

## The Impact of Psychoeducation: Anxiety for Family Members of Mental Disorder Patient

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### Abstract

#### Keywords:

Psychoeducation,  
Anxiety, Family,  
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**Introduction:** The majority of the patient's families already know what is anxiety also sign and symptom, but most of them are unable to practice the therapy with client that treated at home. There is significant increase in the number of mental disorders patient including emotional health problems. One of the triggers for recurrence of people with mental disorders is anxiety. Role of family members of mental disorders patients in preventing recurrences is very important. The aim of this study is to find out the differences in the levels of knowledge of the family members between before and after being given Psychoeducation about handling anxiety in family members that have mental disorders. **Methods:** Quantitative descriptive with a comparative approach. Respondents were 30 families of mental disorders patients, using the Quota Sampling technique, with the sample criteria are family members that have productive age (15-64 years old) and have cared for 1 year or more of mental disorder patient. Use questionnaire research instrument about anxiety and its handling. **Results:** There are differences in level of family knowledge before and after psychoeducation about anxiety experienced by families who experience mental disorders that treated at home (Sig. 0.000 < 0.05). **Conclusion:** Family knowledge after psychoeducation about handling anxiety has increased. Most of the patient's families are familiar with several aspects of caring for family members who have mental disorder and experience anxiety.

### 1. INTRODUCTION

According to the latest data from the American Addiction Center, schizophrenia occurs in 1% of the population worldwide, and this year about 1.5 million people worldwide will be diagnosed with schizophrenia (AAC, 2020). In Indonesia, the incidence of schizophrenia is 6.7/1,000 households (Yoeyoen & Tri, 2019). In Central Java Province, people who have mental disorders are 7.6%. This number has increased 4.9% from the results of

Risikesdas (Basic Health Research) in 2013 (Dinkes Jateng, 2019).

The results of the 2018 Risikesdas showed data on mental emotional health problems including depression and anxiety as much as 9.8% and increased 3.8% from the results of 2013 Risikesdas (Risikesdas, 2018). One of the trigger factors for mental disorders treated at home is anxiety. Excessive anxiety will cause a person with mental disorders to relapse and be taken to a mental hospital (Indah & Pratiwi, 2016).

Family is an important part of mental disorder patients who are treated at home. The family will feel the concern to protect and feel anxious about the condition of their family members who have mental disorders. Families can do care at home with the aim of improving the quality of life for family members who have mental disorders (Pratiwi et al., 2014).

Psychoeducation is designed to support the whole treatment process (Supratiknya, 2011). More experienced family members are especially helpful as they can share experiences of their successes and failures in using various coping strategies and provide needed social support (Stuart, 2013). Psychoeducation increases patient knowledge of disease and increases adherence to medication. In addition, psychoeducation therapy has a positive impact in reducing schizophrenia recurrence, and even short-term psycho-educational interventions for family members with schizophrenia can improve outcomes for patients and their families (Soliman et al., 2018). Outpatients who received psychoeducation intervention had lower relapse rates at all time points including post-intervention and follow-up (Alhadidi et al., 2020).

The preliminary data collection conducted at the Polyclinic of RSJD Surakarta showed that 60% of families had good knowledge and 40% had less

knowledge about anxiety and how to handle it. These results are in line with the results of research from Miranda (2019) which states that as many as 58% of the families of patients with mental disorders or schizophrenia have good knowledge and 42% have less knowledge. The better the level of family knowledge in caring for mental patients at home, the lower the risk of the patient experiencing recurrence, otherwise the lack of knowledge can increase the risk of recurrence of mental patients (Farkhah & Suryani, 2017).

The significant increase in the number of mental disorders requires appropriate resolution steps, one of which is the role of family members of mental disorders patients in preventing recurrences. The aim of this study is to find out the differences in the levels of knowledge of the family members between before and after being given Psychoeducation about handling anxiety in family members that have mental disorders.

## 2. METHODS

This research uses a descriptive quantitative method with a comparative approach. Conducted at the Polyclinic RSJD (Regional Mental Hospital) dr. Arif Zainudin Surakarta. The population in this study were the families of patients with mental disorders who were treated at home who visited the Polyclinic of RSJD Surakarta. The

sampling technique used in this research is Quota Sampling. The number of samples of this research is 30 families of patients who care for their family members with mental disorders at home with the sample criteria, that is family members that have productive age (15-64 years old) and have cared for 1 year or more of mental disorder patient.

The research instrument used was the Pre-Test and Post-Test questionnaires, each of which consisted of 20 questions containing the concept of anxiety, level of anxiety, factors that influence anxiety, signs and symptoms of anxiety, and how to deal with anxiety. The instrument has been tested for validity using the program that designed to analysis Guttman scale questionnaire named SKALO v.3, with the result that the value of the Reproducibility Coefficient is  $0.91 > 0.90$  and the Scalability Coefficient is  $0.82 > 0.60$ , so the questionnaire can be used for research instruments. Reliability test using Cronbach's alpha shows a value of 0.910 which means that the questionnaire has good reliability and can be used in research. The data analysis used is Paired Sample t-Test technique.

The research was conducted from November 2020 to February 2021 at the Polyclinic RSJD Surakarta. Researchers obtained data as many as 3-5 respondents per day and carried out 3-4

times a week. This research was conducted during the COVID-19 pandemic and researchers have followed the health protocols according to applicable regulations.

To get respondents, the researcher identified the patient and also the family of the mental disorder patient at the Polyclinic. After that, match with the sample criteria and ask for approval to become respondents by filling out the informed consent. In this study, the intervention carried out was individual psychoeducation, with one family member and his/her family members who had mental disorders. Conducted once in a meeting for 30-60 minutes using flipcharts and leaflets. The contents of the Psychoeducation are the concept of anxiety, level of anxiety, factors that influence anxiety, signs and symptoms of anxiety, and how to deal with anxiety, then practice with Deep Breath Therapy and Classical Music Therapy. Respondents were given 5-10 minutes to do the Pre-Test before Psychoeducation, and after Psychoeducation respondents have to fill the Post-Test questionnaire.

### **3. RESULTS AND DISCUSSION**

The distribution of patient family members as respondent shows in the table 3.1 are the family members personal data which consists of various aspects including sex, age, and several other aspects.

**Table 3.1 Frequency Distribution of Respondent Characteristics (N=30)**

Characteristics		f	%
Sex	Male	19	63.3%
	Female	11	36.7%
Age	15-25 Years old	9	30%
	26-35 Years old	9	30%
	36-45 Years old	6	20%
	46-55 Years old	4	13.3%
	56-64 Years old	2	6.7%
Education	Junior High School	5	16.7%
	Senior High School	21	70%
	Bachelor	4	13.3%
Employment Status	Have Job	28	93.3%
	Don't Have Job	2	6.7%
Medical Diagnosis of Patient	Schizophrenia	15	50%
	Other Mental Diagnosis	15	50%
Duration of Illness of Patient	1-5 Years	18	60%
	6-10 Years	6	20%
	>10 Years	6	20%
Duration of Caring for Patient	≤2 Years	8	26.7%
	>2 Years	22	73.3%

Based on Table 3.1 above, the number of respondents is 30 patient families, where the number of respondents is male as much as 19 (63.3%) and female as much as 11 (39.7%). Respondents were divided into several age ranges, ranging from 9 (30%) aged 15-25 years, 9 (30%) 26-35 years old, 6 (20%) aged 36-45 years, 46-55 years old. as much as 4 (13.3%), and aged 56-64 years as much as 2 (6.7%). Respondents have different levels of education. Respondents with education levels of Junior High School as much as 5 (16.7%), education levels of Senior High School as much as 21 (70%), and the level of College as much as 4

(13.3%). There were 28 (93.3%) respondents who had Jobs, and 2 (6.7%) respondents who had not or did not Job.

The results of the research data analysis showed that the majority of respondents were male. The families of patients who help care for family members with mental disorders are mostly men rather than women. These results indicate that the respondents are mostly the head of the family. The head of the family has a responsibility to provide direction to members of his family. This shows that the responsibility for caring is generally carried out by the head of the family (Sulastri, 2018). Most respondents are in

the age range of adolescents (16-25 years old) and early adulthood (26-35 years old) and almost all research respondents have had jobs. At that time, an individual is ready to play a role and be responsible and accept a position in society, a period to work, to be involved in social relations. They have excellent endurance and health levels so that in carrying out various activities they appear to be initiative, creative, energetic, fast, and also easy to receive information (Putri, 2018). The majority of respondents' education level is Senior High School and equivalent, while the remaining respondents have Junior High School education level and also Bachelor's level. Education affects the learning process, the higher a person's level of education, the easier it is for that person to accept the information given to them (Ari Astanti, 2018).

Respondents who care for family members with mental disorders have a medical diagnosis of schizophrenia as much as 15 (50%) and other diagnoses as much as 15 (50%). The length of illness of the respondent's family members who have mental disorders was 18 (60%) 1-5 years, 6 (20%) 6-10 years, and 6 (20%) more than 10 years.

Respondents who cared for their family members that have mental disorders for less than or equal to 2 years were 8 (26.7%) and 22 (73.3%) had cared for their family members that have mental disorders for more than 2 years.

The medical diagnosis of patient is schizophrenia and there are also other mental disorders diagnoses such as RPK (risk of violent behavior) and neurological disorders. Most patient have diagnosed of mental disorders for 1-5 years and some patients have mental disorders for more than 5 years. Respondents have experience caring for family members with mental disorders at home. The majority of family members have cared for their family members with mental disorders for more than 2 years. Schizophrenia mental disorder is a disease that can affect anyone and becomes a disease that can last a very long time in someone who has it (AAC, 2020).

The following data in the table 3.2 is distribution data on the level of family knowledge before and after being given psychoeducation about anxiety and how to handling anxiety in family members suffering from mental disorders at home.

**Table 3.2 Distribution of Family Knowledge Level Before and After Psychoeducation (N=30)**

<b>Variables</b>	<b>Mean</b>	<b>Median</b>	<b>Std. Deviation</b>	<b>Min</b>	<b>Max</b>
Before	13.93	14.5	3.279	7	19
After	17.63	19	2.606	12	20

From the data in Table 3.2 above, it can be concluded that the number of respondents whose values were analyzed was 30 respondents. The Mean value of the level of family knowledge before Psychoeducation is 13.93. The Median value for the level of family knowledge was 14.5. The standard deviation (Std. Deviation) of the family knowledge level score is 3.279. The minimum score obtained before psychoeducation is 7. While the maximum score obtained before psychoeducation is 19.

The mean value of the level of family knowledge after Psychoeducation is 17.63. The median value of the family knowledge level was 19. The standard

deviation (Std. Deviation) of the family knowledge level score was 2.606. The minimum score that the respondent gets after psychoeducation is 12. While the maximum score the respondent gets after psychoeducation is 20.

The level of family knowledge levels before and after being given psychoeducation in the table 3.3 was determined by comparing the respondent's value with the average value (Mean). If the value is less than the Mean then Lack of Knowledge, and if the value is more than the Mean then have Good Knowledge. The results of the data analysis are as follows.

**Table 3.3 Family Knowledge Level Before and After Psychoeducation (N=30)**

Variables	f	%
<b>Before</b>		
Lack of Knowledge	12	40%
Good Knowledge	18	60%
Total	30	100%
<b>After</b>		
Lack of Knowledge	8	26.7%
Good Knowledge	22	73.3%
Total	30	100%

From the results of data analysis in Table 3.3, as many as 30 respondents who have worked on the pre-test questionnaire, the average value is 13.93. From the data analysis, it was found that 18 (60%) respondents had a good level of knowledge and as many as 12 (40%) respondents have lack of knowledge.

Lack of family knowledge in dealing with anxiety that occurs in family members who experience mental disorders and are treated at home can cause recurrence. Family support and good family coping can support the recovery of schizophrenia sufferers. Feelings of shame, burden, and indifference to patients are still the main factors for relapsing schizophrenia. The

number of schizophrenic sufferers from year to year is increasing due to the lack of family support and the burden on families with schizophrenics (Nurmalisyah et al., 2018).

The data analysis showed that some families had less knowledge in caring for family members who had mental disorders. This can be because the average education level of the families who care for the clients is mostly high school education equivalent and junior high school equivalent, only a small proportion of respondents have education up to Bachelor's degree. Family education and knowledge will affect the client's care process while being treated at home. Recurrences that occur in clients with mental disorders often occur because the family does not have extensive knowledge about handling anxiety in clients with mental disorders who are treated at home (Saragih et al., 2014).

In the Post-Test questionnaire, the average value is 17.63. From the data analysis, it was found that 22 (73.3%) respondents had a good level of knowledge with a score above the average value of more than 17.63. And as many as 8 (26.7%) of respondents have less knowledge with a score below the average value of less than 17.63. There is a difference in the average value between before and after psychoeducation, where the mean value after psychoeducation has increased.

Psychoeducation can increase the family motivation in supporting patient treatment, increase the family's ability to treat schizophrenia at home, reduce family guilt, increase family empathy for schizophrenia, reduce patient emotional levels and improve family function of schizophrenic patients (Nurmalisyah et al., 2018). Psychoeducation can add insight to the family and can also improve the self-management of patients with mental disorders. Providing psychoeducation to families and patients with mental disorders can also significantly reduce the recurrence rate and/or the rate of re-hospitalization. It can also reduce significant levels of family burdens and stress (Mottaghipour & Tabatabaee, 2019).

The level of family knowledge increases after being given psychoeducation in which there is direct practice on how to deal with anxiety. The level of knowledge of respondents increases after practicing their role as family members caring for mental illness patients at home so that respondents have experience on how to care for mental illness patients at home (Muhlisin & Pratiwi, 2017). Psychoeducation can increase understanding of families to help care for family members who have mental disorders at home. The increased understanding of families about extended care will have an impact on the

increased care provided to family members who have mental disorder (Fitriani & Suryadi, 2018).

The following data in table 3.4 is data analysis of differences in knowledge levels before and after

**Table 3.4 Analysis of Differences in Knowledge Levels Before and After Psychoeducation**

Variable	Mean	Std. Deviation	Std. Error Mean	t	df	Sig. (2-tailed)
Knowledge	-3.700	2.575	.470	-7.870	29	.000

From the results of data analysis Table 3.4 above shows, the results of the variable significance value are  $0.000 < 0.05$ , then  $H_0$  is rejected and  $H_a$  is accepted. This means that there is a difference in the knowledge levels before and after psychoeducation. In the t column, the value is negative (-7.870) which indicates that the average value before psychoeducation is lower than the average value after psychoeducation.

There are differences in the level of family knowledge before and after psychoeducation about anxiety experienced by families who experience mental disorders or schizophrenia who are treated at home. The results of this study are related with the research conducted by Anisia and Wulandari, that the results is most of the family's knowledge in caring for family members who have mental disorders before the Health education was carried out was in a low category and after the Health education was carried out increased, which means that there were differences

Psychoeducation results and has been analyzed using the Paired Sample t-Test. The results of the data analysis are as follows.

in the results of family knowledge before and after Health education was carried out (Anisia Widyaningrum & Wulandari, 2019).

Other studies have also found similar results, research from Basirun have results of analysis in the intervention group showed that the results that there were differences in the client's ability to control violent behavior between before and after psychoeducation. The data analysis also shows that there is an increase in family knowledge about how to control violent behavior by client. The similarity is in the impact of the Psychoeducation for family with mental disorders that can increase family knowledge (Basirun et al., 2019).

Most people living with schizophrenia will desperately need support from their families. The involvement of the family as a partner in care has the potential to better support the patient's recovery. Families need information, support, and skills



upgrading for their support roles for family members with mental disorders. In this regard, there is strong evidence about the benefits of participation in Psychoeducation for patients and their families (Harvey, 2018).

#### 4. CONCLUSION

Family knowledge after psychoeducation about handling anxiety has increased. Most of the patient's families are familiar with several aspects of caring for family members who have mental disorders and experience anxiety. It is recommended for further research on the impact of psychoeducation and give follow-up for the family members of mental disorder patients. For mental health care providers, it is advisable to giving regular schedule and accessible meetings for families to provide psychoeducation to patients and their families.

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