

Original Article

Nursing care for a patient with auditory hallucinations using crossword puzzle therapy: A case study at Bali Provincial Mental Hospital

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Abstract

Background: Auditory hallucinations are a common and distressing symptom of schizophrenia that can disrupt patients' behavior, cognitive functioning, and daily activities. Nursing management generally includes hallucination-control strategies and pharmacological treatment, while complementary cognitive interventions may provide additional support for symptom management.

Aims: This case study aimed to describe the implementation of comprehensive nursing care incorporating crossword puzzle therapy for a patient with auditory hallucinations at Bali Provincial Mental Hospital.

Methods: A descriptive case study was conducted involving a 36-year-old female patient diagnosed with paranoid schizophrenia and experiencing auditory hallucinations. Data were collected through interviews, physical examination, behavioral observation, and medical and nursing record review. Nursing care was implemented based on the Indonesian Nursing Intervention Standards (SIKI), including hallucination management and four patient implementation strategies (SP1-SP4). Crossword puzzle therapy was administered once daily for 15-20 minutes over five consecutive sessions. Patient responses and progress were documented throughout the intervention.

Results: At baseline, the patient reported auditory hallucinations occurring 1–2 times daily, lasting approximately five minutes, and was observed pacing, mumbling, and demonstrating a flat affect. During the intervention, the patient progressively required less assistance in completing the crossword puzzles. By the fourth and fifth sessions, she was able to complete the exercises independently and reported improved ability to control the hallucinations. At the final evaluation, the patient appeared calm and cooperative, no longer demonstrated pacing or self-talk, and reported a substantial reduction in hallucination frequency.

Conclusion: The integration of crossword puzzle therapy into comprehensive psychiatric nursing care was associated with improved cognitive engagement, greater independence in completing therapeutic activities, and reduced reported auditory hallucination symptoms in this case. Crossword puzzle therapy may represent a feasible complementary intervention within psychiatric nursing practice. Further studies involving larger samples and controlled designs are needed to determine its effectiveness.

Keywords: Auditory Hallucination; Case Study; Crossword Puzzle Therapy; Nursing Care; Schizophrenia

1. Introduction

Mental health is an essential component of overall health, encompassing an individual's physical, psychological, spiritual, and social well-being. Mental health enables individuals to recognize their abilities, manage stress, function effectively in daily life, and contribute positively to their communities (World Health Organization [WHO], 2020; Indonesian Law No. 18/2014). Mental disorders, in contrast, are characterized by clinically significant disturbances in cognition, emotional regulation, or behavior that may impair an individual's functioning and quality of life.

Mental disorders remain a substantial public health concern worldwide. According to the WHO (2022), approximately 450 million people experience mental disorders globally. In Indonesia,



mental health problems continue to represent an important challenge for health services. In Bali Province, 1,981 individuals were registered as mental health patients in 2023 (Indonesian Ministry of Health, 2023). Schizophrenia represents one of the major severe mental disorders requiring sustained clinical and nursing management. In Indonesia, the prevalence of schizophrenia has been reported at 11.1 per 1,000 households (Indonesian Ministry of Health, 2023). Records from Bali Provincial Mental Hospital also indicate a substantial burden, with 27,555 schizophrenia inpatients and outpatients documented cumulatively during 2020–2024.

Schizophrenia is a neurobiological disorder that may affect perception, thought processes, language, emotional responses, and social behavior (Mahmudah & Solikhah, 2020). Among its characteristic symptoms, auditory hallucinations are particularly distressing and may substantially interfere with patients' behavioral control and social functioning. Auditory hallucinations involve perceptual experiences of voices or sound in the absence of corresponding external stimuli (Andri et al., 2019; Sutejo, 2019). At Bali Provincial Mental Hospital, recorded cases of hallucinations demonstrated fluctuations over five years, with 679 cases in 2020, 539 in 2021, 375 in 2022, 575 in 2023, and 482 in 2024. These data indicate that hallucinations remain a persistent clinical concern requiring appropriate nursing management.

Psychiatric nursing management of auditory hallucinations commonly includes strategies to help patients recognize, control, and respond appropriately to hallucinatory experiences. The four patient implementation strategies (SP1–SP4) include teaching patients to dismiss hallucinations, engage in conversation with others, participate in scheduled activities, and maintain medication adherence. These strategies are incorporated into comprehensive nursing care to promote patients' ability to manage hallucination-related experiences. However, complementary non-pharmacological interventions may provide additional opportunities for cognitive engagement and distraction from hallucinatory stimuli.

Crossword puzzle therapy is a structured cognitive activity that requires attention, memory, language processing, and problem-solving. Such activities may provide cognitive stimulation while directing patients' attention toward a structured and meaningful task. Previous research has reported the use of crossword puzzle therapy as a complementary intervention for patients experiencing psychiatric symptoms. Afitasari (2020), for example, reported improvements in auditory hallucination symptoms following the implementation of crossword puzzle therapy. Other literature has also described crossword puzzles as a potential cognitive stimulation activity (Karimah & Isnaini, 2019; Komsin, 2020; Nurhadi, 2020).

Despite the potential usefulness of cognitive engagement activities, preliminary investigation at Bali Provincial Mental Hospital indicated that crossword puzzle therapy had not been systematically incorporated into nursing management for patients with auditory hallucinations in the observed setting. This contextual gap provided the rationale for integrating crossword puzzle activities with established hallucination-management strategies. The intervention was designed not as a replacement for standard psychiatric nursing care, but as a complementary activity intended to engage preserved cognitive abilities and redirect patients' attention from hallucinatory experiences.

Therefore, this case study aimed to describe the implementation of comprehensive nursing care incorporating crossword puzzle therapy for a patient with auditory hallucinations at Bali Provincial Mental Hospital.

2. Methods

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2.1 Study Design

This study used a descriptive case study design to describe the implementation of comprehensive nursing care incorporating crossword puzzle therapy in a patient experiencing auditory hallucinations. The case study focused on the assessment of the patient's clinical condition,

implementation of standard psychiatric nursing interventions, integration of crossword puzzle therapy as a complementary cognitive activity, and evaluation of the patient's response throughout the intervention period.

2.2 Case and Setting

The case involved a 36-year-old female patient with a medical diagnosis of paranoid schizophrenia who was admitted to the Drupadi Ward of Bali Provincial Mental Hospital. The patient was identified as Ny. S in the original case documentation. She had a history of recurrent psychiatric hospitalization and was experiencing auditory hallucinations at the time of assessment.

The patient was selected based on the following criteria: willingness to participate, cooperative behavior, stable medical condition, intact verbal communication, and the ability to read and write. These characteristics were considered relevant to participation in the structured crossword puzzle activity.

2.3 Data Collection

Data were collected through multiple sources, including structured and semi-structured interviews with the patient and the responsible family member, direct behavioral observation, physical examination including vital signs, and review of medical and nursing records. A standardized psychiatric nursing assessment form was used throughout the assessment and nursing care process.

The initial assessment was conducted on 24 July 2024 at 08:00 local time. Clinical information included the characteristics and frequency of auditory hallucinations, behavioral manifestations, the patient's ability to communicate and participate in activities, and relevant physical and psychiatric findings.

2.4 Nursing Intervention

Nursing care was implemented based on the Indonesian Nursing Intervention Standards (SIKI I.09288) for hallucination management. The nursing interventions included monitoring hallucination-related behaviors and content, maintaining environmental safety, conducting therapeutic discussions regarding responses to hallucinations, providing education to the patient and family regarding hallucination-control strategies, and collaborating in the administration of prescribed pharmacological treatment.

The four patient implementation strategies (SP1–SP4) were also incorporated into the nursing care process. SP1 involved teaching the patient to dismiss hallucinations; SP2 involved encouraging the patient to engage in conversation with others when hallucinations occurred; SP3 involved participation in scheduled activities; and SP4 emphasized regular medication adherence and understanding its importance.

As a complementary cognitive activity, crossword puzzle therapy was administered once daily for 15–20 minutes over five consecutive sessions. Each session used a worksheet related to the content of the hallucination-control strategies, including hallucination-control techniques, medication-related information, and coping-related words. The difficulty of the activities was progressively adjusted according to the patient's ability.

Patient performance during the crossword puzzle sessions was documented using a structured scoring sheet. Performance was categorized as independent (score 2), assisted (score 1), or unable to complete the activity (score 0) across five cognitive indicators for each session.

2.5 Outcome Evaluation

The patient's response to nursing care was evaluated throughout the intervention period based on reported hallucination frequency, behavioral manifestations, participation in the crossword puzzle activity, level of independence in completing the activity, and ability to apply the four patient implementation strategies.

Progress was documented across the intervention sessions. Particular attention was given to changes in the patient's reported auditory hallucinations, pacing, self-talk, behavioral control,

and ability to complete the crossword puzzle independently. A summative evaluation was subsequently conducted to assess the patient's overall response to the nursing care and complementary cognitive activity.

2.6 Outcome Evaluation

The patient was informed about the nursing care process and voluntarily agreed to participate in the case study. The patient's family was also involved in the nursing care process. Patient confidentiality and privacy were maintained throughout data collection, intervention, and reporting.

3. Results

3.1 Initial Assessment

The initial assessment was conducted on 24 July 2024 at 08:00 local time. The patient was a 36-year-old woman with a senior vocational school (SMK) educational background who worked as a market vendor and resided in Singaraja, Bali. She was admitted to the Emergency Department on 7 July 2024 and subsequently treated in the Drupadi Ward of Bali Provincial Mental Hospital after being escorted by her cousin because of behavioral confusion at home.

The patient reported an eight-year history of psychiatric problems with previous hospitalizations. The current episode was associated with discontinuation of prescribed medication. During the assessment, she reported frequently hearing the voice of "Rahwana," which called her, invited her to converse, and sometimes commanded her to perform unspecified actions. The auditory hallucinations occurred approximately 1–2 times per day, lasted around five minutes, and occurred predominantly during periods of inactivity, including daytime and nighttime episodes.

The patient reported attempting to control the voices by covering her ears and verbally telling them to go away. However, she reported that this strategy provided only temporary relief.

During observation, the patient was noted to pace along the corridor and mumble, with a flat facial affect and limited eye contact with nursing staff. Her vital signs were blood pressure 134/85 mmHg, heart rate 144 beats/minute, respiratory rate 20 breaths/minute, temperature 35.1°C, and oxygen saturation 98%. Her weight was 80 kg and height was 165 cm.

The medical diagnosis was paranoid schizophrenia. The prescribed medications documented during the assessment were clozapine 100 mg, trifluoperazine 5 mg, trihexyphenidyl 2 mg, quetiapine 200 mg, and cetirizine 10 mg.

3.2 Nursing Diagnoses

Tables should be submitted as editable text and not as images and should be placed on separate page(s) at the end. Tables should be submitted as editable text and not as images and should be placed on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Please ensure that the data presented tables do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells. A sample of table is presented in **Table 1**.

Table 1. Nursing Assessment Data and Identified Nursing Problems

No.	Assessment data	Nursing problem
1	Subjective: Reported hearing the voice of "Rahwana" commanding her to act; voices occurred 1–2 times/day and lasted approximately 5 minutes; episodes occurred during idle periods and at night. Objective: Pacing, mumbling, flat facial affect, and avoidance of eye contact.	Auditory Hallucination (D.0085, SDKI)
2	Subjective: Preferred to be alone and tended to daydream. Objective: Withdrew from group activities and was mostly silent.	Social Isolation: Withdrawal
3	Subjective: Did not easily become angry but could react aggressively when provoked. Objective: Firm speech, tense posture, and sharp gaze.	Risk of Violence toward Self, Others, and Environment

Priority nursing diagnosis: Auditory Hallucination (D.0085, SDKI).

3.3 Nursing Care Plan

The nursing care plan was developed based on the Indonesian Nursing Outcomes Standards (SLKI L.0085) and Nursing Intervention Standards (SIKI I.09288), with auditory hallucination as the priority nursing diagnosis. The expected outcomes focused on improving sensory perception and reducing hallucination-related manifestations.

The targeted outcomes included decreased verbalization of auditory hallucinations, reduced sensory distortion, decreased hallucination-related behaviors such as withdrawal, daydreaming, and pacing, and improved responses to environmental stimuli and orientation. The expected outcome indicators were targeted at level 5 according to the applicable nursing outcome scale.

The crossword puzzle activity was integrated with the content of the four patient implementation strategies (SP1–SP4). The worksheets addressed hallucination-control techniques, medication-related information, and coping strategies, with the level of difficulty progressively adjusted according to the patient's performance.

3.4 Nursing Care Plan

Table 2. Daily progress during crossword puzzle therapy

Day	Date*	Hallucination status	Crossword puzzle response
1	24 July	Voices heard 1–2 times/day; patient appeared confused and paced.	Cooperative; completed all puzzle cells with guidance.
2	25 July	Voices recurred during nap time and at night; patient appeared restless.	Appeared relaxed after the session and successfully completed the worksheet.
3	26 July	“Rahwana’s” voice remained present; pacing continued.	Completed the puzzle with minimal nursing assistance.
4	29 July	Patient reported being able to manage the hallucinations and appeared motivated and calm.	Independently completed 4 of 5 items and expressed satisfaction.
5	30 July	Voices were significantly reduced; patient was cooperative and composed.	Completed all items independently, including previously unfinished items.

*The intervention dates should be verified against the original clinical documentation because the manuscript states both 24–29 July 2024 and includes a fifth session dated 30 July 2024.

Crossword puzzle therapy was implemented once daily for 15–20 minutes across five sessions. During the first session, the patient was cooperative but required guidance to complete the activity. On the second session, she successfully completed the worksheet and appeared more relaxed following the activity. During the third session, minimal nursing assistance was required.

By the fourth session, the patient reported improved ability to manage the hallucinations, appeared motivated and calm, and independently completed four of five items. During the fifth session, the patient completed all crossword puzzle items independently, including items that had previously remained unfinished.

Alongside the crossword puzzle sessions, standard nursing care continued throughout the intervention period, including therapeutic communication, monitoring of hallucination-related behaviors and content, maintenance of a safe environment, implementation of SP1–SP4, and collaborative administration of prescribed medications.

3.5 Patient Response and Outcome

A summative evaluation was conducted on 31 July 2024. The patient reported that she was able to control the auditory hallucinations and that the voices had substantially decreased. She demonstrated knowledge of all four patient implementation strategies and reported applying them when hallucinations occurred.

Objectively, the patient appeared calm, cooperative, and relaxed. Pacing and self-talk were no longer observed, and she interacted appropriately with nursing staff. The patient was also able to complete the crossword puzzle activities independently by the final session.

Based on the documented nursing evaluation, ased on the documented nursing evaluation, the priority nursing problem of auditory hallucination was considered resolved.. The planned approach was to discontinue active hallucination-management interventions and maintain the patient's current condition.

4. Discussion

4.1 Interpretation of the main findings

This case demonstrated a progressive improvement in the patient's participation, independence, and reported ability to control auditory hallucinations during a period of comprehensive psychiatric nursing care that incorporated crossword puzzle therapy. At baseline, the patient experienced auditory hallucinations 1–2 times daily and demonstrated pacing, mumbling, flat affect, and limited eye contact. Across the five documented sessions, the patient progressively required less assistance and was able to complete the crossword puzzle activities independently by the final sessions.

The observed changes suggest that structured cognitive engagement may have provided the patient with an activity through which attention could be directed toward an organized and purposeful task. The patient's preserved communication and literacy abilities may also have facilitated participation in the intervention. However, because the intervention was delivered concurrently with standard hallucination-management strategies and prescribed pharmacological treatment, the observed improvement should be interpreted as the outcome of comprehensive nursing care rather than attributed exclusively to crossword puzzle therapy.

4.2 Crossword puzzle therapy as a complementary nursing intervention

Crossword puzzle therapy may have contributed to the patient's engagement by providing a structured cognitive activity requiring attention, memory, language processing, and problem-solving. In this case, the activity was additionally linked to the content of SP1–SP4, allowing cognitive engagement to occur alongside reinforcement of strategies for managing hallucinations.

The progressive reduction in assistance required by the patient is clinically relevant. During the initial session, the patient required guidance to complete the puzzle, whereas by the fourth and fifth sessions she was able to complete the activities independently. This progression may indicate increasing familiarity with the activity and improved engagement with the structured task. The patient's report of feeling more relaxed following the sessions further supports the acceptability of the activity within the observed clinical context.

The rationale for using crossword puzzles as a cognitive activity is consistent with previous literature describing crossword-based activities as a form of cognitive stimulation (Karimah & Isnaini, 2019; Komsin, 2020; Nurhadi, 2020). In psychiatric nursing, such activities may be useful when they are adapted to the patient's cognitive capacity and integrated with established therapeutic strategies rather than used as a substitute for standard clinical management.

4.3 Comparison with previous evidence

The findings are broadly consistent with the case reported by Afitasari (2020), in which crossword puzzle therapy was used as a complementary activity for a patient experiencing auditory hallucinations and was associated with reduced hallucination symptoms and improved self-control. The present case similarly demonstrated a reduction in reported hallucination frequency accompanied by improved participation and behavioral control.

The present intervention differed from the approach described by Afitasari (2020) in the duration of implementation. Crossword puzzle activities were conducted across five documented sessions in the present case, allowing the patient's progression from guided participation to independent completion to be observed over time. This progression provides an additional clinical observation regarding the feasibility of repeated structured cognitive activity.

In contrast, Dermawan (2020) reported an unsuccessful outcome when crossword puzzle activities were applied to a patient with a risk of violent behavior. The different clinical context may be relevant when interpreting these findings. The patient in the present case was cooperative,

had preserved literacy and verbal communication, and was able to engage with the structured activity. These characteristics may have facilitated participation. However, the contrasting cases should not be interpreted as evidence that crossword puzzle therapy is inherently more effective for auditory hallucinations than for other psychiatric conditions because the available evidence is based on case-level observations.

4.4 Implications for psychiatric nursing practice

This case highlights the potential value of incorporating simple, structured cognitive activities into comprehensive psychiatric nursing care. Crossword puzzles are relatively accessible and can be adapted to the patient's literacy level, cognitive capacity, and therapeutic goals. In this case, linking the puzzle content to SP1–SP4 provided an opportunity to reinforce established hallucination-management strategies while maintaining the patient's attention on a purposeful activity.

For psychiatric nurses, the intervention may be considered as a complementary activity for cooperative patients who have sufficient cognitive and communication abilities to participate. Before implementation, nurses should assess the patient's clinical stability, cognitive capacity, literacy, willingness to participate, and ability to follow instructions. The intervention should remain complementary to evidence-based psychiatric treatment, including therapeutic communication, hallucination-management strategies, medication management, and appropriate safety measures.

4.4 Limitations

This study has several limitations. First, it involved a single patient in one psychiatric inpatient setting; therefore, the findings cannot be generalized to other patients or clinical settings. Second, crossword puzzle therapy was implemented together with standard psychiatric nursing interventions and prescribed pharmacological treatment, making it impossible to determine the independent contribution of the crossword puzzle activity to the observed clinical changes. Third, the outcome assessment was primarily based on clinical observation, patient reports, and documented nursing evaluation rather than a standardized quantitative measure of auditory hallucination severity. Finally, the short observation period limits conclusions regarding the sustainability of the observed improvement after the intervention ended.

Further studies involving larger samples, standardized outcome measures, longer follow-up periods, and comparative or controlled designs are needed to determine the specific contribution and effectiveness of crossword puzzle therapy in the management of auditory hallucinations.

5. Conclusion

This case study described the implementation of comprehensive psychiatric nursing care incorporating crossword puzzle therapy for a patient experiencing auditory hallucinations associated with paranoid schizophrenia. Across five documented sessions, the patient demonstrated progressive improvement in participation and independence in completing the crossword puzzle activities, accompanied by a reported reduction in the frequency of auditory hallucinations and improvement in behavioral control.

The findings suggest that crossword puzzle therapy may be a feasible complementary cognitive activity within psychiatric nursing care, particularly for cooperative patients with preserved communication and literacy abilities. However, because the intervention was implemented alongside standard hallucination-management strategies and pharmacological treatment, the observed improvement cannot be attributed exclusively to crossword puzzle therapy.

Further research involving larger samples, standardized outcome measures, appropriate comparison groups, and longer follow-up is needed to determine the effectiveness and sustainability of crossword puzzle therapy for patients experiencing auditory hallucinations.

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Competing interests

All the authors declare that there are no conflicts of interest.

Underlying data

Derived data supporting the findings of this study are available from the corresponding author on request.

Declaration of artificial intelligence use

The authors declare that no artificial intelligence (AI) tools were used in the conception, analysis, interpretation, or preparation of this manuscript.

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