Family Characteristics Related to Family Support in Caring for Mental Disorder Patients

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Abstract

BACKGROUND: Mental disorders are currently experiencing a very significant increase and every year in various parts of the world, the number of people with mental disorders is increasing. The family as a care giver certainly has an important role in treating mental patients, but some characters from the family are the cause of problems in mental patients so that some of them get inappropriate treatment.

AIM: This study aimed to determine the relationship between family characteristics and family support in treating patients with mental disorders.

METHODS: The research design using descriptive correlation study with the research subjects was the families of patients who took patients in the psychiatric hospital at Indonesia numbered 145 families taken using accidental sampling technique. Data were collected using a questionnaire that has been tested for validity and reliability. Data were analyzed using Chi-square test.

CONCLUSION: The results of the study show that there was a relationship between age, sex, and education with family support in caring for mental disorders ($p < 0.005$).

Introduction

Mental disorders are brain disorders characterized by emotional disturbances, thought processes, behaviors, and perceptions (sensory arrest). This mental disorder causes stress and suffering for the sufferer and his family (Stuart, 2013) [1]. The prevalence of mental disorders worldwide according to the WHO data (World Health Organization) in 2019 [2], there were 264 million people experiencing depression, 45 million people suffering from bipolar disorder, 50 million people experiencing dementia, and 20 million people experiencing schizophrenia (Organization World Health, 2019) [2]. Whereas in Indonesia, there are more than the prevalence of schizophrenia/psychosis in Indonesia that is 7%/1000 houses ladder. This shows that out of 1000 households, there are 70 households that have household members (ART) with people with schizophrenia/severe psychosis (Riskesdas, 2018) [3]. The prevalence of mental disorders in the Central Java reaches 3.3% of the entire population. Based on data from the Central Java Provincial Health Office, there were 1091 cases of mental disorders and some of them lived in the market. This figure was obtained from data collection from January to November 2020. Data in Kendal District, there were at least 1.240 people experiencing mental disorders in 2018 (Tengah, 2018) [4]. Data from the Health Office as reported mention the mental disorder, as many as 622 people experienced severe psychotic disorders and 899 people entered category of mild mental disorders, 125 people suffer from epilepsy, and 67 people with cases of mental retardation.

Mental disorders currently experience a very significant increase, and every year in various parts of the world, the number of people with mental disorders increases. Mental health is a condition that allows optimal physical, intellectual, and emotional development of a person and that development goes in harmony with the circumstances of others. The meaning of mental health has harmonious (harmonious) characteristics and pays attention to all aspects of human life and in relation to other humans (Putri and Daud, 2021) [5]. The main symptoms or symptoms that are prominent in mental disorders are in the psychiatric elements, but the main causes may be in the body (somatogenic) and in the social environment (sociogenic) or psychic (psychogenic). Usually, there is no single cause, but several causes at the same time, which influence each other or happen together, then arises body or soul disorders (Wilton, 2017) [6].

People who experience mental disorders can have an impact on handling inappropriate mental

Table 1 : Characteristics of respondents by age (*n* = 145)

Mean	Median	Modus
42 years	45 years	48 years

Average age of 42 years of respondents (Table 1).

The majority of respondents were male and high school educated(Table 2).

disorders. If we look at the stigma experienced by people with mental disorders, the impact is seen in terms of the treatment, there are two groups. The first group handles clients with the stigma that people suffering from mental disorders due to trance while the second stigma is that people with mental disorders are family disgrace (Papola *et al*., 2020) [7].

The majority of family support is good (Table 3).

Based on the results of basic health research (Riskesdas) [3] conducted by the Ministry of Health in 2010, the prevalence of emotional mental problems, namely, depression and anxiety is as much as 11.60% of the total population of Indonesia or around 24,708,000 people. Then, the prevalence of severe mental disorders, namely, psychosis, is about 0.46% of the total population of Indonesia or about 1,065,000 million people (Balitbang Kemenkes, 2013) [8].

Family is the main system support for patients who experience mental disorders in maintaining their health. The role of the family in caring for patients with mental disorders is to maintain or maintain, maintain and improve mental status, anticipate socioeconomic changes and provide motivation, and facilitate spiritual needs for patients (Mascayano *et al*., 2016) [9]. The existence of family support will provide strength and create an atmosphere of mutual belonging. Family support is a form of serving behavior carried out by families both in the form of emotional support, appreciation or assessment, informational, and instrumental (Helimäki, 2021) [10]. The role of parents and family is needed in the healing process of patients. With this role, the patient will feel himself cared for, loved, and the patient does not feel discarded or not needed by the family and parents (Hennessy *et al*., 2020) [11]. The results of the preliminary study found that three out of seven families stated that the family had given full support to family members who experienced mental disorders by reminding them of eating, taking baths, changing clothes, and in social relations. While four out of seven families stated that the family did not pay attention to patients with mental disorders because of the busyness of the family, so that they could not treat patients with mental disorders well. Based on this background, it is necessary to conduct research on the relationship of characteristics with family support in caring for psychiatric patients.

Method

The research design using descriptive correlation study with the research subjects was the families of patients who took patients in the psychiatric hospital of Dr. H. Soewondo numbered 145 families taken using accidental sampling technique. Data were taken using a questionnaire containing 20 items questions about family support with the choice of answers never score 0 sometimes a score of 1, often a score of 2, and always a score of 3. Family support questionnaire has been tested for validity with a calculated value >0.444, that is, a minimum value of 0.597 and maximum value of 0.799. While the results of the family support questionnaire, reliability test was declared reliable with an alpha value of 0.948. Data were analyzed using Chi-square test.

Results

The results of the bivariate analysis showed that there was a relationship between age, sex, and education with family support in caring for psychiatric patients (p < 0.005) (Tables 1-3).

Table 2: Respondent characteristics (*n* = 145)

Characteristics	Frequency (%)
Gender	
Male	87 (60)
Female	58 (40)
Education	
Elementary	4 (2.7)
Junior high school	61 (42.1)
High school	80 (55.2)

Discussion

The results showed that the majority of respondents were 41–50 years old (42.1%). Age of respondents was 41–50 years old because of the families of adult patients, who always provided support to patients with mental disorders. Most of them are fathers and mothers of mental patients so they have an adult age. This study is in line with the research conducted about the factors that influence family support in the treatment of schizophrenic clients in the Kumun Community Health Center in Sungai Penuh. The results of the majority of respondents aged 40–50 years were 84.2% (Emitra, 2017) [12].

Table 3: Family support categories (n = 145)

Family support	Frequency (%)
Good	72 (49.7)
Enough	53 (36.6)
Less	20 (13.8)

Family age of psychiatric patients seems to be mature enough in the maturity of life and maturity of the soul to deliver mental patients to the hospital. Age is related to the decision to use mental health services where the more a person ages, the greater the confidence to seek help to health facilities, especially in families, is related to maturity to pay attention to other families in need of health assistance (Arinze-Umobi, 2021) [13].

This research is in line with the research conducted where with an average age of 50 years and the majority are parents of patients (father and mother) (De Los Reyes *et al*., 2015) [14]. So that parents (father and mother) in providing support and bringing patients to the hospital will be optimal. In accordance with Papalia's theory (2008) that the limits of early adulthood are 20–40 years, middle adults are 41–65 years, and late adults that is > 65 years. This is in accordance with the theory which states that most respondents aged > 40 years and above and can affect the motivation of patients to carry out examinations (Smeltzer and Bare, in Sari, *et al*, 2012) [15]. Based on the results of the previous research, theory and research, the researchers concluded that the majority of respondents aged 41–50 years was because they were family members of the patient's father or mother.

The results showed that the majority of respondents were male (60.0%). This is due to the fact that the average patient is a parent or a brother, for example, father's brothers, uncle, and brother. This research is in line with the research conducted about the factors that influence family support in the treatment of schizophrenic clients in the Kumun Public Health Center work area Sungai Penuh where the majority of respondents were male as much as 76.9% (Emitra, 2017) [12].

This is in line with the opinion Friedman (2010) [16] conditions in which family members especially men have responsibility, protect, and protect against sick family members. Where a man acts as an average father has a wise attitude, is responsible, and in caring for and family or family members who are sick so they want to take the patient to do the examination at the hospital (Ekoh *et al*., 2021) [17]. Whereas according to Friedman (2010) [16], father or father as husband of wife and father for children acts as breadwinner, educator, protector, and giver of security, as head of the family, as a member of his social group and as a member of society from the environment (Shin, 2021) [18]. As a result of the previous research, theory, and research, the researchers concluded that the most of the respondents were male because of a man's responsibility and helping patients to go to the hospital.

The results showed that the majority of respondents had high school education (62.1%). Education is more meaningful than the level of income in determining health facilities (Paccoud *et al*., 2021) [19]. This research is in line with research conducted by Triani (2013) [20] which shows that the most of the members who lead to psychology are high school graduates. It has enough education to make respondents who have good support and attention for patients. Education is an activity process that basically involves individual and group behavior (Jeffs and Smith, 2021) [21]. The core of educational activities is the teaching and learning process. The result of the teaching and learning process is the formation of a set of behaviors, activities, and activities (Pokrovskaia *et al*., 2021) [22]. By learning both formally and informally, humans will have knowledge, with the knowledge gained by someone will know the benefits of advice or advice so that they will be motivated in an effort to improve health status. According to the National Education System Law, the high school is included in high school education, so the opinion that the importance of education is a source of coping in dealing with problems. SM education is thought to be meaningful enough to determine the use of health facilities, especially to take patients to check and control. High category family education levels are related to their ability to use and choose the right health facilities to treat mental patients so that they can reduce family workload because they are faster and appropriate in obtaining assistance from health workers (Ribé *et al*., 2018) [23]. Based on the results of the previous research, theory, and research, the researchers concluded that the majority of respondents were of high school education so they brought sick family members to the hospital.

The results showed that the majority of respondents had good support shown as much (49.7%), this was because family members wanted to take patients to the hospital to do the examination once a month. The family motivates the patient to recover, takes the time to take the patient to check, and always provides good support to the patient. Family support is very meaningful for patients because the family is an important part of the patient, if the family does not provide support, the patient may not want to do self-care (Ong *et al*., 2021) [24].

Family support is very important for patients with mental disorders, because the family is the longest to interact with patients. In the family, the problem can arise and in the family, the problem can be found an alternative solution and mentioned that there are four types of family support, namely: Instrumental support, informational support, appraisal, and emotional support (Subu *et al*., 2021) [25]. Instrumental support includes families want to take patients to check and provide money for patients to check, emotional support includes giving motivation and motivation to patients to recover and want control of the hospital, informational support including families finding information regarding patient treatment and support for assessment including families always providing support to family even though the family is in a difficult situation. This is also reinforced by the results of research conducted that the role and

involvement of families are very important for patients with mental disorders, the role of the family is very supportive for healing patients because the family is able to provide trust and good attitudes for their families. The family has the function of giving love, security, trust, and preparing roles in the community (Hoplock *et al*., 2019) [26]. In this study, there were respondents who had less influence influenced by respondents lacking in assistance in the form of information, financial assistance, emotional assistance, and assistance in the form of assessments or awards (Maier *et al*., 2017) [27]. The results of the researchers' analysis show that lack of family support was due to poor families, so they are too busy each to earn a living, which makes it difficult for mental disorder patients to get support from their families. The most of the respondent's families work as low-income workers. This is one of the causes of mental illness patients getting support from family.

Factors influencing family support according to the social class status that is based on family income level and family income source, work, and education of adult family members identifying family social status (Mirowsky and Ross, 2017) [28]. However, the main obstacle is if the family of the psychiatric patient is included in the underprivileged family, so they are too busy each to earn a living, which makes it difficult for patients with mental disorders to get support from the family (Lazar and Davenport, 2018) [29]. Based on the results of the previous studies, theories, and research, the researchers concluded that most respondents have good support for this because family members pay attention and take the time to take patients to check and help patients who experience problems.

Conclusion

The majority of respondents aged 41–50 years (42.1%), male (60.0%), educated high school (62.1%), and respondents who have good support (49.7%), there is a relationship between age, sex, and education with family support in caring for psychiatric patients (p value <0.005).

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