Advances in Social Science, Education and Humanities Research, volume 521
Proceedings of the First International Conference on Health,
Social Sciences and Technology (ICoHSST 2020)

Family Support For Members in Taking Care of Mental Disordered Patients

1st Ira Kusumawaty
Nursing Department
Poltekkes Kemenkes Palembang
Palembang, Indonesia
irakusumawaty@poltekkespalembang.ac.id

2nd Raden Surahmat
Nursing Department
STIKES Bina Husada Palembang
Palembang, Indonesia
radensurahmat@gmail.com

3rd Sri Martini
Nursing Department
Poltekkes Kemenkes Palembang
Palembang, Indonesia
srimartini@poltekkespalembang.ac.id

4st Muliyadi
Nursing Department
Poltekkes Kemenkes Palembang
Palembang, Indonesia
muliyadi@poltekkespalembang.ac.id

Corresponding author: radensurahmat@gmail.com

Abstract - **Problems with the care process of people with mental disorders by family caregivers never lead to concrete solutions. Family support is one of the determinants of the successful recovery of a patient's condition because it reflects the family's efforts in accompanying patients undergoing their daily lives. This study aims to determine various factors that correlate with the support of family caregiver for family members suffering from mental disorders. Families who accompanied the patients while undergoing outpatient care were sampled, totaling 144, determined using a non probability sampling technique with a purposive sampling method. The results showed the majority of family support for sufferers is still lacking, there is a relationship of age, level of education, knowledge and work status with family support but there is no correlation between sex caregiver with support provided by the family. It is recommended that families pay more attention to sufferers in biological, psychological, social and spiritual aspects.**

Keywords: family support, caregiver, people with mental disorders.

I. INTRODUCTION

The complexity of mental health problems often not only affects patients, but also families as caregivers. Family support as a caregiver is also needed, given the sufferings faced by patients so that the impact on the difficulty of caring for sufferers, in addition to the treatment process that must be lived a lifetime of the patient [1], [2] . Stigma due to mental disorders experienced by sufferers and those around them, namely the family [3], [4]. These conditions increase the possibility of recurrence, so that family understanding or a good attitude must be owned by the family, because the two components can be correlated to the form of family support. The form of information support, instrumental, emotional and appreciation must be improved efforts to help sufferers in living their lives [5], [6], [7], [8].

The results of the interview with researchers in charge of mental health at a health center in Palembang explained that the number of people with severe mental disorders (psychosis) in the working area is approximately 45 people. Of these, the majority are still dependent and need full help from families. During this time health workers find it difficult to approach the patient's family, especially during the first visit [9]. In general the family feels ashamed and burdened with the patient's condition [10], [11]. Some families are less attentive and tend to neglect patients. Generally mental patients are considered to be cursed and must be shunned and not involved in any social activities [12].

Mental disorder is a manifestation of a form of behavior deviation due to emotional distortion so that it is found irregularities in behavior. That happened because of the decline in all psychiatric functions [13], [14]. At present the support and acceptance of mental patients by families and communities in the province of South Sumatra is still lacking, where many mental patients who have recovered have been less acceptable to families. In fact, there are mental patients who have recovered, do not want to be picked up home by their families. The problem so far is that many patients have recovered medically but not fully accepted by the community. The impact of former patients will be stressed and back sick, they return again to the Mental Hospital. This situation shows that family support plays an important role for patients in treating mental patients, it is natural because those who are better supported by the family will be motivated to treat patients at risk of violent behavior.

Emotional stability can be achieved when emotional, psychological and social situations in interpersonal relationships produce satisfying, stable interactions that show positive behavior and coping [15], [8]. General criteria for mental disorders according to [15], [16] include: dissatisfaction with characteristics, abilities, and self-achievement; ineffective or unsatisfactory relationships; not satisfied living in the world; ineffective coping with life events, and no personal growth occurs.

Stated that generally in Indonesia there will be an increase in the number of people with psychiatric disorders, from 13% is estimated to be 25% in 2030. Likewise in terms of the potential for suicide, because it turns out from one million people, 90 % of them occur due to psychological shock. Besides that, schizophrenia is the most mental disorder case, almost about 1% of the total world population experiences schizophrenia [17], [18]. This condition can occur in men or women, in all races and cultures. However, it turns out that lighter symptoms tend to be experienced by women, including having better social interactions than men so fewer people have to be hospitalized [19]. Some experts have categorized schizophrenia symptoms into two, namely positive and negative symptoms[15]. The existence of delusions, hallucinations, disorganization of mind, speech and irregular behavior included in the positive category. Other symptoms such as flat affect, withdrawal and vague are negative categories of schizophrenia [15], [20].

The family is a system consisting of at least two individuals who are bound together due to marriage commitments, blood ties, as well as due to the adoption process. Interaction that is interwoven in a family creates a pattern that is based on the culture adopted [21], [22]. Thus, the family as the main support for patients while undergoing treatment at home. As the closest person, the family is very aware of the patient's condition and is responsible for caring for them. Family support is seen as a form of action based on acceptance of the patient. The form of support will be optimally provided after the family realizes, receives so that it can carry out its functions and roles optimally in helping sufferers. Family support is a factor that determines the success of the recovery of the patient's condition so that he is motivated to improve his ability to adapt during life. The ability of the family to survive in supporting the recovery of the patient's condition will be able to maintain and even improve the patient's ability to undergo treatment in a consistent manner. In other words, the strength of patients to survive undergoing treatment is very dependent on family support [22].

However, behind the form of support provided by the family, the burden is simultaneously felt by the family in caring for sufferers [23]. Various studies have shown a correlation between caregiver burden and recurrence in schizophrenic patients.

Family support can be given to sufferers in four dimensions, namely emotional support, information support, instrumental support and appreciation support [24]. The four dimensions are needed by the patient and can be given in various ways, so that it can affect the improvement of the biological, psychological, social and spiritual condition of the patient. Lack of support in one dimension can have an impact on optimizing the achievement of improving patient conditions.

Several internal and external factors can influence the form of support provided by the family. Internally, education, knowledge, and emotional factors can influence family beliefs in supporting and caring for sufferers [25], [26]. Spiritual aspects are shown through the way of life, including values, beliefs, relationships in friendship, hope and the meaning of life. Furthermore externally, that the form of support provided is strongly influenced by social and psychosocial factors. Relationship stability in the family, lifestyle adopted daily, human interaction in the social environment can help someone's confidence in helping sufferers undergo treatment.

II. METHOD

This study aims to identify the dynamics of various factors that correlate with family support in caring for family members who are mental sufferers. The analytic survey design with cross sectional study approach was used in this study, with a population of the whole family of patients who accompanied patients while undergoing outpatient care at Mental Hospital unit in 2018, amounting to 2.798 people. so that if it is averaged, it will be 233 patients who have their mental condition checked every month (Medical Record of Mental Hospital, 2019).

Sampling Technique was carried out using nonprobability sampling techniques with purposive sampling method, totaling 144 samples. Respondents must fulfill the following inclusion criteria, that is, they are willing to be respondents, are family members who care for and accompany patients in outpatient care and do not experience psychiatric disorders. Exclusion criteria: unable to attend, unable to read or write and experiencing communication problems. Before conducting the data collection using a questionnaire, the researcher first gave an explanation to the respondent regarding the objectives, benefits and

provisions in conducting the research as stated in the informed consent. After the respondent understands the explanation given, then the respondent will sign the informed consent. This study was approved by the hospital where the study site was located.

Questionnaires submitted to respondents contain some questions that aim to find out the characteristics of respondents and measure the level of respondents' knowledge, response attitudes and forms of respondent support for sufferers. Characteristics of respondents recorded included age, sex, education, occupation and relationship with sufferers. Questions raised to measure respondents' knowledge, attitudes and support amounted to 10 questions each. The data collection process was carried out in a mental hospital outpatient unit, when respondents accompanied the examination of the health conditions of family members suffering from mental disorders. The ethical aspects of research which include confidentiality, fairness and maintaining human dignity.

III. RESULTS AND DISCUSSION

Table 1. Description of respondent characteristics

Characteristics	Frequency	Percentage
Adult age	104	72.2
Old age	40	27.8
Female	82	56.9
Male	62	43.1
Low education level	131	90.9
Higher education level	13	9.1
Does not work	79	54.9
Already working	65	45.1
Well informed	99	68.7
Poorly informed	51	31.3
Positive attitude	60	41.7
Negative attitude	84	58.3
Relationship as a life partner	13	9.0
Relationship as a child	131	91.0

Table 1 shows that many factors can influence the form of family support in caring for sufferers. Most of the respondents are sufferers' parents, male sex, adult age, no longer working, their knowledge is sufficient even though most of them have low education. However, there were still respondents who had negative attitudes toward sufferers and there were still many respondents who gave poor support in treating patients. According to [8], [6], some factors that influence family support are: Education or level of knowledge, emotional factors also affect beliefs in the existence of support and how to do it. Spiritual aspects can be seen from how a person lives his life, including values and beliefs that are implemented, relationships with family or friends, and the ability to look for hope and meaning in life. The spiritual concept is very closely related to one's age, the older a person is, the closer it is to spiritual

concepts. Low education results in a low understanding of the importance of family support for healing patients. Understanding that is owned will form the attitude shown by the family, in other words, the attitude formed is based on the understanding or knowledge that was previously owned.
Based on the following table 2, it appears that there are still many families who are less supportive of patients in undergoing treatment.

Table 2 Description of family support in taking care of mental ill patients

Variable	Frequency	Percentage
Good support	65	45.1
Less support	79	54.9
Total	144	100

According to table 2, it was known that the most family support variables are those who are less able to support patients totaling 79 respondents. This shows fundamentally reflects that family acceptance of the condition of the patient is not optimal. Even so that the family can fully support the patient, it requires acceptance of the patient's condition completely. The statement is based on the sufferer being a part of the family, so the consequence is a greater closeness than those who are not from the family. The greater the family's acceptance of the patient's condition, the more optimal the support given to the patient [12]. In this research, the forms of support provided include instrumental, emotional, informational and appreciation support.

Material assistance in the form of financial support, assistance to sufferers in living their lives, no less important is that residence is a form of instrumental support that can be sought by the patient's family. The lack of this support, for example limitations in economic matters, resulted in the process of meeting the needs of patients not fully realized. Instrumental support, family is a form of assistance that is real and easy to show [27]. Instrumental support is support provided by the family directly which includes material assistance such as providing shelter, lending or giving money and assistance in doing daily housework [28].

Emotional support functions as a port of rest and recovery and helps emotional mastery and improves family morale [28]. Emotional support is related to the appearance of empathy, attention, encouragement, personal warmth, love, or emotional assistance. With all the behaviors that encourage feelings of comfort and direct the individual to believe that he is praised, respected, and loved, and that others are willing to give attention [15]. The existence of emotional support

literally shows the sufferer that he is not alone, there are other family members who are ready to assist. Sometimes sufferers need to be aware that the family loves him very much, and really wants his recovery. However, due to family activities that are very busy everyday, families often do not give free time to be beside the patient. The existence of the family beside the patient while listening to complaints or outpouring of patients is actually one of the keys to the success of recovery in people with mental disorders. Good communication is one of the weapons for the family to assist sufferers in living their lives.

Information needs to be widely known by sufferers and this information can be conveyed by families so that their position plays an important role in providing informational support. That is because in providing information support, the family functions as a party that collects or disseminates various information and knowledge about various things. Advice, discussions that produce advice for sufferers become valuable information for sufferers. Various things about how to overcome or find solutions to problems that arise are forms of informational support that can be provided by families for sufferers. Information support occurs and is given by families in the form of advice, suggestions and discussions about how to overcome or solve existing problems [15].

The form of family support in the form of appreciation for sufferers indirectly influences the formation of the patient's self- identity [29]. Support for appreciation, families in acting as a guidance system to provide feedback, guide and become an agent who helps solve problems and plays a role as a party that provides validation for the condition or identity of family members [15]. Family support in the form of giving awards aims to encourage positive behavior or positive attitudes of sufferers. Giving awards through positive expressions involves agreeing statements and positive evaluations of the ideas, feelings and performance of others that are positively compared between individuals and others [30]. Patients who get praise, positive feedback will increase their self-esteem, so sufferers try to maintain and even improve their behavior which is considered positive by the surrounding environment.

Table 3. Relationship between respondent's age and family support

Age	Family support				Total		p-value
	Good		Less				
	n	%	n	%	n	%	
Adult age	55	52.9	49	47.1	104	100	0.002
Old age	10	25.0	30	75.0	40	100	
Total	65	45.1	79	54.9	144	100	

Chi-square test results show that the p value is 0.002 which means there is a relationship between age and the support given in treating patients with mental disorders. The data can be described widely, that the more a person ages, the more his maturity will increase. A person's maturity is likely to increase his patience, perseverance and consistency in caring for a sick family member. Various life experience challenges experienced before make a person stronger in facing life's difficulties. Difficult life, failure, heavy competition makes a person more resilient, so more patient in dealing with patient behavior that is sometimes unexpected. Angry, opposing, hallucinating, delusional, social isolation are conditions experienced by sufferers.

Table 4. Relationship between gender and family support

Gender	Family support				Total		p-value
	Good		Poor				
	N	%	n	%	n	%	
Female	35	42.7	47	58.3	82	100	0.27
Male	30	48.4	32	51.6	62	100	
Total	65	45.1	79	54.9	144	100	

Chi-square test results showed a p value of 0.27; which means there is no sex relationship with family support. This means that the caregiver's sex does not affect the form of support provided to sufferers. Conditions can be understood, because sufferers as a family sub-system have interrelations and dependencies with each other. Problems experienced by one of the sub-systems will affect interaction or communication in the family system. Although the role of caregiver is mostly carried out by female caregiver, but male caregivers are no less capable of caring for sufferers [31]. This can be because male caregivers are easier to spend their time compared to female caregivers in providing care. More time is spent on women to carry out daily household chores, but this is not the case with male caregivers. They are more able to spend time for sufferers so they can better accompany and listen to patient complaints. However, it cannot be denied that a woman's maternal instincts are needed in assisting sufferers.

Table 5. Relationship between education and family support

Education level	Family support				Total		p-value
	Good		Poor				
	n	%	n	%	N	%	
Low	55	41.9	76	58.1	131	100	0.001
High	10	76.9	3	23.1	13	100	
Total	65	45.1	79	54.9	144	100	

Based on the results of the chi-square test, p value obtained 0.001, which means that education can contribute to the support given by families in caring for people with mental disorders. It appears that the majority of family caregivers have low education, namely primary schools. The low level of caregiver

education implies a lack of knowledge about mental disorders [32]. Although there are many information media that provide explanations about mental disorders, it is necessary to strengthen the provision of information using language that is easier to digest. The contribution of this education is very closely related to the form of family informational support, in this case the caregiver. A variety of information has been widely available to ordinary people, but understanding of the information is not necessarily as expected. However, the stigma of mental disorders that afflict the family also worsens family attention, shame, pain, as a curse, also worsens the form of family support in caring for sufferers.

Table 6. Relationship between working status and family support

Working status	Family support				Total		p-value
	Good		Poor				
	n	%	n	%	n	%	
Does not work	15	21.5	64	78.5	79	100	0.001
Already working	50	74.5	15	25.7	65	100	
Total	65	47.1	79	52.9	144	100	

Chi-square test results showed the p value was 0.001 meaning there was a relationship between work and family support. Owned work is closely related to the form of instrumental family support. The form of support can be in the form of providing treatment facilities, transportation, clothing, food and various material related matters that support the recovery process of the patient's condition. Job variables also correlate with one's existence within the scope of work and the scope of interaction in the context of social relations. Family support is a form of interpersonal relationships that protect a person from the effects of bad stress [33]. So family social support refers to social supports which are seen by family members as something that can be accessed or held for families who are always ready to provide help and assistance if needed [15].

The following table 7 illustrates the relationship between knowledge and support given by families to people with mental disorders.

Table 7. Relationship between knowledge level and family support

Know ledge level	Family support				Total		p-value
	Poor		Good				
	n	%	n	%	N	%	
Poor	50	53.8	43	46.2	93	100	0.001
Good	15	29.4	36	70.6	51	100	
Total	65	45.1	79	54.9	144	100	

The relationship between family knowledge and support given to patients is shown by the p value of 0.001. The results of chi- square test show that the form of family support, be it instrumental,

informational, appreciation or emotional, is based on the understanding possessed. shows the value of p is 0,000; which means there is a relationship of knowledge with family support. Form of family support is actually a behavior that is displayed [34] and depend on knowledge [35].

Next table 8 illustrates the results of the analysis of family attitude variables associated with support for sufferers.

Table 8. Relationship between attitude and family support

Attitude	Family support				Total		p-value
	Good		Poor				
	n	%	n	%	n	%	
Positive attitude	52	86.7	16	23.3	60	100	0.001
Negative attitude	20	23.5	65	76.5	84	100	
Total	65	47.1	79	52.9	144	100	

Based on the results of the chi-square test known p value is 0,001, with an explanation that attitudes contribute to the formation of family support. The attitude displayed by the family is influenced by his understanding and that understanding directly impacts the formation of behavior [36], [37]. The strategy or direction to treat patients is very significant in determining success in treating patients. Families who care for sufferers with full consistency will be able to survive in running the treatment program to the fullest.

In general, the way the family provides support will also affect the behavior of sufferers in dealing with the condition of their illness and inherent stigma that is not easy to deal with. Social and psychosocial factors can increase the risk of disease and affect the way a person defines and reacts to his illness. Psychosocial variables include: marital stability, lifestyle, and work environment. Someone will usually seek support and approval from his social group, this will affect health beliefs and how they are implemented.

IV. CONCLUSION

The family is also a system, consisting of members namely: father, mother, and child or all individuals who live together in one house. The existence of mutual interaction, interrelation and interdependence between family members is a characteristic of a family that makes a strong bond between fellow family members. This power unites to achieve a common goal. The family is an open system so that it can be influenced by the supra system namely: the environment or society and vice versa as a sub system of the environment or society, the family can influence the community (supra system) therefore how important the role and function of the family in shaping humans as members of society healthy bio-

psycho-social-spiritual. So it is appropriate if the family have as a central point of nursing services.

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