

Mental Health Self-Movement through Group Activity Therapy to Improve Self-Leadership in People with Mental Disorders

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ABSTRACT

Background: Decreased self-leadership in individuals with mental disorders is a common consequence of psychological impairment and requires serious attention. A preliminary study conducted at Mental Health Center in Bangkalan revealed reduced motivation, limited communication skills, and difficulties in establishing social relationships among patients. **Purpose:** This study aimed to analyze differences in self-leadership among patients before and after receiving Group Activity Therapy.

Methods: This study employed a pre-test–post-test experimental design with a control group. The population consisted of individuals with mental disorders, with a total sample of 34 participants, divided into a control group (n = 17) and an intervention group (n = 17), selected using purposive sampling. The independent variable was Group Activity Therapy, while the dependent variable was self-leadership. Data were collected using a self-leadership observation sheet. Statistical analysis was conducted using the Paired t-test and Mann–Whitney test with a significance level of $\alpha = 0.05$.

Results: The intervention group showed a significant improvement in self-leadership ($p < 0.001$), while the control group also demonstrated a smaller but significant change ($p = 0.041$). A significant difference between groups was found ($p < 0.001$), indicating that Group Activity Therapy had a positive effect on improving self-leadership.

Conclusion: Group Activity Therapy is effective in enhancing self-leadership among individuals with mental disorders. Continuous implementation of this therapy is recommended to support recovery and improve patient outcomes.

Keywords: Group Activity Therapy, People with Mental Disorders, Self-Leadership

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BACKGROUND

Mental health disorders are problems that can occur in every individual, resulting in behavioural disorders. Mental disorders are a situation that affects the thoughts, behaviour, feelings and social interactions of an individual. This problem varies significantly, ranging from the level of severity that causes changes in the individual's quality (Kamalah et al., 2023). People with severe mental disorders will experience difficulty in carrying out daily activities. Some of the signs and symptoms typically encountered include loss of responsibility, motivation, and decline in social interaction with others (Mashudi et al., 2020).

Interactions between people with mental disorders (ODGJ) have problems because some people do not understand the words of people with mental disorders (ODGJ). Still, it is not uncommon for other individuals not to give themselves the space and opportunity to listen to the conversation. People with mental disorders (ODGJ) are found. Home staff, when caring for ODGJ patients, have limitations in both energy and ability to care, so interactions between patients and home staff are disturbed, resulting in disruptions in starting the interaction.

In the World Health Organisation (WHO), more than 800 million people experience mental health disorders throughout the world's traders (WHO, 2022). Meanwhile, in Indonesia, the prevalence of mental disorders increased in 2020. It is based on data, where the number of mental disorders increased drastically by 20%, increasing to 26% while mental disorders reached 28%. In 2022, around 82.5 million people will experience moderate mental disorders to severe mental disorders such as schizophrenia, which is estimated to be 400,000 people, and it is estimated that there are 1.7 million people in Indonesia (NIH, 2024). In 2024, it is estimated that there will be a mental disorder rate of 57.8 people, ranging from late teens to older adults, who suffer from mental disorders (NIH, 2024).

The incidence rate of mental disorders in the East Java Province region is 19 out of 34, with a prevalence of 6.4%. The figure for each year is the highest, reaching a percentage figure of more than 6.5 per cent (Kementrian Kesehatan, 2019). Entering the number of incidents in Batangan Village, which is under the auspices of the Tanah Merah community work area. Tanah Merah sub-district is ranked as the second-largest ODGJ producer in the Bangkalan district for the 2022-2023 period. Nowadays, ODGJ are the ones who receive mental health services in East Java Province, specifically in Bangkalan District, Bangkalan (Dinas Kesehatan Provinsi Jawa Timur, 2023). It requires special attention in handling and self-reliance for the process of improving the health of ODGJ, especially at the Bani Amrini Foundation, which is limited by the lack of self-leadership activities in ODGJ. Batangan Village is one of the mental health cases with the number of ODGJ crime incidents in 2022 amounting to 101 people and 129 people in 2022 (Dinas Kesehatan Kabupaten Bangkalan, 2024).

Self-leadership refers to an individual's ability to manage, direct, and regulate themselves in achieving personal goals and improving quality of life. In the context of individuals with mental disorders (ODGJ), self-leadership is not only related to self-control but also encompasses social and daily functional abilities. The indicators of self-leadership in ODGJ can be assessed through several parameters, including self-motivation, the courage to perform in public, cooperative behavior, communication skills, active participation in activities, decision-making ability, and the ability to establish social relationships. These parameters serve as important benchmarks in evaluating the extent to which individuals with mental disorders are able to develop independence and adapt to their surrounding environment. The lack of self-leadership for ODGJ in organising interactions between themselves is caused by the absence of routine activity processes that can be implemented to increase interaction for ODGJ at the Bani Amrini Mental Health Home Foundation. It allows ODGJ patients to remain quiet, enabling them to focus on their own activities without interacting with others or worrying

about the situation. (Wati, Cicilia et al., 2023). As a result, people with mental disorders (ODGJ) experience limitations in carrying out their daily activities so that they experience a lack of independence in carrying out their daily activities. It also has an impact on environmental cleanliness, self-care for ODGJ and the healing process for ODGJ (Wati, Cicilia et al., 2023). One of the efforts that can be used to improve independent movement interaction between ODGJ patients is by implementing self-leadership. Self-leadership is a relational leadership style that enables people around them to trust, respect, and have the passion to achieve the goals that have been set (Boaman, 2022). Self-leadership is an action that enables a person to lead themselves to become a better individual, with motivation and encouragement directing them to take care of themselves when facing a problem or stress (Goldsby, M & Neck C.P, 2020). So there is a need for activities that can help improve the skills of people with mental disorders in socialising through group activity therapy (Saswati et al., 2022).

Group activity therapy is carried out, which is related to psychological perception, which will have an impact on physical and psychological healing in people with mental disorders (ODGJ) (Zahro et al., 2022). Group activity therapy is really needed to stimulate enthusiasm related to cooperation between individuals (Ghozali & Pratiwi, 2021). Group activity therapy can increase life motivation in schizophrenia patients, characterised by more self-confidence, self-respect, self-motivation, and self-drive for self-healing. (Ardiansyah et al., 2022).

Based on the background above, it is necessary to help improve the process of self-leadership among ODGJ at Panti Bani Amrini so that researchers are interested in raising the opposition to the Independent Movement for Mental Health and Well-Being in Group Activities (NOT) towards Improving Self-Leadership for People with Mental Disorders (ODGJ) at Panti Bani Amrini Foundation, Batangan Village, Tanah Merah District, Bangkalan Regency.

OBJECTIVE

This study aimed to analyze the difference in self-leadership in patients after being given group activity therapy.

METHODS

The design used quasi-experimental design pre - test and post - test with control group design. The population consisted of individuals with mental disorders in Bangkalan mental health care foundation, with a total sample of 34 participants, divided into 17 in the control group and 17 in the treatment group, selected using a purposive sampling technique. The independent variable is group activity therapy while the dependent variable is self-leadership. Data collection was conducted in three stages: (1) pre-test to measure baseline self-leadership in both groups, (2) intervention in the form of group activity therapy administered to the treatment group, and (3) post-test to assess changes in self-leadership after the intervention. The instrument used was a self-leadership observation sheet developed by the researcher, consisting of 8 items while the statistical test used the Paired t-test and Mann-Whitney test with a significance value (α) of 0.05. This research received ethical approval from the Health Research Ethics Committee of the School of Health Sciences Ngudia Husada Madura (No. 229/KEPK/STIKES-NHM/EC/VIII/2024), issued on August 5, 2024.

RESULTS

General Data

Overview of Research Location

Batangan Village is located within the Tanah Merah District. The Batangan Village area is situated in a rural setting, characterised by residential houses and varying distances between them, with some close together and others separated. The Bani Amrini Mental Health Home Foundation is located in Dusun Tantoh, Batangan Village. This foundation works on helping people with mental disorders (ODGJ).

From a physical aspect, the Bani Amrini Desa Batangan Foundation, located in Tanah Merah, Kabupaten Bangkalan, is situated in a rural area, characterised by residential houses in proximity, although some are separated. From a social aspect, there is a lack of social interaction between one ODGJ and another, resulting in very minimal meeting of daily needs and requiring extensive care. It is essential to undertake independent movement efforts to enhance mental health in ODGJ. Therefore, it is necessary to increase the level of social health in ODGJ by utilising TAK, which is implemented at the Bani Amrini Mental Health Foundation.

From an economic perspective, the majority of rural communities derive their income from farming. Batangan Village is a cash producer of high quality. Most people in Batangan Village derive their revenue from the private rice fields they own, which helps maintain their daily economy.

Characteristics of Respondents

Table 1. Frequency distribution of respondents based on gender and age at the Bani Amrini Mental Health Foundation, Tanah Merah, Bangkalan Regency.

| Gender | Group Treatment | | Group Control | |
|-------------|-----------------|--------------|---------------|--------------|
| | Frequency | Presentation | Frequency | Presentation |
| Man | 12 | 70.59% | 15 | 88.24% |
| Woman | 5 | 29.41% | 2 | 11.76% |
| Amount | 17 | 100% | 17 | 100% |
| Age | | | | |
| 5-9 Years | 0 | 0.00% | 0 | 0.00% |
| 10-18 Years | 3 | 17.56% | 1 | 5.88% |
| 19-59 Years | 14 | 82.35% | 16 | 94.12% |
| Amount | 17 | 100% | 17 | 100% |

Source: Primary November 2024

From Table 1, it can be seen that the majority of respondents in the treatment group were male, comprising 12 (70.59%), while almost all respondents in the control group were male, with 15 (88.24%). Almost all of the 19-59 respondents were 14 (82.35%) respondents and almost all of the 19-59 respondents were in the control group and 16 (94.12%) respondents.

Specific Data

Differences in *Self-Leadership* in People with Mental Disorders Before and After Group Activity Therapy

Table 2. The Distribution of Self-Leadership Categories and Scores Before and After Intervention

| Description | Less | Enough | Good |
|--------------------------------|---|------------|------------|
| Treatment (Pre) n (%) | 6 (35.3%) | 11 (64.7%) | 0 (0%) |
| Treatment (Post) n (%) | 0 (0%) | 4 (23.5%) | 13 (76.5%) |
| Control (Pre) n (%) | 8 (47.1%) | 9 (52.9%) | 0 (0%) |
| Control (Post) n (%) | 6 (35.3%) | 11 (64.7%) | 0 (0%) |
| Mean ± SD (Treatment Pre–Post) | 18.53 ± 2.85 → 23.94 ± 3.57 | | |
| Mean ± SD (Control Pre–Post) | 16.41 ± 1.27 → 16.88 ± 1.49 | | |
| Δ Mean ± SD | Treatment: 5.41 ± 1.80 Control: 0.47 ± 0.87 | | |
| p-value | Treatment: 0.000* Control: 0.041* Between-group: 0.000* | | |

Based on the data presented in the table, the pre-treatment group consisted of 6 respondents (35.3%) classified as having *less* self-leadership and 11 respondents (64.7%) classified as *enough*. In contrast, the post-treatment group comprised 4 respondents (23.53%) categorized as *less* and 13 respondents (76.5%) categorized as *good*. The results of the Paired *t*-test analysis demonstrated a significant improvement in self-leadership scores before and after the implementation of Group Activity Therapy at Mental Health Home Foundation, with a *p*-value of 0.000. The standard deviation values were 2.85 for the pre-test and 3.57 for the post-test, indicating an overall enhancement in participants' self-leadership following the intervention.

There are 8 respondents (47.1%) were categorized as *less* and 9 respondents (52.9%) were categorized as *enough* in the pre-control group. In the post-control group, 6 respondents (35.3%) were classified as *less*, and 11 respondents (64.7%) were classified as *enough*. The results of the Paired *t*-test analysis indicated a statistically significant difference in self-leadership scores before and after the intervention without Group Activity Therapy at the Mental Health Foundation, with a *p*-value of 0.041. The standard deviation values were 1.27 for the pre-test and 1.49 for the post-test, suggesting a slight improvement in participants' self-leadership levels even in the absence of therapeutic group activities.

Furthermore, the comparison of mean differences between groups using the Mann–Whitney test indicated a statistically significant difference (*p*-value 0.000). The standard deviation values were 0.874 for the control group and 1.805 for the intervention group, indicating Group Activity Therapy was more effective in improving self-leadership among individuals with mental disorders compared to those who did not receive the intervention.

DISCUSSION

Differences in Self-Leadership in People with Mental Disorders (ODGJ) Before and After Group Activity Therapy (TAK)

Based on the results of the Paired *t*-test, the self-leadership scores in the treatment group before and after receiving Group Activity Therapy at Mental Health Foundation showed a statistically significant difference (*p*-value = 0.000). This finding indicates that there was a

significant improvement in self-leadership among participants following the implementation of Group Activity Therapy.

This finding is consistent with research conducted by Ardiansyah (2022), which reported that Group Activity Therapy can enhance leadership skill among patients with schizophrenia. The improvement is characterized by increased self-confidence, greater self-respect, a stronger belief in one's own abilities, an internal drive to recover and reintegrate with one's family, and the development of personal plans to accelerate the healing process. The same statement according to the theory put forward by (King 1195) in (Rahayu & Nursanti, 2024) it is important to have a relationship between personal systems, interpersonal and social systems that can help the process of interaction between one another. This approach aims to help individuals with mental disorders (ODGJ) engage in sharing their experiences, thereby reducing feelings of isolation and the perception of their illness as unique. It also helps alleviate emotional distress and encourages them to express their inner feelings sincerely, ultimately leading to improved self-awareness, emotional regulation, and interpersonal functioning (Trinurmi, 2021).

The researchers found a significant difference in the improvement of self-leadership among individuals with mental disorders (ODGJ) before and after being provided with Group Activity Therapy at the Bani Amrini Mental Health Center. This finding was evidenced by the increased ability of participants to communicate and interact by expressing opinions, strengthening personal, interpersonal, and social relationships. These were demonstrated through the patients' ability to identify their roommates, participate collaboratively in group activities led by previously assigned leaders, such as general, room, and team coordinators. As a result, several structured activities helped enhance each patient's personal relationships by fostering self-confidence, self-respect, and motivation for recovery, which were implemented consistently at the Bani Amrini Mental Health Foundation. The provision of Group Activity Therapy through cognitive stimulation trained patients to perceive stimuli they had previously experienced or that were provided during therapy, thereby strengthening personal, interpersonal, and social connections. This process facilitated interactive engagement among patients, which accelerated their mental recovery. Cognitive stimulation was conducted through Morning Meeting sessions, which required patients to assemble every morning in an orderly line. During these sessions, patients practiced communication, discipline, and social responsibility. The Morning Meetings successfully improved patients' self-esteem, reduced anxiety, and enhanced their psychosocial functioning, as reflected in pre- and post-intervention screening results.

Based on the results of the self-leadership assessment, it was found that in the pre-treatment group, nearly half of the individuals with mental disorders (ODGJ) were categorized as *low*, while most were categorized as *moderate*. In the post-treatment group, after being given Group Activity Therapy, nearly half were categorized as *moderate* and almost all were categorized as *good*. These findings indicate a significant improvement in the self-leadership levels of individuals with mental disorders residing at Mental Health Foundation.

Improvement in behavior is one of the benefits that can be achieved through the implementation of Group Activity Therapy. This includes enhanced communication skills, the ability to interact effectively with others, increased self-motivation and self-confidence, greater problem-solving abilities, the development of empathy, and improved personal skills (Hendro & Sulaihah, 2023). This finding is consistent with previous research, which demonstrated a positive improvement in behavioral aspects among individuals with mental disorders (ODGJ). This suggests that providing interventions addressing hallucinations as an integral part of

Group Activity Therapy contributes to behavioral improvements in individuals with mental disorders.

The researchers believe that the increase in the “good” category scores observed among individuals with mental disorders after receiving interventions through Group Activity Therapy was influenced by several factors. First, the therapy sessions required participants to engage in conversations and share personal experiences, which facilitated social interaction. Second, the sessions helped enhance self-confidence by encouraging participants to speak in front of others. Third, the participants became more active in following the series of activities. Fourth, they developed greater self-respect. These factors collectively contributed to improving the life motivation of individuals with mental disorders residing at the Mental Health Foundation.

Differences in Self-Leadership Among Individuals with Mental Disorders (ODGJ) in the Control Group Before and After Without Group Activity Therapy

Based on the results of the Paired *t*-test analysis of self-leadership scores before and after without the implementation of Group Activity Therapy at Mental Health Foundation, a *p*-value of 0.041 was obtained. It can be concluded that there was a significant difference in self-leadership levels before and after the intervention, even without the administration of Group Activity Therapy.

This finding is consistent with previous research, which showed that differences were also observed in the control group that did not receive therapy. Patients with mental disorders (ODGJ) in the control group experienced a decrease in violent behavior symptoms, which may have been influenced by other interventions provided in the ward. As a result, there was a reduction in the scores of signs and symptoms, although the decrease was not statistically significant (Sahara et al., 2022).

The researchers believe that the observed improvement in the control group, although only four patients showed an increase in self-leadership, was influenced by several contributing factors. One of these factors was the involvement of individuals with mental disorders in the innovative program *GEMA TAWA* (Movement for Mental Health Independence), which was implemented concurrently with Group Activity Therapy at the Bani Amrini Mental Health Foundation.

In addition, several other factors may have contributed to the improvement of self-leadership among individuals with mental disorders (IMDs) who did not receive group activity therapy intervention. One of these factors is the regular mental health education provided by the local public health center (*Puskesmas*). This education is implemented through monthly community-based mental health programs (*Posyandu Kesehatan Jiwa*) conducted at the Bani Amrini Mental Health Foundation. Consequently, this ongoing educational activity may serve as a contributing factor that facilitates the enhancement of self-leadership among individuals with mental disorders.

However, the education provided to individuals with mental disorders (IMDs) has certain limitations. The patients tend to disregard the information delivered, perceiving it merely as verbal instruction without practical implementation or daily follow-up activities. Consequently, the improvement observed in the control group was limited to only a few individuals.

Based on the measurement results of the group that did not receive any intervention at the Bani Amrini Mental Health Foundation, it was found that, in the pre-test of the control group, nearly half of the individuals with mental disorders (IMDs) were categorized as “less,” while the majority were classified as “fair.” In the post-test of the control group, nearly half remained in the “enough” category, and most were still in the “less” category.

This statement is consistent with previous research, which reported that the experimental group experienced a significant decrease in bullying behavior scores, whereas the control group showed no substantial change, with a difference of only 1.7 points (Jumli et al., 2024).

The researcher also opined that in the pre-control group, nearly half of the participants were categorized as low, while the majority were in the moderate category. In the post-control group, almost half remained in the low category, and most were still classified as moderate. One of the factors contributing to the differences observed in the control group was the concurrent implementation of community mental health programs, such as *Posyandu* activities and educational sessions provided by the local public health center (*Puskesmas*). Therefore, based on these findings, an increase in self-leadership was observed in the control group, although not as significant as that in the intervention group.

Differences in Self-Leadership Behavior Among Patients with Mental Disorders (ODGJ) Between the Intervention and Control Groups

Based on the results of the Mann–Whitney analysis, the Self-Leadership scores between the group that received Group Activity Therapy (intervention group) and the group that did not receive Group Activity Therapy (control group) at Mental Health Foundation showed a significant difference (p -value = 0.000). It can be concluded that there is a difference in Self-Leadership between the control group and the intervention group at the Bani Amrini Mental Health Foundation. There was also a significant difference in cognitive function abilities between the control and intervention groups, indicating that Group Activity Therapy effectively improved cognitive functioning in patients with mental disorders such as schizophrenia (Untari & Nugroho, 2024). The presence of a significant difference indicates that the implementation of Group Activity Therapy is effective in helping to enhance the level of self-confidence among individuals with mental disorders who experience social relationship difficulties. (Saswati et al., 2022). This finding is consistent with previous research, which stated that Group Activity Therapy aims to assist patients experiencing disorientation by providing perceptual stimulation to motivate cognitive processes, enhance emotional effectiveness, and improve patient interaction (Hendro & Sulaihah, 2023). Therefore, according to King (1955), human relationships are essential and consist of interaction, perception, communication, and transactions that help individuals achieve their goals (Rahayu & Nursanti, 2024).

The researcher believes that the differences observed between the control and intervention groups were due to the implementation of Group Activity Therapy focusing on perception and socialization at the Bani Amrini Mental Health Foundation. The group that received Group Activity Therapy experienced a significant improvement in self-leadership, supported by the group-based implementation conducted in a relaxed and easily understood manner by individuals with mental disorders. The application of Group Activity Therapy in the intervention group provided substantial benefits, such as increasing self-confidence evidenced by collaborative activities led by patients with mental disorders. The perceptual group activity therapy also helped participants become more communicative and cooperative, as demonstrated by daily Morning Meeting reports, the development of positive social relationships among peers, and improved motivation among individuals with mental disorders.

Several examples of activities implemented in the intervention group at Mental Health Foundation included improving social relationships, as evidenced by helping distribute meals to other patients with mental disorders, initiating leadership in daily activities, sharing experiences with peers, expressing opinions about problems faced by individuals with mental

disorders, reminding one another to take medication, exploring personal abilities, and responding to given questions.

Therefore, individuals with mental disorders became more active and even dared to express their feelings verbally to one another during the implementation of Group Activity Therapy, which was accompanied by fun games that created a warmer atmosphere. This condition contributed to the improvement of self-leadership among individuals with mental disorders, showing better results compared to before receiving Group Activity Therapy at the Bani Amrini Mental Health Foundation.

Based on the analysis conducted at Mental Health Foundation, the post-test results of the control group showed that nearly half of individuals with mental disorders were categorized as having low self-leadership, while the majority were in the moderate category. In contrast, in the treatment group, a small portion fell into the moderate category, and nearly all were categorized as good.

Several studies have stated that Group Activity Therapy has an influence on increasing self leadership in patients with schizophrenia, which is characterized by greater self-confidence, self-respect, self-awareness, and an internal drive to recover. (Ardiansyah et al., 2022). The implementation of socialization Group Activity Therapy provides several benefits, including improving interpersonal relationships, responding to others, expressing ideas, and receiving external stimuli from the environment (Hendro & Sulaihah, 2023). This is in line with King (1955) as cited in (Rahayu & Nursanti, 2024), who emphasized the importance of interaction, perception, communication, and transactions in supporting the process of interpersonal interactions.

The researcher believes that the significant difference in self-leadership levels between the control and intervention groups, based on the results of the study above, was due to the intervention provided to the treatment group, namely the implementation of Group Activity Therapy. The clients tended to be more active in carrying out activities determined by the researcher. Several GAT activities consisted of seven sessions with three meetings each, which allowed individuals with mental disorders to gradually absorb information and helped enhance self-confidence. This was evidenced by the participants' willingness to perform in front of their peers during the Morning Meeting. In addition, another contributing factor was that individuals with mental disorders were encouraged to engage in conversations with peers, which aimed to help increase life motivation among them.

Therefore, the implementation of Group Activity Therapy is important for individuals with mental disorders, as it encourages them to be more active and even dare to express their feelings verbally to one another during the sessions. The inclusion of fun games also creates a warmer and more engaging atmosphere. This contributed to the improvement of self-leadership in the intervention group compared to the control group at Mental Health Foundation.

The results showed that, at Mental Health Foundation, the majority of participants in the intervention group were male, while nearly all participants in the control group were male.

This is supported by previous research, which stated that males have a higher risk of experiencing mental disorders compared to females (Rasmala Dewi et al., 2024). Males often express their emotions through aggressive behaviors, anger, and may even tend to disrupt their own mental stability (Umadiyan & Kalifia, 2024). This is caused by several supporting factors. Males are more vulnerable to mental health problems due to psychological aspects, as they often serve as the primary household providers, which increases life demands. In contrast, females tend to have estrogen, a hormone that helps mitigate the development of mental disorders, such as schizophrenia. Additionally, disturbances in social functioning contribute to a higher risk of mental health issues in males compared to females (Rasmala Dewi et al., 2024).

The researcher believes that at Mental Health Foundation, the majority of participants in the intervention group were male, who are at higher risk of experiencing mental disorders. Psychologically, males often bear greater responsibilities, internalize feelings of distress, perceive life demands as burdensome, and are less likely to express emotions or cry. These factors contribute to an increased risk of mental health issues in males. From a hormonal perspective, higher testosterone levels may trigger aggressive behaviors and emotions that are difficult to control, whereas females possess estrogen, which helps mitigate the development of mental disorders such as schizophrenia, low self-esteem, hallucinations, and anxiety. Anxiety levels tend to increase in males, which can be attributed to the heavy responsibilities they carry and their tendency to remain silent, internalizing their difficulties. Socially, males are often conditioned to be strong and independent, to share less about their experiences, and to keep problems to themselves, making them more prone to emotional instability and less likely to express vulnerability through crying.

The study also found that almost all individuals with mental disorders in the intervention group were aged 19–59 years, and nearly all participants in the control group were also aged 19–59 years.

This statement is in line with research conducted by Mashitoh (2024), which reported that the age range of 25–34 years is considered a vulnerable period, placing individuals at a higher risk of experiencing excessive stress. Several factors can influence increased stress levels, including environmental conditions, educational background, and pressures from family. Consequently, this becomes a triggering factor for the development of maladaptive coping disorders within this age range.

The prevalence of anxiety was highest among males, primarily manifesting as mild to moderate depression. In addition, mental disorders such as mild to severe anxiety were more commonly observed in early adulthood, whereas late adolescents tended to experience severe anxiety (Evan Wijaya et al., 2023). The majority of individuals of productive age have a high risk of experiencing anxiety disorders, which may lead to mental health problems. Based on the DASS-42 results and further observation of the clients, it was reported that the onset of mental disorder symptoms generally begins at age 20 and above (Liesay et al., 2023).

The researcher believes that age is one of the triggering factors for the increase in mental disorders, as evidenced by the high levels of anxiety observed in late adolescents and early adults. Early adolescence is a phase during which individuals experience both physical and emotional changes that can affect mood in late adolescence, along with social pressures from peers and the surrounding environment, mental health history, trauma, identity crises, stress, and other factors. In early adulthood, individuals begin to face greater responsibilities, work burdens, limited knowledge of mental health, and several other contributing factors.

CONCLUSION

This study found significant differences in self-leadership among patients with mental disorders (ODGJ) before and after the intervention in both groups, with greater improvement observed in the intervention group. A significant difference between the intervention and control groups indicates that Group Activity Therapy is effective in enhancing self-leadership.

The findings contribute to the development of knowledge regarding group-based therapeutic interventions and can serve as a reference for future research. Future studies are recommended to explore other therapeutic approaches tailored to patient needs. Patients are encouraged to actively participate in rehabilitation activities, while mental health service providers can use these results to improve the quality of care through structured group therapy programs.

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