

Evaluation of Psychoeducation Programs to Increase Knowledge's Family Caregivers of People with Psychotic Disorders

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Abstract—Knowledge about psychotic disorders, having a positive attitude towards psychotic disorders and having knowledge about the care required is an important aspect for families caring for and handling psychotic disorders (family caregiver) to provide ongoing care. Psychoeducation can facilitate effective treatment and care through understanding family knowledge and attitudes related to caring for people with psychotics. This study was carried out in Sadangmekar village, Cisarua sub-district, West Bandung, for seven family caregivers who treated family members who were experiencing psychotic disorders using alternative medicine or were left without treatment. Psychoeducation lasts for one day and uses methods of providing information (lectures), discussions, and watching videos. The results showed that after attending caregiver psychoeducation gained knowledge about the symptoms of the disorder (100%), the importance of medical and psychological treatment in managing the disorder (100%), the importance of adherence to treatment (100%) as well as the insight that the family has an important role in sustaining care (100%).

Keywords: *family caregiver, psychoeducation, psychotic disorders*

I. INTRODUCTION

Mental health is still one of the significant health problems in the world, including in Indonesia. Based on data from the World Health Organization (WHO) in 2016 there were 21 million people with schizophrenia, 35 million people who were depressed, 60 million with bipolar disorder, and 47.5 million people had dementia. The 2018 Basic Health Research also notes that 14 percent of households contain their members who suffer from schizophrenia. Also, as many as 51.1 percent of schizophrenics do not regularly take medication, one of the causes is as many as 33.7 percent of schizophrenics do not routinely seek treatment. Mental disorder is a condition in individuals that shows a disturbance in the functioning of the soul that causes suffering to individuals or obstacles in carrying out social roles [1].

There are several misconceptions about mental disorders that are popular in society and are quite difficult to control so that they cause problems, especially in the prevention or treatment. These misconceptions include community beliefs

that mental disorders are caused by witchcraft and spirit disorders, the view that mental disorders are a hereditary stigma, mental patients cannot be cured for life and are dangerous, mental disorders are considered to be events that are very embarrassing [2]. Also, the community considers that mental health service facilities, as well as socialization efforts regarding mental disorders both for mental patients and the wider community, are still considered inadequate. This is in line with the 2018 Basic Health Research data that the number of mental hospitals in Indonesia in 2015 was 44, then reduced to 43 mental hospitals in 2018. While from the aspect of human resources, there were only 1563 clinical psychologists in all of Indonesia.

The above conditions are also found in the Sadangmekar village, West Bandung Regency. Based on data from the Village Head's office in 2019, 12 psychotic disorders sufferers lived with their families. A more detailed data shows: (1) sufferers are adult men; (2) the age at the beginning of the disorder varies, ranging from children, adolescents to adults; (3) the cause of the disorder is a psychosocial stressor; (4) the family does not immediately bring him to a mental hospital when the patient shows symptoms of behaviour that is considered unnatural; (5) generally the first treatment performed is alternative medicine ("shaman"); (6) sufferers do not get a decent life and are often abandoned or neglected by the family; (7) family knowledge about psychotic disorders and their treatment is still very low so that awareness to bring sufferers to mental hospitals is still low; (8) the economic condition of the family is below average; (9) the level of family education varies from elementary school and junior high school.

Families, especially those who become caregivers have an important role in the process of recovery of mental health inpatients, especially in handling and preventing symptoms of recurrence. Buckley revealed that the recurrence of people with mental disorders can be significantly reduced from 65% to 25% if they get maximum care from their families while at home. Conversely, if you do not get adequate treatment, sufferers tend to relapse easily [3]. The results of observations on families who care for people with mental disorders in Sadangmekar village show that the knowledge of families who

become caregivers is low so that they lack understanding about mental disorders and symptoms, have a low understanding of treatment and the frequency of recurrence of sufferers increases. Besides, the level of education of families who become caregivers is relatively low so that they are less independent in finding information about disorders and available health services.

Knowledge enhancement is an important aspect of preventing the recurrence of psychotic patients that can be done with a psychoeducation program. Therefore, this study drafted a psychoeducation program on psychotic disorders for caregiver families in Sadangmekar village.

II. METHOD

The design of the psychoeducation program was prepared using the experiential learning model, which is a learning model that starts with gaining experience followed by a thought, discussion, analysis and self-evaluation of the experience. From this process, individuals will get new insights that will affect the way they interact with sufferers of psychotic disorders during the treatment process [4].

The psychoeducation program is divided into three modules, the first module aims to increase the family's understanding of psychotic disorders, their symptoms, and the process of the disease. The second module aims to increase understanding of the various medical and psychological assistance available. Whereas the third module aims to increase family understanding of regular check-up, medication adherence, and recurrence.

Psychoeducation lasts for one day. The method used is the provision of information (lectures), discussion, analysis of personal experiences and watching videos. Participants involved were seven family members who functioned as caregivers. Evaluation of activities using a questionnaire was carried out to measure participants' understanding after taking psychoeducation as well as evaluating modules and implementing psychoeducation.

III. RESULTS AND DISCUSSION

Due to low functional abilities and self-care, family caregivers often assume responsibility for providing assistance to an ill family member in several areas of life, such as activities of daily living, treatment adherence, crisis and safety issues, behavior management, finances, and emotional support [5]. Families constitute a primary source of care for people with mental illness. With the advent of deinstitutionalization, the role of relatives in caring for people with serious mental illness has grown substantially, rendering them an invisible health care system. In particular, many people suffering from mental illness, especially psychotic disorder, rely on family members for aid in managing their symptoms, functional impairment, and treatment [6].

This study attempted to address a gap in knowledge about family experiences of caregiving for relatives with psychotic disorder.

TABLE I. FAMILY KNOWLEDGE REGARDING DISORDERS

No	Item	Percentage
1.	Most causes of psychotic disorders are stressful life events or the loss of a loved one.	100%
2.	In dealing with psychotic disorders it is necessary to use drugs continuously	100%
3.	Psychotic disorders cannot be treated	28.7%
4.	Psychotic disorders are characterized by decreased mental disorders	85.71%

The material in module 1 aims to provide respondents with knowledge about disturbances. The results in the knowledge aspect show that the majority of respondents stated that the cause of the disturbance was a stressful life event or an affective aspect in a family function. Respondents also understand that psychotic disorders require consistent medical treatment. The results also indicate that the respondents understand that when a patient displays psychotic disorder symptoms or an abnormal psychological condition, it can be a sign that the patient needs medical attention. Most respondents understand that by having adequate knowledge about the disorder, the patient can reach a "cured" condition, it means the causes and symptoms of psychotic disorders can be controlled. Only a few respondents still think that psychotic disorders cannot be treated or that patients will always be in a bad condition and cannot be controlled.

TABLE II. FAMILY KNOWLEDGE REGARDING MEDICAL AND PSYCHOLOGICAL ASSISTANCE

No	Item	Percentage
1.	In dealing with psychotic disorders, families need to seek medical and psychological assistance	100%
2.	Parents may not help or play a role in curing psychotic disorders	28.7%
3.	Usually, we don't need to seek treatment for psychotic disorders	28.7%
4.	There is no treatment for people with psychotic disorders	28.7%
5.	If a psychotic disorder is treated quickly by a doctor or psychologist, the treatment success rate is higher	100%
6.	If the condition is severe, the family member who has a psychotic disorder needs to be treated in a mental hospital	85.71%
7.	The family can help alleviate the suffering of family members who experience schizoaffective disorder by providing social support, for example listening, talking to, accompanying, etc.	100%

Module 2 aims to provide knowledge that caring and managing sufferers of psychotic disorders, families need medical and psychological assistance. This means that the families need to understand the resources available in helping the patient's recovery. The measurement results show that all respondents understand that in dealing with psychotic disorders, families need to seek medical help as well as psychological assistance. They also understand that psychiatric and psychological treatment must be sustained at home. If the patient's condition is severe enough, the family understands that they have to take the patient to a mental hospital for treatment. For home care, to help the sufferers to take

medication regularly, the respondent also understands that accompanying, talking to or listening to the sufferer, it can alleviate the patient's condition.

TABLE III. FAMILY KNOWLEDGE REGARDING CONTROL AND TREATMENT OBEDIENCE

No	Item	Percentage
1	To stay calm, family members with schizoaffective disorders must be diligent in their control and take medication	100%
2	The family must deliver control to the hospital as well as routine treatment	100%
3	If you do not take the medicine for a long time can cause a relapse.	100%

The measurement results show that after getting the material in module 3 regarding the importance of treatment adherence and control in ongoing care, they understand that sufferers must check-up and take medication regularly. For this reason, the respondent's role as a caregiver is very important, because if adherence to medication and frequency of hospital check-up are not routine, it can cause a recurrence.

It is important to note that mental health literacy is not simply matter of having knowledge. Rather it is knowledge that is linked to the possibility of action to benefit one's own mental health or that of others [7].

TABLE IV. MATERIAL EVALUATION

Statements	Strongly Agree	Agree	Less Agree	Disagree
The material presented is according to my needs	14.2%	85.7%	0%	0%
This activity increased my understanding in caring for sick family members	57.1%	42.8%	0%	0%
This activity improved my skills in efforts to solve problems in caring for sick family members	28.5%	71.4%	0%	0%
Comparison between material and discussion according to my needs	28.5%	57.1%	14.2%	0%
The material presented is understandable and interesting	28.5%	71.4%	0%	0%

Psychoeducation is providing information and education to increase someone's knowledge. This psychoeducation method in Community Service activities can increase the caregiver's knowledge and understanding of psychotic disorders, forms of treatment and adherence to treatment. In treating sufferers of psychotic disorders, one indicator of a successful treatment is a low frequency of recurrence. To understand how to prevent the recurrence, the family's knowledge about the disorder becomes an important aspect. If a caregiver has poor knowledge or a poor understanding of psychotic disorders and their treatment, the frequency of recurrence can increase.

The measurement results show that the psychoeducation module provided is effective in increasing information and education. The results show that all respondents understand that psychotic disorders are a form of severe mental disorder

that can cause dysfunction in thinking, emotional, social-relational aspects and the ability to complete a job. This dysfunction can be seen from the symptoms displayed by the patients. This statement is also in line with the respondent's experience, the sufferers often respond with excessive aggression and anger when he does not get what he wants or depressed excessively when experiencing difficulties, sufferers are also unable to do simple routine tasks such as bathing, wearing clothes, eating, farming, etc.

Most respondents were also able to identify behaviors that describe the symptoms of the disorder. The methods used in providing information about symptoms are lectures, discussions and video shows. Through video shows, respondents can understand information concretely, while the discussion is used to provide consultation and feedback on respondents' conditions. For example, some behaviors are confusing and difficult to identify whether the behavior is a symptom or not so that through discussion we can help respondents understand the behavior of sufferers more clearly.

Likewise, the measurements result regarding treatment and the adherence. At first, respondents felt less necessary or confused in dealing with sufferers so that respondents chose to leave sufferers at home or try to bring them to alternative medicine. Of course, the method used by respondents does not have a real impact on the patient's recovery. This is due to the lack of information received regarding appropriate treatment. Measurements after the psychoeducation show that most respondents understand that treating patients need medication that must be taken regularly and continuously. They should not stop consuming medicines. Respondents also understand that if a patient does not take medication regularly, it can cause a recurrence so their condition can be worse.

Likewise, if the patients do the treatment and check-up to the hospital regularly, it will be able to increase the possibility of "healing" for the patient. Sufferers will be calmer, more cooperative and able to carry out simple routine tasks. All respondents understand that both medication and psychological treatment must be done in treating patients. Some respondents already have information about handling in a mental hospital, but there are still many respondents who do not yet have the medical treatment information. The results of the discussion showed the obstacles in bringing sufferers to a mental hospital were a far distance from their house, the transportation difficulty to bring patients, the lack of information about the mental hospital treatment mechanism, as well as sufferers' unavailability to be taken to hospital. Meanwhile, psychological treatment is still new for respondents. They still do not understand how to obtain psychological assistance, but understand that psychological assistance is as important as medical assistance. It is difficult to get access to psychological assistance, the family has relied on village social workers.

The evaluation results of the psychoeducation material provided fit the respondents' needs and increased their knowledge of caring for sufferers. Respondents also asked if there is a continuation of this psychoeducation, they need information about therapies for sufferers and emotional management for respondents.

The results also showed that the method used was appropriate and was able to liven up the atmosphere so it helped respondents to understand the material easily. While the obstacle in the psychoeducation is the language used when communicating where most respondents speak Sundanese.

It should be noted also that gender identity may make males less likely to take on the role of caregiver in the first place. At least one study has shown that caregivers tend to have internalized stereotypical female gender traits to help them cope. In psychotic disorder, women tend to care for more chronic and inactive patients than man [8].

IV. CONCLUSIONS AND SUGGESTIONS

The psychoeducation module is quite effective in providing information about disorders, treatment, and adherence to treatment for families who are caregivers for people with psychotic disorders. The methods used are lectures and also discussions and video shows help participants understand the material easily and understand the conditions experienced by caregivers. In this Community Service activity (PKM), most participants had an elementary or junior high school education background, so they still had difficulties understanding terms related to disorders or treatment. The new knowledge gained by respondents after participating in the program fostered a more positive attitude in caring for family members suffering from psychotic disorders. Also, respondents felt the need for further activities, especially the provision of skills in treating people with psychotic disorders.

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REFERENCES

- [1] N. Lubis, H. Krisnani, and M. Fedryansyah, "Pemahaman Masyarakat Mengenai Gangguan Jiwa dan Keterbelakangan Mental," *Prosiding Penelitian dan Pengabdian Kepada Masyarakat*, vol. 2, no. 3, pp. 301-444, 2015.
- [2] W. Sutardjo, *Pengantar psikologi abnormal*. Bandung: PT. Refika Aditama, 2005.
- [3] L. Farkhah, S. Suryani, and T. Hernawaty, "Faktor Caregiver dan Kekambuhan Klien Skizofrenia," *Jurnal Keperawatan Padjadjaran*, vol. 5, no. 1, 2017.
- [4] D. Kolb, *Experiential Learning: Experiential Learning at the Source of Learning and Development*. New Jersey: Prentice Hall, Inc, 1984.
- [5] P. El-Mallakh, B.E. Yates, and S. Adkins, "Family caregiving for adults with schizophrenia and diabetes mellitus," *Issues in mental health nursing*, vol. 34, no. 8, pp. 566-577, 2013.
- [6] A. Palli, K. Kontoangelos, C. Richardson, and M.P. Economou, "Effects of Group Psychoeducational Intervention for Family Members of People with Schizophrenia Spectrum Disorders: Results on Family Cohesion, Caregiver Burden, and Caregiver Depressive Symptoms," *International Journal of Mental Health*, vol. 44, pp. 277-289, 2015.
- [7] A.F. Jorm, "Mental Health Literacy," *American Psychological Association*, vol. 67, no. 3, pp. 231-243, 2012.
- [8] S. McWilliams, S. Hill, and N. Mannion, "Caregiver Psychoeducation for Schizophrenia: Is Gender Important?" *European Psychiatry*, vol. 22, pp. 323-327, 2007.