

# The Effect of Supportive Therapy on the Ability of Families of People with Mental Disorders at Purbaratu Community Health Center, Tasikmalaya, Indonesia

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## ABSTRACT

Schizophrenia is a chronic disease that requires long-term medical treatment and causes physical, psychological, and social problems related to the disease and the potential side effects of its treatment. One of the nursing therapies that support the family is supportive therapy. Supportive therapy is a therapy that is given to exchange experiences regarding the problems experienced to improve family coping. The purpose of this study was to determine the effectiveness of therapy *supportive* on the ability of families to care for family members who are people with mental disorders at Purbaratu Health Center, Tasikmalaya City. The type of research is analytic research with approach *quasi-experimental* to the type of *experimental-test and post-test one-group* design, with a sample of 22 families were divided into 2 groups. The implementation of supportive therapy for each group was conducted 2 times at the Purbaratu Health Center. The ability of the family referred to in this therapy is the ability to recognize mental disorders and their treatment, the ability to empower other family members in care, and the ability to involve the external family in treating people with mental disorders. Based on results *the Wilcoxon test* obtained a significance value of 0.0001 ( $r < 0.05$ ). So the conclusion is that there is a significant difference in the score of family ability in caring for family members of people with mental disorders between before and after supportive therapy.

**Keywords:** ability of family, supportive therapy, People with Mental Disorders

## 1. Introduction

Schizophrenia is a chronic disease requiring long-term medical treatment and causes physical, psychological, and social problems related to the disease and the potential side effects of its treatment [1]. According to basic health research (riskesmas) (2013), the Indonesian population experiences schizophrenia as much as 0.17% or as many as 400 thousand people [2]. The number of schizophrenia patients who have finished being treated at the hospital will be treated at home by their families, then carry out control at the community health center (Puskesmas).

The community health center (Puskesmas) functions as a center for driving development with a health perspective, a community empowerment center, and a first-level health service center [3]. Nurses can provide nursing care through community empowerment with a family approach, from assessment to evaluation. Promoting mental health and welfare universally

and equally is the main effort in the development agenda for sustainable development goals (SDGs) [4].

WHO has developed problem management plus, psychological intervention program in dealing with mental disorders in general [4]. Generally, people with mental disorders are characterized by a high risk for relapse [5]. Family members who care for patients with mental disorders have an important role in the care of patients with mental disorders, including preventing recurrences [6]. Relatives/family experiences in caring for clients with mental disorders have similar problems when they are taken to a health care facility [7].

Each family member faces different challenges with different cultures [6]. There are many problems faced by families who care for people with mental disorders, including not meeting the needs of family members who care for people with mental disorders, fatigue, high caring burdens, high social stigma, low social support for family carers, and low quality. living a caring family [6]. Therefore, the need for comprehensive support for families who care for people with mental disorders is very necessary. Tertiary prevention is very important for people with mental disorders during home care [5].

One solution for families who care for people with mental disorders, namely by providing psychotherapy to optimize family involvement in caring for schizophrenic patients is supportive therapy. Supportive therapy is a therapy to increase the family's ability to become a support system. Supportive therapy consists of four sessions, namely identifying internal and external support systems, utilizing internal support systems, utilizing external support systems, and evaluating the results of using internal and external support systems. This supportive therapy is organized to facilitate members to share experiences on a particular problem so that member coping increases [2]. This study aims to determine the effectiveness of therapy *supportive* on the ability of families to care for family members who are people with mental disorder at Purbaratu Health Center, Tasikmalaya City.

## **2. Method**

The research design used in this study is quasi-experimental with pre and post test, *one group design*. The sampling technique used was simple random sampling, as many as 22 people. The study was conducted by selecting respondents randomly, then the sample obtained by the researcher was a family of 22 people with mental disorders, divided into 2 groups (according to the 10-12 supportive therapy modules per group). The inclusion criteria in this study were families with people with mental disorders who were in the working area of Purbaratu Health Center, family and cooperative. The research was conducted by doing supportive therapy: 2x meetings were held with a break between meetings of approximately 2 weeks to provide opportunities for the family to practice the supportive therapy that has been trained, and at the meeting evaluated the implementation of sessions 1 and 2 before sessions 3 and 4. In implementation therapy sessions 3 and 4 while inviting community leaders, including cadres, to provide support to the family. Data analysis used univariate and bivariate, to test the family ability hypothesis before and after supportive therapy intervention.

### 3. Results

#### 3.1. Characteristics of Respondents

Table 1. Frequency Distribution of Respondent Characteristics

Variable Characteristics	Frequency	Percentage of
Education		
Low	19	86.4%
High	3	13.6%
Age		
≥ 60 years	6	27.3%
<60 years	16	72.7%
Employment		
Working	10	45.5%
Not Working	12	54.5%
Income		
Below the wage regional minimum	19	86.4%
Above the wage regional minimum	3	13.6%
Total	22	100%

Based on the table, it can be seen that the respondents' education was low as many as 19 people (86.4%). The age of respondents under 60 years was 16 people (72.7%). Respondents who do not work as many as 12 people (54.5%). Respondents' income below the wage regional minimum was 19 people (86.4%)

Table 2. Frequency distribution of respondents' ages

Variable	Average	SD	95% CI	Min - Max
Age of Respondents	48.55	13.29	42.65 - 54.44	17 - 68

The results of the data normality test showed that the age variables were normally distributed. The average age of the respondents was 48.55 years, with the oldest being 68 years and the youngest being 17 years old.

Table 3. Frequency Distribution of Family Ability in Caring for

Family Members of Persons with Mental Disorders Before and After Supportive Therapy.

Ability Score Family	Median	SD	95% CI	Min - Max
Before Supportive Therapy	1.00	5.31	2.06 - 6.76	1 - 17
After Supportive Therapy	17.00	3.32	14.12 - 17.06	5 - 17

The results of the data normality test showed that the data before and after supportive therapy were not normally distributed. The mean score of the family's ability to care for family members of the Persons with Mental Disorders before being given supportive therapy was 1.00 (median), and after being given supportive therapy was 17.00 (median). The lowest score before therapy was 1 and the highest score was 17, while after therapy the lowest score was 5 and the highest score was 17.

Table 4. Analysis of the ability of families to care for family members of persons with mental disorders between before and after supportive therapy. (n = 22)

Score of Ability Family	Median	SD	Difference of	Z	$\rho$
Before Supportive Therapy	1.00	5.31	16	3,966	0,000
After Supportive Therapy	17.00	3.32			

There were 20 respondents with a higher score of family ability in caring for family members of people with mental disorders after supportive therapy than before therapy (there was an increase in the ability score). While the ability score did not change there were 2 respondents. For the average difference test, because the data distribution was not normal, an alternative test was carried out, namely *the Wilcoxon test*. Based on results *the Wilcoxon test* obtained a significance value of 0.0001 ( $r < 0.05$ ). Then there is a significant difference in the score of the family's ability to care for family members of people with mental disorder between before and after supportive therapy.

#### 4. Discussion

##### **The characteristics of families with PEOPLE WITH Mental Disorders at PurbaratuTasikmalaya Public Health Center**

The low level of education for clients is one of the reasons for not optimal family ability to care for their family members who are people with mental disorders. A person's understanding of a problem is largely determined by the level of education. Someone who has a good understanding will affect his physical, mental, spiritual, and health [8]. A person's education also affects the ability to hear and absorb information obtained, solve problems, change behavior and lifestyle. The results showed that a high level of education is closely related to cognitive abilities and the coping mechanisms used so that the possibility of someone at risk of experiencing stress is much lower than individuals who have a low level of education [9].

Differences in a person's developmental status or competence may show up as social and emotional immaturity. Adult age is usually related to the individual's ability to mature the socio-emotional and cognitive control systems [10]. Therefore, adults have the potential to manage their anxiety so they have the psychological ability and knowledge to care for families with people with mental disorders. Care for people with mental disorders because they are old and society's stigma is still negative, so that this causes anxiety in the family, and affects the family in providing care for people with mental disorder.

Economic anxiety results in serious mental and physical health problems [11]. This is because a person feels unable to meet their needs so that they have the potential to experience anxiety problems. Adequate economic resources are a source of coping in dealing with stressful situations. This means that the respondent must make every effort to be able to work, so that there are diversions in his day-to-day activities, and to increase his family's economic resources. Patients with people with mental disorders will be a burden on the family, clients with mental disorders can cause stress to the family Work problems related to poverty, inadequate facilities, inadequate fulfillment of food and housing needs, low fulfillment of health care for family members will trigger at least someone's resources for coping with situations *stressful* and the existence of helpless statements. Low income will greatly impact the provision of care for clients with mental disorders. Most of the families will prioritize meeting their daily needs compared to allocating funds for the treatment of clients with mental disorders that have been going on for a long time.

### **The ability of the family before-after therapy *supportive* Purbaratu Health Center Community**

WHO has a program to strengthen community-based mental health services through the development of housing opportunities for discharged patients [12]. Comprehensive family empowerment programs fulfill information components about mental disorders and mental health systems, skills components (communication, conflict resolution, problem-solving, assertiveness, behavior, and stress management. Family involvement in client care decision making improves outcomes using education and family support. to work together Families can make the right decisions if supported by good cognitive abilities about mental disorders.

Families have a high sense of interest in receiving specific information about mental illnesses and treatments. Families who have clients with mental disorders generally have been around for a long time and have spent all their wealth so that they almost give up. When someone provides information or knowledge related to mental disorders, they are very enthusiastic [6].

Frequency distribution of family ability in caring for family members of people with mental disorders after supportive therapy, most of the respondents were able to care for family members of people with mental disorders (77.3%). The implementation of group therapy for each individual provides mutual support. This group therapy also provides members with the ability to provide support and understand problems experienced through personal guidance and social or group guidance, which is expected to improve psychologically in caring for families with people with mental disorder. By using group-based nursing therapy, the respondents learn a new ability, learn new coping mechanisms from other group members. With group activities, fellow members will be able to discuss with each other, so that motivation between fellow group members can be formed and help direct their cognitive and behavior towards a better direction [13].

Supportive therapy is a psychological treatment that encourages patients to express and evaluate their life situations. Living with a mental illness can have a significant impact on all major areas of life and this can lead to negative feelings in the patient such as symptoms of frustration, helplessness, or depression [14]. The supportive therapy provided is carried out by identifying family abilities and support sources within and outside the family, training to use support sources that exist within the family, monitoring the use of support sources and obstacles in using support sources, training using support sources that are outside the family, monitoring use of supporting sources and barriers to using supporting sources and evaluating the results and constraints of using sources. Supportive therapy provides many functions, including the client can express problems experienced so that the condition experienced is not felt alone.

In addition to empowering the family, after supportive therapy, some respondents have started to use external forces to help support their families. In this study, of 22 respondents, 19 of them were able to provide external support from their families, some of whom were community leaders. They support the family by conditioning the environment so that it reaches a recovering condition. They have started to socialize related people with mental

disorder in recitation, or even prioritize families with people with disorders in getting social security services.

### **Differences in family ability before-after therapy *supportive***

Based on the results of the *Wilcoxon test*, the significant value was 0.0001 ( $r < 0.05$ ). So the conclusion is that  $H_0$  is rejected, or there is a significant difference in the score of the family's ability to care for family members of people with mental disorder between before and after supportive therapy.

Families can give a feeling of being able or inadequate, accepted or rejected. where clients need more motivation and support to be able to care for themselves. The role of the family is very necessary to motivate clients so they can do activities gradually.

Family psychoeducation leads to better outcomes for patient functioning and the well-being of family caregivers for people with depression. Implications for future development and implementation of family psychoeducation interventions [15] Family psychoeducation is a therapy used to provide information to families experiencing *distress*, providing education to them to improve skills to understand and have coping due to mental disorders that cause problems in family relationships. Families gain skills in how to care for clients with mental disorders at home and have the skills to reduce the burden and *stress* experienced by the family, for example with *distraction*, *relaxation*, deep breathing, and five-finger hypnosis techniques. In addition to this, the increased ability of the family in the psychomotor aspect will accelerate the independence of clients with mental disorders. The treatment before family psychoeducation was that the family left clients alone but after receiving family psychoeducation, families began to frequently invite clients to communicate. If external stimuli are increased by various positive and interesting activities, the presence of contact with the outside world or other people, this will reduce the negative symptoms of *schizophrenia*.

Families should be involved in the care and care of their relatives wherever possible so that they can contribute to the recovery of the person and the family's own needs for information, support and care can be addressed. Family psychoeducation refers to a group of structured psychotherapy interventions that involve a person with schizophrenia and their family as a partner in care [16]. Family is the main support system that provides direct care to clients. Families experience various responses to an illness suffered by one family member. Some members may feel embarrassed or afraid of the client's strange behavior. They are worried that the client will experience a relapse again. So that the family became emotionally exhausted, they could no longer face the situation. Generally, families ask for help from health workers if they are no longer able to care for clients with mental disorders at home. Family-focused nursing care not only restores the client but also aims to develop and improve the family's ability to overcome family problems. Most of the families visited by the researchers had sought alternative treatment but there was no change so they were taken to a health facility.

## 5. Conclusion

The ability of the family before and after therapy *supportive* Purbaratu Puskesmas, Tasikmalaya, before being given supportive therapy, most of the respondents were unable to care for family members of people with mental disorders, and after giving supportive therapy most of the respondents were able to care for family members of people with mental disorders. There is a significant difference in the ability of families to care for family members of persons with mental disorders between before and after supportive therapy.

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