

## OVERVIEW OF FAMILY SUPPORT FOR MENTALLY DISORDERED PATIENTS IN THE MENTAL POLYCLINIC OF JAMBI PROVINCE RSJD

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### Abstract

*The prevalence of mental disorders continues to increase, therefore mental disorders are a serious health problem. Data obtained from the Jambi Prov Hospital, patients with schizophrenia in 2020 were 5606 visits (76%), in 2021 there were 13,438 visits (77%), and in 2022 there were 3,442 visits (78%). Treatment of patients with mental disorders requires a long time and process, so it requires the role of the family as the unit closest to the patient to provide support in the patient's healing process. The purpose of this study was to obtain an overview of family support for patients with mental disorders at the Psychiatric Polyclinic of the Jambi Prov Hospital. This research design is descriptive using a survey approach. The population of this study were mental patients who were undergoing treatment at the Psychiatric Polyclinic of the Jambi Province Hospital. The sample used was 107 people with accidental sampling technique. The instrument used was a family support questionnaire sheet with univariate analysis. Based on the results of the study, the description of family support for patients with mental disorders as a whole was categorized as good (97.2%) of respondents. The components of emotional support and appreciation were good (94.4%) of respondents, quite good (4.7%) of respondents and not good (0.9%) of respondents. Instrumental support in good category (97.2%) of respondents., quite good (2.8%). Information support is in the category good (80.4%) of respondents, quite good (17.8%) of respondents, and not good (1.9%) of respondents. Data analysis shows that information support is the lowest family support. It is hoped that this research will become an evaluation and input for the Jambi provincial RSJD, and future researchers.*

**Keywords:** Family Support, Mental Disorders, Psychiatric Polyclinic

### Introduction

Mental disorders are diseases caused by the chaos of thoughts, perceptions and behavior of individuals who are unable to adjust to themselves, others, society and the environment.<sup>1</sup> There are three interrelated factors that can cause mental disorders, including somatic factors (somatogenic), psychological factors (psychogenic) and socio-cultural factors.<sup>2</sup>

The prevalence of mental disorders continues to increase, therefore this mental disorder problem is a serious health problem. WHO data in 2019 showed that schizophrenia affects around 24 million people or 1 in 300 people worldwide.<sup>3</sup>

Based on the results of the Basic Health Research in Indonesia in 2018, the prevalence of schizophrenia/psychosis in Indonesia was 6.7 per 1000 households. This means that out of 1,000 households, there are 6.7 households that have household members (ART) with

schizophrenia/psychosis. Schizophrenia reaches around 400,000 people or 7 per 1,000 population and 70% of them experience hallucinations.<sup>4</sup>

Jambi Provincial Mental Hospital is the only mental hospital in Jambi province that handles and provides outpatient services for mentally ill patients. Data obtained from the Jambi Provincial Mental Hospital showed that patients suffering from schizophrenia in 2020 were 5606 visits (76%), in 2021 there was a fairly high increase to 13,438 visits (77%), and in 2022 schizophrenia sufferers were 3,442 visits (78%) of the total patient visits at the Mental Health Polyclinic of RSJD Jambi.<sup>5</sup>

Patient visits to the mental health clinic to always check with the doctor are routine activities that must be carried out by mental patients to help the patient's recovery, in the treatment process the role of the family is needed in it, such as accompanying in taking medication, checking to the hospital and family motivation in treatment, because mental patients need a long time for the treatment process. The family is the closest unit to the patient who can provide direct care for every state of health-illness of the patient.<sup>2</sup> In helping the patient's healing process, the family can provide assistance in the form of emotional assistance, positive assessment, material, information, and advice, which is called family support.<sup>5</sup>

The forms of family support are divided into four types, namely emotional support and appreciation, instrumental support and information support.<sup>6</sup>

Based on results preliminary survey of 5 people who had outpatient visits. 3 people in total have good family support Good. However Dadyes family informational support, the patient was only occasionally reminded to take the medicine because the patient said he had remembered to take it himself. Two other patients said that the family always accompanied the patient in carrying out care and treatment, but the results of the examination from the doctor were only occasionally informed to the patient, and when the patient asked the family about the illness he was experiencing, the family did not explain for fear of worsening the patient's condition

The general objective of this study is to see the picture of family support for mentally ill patients at the Mental Health Polyclinic of the Jambi Provincial Mental Hospital. Specifically, this study aims to see the characteristics of respondents with mental disorders at the Mental Health Polyclinic of the Jambi Provincial Mental Hospital.

## Method

This research is a quantitative research with a descriptive research study type using a survey approach<sup>7</sup>. The population of the study were mental patients who visited the Mental Health Polyclinic of the Jambi Province Mental Hospital. The sample used was 107 respondents using the accidental sampling technique. The research instrument used a family support questionnaire from Nursalam. Data analysis used univariate tests, namely respondent characteristics (age, gender, education and occupation), and family support. The results of the data obtained are presented in the form of a distribution table.

## Results

Based on the results of data collection conducted from February 6, 2023 to March 6, 2023 on 107 respondents, data analysis was carried out on the characteristics of respondents and the description of family support for patients with mental disorders.

### Respondent characteristics based on age, gender, education, and occupation

Based on the age, the largest is 36-45 years old with 39 respondents (36.4%), while the lowest age is 56-65 years old with 12 respondents (11.2%). Meanwhile, for male gender with 55 respondents (51.4%), while for the lowest gender is female with 52 respondents (48.6%). The characteristics of respondents based on the highest education are high school with 44 respondents (41.1%), while for the lowest education is college with 14 respondents (13.1%). And the characteristics of respondents based on work are the most respondents are not working with 71 respondents (66.4%)

**Table 1. Respondent characteristics based on age, gender, education, and occupation**

Characteristics	Frequency (f)	Percentage (%)
<b>Age</b>	13	12.1
17-25 (Late teens)		
26-35 (Early adulthood)	25	23.4
36-45 (Late adulthood)	39	36.4
46-55 (Early elderly)	18	16.8
56-65 (Late elderly)	12	11.2
Amount	107	100%
<b>Gender</b>		
Man	55	51.4
Woman	52	48.6

Characteristics	Frequency (f)	Percentage (%)
Amount	107	100%
<b>EducationSD</b>		
	25	23.4
JUNIOR HIGH SCHOOL	24	22.4
SENIOR HIGH SCHOOL	44	41.1
College	14	13.1
Amount	107	100%
<b>Work</b>		
Doesn't work	71	66.4
civil servant	3	2.8
Farmer	9	8.4
Laborer	4	3.7
Self-employed	20	18.7
Amount	107	100%

### Overview of Family Support for Mentally Ill Patients at the Mental Health Polyclinic of Jambi Province's RSJD

Family support for respondents with mental disorders was almost entirely good, namely 104 respondents (97.2%).

**Table 2. Frequency Distribution of Family Support Descriptions at the Mental Health Polyclinic of Jambi Province's Mental Hospital.**

Family Support	Frequency (f)	Percentage (%)
Not good	0	0
Pretty good	3	2.8
Good	104	97.2
Amount	107	100%

### Emotional Support and Appreciation

Emotional support and appreciation from family members of respondents with mental disorders were good, namely 101 respondents (94.4%).

**Table 3. Frequency Distribution of Description of Emotional Support and Family Appreciation at the Mental Health Polyclinic of Jambi Province's Mental Hospital.**

Family Support	Category	Frequency (f)	(%)
Emotional	Not enough	1	0.9
	Enough	5	4.7
Award	Good	101	94.4
	Amount	107	100

### Instrumental Support

Family support for respondents with mental disorders was almost entirely good, namely 104 respondents (97.2%).

**Table 4. Frequency Distribution of Family Instrumental Support Description at the Mental Polyclinic of Jambi Province's Mental Hospital**

Family Support	Category	F	(%)
Instrumental	Not enough	0	0
	Enough	3	2.8
	Good	104	97.2
Total		107	100

### Informational Support

Family support for respondents with mental disorders is good, namely 86 respondents (80.4%).

**Table 5. Frequency Distribution of Family Information Description at the Mental Health Polyclinic of Jambi Province's RSJD**

Family Support	Category	Frequency (f)	(%)
Information	Not enough	2	1.9
	Enough	19	17.8
	Good	86	80.4
	Amount	107	100

## Discussion

### Respondent Characteristics Based on Age

Based on the data obtained according to age, it can be seen that the percentage of respondents with mental disorders at the Mental Health Polyclinic of the Jambi Provincial Mental Hospital is mostly in the age range of 36-45 years (late adulthood), which is 39 respondents (36.4%). Late adulthood tends to experience psychosocial changes, emotional health in late adulthood is related to the individual's ability to place and separate personal tasks and social tasks. At this time is the strongest test in achieving goals and life relationships. Individuals make changes in their social selves, and their workplaces. Usually stress due to repeated tests will result in a midlife crisis, where there are changes in partners, marriage, lifestyle and job.<sup>8</sup>

This is in line with research conducted by Indah Amalia, et al. that schizophrenia patients are more likely to suffer from adulthood compared to adolescence or children, where the age of

25-44 years is the age of the most schizophrenia patients with a peak age of 30-39 years which is the productive age of humans.<sup>9</sup> Adulthood is also the age when someone has a family, so the problems faced are also increasing, not only their own problems but also the problems of their family members, such as unhealthy sibling rivalry, marital incompatibility, and broken households. This allows adults to have more complex problems and are at risk of experiencing mental disorders.<sup>2</sup>

Interviews conducted by researchers with respondents found that most were in the adult age range, and when researchers asked about the initial cause of mental disorders being experienced, many respondents said they were caused by divorce, being abandoned by a lover, quarrels between siblings caused by the division of inheritance, and economic problems caused by bankruptcy, so according to researchers, adulthood is a time when someone is vulnerable to experiencing mental disorders, therefore it is necessary to avoid triggering factors that cause mental disorders.

### **Respondent Characteristics Based on Gender**

The results of the data obtained based on the gender of respondents with mental disorders at the Mental Health Polyclinic of the Jambi Provincial Mental Hospital, the majority were male with a total of 55 respondents (51.4%). The results of this study are in line with Sri Novitayani's study, which found that schizophrenia respondents based on male gender were 26 people (65%).<sup>10</sup> This can happen because men prefer to be silent and keep their problems to themselves rather than talking to their family or close friends or will divert their depression with a lot of work so they can forget their depression.<sup>11</sup>

According to Zilinska, when male patients experience stress, they will form a self-defense strategy by showing an attitude of rejection. Male patients will also tend to refuse to take medication on the grounds that they can cope with their stress, and usually will divert their depression by consuming additives, alcohol, and cigarettes which can increase the risk of developing severe mental disorders, thus worsening the disease, or the patient will often relapse, feel helpless and can end his life.<sup>12</sup>

This study is in line with the opinion where the results of interviews with respondents are generally male caused by the use of narcotics, smoking habits, and consuming alcohol. Sufferers who believe that addictive substances can solve various problems experienced such as failure in work or achieving goals and losing people or something meaningful such as a boyfriend, parents, siblings and free association such as peer influence and pressure (invited, persuaded, and threatened). Individuals who use drugs that have addictive properties (dependency effects) can cause mental disorders because the content in them can trigger disorders in the brain, both in the nervous system and brain function, which can cause the brain to receive abnormal messages through networks that can cause mental disorders ranging from perception disorders, thought process disorders, motor disorders and so on <sup>2</sup>

### **Respondent Characteristics Based on Education**

The results of the data obtained based on the education of respondents with mental disorders at the Mental Health Polyclinic of the Jambi Provincial Mental Hospital, the largest was high school with 44 respondents (41.1%). Yunus's research showed that the characteristics of respondents based on the highest level of education were high school with 41 respondents (48.2%).<sup>13</sup> A person's education will influence being able to do or master something. Through education, a person will learn many things, absorb a lot of information, change perceptions and form correct understanding. A person's level of education will influence responding to something that comes from outside.<sup>14</sup> People with higher education tend to respond more rationally to incoming information and will think about how much benefit they might get from the idea.<sup>15</sup> According to Indah Amalia, individuals with higher education experience better psychological well-being by being able to control their emotions, than those with lower education.<sup>16</sup>

The results of interviews conducted by researchers are in line with this opinion, where it was found that low-educated patients were caused by many patients who were forced to drop out of school. The low level of education will affect the patient's knowledge of their health problems so that it will be an obstacle in social interaction or in obtaining information about the problems being experienced. The majority of respondents in this study had a high school education level, when the interview was conducted, respondents found it easier to understand and comprehend the questions in the questionnaire compared to patients with low education. With the level of

knowledge and understanding possessed, it will be easier for patients to obtain information to understand and accept the conditions being experienced, and determine the correct treatment method according to the individual's health problems.

### **Respondent Characteristics Based on Occupation**

The data obtained based on work, namely the majority of respondents were unemployed with a total of 71 respondents (66.4%). In the study, the job category was divided into two, namely working (civil servants, farmers, laborers and self-employed) and not working. The same results were also found in Darsana's study that more mentally ill patients with schizophrenia were unemployed, namely 2669 patients (88.03%).<sup>16</sup> In a study conducted by Erlina, people who did not work had a 6.2 times greater risk of suffering from schizophrenia compared to those who worked.<sup>17</sup>

Based on the results of interviews conducted by researchers with respondents, in general patients are no longer working due to conditions that do not allow and focus on undergoing treatment, and in general the patient's family does not allow the patient to work again because they are afraid of worsening the patient's condition with the burden and pressure of work even though the patient's involvement in doing work is necessary to help reduce the stress experienced, so that the family can help the patient by providing work that should be chosen based on the talents and interests of the patient, which will make it easier to adjust to work so as to avoid pressure in doing the work.<sup>18</sup>

### **Overview of Family Support for Mentally Ill Patients at the Mental Health Polyclinic of Jambi Province's RSJD.**

Based on the data obtained by researchers, family support for respondents with mental disorders is almost entirely good, namely 104 respondents (97.2%). According to Friedman, family is a support system in dealing with problems of family members. Family is the closest and most comfortable place for patients. Family can increase enthusiasm and motivation to behave healthily, namely by providing proper care and treatment. This family support is manifested in the form of affection, trust, warmth, attention, mutual support and respect between families. There are four family supports, namely emotional support, appreciation support, instrumental support, and information support.<sup>19</sup>

## 1. Support Emotional and Award

The results of the study obtained by researchers on the sub-variables of emotional support and family appreciation for mentally ill patients were that almost all were good, namely 101 respondents (94.4%), quite good, namely 5 respondents (4.7%), and not good, namely 1 respondent (0.9%). Emotional support and appreciation will give individuals a feeling of comfort, feeling loved when experiencing depression, for that the family can provide assistance in the form of encouragement, empathy, trust, attention so that the individual who receives it feels valuable.<sup>6</sup>

Dwi Hartanto in his research concluded that positive and good family attitudes and support are very beneficial for patients because with this role, patients will feel cared for, loved, and patients do not feel abandoned or not needed by the family, which will affect the recovery of mental disorder patients. So that high family participation will reduce the relapse rate in mental disorder patients.<sup>20</sup>

The results of the questionnaire analysis on the sub-variables of emotional support and appreciation show that almost all respondents, namely (87.9%) said that they were always accompanied by their family during treatment. Family support is very important considering the treatment process for mental disorders that takes a long time. In addition, respondents (79.4%) said that the family always gave praise and attention and (95.3%) said that the family continued to love and pay attention to their condition during their illness. Patients who are undergoing the treatment process need motivation and responsibility from the family, where the family becomes a comfortable and peaceful place to rest and recover and helps control emotions so that patients will feel comfortable, feel loved when experiencing suffering in this case the family has the function of providing affection, security, trust and preparing roles in society.<sup>6</sup>

The family also needs to have an attitude of accepting the patient, giving a positive response to the patient, respecting the patient as a family member. Respondents (88.8%) said that the family always understands that the illness being experienced is a disaster. This is in line with Hartanto's research, which explains that the family's attitude in dealing with problems with people with mental disorders is mostly accepting the existing situation and hoping that everyone can recover and the family tries to continue treatment. However, feelings towards people with mental disorders are mostly sad about the existing situation because there are family members who have mental disorders and most families are comfortable and some others feel uncomfortable because their own family is experiencing it.<sup>21</sup> Therefore, a positive and good response from the patient's family and

the role of the family, especially in providing emotional support and family appreciation, are very necessary for the patient's recovery in this case the family must be able to provide a sense of trust and a good attitude for the patient.<sup>22</sup> Families with mental disorders can provide emotional responsibility including trying to keep the family intact, continuous monitoring of the mental state of family members, and providing supportive interventions.<sup>23</sup>

## **2. Instrumental Support**

The results of the study on the instrumental support sub-variable showed that instrumental family support for mentally ill patients was the highest, where almost all were good, namely 104 respondents (97.2%), and quite good, namely 3 respondents (2.8%). In this instrumental support, the family has provided good and positive family support to mentally ill patients. Mental patients often experience relapses due to discontinued treatment and the role of the family in caring for mentally ill patients. Research conducted by Gani found that the frequency of hospitalization was 2 times 38 respondents (48.7%). This is in accordance with the statement that the first relapse after the patient recovers will be easier to occur because of differences in adaptation in the hospital and in the living environment which are very different, so family support is needed to overcome it.<sup>24</sup>

The results of the questionnaire analysis showed that more than 90% of respondents on average chose the statement always. This is proven by all respondents (100%) stating that they are always willing to finance the care and treatment of respondents. Patients with mental disorders need family support that is able to provide care while the patient is undergoing optimal care or treatment, but the family as the main support system often experiences a heavy burden in providing care to patients, namely the financial burden in care.<sup>25</sup> As many as 95.3% of respondents stated that the family always provides time and facilities if the respondent needs it for treatment purposes. As many as 94.4% of respondents stated that the family always tries to find the lack of facilities and equipment for the treatment needed. For example, if the medicine is not available at the hospital pharmacy, the family is willing to look for medicine outside the hospital. In addition, as many as 92.55% of respondents said that the family always plays an active role in every treatment and care of the patient's illness. Good instrumental support like this is very important to help the patient's healing process. The effectiveness of treatment and the success of the care undergone by patients are not only influenced by the quality of health services but are also influenced by the environment, attitudes and lifestyle of the patient and his/her family, where the family is the unit closest to the patient.<sup>26</sup>

### 3. Informational Support

The results of the study on the information support sub-variable are the lowest family support, where the results showed that family information support for mentally ill patients was mostly good, namely 86 respondents (80.4%), quite good as many as 19 respondents (17.8%) and not good, namely 2 respondents (1.9%). Family informational support is given in the form of communication given by the family in providing suggestions or input, advice or direction, and providing important information that is very much needed by the family in an effort to improve the health of family members.

his family.<sup>27</sup>

The results of the questionnaire analysis on this subvariable showed that only 67.3% of respondents stated that their families always informed them about the results of the examination and treatment from the doctor treating the patient, and 15.0% stated that sometimes the family informed them, but 10.3% of other respondents stated that the family never informed them about the results of the examination and treatment from the doctor treating them. In addition, the results of the study also showed that only 68.2% of respondents stated that they always explained to respondents every time they asked unclear things about the respondent's illness, and 13.1% of other respondents stated that they never did. Interviews conducted by researchers with respondents with mental disorders, several respondents said that families did not always inform patients of the results of the examination from the doctor for fear of worsening the patient's condition with the burden of thinking about the patient's condition, even though according to researchers, the patient's beliefs would also affect the relapse of mental patients. This is in line with Aprilis' research which states that mental patients who deny their illness will affect the patient's relapse, so patients need family support so that patients can accept the condition that the patient is sick by providing a correct understanding of the condition currently experienced by the patient.<sup>28</sup>

Family support is very necessary for people with mental disorders to motivate patients during care and treatment, which is in accordance with the theory that states that family very supportive time healing recovery of patients with mental disorders.<sup>29</sup> As the main support system, the family has a role in caring for or maintaining, maintaining and improving mental status, anticipating socio-economic changes and providing motivation and facilitating the spiritual needs of patients with mental disorders.<sup>30</sup>

## Conclusion

Based on the results, it can be concluded from the results of the data analysis that information support is the lowest family support. It is hoped that this study will be an evaluation and input for the Jambi Provincial Mental Hospital, so that health workers, both doctors and nurses who treat patients, can improve family knowledge by providing information and guidance regarding the importance of providing information support to patients with mental disorders by conducting health education, distributing leaflets, or conducting home visits so that family support is increasingly optimal and recovery is achieved for patients with mental disorders.

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