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The Role of the Family in Preventing Relapse in Mentally Ill Patients

Septirina¹, Reni², Assidiq³

Departement of nursing, RSPAD Gatot Soebroto College of Health Sciences, Jakarta

e-mail: septirina.rahayu@akperrspadjakarta.ac.id

Abstract

Mental disorders are manifestations of behavioral deviations due to emotional distortion, resulting in abnormal behavior. This occurs because of the decline in all mental functions. Curative efforts in the form of collaboration with other health teams to provide treatment and rehabilitative efforts can help patients in their daily activities, so that they can return to normal life. Interventions for families are intended to strengthen the family system, prevent or inhibit relapse, and maintain clients in the community. This research method uses a descriptive case study design that aims to create systematic descriptions, images, paintings where data collection uses interviews, observations, documentation and demonstrations. The results of this study indicate that by providing information to families about the disease, suggesting effective coping mechanisms and psychoeducation programs, it can reduce the tendency of clients to relapse and reduce the influence of this disease on other families.

Keywords: Family Role; Relapse; Mental Disorder; Emotional Distortion

Introduction

Mental disorders are syndromes or patterns of behavior that are clinically significant and associated with distress or suffering and cause obstacles to one or more functions of human life. One of the mental disorders is schizophrenia (Zebua, 2022). Schizophrenia is a syndrome of unknown etiology and is characterized by distortion of cognitive, emotional, perceptual, thinking, and behavioral disorders (Herawati & Afconneri, 2020).

Mental disorders are a collection of individual behaviors and psychology that cause a state of depression, discomfort, decreased body function and quality of life (Damanik, 2022). Mental disorders are also defined as manifestations of behavioral deviations due to emotional distortion so that there is an abnormality in behavior.

This happens because of the decline in all mental functions (Nasir & Muhith, 2011).

Decreased mental function or mental disorders have several signs and symptoms, one of the signs and symptoms is neurological disturbances in a person's sensory perception where there is no stimulus, so that someone who experiences neurological disorders will feel a voice even though there is no stimulus. A person is said to be undergoing treatment if they take medication according to the instructions for use and the right time to take the medication until the end of the treatment period.

Compliance includes the level of accuracy of an individual's behavior with medical advice, use of medication according to instructions and includes use at the correct time. Approximately 25% of patients with

psychosis, schizophrenia or severe mental disorders fail to comply with treatment (Arisandy & Ismalinda, 2015). The data that the author obtained from the results of a basic health research survey (Ministry of Health 2018) which only showed 33.8% who routinely took medication, 15.01% did not routinely take medication.

From other sources, namely the results of the 2018 Riskesdas, it shows that the prevalence of schizophrenia or psychosis in Indonesia is 6.7% with a distribution area in urban areas of 6.4% and rural areas of 7.0% while the coverage of treatment for schizophrenia reaches 85.0% (Anggraini & Sukihananto, 2022). Safier (1997, in Townsend, 2009) stated that families who have family members with schizophrenia will experience great turmoil within themselves.

This is the basis for the importance of families receiving therapy. Interventions for families are intended to strengthen the family system, prevent or inhibit relapse, and maintain clients in their communities. This psychoeducational program treats families as resources, not as stressors, by focusing on concrete problem solving, and specific helping behaviors to adapt to stress.

By providing families with information about the disease and suggesting effective coping mechanisms, psychoeducational programs reduce the tendency for clients to relapse and reduce the impact of the disease on the rest of the family (Townsend, 2009).

Psychoeducation for families, including individuals with physical disorders, such as chronic diseases, is usually combined with pharmacological therapy (Nathan and Gorman, 2007 in Stuart, 2009). This psychoeducation has been shown to improve general symptoms and reduce

family rejection and burden (Stuart, 2009).

Family therapy usually consists of a primary program to educate the family about diabetic ulcer clients with body image disturbances and low self-esteem, and a broader program with the family is formed to reduce the manifestation of obvious conflicts and to change the family's communication patterns and problem solving. The response to this therapy is very dramatic.

Ho, Black, and Andreasen (2003 in Townsend, 2009) reported in several studies that positive results in the treatment of diabetic ulcer clients with body image disturbances and low self-esteem can be achieved by involving the family in the service. According to Stuart (2009) Family Psychoeducation therapy is one element of a family mental health care program by providing information and education through therapeutic communication. The psychoeducation program is an educational and pragmatic approach.

Research has been conducted by Nurbani, Keliat & Nasution (2009) on the influence of family psychoeducation on psychosocial problems: anxiety and family burden (caregivers) in caring for stroke patients at the Dr. Cipto Mangunkusumo General Hospital. Psychoeducation given to families can reduce anxiety levels, physiological responses, and cognitive responses. However, behavioral responses did not experience significant changes compared to the control group.

Lestari, Hamid & Mustikasari (2011) also conducted a study on the effect of family psychoeducation therapy on family knowledge and anxiety levels in caring for family members with pulmonary TB in

Bandar Lampung. The results of this study showed that there was a significant difference in anxiety levels in families before and after family psychoeducation therapy. In 2013,

Ramadia again applied a combination of cognitive therapy and family psychoeducation to the ability to change negative thoughts, depression and helplessness in stroke clients at Dr. Cipto Mangunkusumo National Hospital, Jakarta. The results showed a decrease in depression and helplessness and an increase in the ability to change negative thoughts in stroke clients who received cognitive therapy and family psychoeducation.

The role of nurses according to Cholida A (2009) in providing psychiatric nursing care includes preventive, promotive, curative, rehabilitative. Preventive efforts are by preventing behavior that can harm oneself and others. Promotive efforts are providing health education for families about caring for clients with sensory perception disorders and hallucinations. Curative efforts are collaboration with other health teams to provide treatment and rehabilitative efforts are to help clients in their daily activities and return to normal life (Sakit & Mahdi, 2022).

The information obtained from health workers with schizophrenia is expected to be able to manage the symptoms experienced by sufferers and comply with taking medication (Setyaji et al., 2020). Health workers, especially doctors and nurses, need to improve their communication skills in handling schizophrenia patients to create effective communication in the treatment process (Simanjuntak, 2019)

Method

This research design uses a descriptive case study method that aims to create a systematic description, picture, and painting

Results and Discussion

The factors that influence the inhibition when the author conducted the study were that the family only visited at certain times. Research conducted by (Simbolon et al., (2021) with the title of the relationship between family support and relapse of schizophrenia sufferers in taking medication. Research according to (Erfiana and Putri (2022), educating schizophrenia clients about the drugs they are taking can increase client knowledge.

This is in accordance with the client's response who said he only knew the color of the medicine but did not know the name and benefits of the medicine he was taking. The client also said that the medicine was very effective in eliminating hallucinations and reducing his anger. After increasing client knowledge, it is hoped that there will be a change in behavior so that the client will be obedient in taking medication and the symptoms of hallucinations will not recur.

The results of the study conducted by research conducted by Alfaniyah & Pratiwi (2021) Implementing regular medication adherence can make patients experience an increase in their ability to control hallucinations which is marked by a decrease in signs and symptoms of hallucinations.

Interventions for families are intended to strengthen the family system, prevent or inhibit relapse, and maintain clients in their community. This psychoeducational program treats the family as a resource, not a stressor, by focusing on concrete problem solving, and specific helping

behaviors to adapt to stress. By providing information to the family about the disease and suggesting effective coping mechanisms, the psychoeducational program reduces the client's tendency to relapse and reduces the impact of the disease on the rest of the family (Townsend, 2009).

Psychoeducation for families, including individuals with physical disorders, such as chronic diseases, is usually combined with pharmacological therapy (Nathan and Gorman, 2007 in Stuart, 2009). This psychoeducation has been shown to improve general symptoms and reduce denial and family burden (Stuart, 2009).

Family therapy usually consists of a primary program to educate the family about the diabetic ulcer client with body image disturbance and low self-esteem, and a broader program with the family is formed to reduce the manifestations of obvious conflict and to change the family's communication patterns and problem solving. The response to this therapy is very dramatic.

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Conclusion

Family Psychoeducation therapy is one element of a family mental health care program by providing information and education through therapeutic communication. The psychoeducation program is an educational and pragmatic approach. Implementing regular medication adherence can make patients experience an increase in their ability to control hallucinations which is marked by a decrease in signs and symptoms of hallucinations.

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