

THE ABILITY OF FAMILY CAREGIVERS TO PREVENT RELAPSE OF SCHIZOPHRENIA

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ABSTRACT

Schizophrenia relapse occurs due to the family's inability to care for and modify the environment at home. This occurs due to low knowledge of family care, not being taken to mental health services, refusal of treatment from patients, and high emotional expression in the family environment. This study aimed to analyze the ability of family caregivers to prevent relapse of schizophrenia. Quantitative research design with a cross-sectional approach. The sample was 70 families who are caregivers of schizophrenia at the health center in Semarang City with a purposive sampling technique. Instruments in the form of a questionnaire developed from several concepts and tested validity reliability again. Data analysis using Spearman rank correlation with 95% significance. The results showed that there was a strong and unidirectional relationship between the family's ability to care for schizophrenia and relapse prevention ($p=0.000$, $r=0.628$). The better the family's ability to care, the better the relapse prevention efforts made. Mental nurses can provide repeated education and training to improve family knowledge of caring for schizophrenia at home.

Keywords: caring; family ability; relapse prevention; schizophrenia

INTRODUCTION

Schizophrenia that occurs in family members requires a long period of treatment and recovery, which depletes supportive skills (Herdman et al., 2021). Families experience frustration when schizophrenics refuse treatment (Ntsayagae et al., 2019). Families are unable to make the right decisions when schizophrenia relapses and are unable to modify the environment that is comfortable and conducive to the patient (Kusumawardani et al., 2019). In addition, families also lack access to mental health services so schizophrenia sometimes goes untreated (Verity et al., 2021). The iceberg phenomenon illustrates the high number of schizophrenia cases, this happens because families are still reluctant to bring them to mental health care facilities (Bhandesa, 2019; Verity et al., 2021). There are 21 million schizophrenics in the world from 0.24 cases per 1000 population. (Benjamin James Sadock, 2017) with a relapse rate in the last three years that continues to increase from 28.0% to 43.0%, to 54.0% (Pothimas et al., 2020).

In Indonesia from 1.3 cases to 7 cases per 1000 population in 2018 (Ministry of Health of the Republic of Indonesia, 2018b) and in Central Java from 2.3% (2013) to 9% (2018) (Ministry of Health of the Republic of Indonesia, 2018a). In Semarang City, the rate was 0.79 per 1000 population in 2018 (Agency of Health Research and Development, 2018). Medical record data from Dr. Amino Gondohutomo Hospital, Central Java Province in 2021, there were 765 schizophrenia undergoing treatment with a re-admission rate of within 0 days 19%. The very short re-admission period (0 days) is due to many factors and one of them is the inability of the family to care for schizophrenia when showing symptoms of relapse (Kandar, 2017). The results of a survey of 40 family caregivers of schizophrenia in the Semarang city area obtained a 0-day re-admission rate of 65% and 35% ranging from 5- 10 days. The causes of relapse include: 62% were unable to make the right decision when relapsing. This is supported that family can be a source of high emotional expression in the living environment ($P < 0.05$) which can increase the potential for relapse (Ahmad et al., 2017).

The impact of the family's inability to care for and prevent relapse of schizophrenia includes increased cost of care, longer treatment, increased family & and patient burden, decreased quality of life & and cognitive, disease severity, and ineffective schizophrenia recovery services (Yu, Mak & Chio, 2021). Families experience chronic stress (Fitryasari et al., 2018), Sleep problems, higher levels of depression, and lower quality of life (Zhou et al., 2020). High expression of family emotions towards the patient and increased risk of relapse (Chien et al., 2020). Based on these problems, the family's ability to care for schizophrenia is important to prevent relapse, so this study aimed to analyze the ability of family caregivers to prevent relapse of schizophrenia.

METODE

Quantitative research design with a cross-sectional approach. The sample consisted of 70 families who cared for schizophrenia patients at the health center in the Semarang city area. The sampling technique used purposive sampling. The variables of this study were the ability of families caring for schizophrenia patients and relapse prevention. The research instrument used a questionnaire of the family's ability to care for patients with schizophrenia including fulfilling the needs of Activity Daily Living (ADL), assisting social interaction, and helping productive skills. The ADL needs fulfillment questionnaire consists of 10 statements from the Barthel index developed by (Fitryasari et al., 2021) with a score of 10-40. The social interaction assistance questionnaire consists of 5 statements adopted from the Caregiving Tasks in Caring for an Adult with Mental Illness Scale (CTiCAMIS) developed by (Fitryasari et al., 2021) with a score of 5-20. The helping productive skills questionnaire consists of 3 statements developed by the researcher from theoretical concepts (Janardhana et al. 2018) with a score of 3-12.

The relapse prevention questionnaire included: recognizing relapse symptoms, patient acceptance, treatment adherence, and health service users. The relapse symptom recognition questionnaire consisted of 2 statements developed from the concepts of (Tlhowe, du Plessis & Koen, 2017) with a score of 2-8. The patient acceptance questionnaire consisted of 2 statements developed by (Tlhowe, du Plessis & Koen, 2017) with a score of 2-8. The medication adherence questionnaire consisted of 5 statements modified from the Caregiving Tasks in Caring for an Adult with Mental Illness Scale (CTiCAMIS) developed by (Fitryasari et al., 2021) with a score of 5-20. The health service user questionnaire consisted of 3 statements developed from the concept (Tlhowe, du Plessis & Koen, 2017) with a score of 3-12. Data collection was carried out at two Puskesmas, namely: Kedungmundu and Rowosari on families who were caregivers of schizophrenia patients by observing the ethical principles of research and passing ethical review from the Ethics Committee of RSJD Dr. Amino Gondohutomo Central Java Province with a number 420/12375. The data that has been collected is then analyzed both descriptively and inferentially using the Spearman rank correlation test with a significance level of 95%.

RESULT

The characteristics of families caring for patients with schizophrenia were mostly female, middle-aged adults (productive group), high school educated, housewives with income < Semarang city minimum wage, using BPJS social security and family structure as siblings.

Table 1.
 Characteristics of Families Caring for Schizophrenia Patients (n=70)

Family characteristics		f (%)
Gender	Male	20(28,6)
	Female	50(71,4)
Age	Early Adult (20-30)	14(20)
	Middle Adult (31-55)	42(60)
	Late Adulthood (56-60)	14(20)
Education	Elementary School	18(25,7)
	Yunior Hight School	11(15,7)
	Senior Hight School	31(44,3)
	Bachelor	10(14,3)
Jobs	IRT	36(51,4)
	Labor	10(14,3)
	Self-employed	12(17,1)
	Private Employee	12(17,1)
Revenue	<UMR	50(71,4)
	=UMR	10(14,3)
	>UMR	10(14,3)
Social Security	BPJS	61(87,1)
	Private	9(12,9)
Family Structure	Father	10(14,3)
	Mom	11(15,7)
	Siblings	19(27,1)
	Children	10(14,3)
	Wife	10(14,3)
	Husband	10(14,3)

Table 2.
 Relationship between family care ability and schizophrenia relapse prevention (n=70)

Variable	Indicator	Category	f(%)	p-value
Family ability to care for Schizophrenia	Fulfillment of ADL needs	Less	56(80)	0,000 rho= 0,628
		Simply	12(17,1)	
		Good	1(1,4)	
	Helps with Social Interaction	Less	44(62,9)	
		Simply	18(25,7)	
		Good	8(11,4)	
	Assist Productive Skills	Less	40(57,1)	
		Simply	20(28,6)	
		Good	10(14,3)	
Relapse prevention	Recognizing symptoms of relapse	Less	56(80)	
		Simply	14(20)	
	Patient admission	Good	53(75,7)	
		Less	17(24,3)	
	Medication adherence	Simply	35(50)	
		Good	35(50)	
	Utilization of health services	Less	21(30)	
		Simply	43(61,4)	
		Good	6(8,6)	

The family's ability to care for schizophrenia is mostly lacking in the fulfillment of ADL (80%), assisting social interaction (82.9%), and productive skills (57.1%). Meanwhile, the ability to prevent relapse is also partially lacking, namely: recognizing relapse symptoms (80%) and accepting schizophrenia patients at home (75.7%). The ability of families to care for patients with schizophrenia is significantly associated with *relapse* prevention (p-value

0.000 <0.05). The relationship between the ability of families to care for patients with schizophrenia and *relapse* prevention is positively correlated (unidirectional) with strong strength (*correlation coefficient* (r) = 0.628). The higher or better the family's ability to care for patients with schizophrenia, the higher and better the *relapse* prevention efforts.

DISCUSSION

The ability of families to care for patients with schizophrenia is significantly related to relapse prevention with a positive correlation. The higher or better the family's ability to care for patients with schizophrenia, the higher and better the relapse prevention. This is because the family has an important responsibility in the treatment process in psychiatric hospitals, preparation for discharge and care at home so that client adaptation goes well (Livana et al., 2018). The quality and effectiveness of family care for patients with schizophrenia will help prevent relapse and improve the patient's health status. Research (Ahmad et al., 2017) found that a factor that is significantly associated with preventing relapse of patients with schizophrenia is poor family knowledge of how to care for psychosis. Families need to have knowledge that includes an understanding of the mental disorders suffered by patients with schizophrenia, the causes of the disease, drug administration, drug doses, and side effects of treatment, signs of relapse symptoms, how to care for when at home and attitudes that need to be shown and which can be avoided while caring for patients at home. (Febriana et al., 2020). This can be achieved if the family can care well, and one of the indicators is knowledge of how to care for schizophrenic patients at home.

Knowledge of the importance of how to care for patients with schizophrenia by fulfilling ADL needs through independent self-care, making patients more confident, and feeling cared for by their families. Schizophrenia patients are assisted by families to be able to interact socially with other family members and the surrounding community making patients have good social skills that can improve mental health (Dwi Indah Iswanti, Nursalam, Rizki Fitryasari, 2024). Families also help patients with schizophrenia to develop productive skills while at home, such as activities that the patient likes and can still do which can increase the patient's self-esteem. This reinforces that family competence in caring for patients with schizophrenia is one of the efforts to prevent relapse that can be done (Iswanti et al., 2023). Good knowledge, especially on the recognition of early signs and symptoms, treatment compliance programs, and attitudes shown by families such as patient acceptance and normal expression of family emotions will reduce the potential for relapse in schizophrenia patients to be lower. Research conducted (Iswanti et al., 2022) where the results of discharge planning nurses on home preparation needs, such as family knowledge about how to care for patients at home has a significant relationship with the level of relapse of schizophrenia patients. Families are prepared with the knowledge to plan the care needs of schizophrenic patients when at home. Patient relapse will potentially be minimal if the family already knows how to care properly.

The family's ability to care by meeting the ADL needs of patients with schizophrenia will contribute to the patient's independence while at home, including the patient's independence to take medication which will have a positive impact on medication adherence. Medication adherence in patients with schizophrenia is one indicator of the family's ability to prevent relapse (Mubin & Livana, 2019). The family's ability to care by assisting the social interaction of schizophrenic patients at home, such as communication skills with other family members and patient involvement in community activities can increase the patient's sense of appreciation, and reduce stigma and social relationships with others. This makes patients with

schizophrenia feel recognized and not discriminated against, which has a positive impact on the patient's interpersonal environment that can support relapse prevention efforts. Similarly, the family's ability to care for patients with schizophrenia, such as helping with productive skills, will contribute to the ability to do activities according to their hobbies and abilities, which will have a positive impact on the patient's self-confidence (Iswanti et al., 2024). The patient's self-confidence is the initial capital for the symptoms of recovery and the avoidance of relapse in schizophrenia patients. It can be concluded that the ability of families to care for schizophrenia patients is closely related to relapse prevention behavior. The role of mental health nurses is to increase family knowledge to care for schizophrenia patients at home through repeated education, involving community leaders, enabling schizophrenia patients to perform ADLs, and helping social interaction and productive skills according to the patient's hobbies.

CONCLUSION

Improving the ability of families to care for patients with schizophrenia needs to be optimized so that it becomes one of the efforts to prevent relapse. Mental health nurses need to provide repeated education and skills training to families to be able to enable schizophrenia to perform ADLs and assist social interaction and productive skills.

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