with the stages of *Takhalli*, *Tahalli*, and *Tajalli*. *Takhalli*; empty oneself of all unclean and despicable qualities. *Tahalli*; adorn yourself with all the noble and praiseworthy qualities. *Tajalli*; a soul endowed with nur (light) as a result of *takhalli* and *tahalli*. In simpler terms, the study is actually centered on only two things; *tazkiyah* and *tarqiyah*. *Tazkiyah* means purifying the soul from all that pollutes it. Not only that, usually this program is held with religious lectures, memorizing short letters, taking part in providing cleanliness of the mosque, etc.

Physical activities are also provided in the form of sports, such as volleyball, futsal, badminton, and table tennis. However, these activities are tailored to the interests and medical conditions of the beneficiaries. Art psychosocial therapy is also provided to beneficiaries. Based on the interview results, through art therapy, beneficiaries who used to have mental disorders can return to expression, increase creativity, be able to regenerate self-awareness, and improve social skills. Social is a type of behavioral therapy used to improve social skills in people with mental disorders or developmental disabilities. SST may be used by teachers, therapists, or other professionals to help those with anxiety disorders, mood disorders, personality disorders, and other diagnoses.

The last therapy is mutual cooperation social therapy. This activity is carried out with the aim of increasing the social awareness of the beneficiaries. One of the processes carried out is to involve all beneficiaries with mutual cooperation activities, both cleaning activities and helping each other. Persons with mental illness might have social skills deficits such as an inability to express their thoughts, feelings and emotions appropriately. Such deficits in social skills in some persons with mental illness (and not all) could arise either as part of the illness, or because the early onset of the illness may have restricted their opportunities to learn new social skills, or use the skills that they have learned. Sometimes symptoms of the mental illness, such as anxiety, may interfere with the utilization of the skill. Many research studies have shown the

relationship of cognitive deficits such as poor attention, incoherent speech, difficulty in learning and retaining information, to the social functioning of persons with mental illness. Emphasizing the role of social skills training. Social skills are important in the process of recovery and the training can help persons with social skill deficits to learn specific skills needed to live, learn and work in the community with minimum support. Addressing social skill deficits in persons with mental illness is an essential component in the treatment process. Social skills training can help persons with mental illness lead a functional life.

These therapeutic activities refer to adult learning with learning concepts that are created as conducive as possible so that the learning process can be successful. Learning activities are made under conditions of mutual respect, mutual trust, and mutual recognition of personality characteristics. The learning process for adults requires the presence of other people who are able to act as learning guides, not tend to be patronized, adults tend to want to learn, not to be taught. Adults grow as individuals and have self-concept maturity, experience psychological changes and dependence that occur in childhood to become independent to direct themselves, so that the adult learning process must pay attention to adult characteristics. The adult education process aims to develop capabilities, enrich knowledge, improve technical qualifications, and the professionalism of the participants. The process of adult education must result in changes in attitudes and behavior that are (can be categorized) as personal development, and increased social participation of the individual concerned. States that the purpose of adult education is essentially a process of changing behavior towards a better and profitable direction that can only occur if there are fairly basic changes in the form or increase in knowledge, skills and at the same time attitudes. The purpose of education is based on the assumption that the main goal of education is to produce all knowledge from one generation to the next. This assumption implies two things, namely: The amount of knowledge is small enough to be managed thoroughly by the education system and The speed of changes that occur in cultural or societal settings is slow enough to make it possible to store knowledge in a certain packaging and convey it before the knowledge itself changes.

Discussion

Learning is an activity that produces changes in behavior in individuals that form a new ability and maturity. The learning process provides individual changes for the better such as a person's positive behavior towards certain circumstances caused by repeated experiences (Pujileksono, Sugeng, & Wuryantari, 2017). The activities carried out by the Dharma Guna BPRSDM are essentially a series of learning activities in the context of community empowerment with the outputs being independence and empowerment of people with mental disabilities. Agree with this empowerment refers to the concept of human development that embodies the improvement of human rights and dignity (Setiana, 2005). Changes in behavior as a result of learning actions occur consciously, are continuous, functional, positive, active, constant, and cover all aspects of an individual's behavior. The purpose of the learning process is to develop abilities, ways of thinking, and also help humans to be able to adapt in the environment.

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorder is a mental disorder or mental disorder, a disease that affects the emotions, mindset, and behavior of sufferers. As with physical illness, mental illness also has a cure. Mental disability is a condition that makes mental development stop or incomplete, which is mainly characterized by the loss of skills, thinking abilities, and other abilities (Lumbantobing, 2001). In general, the behavior of individuals with mental disorders includes aggressive behavior, destructive behavior, self-harm behavior, having uncontrollable anger, excessive activity, yelling/yelling, scattering objects around, wandering, nocturnal disturbances, personal habits unpleasant behavior, antisocial behavior, sexual mischief, and seeking attention (Deb, Thomas,

& Bright, 2001). Mental disorders are one type of disorder in a person that can affect the way people think, affect emotions, and the behavior of sufferers. The symptoms experienced vary, according to the mental disorder experienced. Lifestyle changes and support from close relatives are ways that can be done to overcome this condition. Mental illness (mental disorder), also called mental or mental disorder, is a health condition that affects thinking, feeling, behavior, mood, or a combination of them. This condition can occur occasionally or last for a long time (chronic).

This disorder can be mild to severe, which can affect a person's ability to carry out daily life. This includes carrying out social activities, work, and having relationships with family. Although complicated, mental health disorders are treatable diseases. In fact, most people with mental disorders can still live their daily lives like normal people. The concept that is carried in the form of therapy has a learning process that begins with identifying learning needs. When viewed from the concept of non-formal education, an assessment of learning needs is carried out so that groups that are used as learning subjects can know their learning needs, starting from the desired knowledge, skills and attitudes that must be met in the learning process (Hufad, 2021). Finding information about learning needs needs to be done by every education program organizer. This activity is carried out to be able to design a learning curriculum so that learning activities can be useful for study groups.

Learning provided in the form of therapy by the hall is very diverse, ranging from livelihood therapy, psychosocial, and spiritual. These activities, if studied through education, are the actualization of knowledge, attitudes, and skills. So that these activities are able to provide capabilities for the beneficiaries. The goals this program, such as families are expected to provide better assistance to beneficiary benefits. Because the best rehabilitation is actually carried out in a family environment, with full empathy and compassion, which will make beneficiaries more independent and empowered. Giving attention to targeted use, it is hoped that this social assistance will not just be a 'one-time-use-out' fund that is only of instant benefit. Moreover, in addition to obtaining economic benefits in a sustainable manner, its use as business capital also provides self-confidence and develops responsibility for the beneficiaries.

Livelihood Therapy based on the Minister of Social Affairs Regulation No. 26 of 2019 article 23 is carried out with the aim of exploring the potential, interests, and talents of beneficiaries. While psychosocial therapy is an activity that is directly related to social life whose main material is to provide material related to social change. Assistance in strengthening character and ethics. Physical therapy is also a series of physical activities related to daily activities, administration of drugs, exercise. Through physical therapy, people with mental disabilities can improve motor skills (Wardaningsih, Dewi, & Andan, 2021). This physical therapy is in accordance with the Ministry of Social Affairs regulation number 26 of 2019 article 20, whose function is to optimize and maintain the physical health of the beneficiaries. Spiritual mental therapy teaches a knowledge and understanding of the religion they profess to be able to carry out God commandments and be afraid to disobey His commands.

The function of livelihood therapy is to provide social rehabilitation assistance (Attention) for beneficiaries, whose use is tailored to their abilities and interests. Livelihood therapy generally provides learning experiences to beneficiaries through learning by doing, learning by experience, learning by problem solving, learning by participation, learning by multimedia (Setiana, 2005). The way of learning is given referring to the conditions or habits of the learning participants. The process of livelihood therapy is carried out in accordance with the principles of adult learning through practice, cause and effect, and readiness to learn (Mardikanto, 1993). Bayu, (2014) stated that in carrying out learning activities, skills activities must follow general principles, such as: (1) systematic material; (2) there is conformity of the procedure with the final result; (3) the instructor is able to motivate and give a positive response to the material provided; (4) the existence of reinforcement that can build a positive response to learning citizens; (5) using the concept of behavior formation. In essence, these principles

make effective learning activities where goals are clear, and materials that can provide measurable behavior change.

The concept of facilitating learning participants, which is given by the facilitator, is in reality the same. Instructors must have knowledge and skills in presenting lessons. It is important for an instructor to be able to determine the learning method so that it is interesting and provides comfort for the learning participants. The livelihood therapy delivered is carried out in a way that makes learning participants with mental disabilities safe. According to (Suprijanto, 2007) learning activities are said to be successful if they are in accordance with the planning activities set by the instructor or the developer of the learning model. As an instructor, (Widodo, Sutrisno, & Safriyani, 2018) revealed several things that must be possessed so that learning can be covered by learning participants, such as; (1) self-readiness in appearance, attitude, and communication; (2) mastery of learning methods in each class activity so that the knowledge transfer process can be accepted by learning participants; (3) mastery of the material because knowledge and insight are the initial capital in assisting participants. Agreeing with this, Suprijanto (2007) revealed in facilitating learning participants for adults, as follows: (1) classification of learning objectives; (2) determine teaching materials; (3) division of start time; (4) creating participant comfort; and (5) provide feedback/follow-up and evaluate learning activities. Thus, if the learning activities in the program that have been determined are in accordance with the facilitation stages, the learning activities will be interesting and fun. This is in accordance with the implementation of life therapy in the institution.

Conclusion

The targets and targets for receiving livelihood therapy services are to refer children, the elderly, persons with disabilities, socially disabled and victims of trafficking in persons, as well as victims of drugs, psychotropics and other addictive substances. This activity provides direct services to the community as a form of protection and fulfillment of beneficiary rights. Technically these efforts are carried out through the Social Rehabilitation Assistance (ATENSI) program. The implementation of ATENSI aims to achieve individual, family and community social functioning. In; fulfilling basic needs and rights, carrying out social duties and roles, and overcoming problems in life. This social rehabilitation service also uses a family, community and/or residential based approach through activities to support the fulfillment of a decent life, social care and/or childcare, family support, physical therapy, psychosocial therapy, mental spiritual therapy, vocational training, entrepreneurship coaching, assistance and social assistance as well as accessibility support. The concept of empowerment provided by the rehabilitation center is in line with the learning objectives which are an effort to help someone in knowing the unknown so that from the process attitudes, knowledge, and skills are formed in a person. The concept of learning is held in various ways, one of which is with a therapist both for the needs of the world and the hereafter. The learning activities held have the aim of providing comfort in the learner with what is being studied. Through physical, mental and social guidance activities as well as skills training summarized in livelihood therapy, people with mental disabilities are ready to return to society who have social abilities so that they are useful for the community.

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