ISSN 2354-7642 (Print), ISSN 2503-1856 (Online)
Jurnal Ners dan Kebidanan Indonesia
Tersedia *online* pada:
http://ejournal.almaata.ac.id/index.php/JNKI

INDONESIAN JOURNAL OF NURSING AND MIDWIFERY

Decreased of Family Negative Attitudes in Family Members of Schizophrenic Sickness disorder with Supportive Therapy

Kellyana Irawati

Department of Psychiatric Nursing Universitas Muhammadiyah Yogyakarta
Kompleks FKIK Gedung F3 lantai 4, Jl. Jalan Brawijaya, Kasihan, Bantul
Daerah Istimewa Yogyakarta, 55183, Indonesia
Email: keyfachocolate@gmail.com

Abstract

Family negative attitudes and family rejection against family members with mental illness increased the incidence of recurrence in patients with mental disorder. The study aimed to determine the effect of supportive therapy on family attitudes and family rejection of family members with mental disorder schizophrenia. This study used a pre-post design quasi-experiment with control group with sampling using cluster sampling The numbers of sample in this study were 51 families with mental illness family member for the intervention group and 45 families with mental illness family member to the control group. This research used the instrument family attitude scale and acceptance and rejection scale. The results showed there were significant changes in attitudes after being given supportive therapy group (p-value<=0.05). There was a significant difference in the change in the intervention group and the control (p-value<=0.05). The suggestion of this research was to apply supportive group therapy and family communities.

Keywords*: family attitude, family rejection, family with mental illness, supportive therapy*

Article info:
Articles submitted on August 15, 2017
Article revised on November 21, 2017
Articles received on 07 December 2017
DOI*: http://dx.doi.org/10.21927/jnki.2017.5(3).192-199*

INTRODUCTION

Schizophrenia is one of ten diseases that contribute to the burden of the world, according to the World Health Organization ranking. The incidence of schizophrenia occurred in 1.5 per 10,000 people where the diagnosis of schizophrenia will be more rapidly enforced in men rather than in women (1). Schizophrenia Globally affected about one percent of the world's population, and about 1.2 percent or 3.2 million Americans were exposed to schizophrenia and about 1.5 million people worldwide were exposed to schizophrenia (2). The data shows the high incidence of schizophrenia and is one of the burdens in the world.

The high incidence of schizophrenia in the community will be very close to the negative stigma that the patient mental disorder is a disgrace, and embarrassing because the behavior of the patient is different from the behavior of healthy people. The stigma of mental disorder patients arise because people are less aware of mental disorders. People are more familiar with patients who are untreated and

unkempt mental disorders but the public lack of knowledge about well-handled mental patients can be independent and naturally active (3).

Patients with schizophrenia are more often regarded as scary, dangerous, and the signs and symptoms appear unexpected. so that it becomes a burden for the family. This also can be a reason for families to discriminate against clients with schizophrenia and never invited to socialize because they more often get rejection (4). Families with spontaneously disturbed family members will behave negatively to the family itself as well as with sick family members such as avoiding, fearing and denying.

The lifelong emotional, social, and financial consequences experienced by individuals with schizophrenia have a significant impact on their families. The family's response to having a family member with schizophrenia includes: the burden of care, fear and shame about the signs and symptoms of the disease, the uncertainty about the course of the disease, the lack of social support, and the stigma (5). Family attitudes and family rejection committed to clients with mental disorders are also triggered by a lack of mental health services in the community. The burden the family feels with family members with mental disorders can lead to a variety of attitudes within the family. Negative attitudes can be triggered by unsatisfactory services, lack of therapy programs, and programs for the family itself (6). Uncooperative attitudes are often shown by families with family members who have mental disorders it can also be caused by the support of health services and lack of social support.

Families with the members with schizophrenia have a role to assist them in therapy, provide support in the treatment, provide a comfortable condition for their family members. Caregiver or family who receive and participate in psychological rehabilitation may decrease depression and increase patient acceptance of the disease and improve patient comfort while living with family. Therefore it can decrease patient recurrence rate (7). Families are needed by clients when they do the treatment and rehabilitation process which is an effort to restore confidence and self-esteem schizophrenia clients.

One effort to restore the confidence of schizophrenic patients is Family Psychoeducation that is consisting of information support from the peer and togetherness among respondents depends on how the respondent overcomes the problem from stressor. Therefore, it needed alternative therapy to improve the function and improve the attitude of the family. Other psychotherapies plans of Family Psychoeducation are helping families with chronic illness, Self Help Group (SHG). Self Help Group (SHG) is a structured group therapy aimed at providing patients with the opportunity to maintain or improve their personal and social functions through cooperation and sharing of understanding about the lives they face (8). It can be concluded that several therapeutic attempts have been made to provide support to families with family mental disorders.

Supportive therapy is a group therapy that can be done in various situations and conditions. It can also be done on families who have family members with mental disorders (9). Family supportive therapy in families with mental disorders is a supportive therapy given to a group of people (two or more) families who have family members with mental disorders by clarifying problems faced by the family. It has the advantage to support the system that they have and express their thoughts and feelings verbally (9). Supportive therapy may improve cognitive, affective, and psychomotor abilities in the family. It is supported by a study entitled the effect of supportive therapy on the family's ability to care for chronic renal failure patients undergoing hemodialysis in Pelni Hospital Jakarta (10).

Statistical statistics data in Yogyakarta area were about 32,033 people who have mental

health disorders, consisting of 1,357 people experiencing severe mental disorders. Mental Hospital Grhasia Yogyakarta, as one of the mental hospital located in Yogyakarta, only found 568 people or 41.86% of the existing amount. There were still 789 people or 58.14 percent who are not known (11). Bantul Regency is one of the districts in DIY which also has a high incidence of mental disorders. Bantul District Office found the number of psychotic mental disorder patients in the last five years increased. In 2007, there were 94 patients, 2008 there were 126 patients, 2009 there were 133 patients, 2010 there were 159 patients and 2011 there were 172 patients (12). Bantul Regency is divided into several districts, one of them is Kasihan I sub-district which had 45 people suffering from mental disorder is schizophrenia, the number is taken based on the patient's visit to the Puskesmas Kasihan I in August 2014.

In the Kasihan sub-district, families who have family members with mental disorders always close themselves from the social environment because the family is embarrassed by the condition of family members who are mental disorders. Families tend to avoid and close themselves when examined by health personnel. This study aimmed to determine the effect of supportive therapy on the negative attitudes of family members of families with mental disorders.

MATERIALS AND METHODS

The research was Quacy Experiment with pre-post with control group design. The population in this research was family with the member of mental disorder in Bantul District of Yogyakarta Special Region with number of 283 patients spread in Kasihan Subdistrict, Sedayu Subdistrict, and Imogiri Subdistrict. Sampling technique used cluster sampling technique. Instrument of data collecting in this research used questionnaire of demographic data of respondent that is family which consist of age, gender, occupation, marital status, income, and education. To measure negative attitude of family using Family Attitude Scale instrument from Kavanagh year 1997, it was modified and got 26 questions. The questionnaire was tested for the validity of the remaining 17 questions for family attitudes. The validity and reliability test in this questionnaire used the average Alphacronbach value of 0.896 and the value of r> 0.361.

RESULTS AND DISCUSSION

Family characteristics based on age, sex, education, occupation, marital status, and income are shown in Table 1.

Table 1 shows the frequency distribution of families consisting of sex, education, employment, marital status, health insurance, and income. The table shows that as many as 13 men and women as many as 33 people. The number of men in the control group was 12 people and the number of men from control and intervention was 25 people and 71 women.

The education variable in **Table 1** shows the last level of education in the intervention group of 18 people with junior high school education and 3 highly educated people. In the control group there were 14 primary school and 5 highly educated. The number of respondents based on the highest level of education was Junior High School, which was 32 people.

The distribution of work in the intervention group showed that there were 33 working families and 18 working families. The control group showed 30 respondents who worked and 15 respondents did not work. Distribution of respondents in the intervention group as many as 43 people who were married in the intervention group, and in the control group there were 39 people are married.

Average income of respondents there were more than 1,200,000 as many as 35 people and that was less than Rp.1,200,000 as many as 16

Table 1. Distribution of Frequency of Family Age and Patients with Family Members of Schizophrenic Mental Disorders in Imogiri II Working Area of Puskesmas II, Sedayu II, and Kasihan II Year 2014

Variable	Category	Intevention Groups (n=51)	Control Groups (n=45)	N (n=96)
Gender	Male	13	12	25
	Female	38	33	71
Education	SD	15	14	29
	SMP	18	14	32
	SMA	15	12	27
	PT	3	5	8
Status marriage	Single	2	2	4
	Married	43	39	82
	Widow/widower	6	4	10
Health insurance	have health insurance	37	16	53
	have no health insurance	14	29	43
Income	<1.200.000	16	16	36
	>1.200.000	35	29	64

Table 2. Analysis of Family Attitudes Before and After Treatment Supported

Variable	*Mean*	SD	SE	*p-value*	N
Attitudes to the Intervention Group					
Pre-test	25.82	8.007	1.121	0.000	51
Post-test	39.92	6.043	0.846		
Attitudes to the Control Group					
Pre-test	22.91	10.186	1.519	0.354	45
Pos-test	24.80	7.378	1.100		

people in the intervention group. The average income of respondents in the control group were 16 people earning less than Rp.1,200,000 and 29 people earning more than Rp.1,200,000.

The mean attitudes in the intervention group before the intervention were 25.82 with the standard deviation of 8,007. The average attitude in the intervention group after the intervention was 39.92 with a standard deviation of 6.043. The mean difference between pretest and post test was 14.10. The statistical test obtained p 0.000. It can be concluded that there was a significant difference in attitude between the intervention group before and after supportive therapy.

The average attitude in the pretest control group was 22.91 with a standard deviation of 10.186. In post test, the average attitude on the control group was 24.80 with the standard deviation of 7.378. The mean difference between the pre test and the post test was 1.889 with the standard deviation of 13.516. Result of statistical test got value 0,354 hence can be concluded that there was no significant difference between attitude in control group pre-test and post-test.

The average attitude after supportive group therapy in the intervention group was 39.92, while in the control group the average attitude was 24.80. The result of the statistical test was p=0.000. It meant that in Alpha 5%, there was a significant difference of attitude in the intervention group and control group after getting supportive therapy.

The Effect of Supportive Therapy Against Family Negative Attitudes Before and After Treatment

Families who showed a negative attitude toward family members who had mental disorders in this study was high before getting supportive therapy. Negative attitudes to the family were significantly related to stress levels of care giver and family, but were not related to family

Table 3. Differences Analysis of Attitudes in Intervention and Control Groups after Intervention Group received Supportive Therapy in the Working Areas of Puskesmas Kasihan II, Sedayu II and Imogiri II

Variable	After *Post-Test*	*Mean*	SD	SE	t	*Mean Difference*	*p-value*
Attitude	Intervention	39.92	6.043	0.846	11.034	15.122	0.000
	Control	24.80	7.378	1.100			

knowledge of schizophrenia (13). Negative attitudes of the family that arise when facing family members with mental disorders were attitudes of rage, discrimination, and do not want to care for family members with mental disorders.

Attitudes were different between intervention groups, before and after receiving supportive therapy. Supportive therapy is a group therapy that aims to provide support for patients or families. Supportive therapy is a group therapy focused on providing support to sick patients and families and encouraging patients / clients to become better (8).Supportive therapy that given to the families with negative attitude are expected to encourage families to be more positive to family members who are sick.

The results of this study were supported by research that supportive therapy. It could improve the ability of families in caring for family members with mental disorders (13). Supportive therapy given to families with mental disorders will have a positive effect on the family's attitude in accepting family members with mental disorders, because supportive therapy is to provide support to families and / or patients who have mental disorders.

Supportive therapy significantly affects behavioral responses (14). Other related research on supportive therapy was about the influence of supportive therapy to the integrity of self in elderly. The result was not difference in the attitude of control group before and after the health education. Related research on health education to the level of knowledge, attitudes and skills of parents before intervention had also no significant difference (15). This was because changes in attitude can not be done quickly, must be gradual and carried out continuously through health education.

Another supporting theory is Orem's theory of Supportive Educative System which was done when the patient was able to do self-care, but still need supporters such as support, guidance and teaching (16). Therefore, if someone has received health education and supportive therapy, they still need guidance and support to be able to consistently make a change in attitude towards a more positive.

Differences Negative Attitude After Getting Supportive Therapy for Group Intervention and Control Groups

Attitudes in the intervention and control groups experienced a difference after receiving supportive therapy. This was in accordance with research that supportive therapy could provide benefits and effectiveness for changes in the ability of clients in socializing with the ability affective, psychomotor, cognitive, and social skills before and after getting therapy showed symptoms of meaningful improvement (17). Support provided by group members in supportive group therapy could provide a positive attitude change to family members with family members of mental disorders.

CONCLUSIONS AND SUGGESTIONS

Based on the results and discussion, it can be made conclusions that in general the average age of families who were negative and rejection of family members with mental disorders was 42

years and female sex.Negative family education amongst those who has the middle and lower education (elementary school). Families were negative and reject the average work but had less or below the regional minimum wage. The majority of families were married and have health insurance. Negative family age indicated a relationship with attitudes and rejection to family members who have mental disorders. There was no difference in family attitudes in the control group after being given a health education. There were differences in family attitudes in the intervention group after being given health education and supportive therapy.

Some of the things that can be recommended from the results of this study was for health education Puskesmas and supportive therapy for families is one of the intervention on the description of nursing care in families who have family members with mental disorders. Health education and supportive therapy for families are self-directed nursing interventions that can be applied in the community sphere that can increase family support so as to reduce negative attitudes and rejection to family members who have mental disorders. Nurse mental health at puskesmas should be able to give generalist therapy for family that is with health education. Puskesmas health service should have specialist mental health nurse to be able to apply specialist mental health therapy for family and group.

The mental health cadres in the community must be even more active in performing their role as health cadres to routinely screening and early detection of healthy family of soul, family of risk, and family of mental disorders so that clients with mental disorders in the community more quickly known and get fast and right. Community mental health cadres are advised to be able to conduct health education to families who have family members with mental disorders or at least be able to share information about the treatment of mental patients so that families understand more about care and treatment of clients with mental disorders and can accept family members who have interference soul.

The results of this study found that many families who were negative toward family members who have mental disorders. This was because the level of education was medium. Therefore they had limited ability to reach information about the care of clients with mental disorders. Families should be more active in seeking information about mental health, family members care with mental disorders, and health services that can be used to optimize family care with mental disorders.

The results of this study were expected to increase the knowledge and insight of prospective nurses who are in the process of education. The results of this study recommend to conduct research on negative attitudes in families with mental disorders by using qualitative methods, research with quantitative methods is suggested to further extend the time of research so that more visible differences in attitudes and rejection after getting health education and supportive therapy.

The government is expected to be more concerned about the conditions of the lower middle class, especially about the reach of health services and the ease of accessing medical expenses for mental health, so that families who have family members with mental disorders can be more easily and do not increase their burden for treatment. The government is expected to pay more attention to areas that have mental health problems and high psychotic homelessness rates and provide shelter and rehabilitation for clients mental disorders so that clients with mental disorders more productive.

REFERENCES

1. Fischer BA, Buchanan RW. Schizophrenia in adults: Epidemiology and pathogenesis [Internet]. Wolter Kluwer. 2014 [cited 2017

Nov 29]. Available from: http://www.uptodate.com/contents/schizophrenia-in-adults-epidemiology-and-pathogenesis
2. Nemade R, Dombeck M. Schizophrenia Medication Treatment Options - Schizophrenia [Internet]. Mental Health Net. 2009 [cited 2017 Nov 29]. Available from: https://www.gulfbend.org/poc/view_doc.php?type=doc&id=8828&cn=7
3. Yang LH, Lo G, WonPat-Borja AJ, Singla DR, Link BG, Phillips MR. Effects of labeling and interpersonal contact upon attitudes towards schizophrenia: implications for reducing mental illness stigma in urban China. Soc Psychiatry Psychiatr Epidemiol [Internet]. 2012 Sep 11;47(9):1459–73. Available from: http://link.springer.com/10.1007/s00127-011-0452-y
4. Angermeyer MC, Millier A, Rémuzat C, Refaï T, Toumi M. Attitudes and beliefs of the French public about schizophrenia and major depression: results from a vignette-based population survey. BMC Psychiatry [Internet]. 2013 Dec 20;13(1):313. Available from: http://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-13-313
5. Brady N, McCain GC. Living with schizophrenia: a family perspective. Online J Issues Nurs [Internet]. 2004 Nov 29;10(1):7. Available from: http://www.ncbi.nlm.nih.gov/pubmed/15727542
6. Fontaine K. Mental health nursing. 6th ed. Upper Saddle River, editor. Prentice hall health; 2009.
7. Koukia E, Madianos MG. The effect of rehabilitation of schizophrenia patient on their family atmosphere and the emotional well-being of caregiver [Internet]. Vol. 19, The European Journal of Psychiatry. Departmento de Psiquiatria de la Facultad de Medicina de Zaragoza; 2005 [cited 2017 Nov 29]. 55-64 p. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-61632005000100005&lng=es&nrm=iso&tlng=
8. Halter MJ. Foundations of Psychiatric Mental Health Nusring: Clinical Approach. 7th ed. Elsevier; 2010.
9. Hidayati E. Pengaruh Terapi Kelompok Suportif terhadap Kemampuan Mengatasi Perilaku Kekerasan pada Klien Skizofrenia di Rumah Sakit Jiwa Dr. Amino Gondohutomo Semarang. Pros Semin Nas Int [Internet]. 2012 [cited 2017 Nov 29];1(1). Available from: http://jurnal.unimus.ac.id/index.php/psn12012010/article/view/524/573
10. Wahyuningsih SA, Mustikasari, Waluyo A. Pengaruh Terapi Suportif terhadap Kemampuan Keluarga Merawat Klien Gagal ginjal Kronik (GGK) yang menjalani Hemodialisa di RS Pelni Jakarta [Internet]. Universitas Indonesia; 2011 [cited 2017 Dec 7]. Available from: http://lib.ui.ac.id/file?file=digital/20282455-T Sri Atun Wahyuningsih.pdf
11. Biro Pusat Statistik. Data Pasien Gangguan Jiwa dan Gelandangan Psikotik Jogjakarta. Yogyakarta; 2013.
12. Tribun Jogja. Puskesmas Imogiri II Tangani Ratusan Pasien Jiwa [Internet]. 2012 [cited 2017 Dec 7]. Available from: http://jogja.tribunnews.com/2012/04/02/puskesmas-imogiri-ii-tangani-ratusan-pasien-jiwa
13. Kavanagh DJ, Pourmand D, White A, Robertson D, Halford K, Vaughan K. Predictive validity of the Family Attitude Scale in people with psychosis. Psychiatry Res [Internet]. 2008 Sep;160(3):356–63. Available from: http://linkinghub.elsevier.com/retrieve/pii/S0165178107002867
14. Hernawati T. Pengaruh Terapi Suportif pada Keluarga dengan Tuna Rungu. Universitas Indonesia; 2009.
15. Hapsari H. Pengaruh Pendidikan Kesehatan tentang Efek Samping Kemoterapi melalui

Multimedia terhadap Perilaku Orang Tua dalam Merawat Anak Leukimia yang sedang Kemoterapi. Universitas Indonesia; 2012.
16. Alligood M, Tomey A. Nursing Theories and Their Work. 6th ed. St. Louis: Mosby Years Book Inc; 2006.
17. Surtiningrum A. Pengaruh Terapi Suportif terhadap Kemampuan Bersosialisasi pada Klien Isolasi Sosial di Rumah Sakit Jiwa Daerah Dr. Amino Gondohutomo Semarang. Universitas Indonesia; 2010.