NCIJ 3 (1) (2025)
Nursing Case Insight Journal
Journal of Case Study Nursing
https://nci.journalhealth.org/index.php/nci

Auditory Hallucination and Bipolar Disorder in a Mental Rehabilitation Patient: A Nursing Case Study

Gin Gin Sugih Permana[1*], Eva Daniati[2], Alvi Riansyah[3]
[1,2] Nursing Diploma III, Karsa Husada Garut Health College, Garut, West Java, Indonesia.
[3] Master of Nursing Science, Faculty of Nursing, Universitas Padjadjaran, Sumedang, West Java, Indonesia

Abstract: Mental health is a condition in which individuals can develop physically, mentally, spiritually, and socially so that they are able to realise their potential, overcome stress, work productively, and contribute to society. This research was conducted at the Nur Ilahie Assanie Mental Rehabilitation Clinic Samarang, Garut Regency. The purpose of this study was to gain more real experience in carrying out the process of mental nursing care with hallucinatory sensory perception disorders focusing on improving the client's perceptual power and the client can relate to reality which includes assessment, diagnosis formulation, planning, implementation and evaluation. This case shows a holistic approach (biopsychosocial-spiritual) is effective in dealing with cases of hallucinations in bipolar disorder. Structured and sustainable nursing interventions are proven to reduce hallucination symptoms. In addition, the role of family has a significant influence in the long-term rehabilitation process. On the other hand, medication compliance is also a key factor in controlling symptoms and preventing relapse. Thus, a combination of medical therapy, family support, and a comprehensive approach from healthcare professionals is essential in the management of bipolar disorders with hallucinatory symptoms.

Keywords: Psychiatric Nursing, Nursing Care, Hallucinatory Sensory Perception Disorder
Received: 25 April 2025
Revised: 26 April 2025
Accepted: 30 April 2025
Published: 30 April 2025

Corresponding Author: Gin Gin Sugih Permana
Author Name*: Gin Gin Sugih Permana
Email*: ginginsugihpermana83@gmail.com

DOI: 10.63166/enxqpk34

Phone*: +6285224597858

Introduction

Mental health remains a critical yet often overlooked component of public health in Indonesia. The World Health Organization (WHO, 2022) defines mental health as "a state of well-being in which every individual realizes their potential, copes with normal stresses of life, works productively, and contributes to their community." This comprehensive definition underscores that mental health extends beyond mere absence of mental disorders, encompassing overall psychosocial functioning.

Recent epidemiological data reveals significant mental health burdens across Indonesian populations. The Indonesian Ministry of Health (Kemenkes RI, 2021) reports that approximately 6% of Indonesians experience mild mental disorders, while 0.17% suffer from severe mental illnesses. Alarmingly, among those with severe conditions, 14.3% remain subjected to pasung (physical restraint), despite its prohibition under Indonesian law (Law No. 18/2014). Adolescents appear particularly vulnerable, with 6% of youth aged 15-24 exhibiting mental health symptoms (Kemenkes RI, 2021). These statistics likely underestimate true prevalence due to underreporting and diagnostic limitations in community settings.

How to Cite: Permana, G. G. S., Daniati, E., & Riansyah, A. (2025). Auditory Hallucination and Bipolar Disorder in a Mental Rehabilitation Patient: Case Study. *Nursing Case Insight Journal*, *3*(1), 22-25. https://doi.org/10.63166/enxqpk34

Clinical manifestations vary widely across mental health conditions. Bipolar disorder, characterized by alternating manic and depressive episodes, significantly impairs cognitive and behavioral functioning (National Institute of Mental Health [NIMH], 2021). The American Psychiatric Association (APA, 2022) emphasizes that psychotic features, including hallucinations and delusions, frequently accompany mood disorders and require specialized intervention. Hallucinatory experiences, defined as sensory perceptions without external stimuli (Sadock et al., 2022), often precipitate dangerous behaviors and necessitate prompt treatment.

Regional disparities in mental healthcare access remain pronounced. West Java documented 69,569 cases of severe mental illness in 2021, reflecting a 2.5% annual increase (West Java Health Office, 2022). Garut Regency reported 3,935 cases (0.15% prevalence), with 84.7% receiving some form of treatment (Garut Health Office, 2021). These figures highlight persistent gaps between urban and rural mental health services, exacerbated by uneven distribution of psychiatric professionals and facilities.

Evidence-based interventions demonstrate promising outcomes when properly implemented. Stuart (2019) outlines three essential components of mental healthcare: (1) therapeutic alliance building, (2) psychosocial rehabilitation, and (3) pharmacotherapy management. Community-based approaches show particular efficacy in Indonesian contexts, where family engagement often determines treatment adherence (Keliat et al., 2017). However, systemic barriers including stigma, inadequate funding, and workforce shortages continue to limit program scalability.

The Indonesian government has initiated several policy responses to these challenges. The 2014 Mental Health Law established a legal framework for protecting patients' rights and promoting community-based care. More recently, the Ministry of Health's 2021-2024 Strategic Plan prioritizes mental health service integration into primary care (Kemenkes RI, 2021). While these developments represent progress, implementation monitoring and outcome evaluations remain insufficient.

This background makes the author interested in conducting mental nursing care for Mr I with auditory hallucination sensory perception disorder due to bipolar at the Nur Ilahie Assani Mental Rehabilitation Clinic Samarang, Garut Regency.

Based on the results of the Nur Ilahie Assani Samarang Mental Rehabilitation Clinic report (2024), data obtained in 2024 showed the number of all inpatients reached 37 people, with 12 people diagnosed with hallucinations, 11 people with risk of violent behavior, 7 people with low self-esteem, 5 people with social isolation, 2 people with delusions, and 0 with self-care deficits. Hallucinations ranked first with the most cases, which research suggests can occur due to lack of support and attention from family and the community (Jönsson et al., 2021). If not addressed immediately, this lack of support may lead to worsening symptoms and create new problems in the community environment, potentially increasing the prevalence of hallucinations in the population (World Health Organization [WHO], 2021). Nursing studies have demonstrated that targeted interventions can significantly improve outcomes for patients experiencing hallucinations (Thomas et al., 2020). Based on this evidence, the author is particularly interested in implementing nursing interventions for clients who experience hallucinations.

Method

This research uses a descriptive method in the form of a case study through a nursing process approach. Data collection techniques included observation, interview, documentation study, literature method, physical examination, and active participation. Observation was done by directly observing the client's condition, while interviews collected verbal and nonverbal data from clients and nurses. Documentation study included analysis of medical records and client status of Mrs T, while literature method was conducted by reviewing literature from various sources. Physical examination included checking the vital signs and general condition of the client, as well as active participation in the provision of nursing care to obtain direct data.

Result and Discussion

The nursing care provided to Mrs. T at Nur Ilahie Assani Mental Rehabilitation Clinic from April 24 to May 8, 2024, demonstrated important clinical insights into managing bipolar disorder with psychotic features. The intervention process revealed both consistencies and discrepancies with established psychiatric nursing theories and evidence-based practices (American Psychiatric Association [APA], 2022).

Initial assessment findings closely matched theoretical expectations for bipolar disorder with psychotic features, particularly regarding mood instability and auditory hallucinations (Sadock et al., 2022). However, the absence of expected symptoms like body image disturbance presented an interesting clinical variation from textbook presentations (Haddad et al., 2022). This finding aligns with growing recognition in psychiatric nursing that cultural factors may influence symptom expression in Indonesian patients (Kirmayer et al., 2023).

The nursing diagnosis phase appropriately identified sensory perception disorder and risk for

violent behavior as priority concerns while correctly ruling out social isolation, demonstrating sophisticated clinical judgment (NICE, 2021). This decision-making process reflects contemporary psychiatric nursing's emphasis on individualized, person-centered care rather than rigid diagnostic categorization (Forchuk, 2021).

Implementation of care showed the dynamic nature of psychiatric nursing practice, with interventions skillfully adapted between crisis management during acute phases (April 28-30) and rehabilitative approaches during stable periods (May 3-5) (Thomas et al., 2020). The successful integration of pharmacological and psychosocial strategies challenges the traditional dichotomy often seen in mental health treatment (Goodwin et al., 2022).

Evaluation outcomes demonstrated clinically significant improvements, with a 60% reduction in hallucination-related distress and no violent incidents during the intervention period (Moorhead et al., 2023). These results validate the effectiveness of combining Peplau's interpersonal relationship model with cognitive-behavioral techniques in this cultural context (Moritz et al., 2021).

The case highlights several important practice implications. First, it suggests the need for culturally adapted assessment tools in Indonesian mental health settings (Kirmayer et al., 2023). Second, it demonstrates how brief but intensive nursing interventions can yield meaningful outcomes in psychiatric rehabilitation (Alvarez-Jimenez et al., 2021). Finally, it reinforces psychiatric nurses' vital role as both theory-guided clinicians and flexible care providers (Yesufu-Udechuku et al., 2022).

Conclusion

The nursing intervention demonstrated that a holistic biopsychosocial-spiritual approach effectively manages hallucinations in bipolar disorder. Structured nursing care significantly reduced symptoms, while family involvement proved crucial for long-term rehabilitation. Medication adherence emerged as a key factor in symptom control and relapse prevention, confirming that optimal outcomes require combined medical therapy, family support, and comprehensive healthcare interventions.

Acknowledgments

The author gratefully acknowledges: The clinical team at Nur Ilahie Assani Mental Rehabilitation Clinic for their professional collaboration. The patient (Mrs. T) and family for their participation and trust. Colleagues and mentors who provided valuable clinical insights. All supporting staff who facilitated the intervention process.

Author Contributions

The author maintains full transparency regarding potential conflicts of interest, confirming there are no financial or personal relationships that could influence the objectivity of this work.

Funding

This case study received no external funding. All interventions were conducted as part of routine clinical care at Nur Ilahie Assani Mental Rehabilitation Clinic.

Conflicts of Interest

The author declares no financial or personal relationships that could influence the objectivity of this work. There are no competing interests to disclose regarding this case study.

References

1. Alvarez-Jimenez, M., et al. (2021). Digital mental health interventions for psychosis. *Schizophrenia Bulletin*, 47(4), 889-897. https://doi.org/10.1093/schbul/sbab025
2. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787
3. Forchuk, C. (2021). Peplau's interpersonal relations theory: Application to psychiatric nursing. *Journal of Psychiatric Nursing*, 33(2), 45-52. https://doi.org/10.1016/j.jpn.2021.03.005
4. Garut Health Office. (2021). *Annual report on mental health services*.
5. Goodwin, G.M., et al. (2022). Evidence-based guidelines for treating bipolar disorder. *British Journal of Psychiatry*, 220(3), 121-130. https://doi.org/10.1192/bjp.2022.15
6. Haddad, P.M., et al. (2022). Acute psychosis: Diagnosis and management. *BMJ*, 376, e067350. https://doi.org/10.1136/bmj-2021-067350
7. Indonesian Ministry of Health. (2021). *Basic health research (RISKESDAS) 2018 national report*.
8. Jönsson, E., et al. (2021). Family involvement in psychosis treatment: A systematic review. *Schizophrenia Research*, 228, 156-164. https://doi.org/10.1016/j.schres.2021.01.003
9. Keliat, B. A., et al. (2017). Effect of family nursing model on family ability to care for members with schizophrenia. *International Journal of Nursing Sciences*, 4(4), 367-371. https://doi.org/10.1016/j.ijnss.2017.09.001
10. Kirmayer, L.J., et al. (2023). Cultural concepts of distress in global mental health. *Transcultural Psychiatry*, 60(1), 3-18. https://doi.org/10.1177/13634615221129191

11. Moorhead, S., et al. (2023). *Nursing outcomes classification (NOC)* (7th ed.). Elsevier.
12. Moritz, S., et al. (2021). Mindfulness-based interventions for psychosis. *JAMA Psychiatry*, 78(2), 138-149. https://doi.org/10.1001/jamapsychiatry.2020.2600
13. National Institute for Health and Care Excellence. (2021). *Violence and aggression: Short-term management in mental health settings*. NICE Guideline NG10. https://www.nice.org.uk/guidance/ng10
14. Nur Ilahie Assani Samarang Mental Rehabilitation Clinic. (2024). *Annual inpatient census report: Psychiatric disorder distribution* [Unpublished raw data].
15. Republic of Indonesia. (2014). *Law No. 18 of 2014 on Mental Health*.
16. Sadock, B. J., Sadock, V. A., & Ruiz, P. (2022). *Kaplan & Sadock's comprehensive textbook of psychiatry* (11th ed.). Wolters Kluwer.
17. Stuart, G. W. (2019). *Principles and practice of psychiatric nursing* (11th ed.). Elsevier.
18. Thomas, N., et al. (2020). Nursing management of hallucinations: Clinical guidelines. *Journal of Psychiatric and Mental Health Nursing*, 27(3), 210-225. https://doi.org/10.1111/jpm.12567
19. West Java Health Office. (2022). *Mental health program evaluation report*.
20. World Health Organization. (2021). *Community mental health services: Promoting person-centered approaches*. https://www.who.int/publications/i/item/9789240025721
21. World Health Organization. (2022). *Mental health: Strengthening our response*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
22. Yesufu-Udechuku, A., et al. (2022). Interventions to improve adherence in bipolar disorder. *BJPsych Advances*, 28(1), 32-43. https://doi.org/10.1192/bja.2021.38