LUX MENSANA Volume 4, Nomor 1, 2025

Hal. 25-30

Original Research Article

THE LEVEL OF FAMILY KNOWLEDGE ABOUT RELAPSE PREVENTION IN PATIENTS WITH MENTAL DISORDERS IN THE NUSA INDAH WARD AT DR. SOEDOMO HOSPITAL, TRENGGALEK

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ABSTRACT

Introduction. Relapse in mental disorder patients can be caused by the family, even the family still does not understand how to prevent recurrence. The general aim of this research is to determine the level of family knowledge about preventing relapse in patients with mental disorders in the knowledge domain (C1) and the level of family knowledge about preventing relapse in patients with mental disorders in the domain of understanding (C2). **Methods.** This study used a descriptive quantitative research design to describe the level of family knowledge about relapse prevention in patients with mental disorders. The study population consisted of 12 respondents, and the sample size was 10 respondents, selected using purposive sampling. The instrument used in this study was a questionnaire. Data analysis was conducted descriptively. **Result&Analysis**. The majority of families of mental disorder patients have sufficient and insufficient knowledge regarding relapse prevention. The level of family knowledge about preventing relapse in patients with mental disorders in the knowing domain (C1) and the level of family knowledge about preventing relapse in patients with mental disorders in the knowing domain (C2) are the same. included in the categories of sufficient and insufficient. **Discussion.** To reduce the risk of relapse in mental health patients, it is important for families to increase knowledge about preventive measures and understand early warning signs.

Keywords: Knowledge Level, Mental Disorders, Relapse Prevention.

INTRODUCTION

Knowledge is the result of a person's knowledge of an object through his or her five senses (Notoatmodjo, 2024). Mental disorders are health problems that cause psychological or behavioral disabilities resulting from disturbances in social, psychological, genetic, physical/chemical and biological functioning (Stuart&Sundeen, 1998). This condition often causes psychological suffering and interferes with a person's ability to live their daily life optimally (Arhan, 2023). Family knowledge about how to prevent relapse in patients with mental disorders can improve the care and support provided, help reduce the risk of relapse, and improve the patient's quality of life. According to research that families who have a good understanding of mental disorders are more likely to be actively involved in treatment, provide stronger emotional support, and minimize stigma within the family (Anderson, 2022). Lack of family knowledge about relapse

prevention in mental disorders patients can hinder their ability to provide effective support and treatment, increase the patient's risk of relapse, and hinder the recovery process (Stuart& Sundeen, 1998). One of the journals said respondents with low education and jobs as laborers/farmers experienced a higher frequency of schizophrenia relapses, while higher income was correlated with a reduced frequency of relapses, so it is recommended that health workers optimize the role of families in caring for schizophrenia patients at home through health education and monitoring medication compliance (Prabhawidyaswari, 2022).

Globally, the World Health Organization (WHO) estimates that 379 million people experienced mental disorders in 2020, including 20 million people with schizophrenia. In Indonesia, Basic Health Research in 2018 reported that the provinces with the highest prevalence of serious mental disorders were Bali (11%), Yogyakarta (10%), East Nusa Tenggara (10%), and Nanggroe Aceh Darussalam (10%), with a national prevalence of 6.1%. In 2020, Trenggalek Regency was ranked 25th in East Java for the number of cases of mental disorders (1,469 individuals) (Riskesdas, 2018).

Based on information from the head of the Nusa Indah room Hospital Dr. Soedomo in Trenggalek reported 12 cases of mental disorders in February 2024 . Most of the existing research on this topic is qualitative, focusing on case studies, with limited quantitative studies regarding family knowledge in caring for patients with mental disorders. Severe mental disorders impose a significant burden on governments, families, and society, causing reduced patient productivity and major financial stress. High health costs contribute to cases of binding and inadequate treatment of mental disorder patients in Indonesia (Idaiani, 2013).

Factors that contribute to patient binding include family misunderstandings, shame, financial constraints, and the goal of ensuring patient safety (Mundakir, 2015). Lack of family and community understanding about early identification and post-treatment care results in inadequate patient care (Lestari, 2014). Post-treatment stability is influenced by family support and compliance with drug use, with the family's role being very important in supervising and supervising drug use (Minarni, 2015). Despite routine treatment, recurrence remains unpredictable, which demands ongoing care (Rahmawati, 2022).

METHOD AND ANALYSIS

This study used a quantitative descriptive research design that describes the level of family knowledge about preventing relapse in mental disorder patients. The population in this study was 12 respondents and the sample size was 10 respondents. The sampling technique in this research uses a purposive sampling method, namely a

technique for determining samples with certain considerations (Sugiyono, 2009). The instrument in this research was a questionnaire. The questionnaire is to explore knowledge using a multiple-choice model.

RESULT

The following is a display of the frequency distribution data of the characteristics of respondents in this study including age, education, gender, occupation, marital status, family relationship with the patient, whether they have previously cared for family members with mental disorders, education from health workers before Discharge from Hospital patients regarding patient care while at home, family supervision of treatment.

Table 1. Frequency Distribution of Respondent Characteristics

No.	Characteristics	Frequency (F)	Percent (%)
1.	Age :		
	31-40 year	1	10%
	41-50 year	4	40%
	51 years and above	5	50%
2.	Education :		
	elementary school	2	20%
	Junior high school	8	80%
3.	Gender :		
	Woman	5	50%
	Man	5	50%
4.	Work :		
	Farmer	7	70%
	Self-employed	3	30%
5.	Marital status:		
	Married	10	100%
6.	Family Relations with Patients :		
	Father	2	20%
	Mothers	1	10%
	Husband	3	30%
	Wife	2	20%
	Brothers/sisters	2	20%
7.	Have you previously cared for a family member with mental disorders?:		
	Yes	8	80%
	No	2	20%
8.	Education from Health Workers Before Leave the Hospital Patients About Patient Care While at Home:		
	Yes	10	100%

9.	Family Supervision of Treatment		
	Yes	10	100%

Based on Table 1, frequency distribution of respondent characteristics based on age, it can be seen that the majority of respondents 50% (5 out of 10 respondents) are under 51 years of age and above and a small portion of respondents 40% (4 out of 10 respondents) are 41-50 years old. Frequency distribution of respondents' educational characteristics based on education level, it can be seen that the majority of respondents, 80% (8 out of 10 respondents) have junior high school education and a small percentage of respondents, 20% (2 out of 10 respondents) have elementary school education. It is found that gender data from female respondents has a distribution of 50% (5 out of 10 respondents) and men have a distribution of 50% (5 out of 10 respondents). The frequency distribution of respondents' characteristics based on the information obtained shows that the majority of 70% (7 out of 10 respondents) work as farmers. It shows that the majority of marital status is 10% (10 out of 10 respondents). It shows that the majority of respondents' relationships with patients, 30% (3 out of 10 respondents) are husbands. It shows that the majority 80% (8 out of 10 respondents) have ever cared for families with mental disorders and a small percentage of 20% (2 out of 10 respondents) have never cared for families with mental disorders. It shows that 10% of all respondents (10 out of 10 respondents) had received health education before Discharge from Hospital patients regarding patient care while at home. It shows that 100% of all respondents (10 out of 10 respondents) supervised the family regarding treatment.

Table 2. Level of Family Knowledge Regarding Prevention of Relapse in Mental Disorder Patients in The Realm of Knowing

Realm of Knowledge	Category	Frequency (F)	Percent (%)
C1 realm knows	Enough	6	64%
	Not enough	4	36%
	Total	10	100%
C2 realm of understanding	Enough	5	50%
	Not enough	5	50%
	Total	10	100%

Based on Table 2, the level of knowledge in the knowledge domain (C1) shows that more than 64% (6 out of 10 respondents) have a sufficient level of knowledge. In the understanding domain (C2) shows that more than 50% (10 out of 10 respondents) have a sufficient or insufficient level of knowledge.

DISCUSSION

Based on the characteristics of the level of family knowledge regarding prevention of relapse in mental disorder patients in the Nusa Indah ward, RSUD dr. Soedomo Trenggalek in the knowledge domain (C1) shows that the majority of 64% (6 out of 10 respondents) are included in the sufficient category. This is because there are various factors that influence the level of knowledge of respondents, including the majority 70% (7 out of 10 respondents) are farmers. Knowledge is the result of knowing, and this occurs after people sense a particular object (Notoatmodjo, 2012). A person's knowledge is mostly obtained through the sense of hearing and the sense of sight (Notoatmodjo, 2014). Knowledge or cognitive is a very important domain in shaping a person's actions (overt behavior). The factors that influence knowledge are divided into 2, namely: internal factors include age, occupation, education, and sources of information, while external factors include the environment, socio-economic and socio-cultural (Wawan, 2010). Work is a necessity that must be done, especially to support one's life and family life (Nursalam, 2014). Work is not a source of pleasure, but more of a way of earning a living that is boring, repetitive and has many challenges (Wawan, 2010). Based on Table 1, the majority of respondents, 80% (8 out of 10 respondents) have junior high school education and a small percentage of 20% (2 out of 10 respondents) have elementary school education. Ideally, the higher a person's education, the better their knowledge. Education can influence a person, including a person's behavior regarding lifestyle, especially in motivating attitudes towards participating in development (Nursalam, 2014). In general, the higher a person's education, the easier it is to receive information so that the more knowledge they have (Notoatmodjo, 2012).

A person's level of knowledge, especially in the knowledge domains (C1) and (C2), is influenced by age, where respondents aged 51 years and over tend to have broader knowledge. It is important to understand that increasing age can bring varying life experiences from sources of knowledge over the years, along with physical changes and the possible lack of adequate updating of information. This broad knowledge plays an important role in health-related decision making, but is also influenced by level of education and type of work. Although employment status is not a major factor in health access, the routine visits of farming families to health facilities indicate a high priority need for health information.

CONCLUSION

Based on the research results, it can be concluded that the level of family

knowledge about preventing relapse in patients with mental disorders in the domain of knowing (C1) and the level of family knowledge about preventing relapse in patients with mental disorders in the domain of knowing (C2) are included in the sufficient and insufficient categories.

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