



## IDENTIFICATION OF PROBLEMS AND NEEDS OF FAMILY MEMBERS CARING FOR PEOPLE WITH MENTAL DISORDERS (ODGJ)

Sandiva Nur Adeni<sup>1</sup>, Mohammad Fatkhul Mubin<sup>2\*</sup>, Bintang Tatus Nasrullah<sup>3</sup>, Ratih Widayati<sup>1</sup>

<sup>1</sup>Medical Faculty, Universitas Muhammadiyah Semarang, Jl. Kedungmundu No. 18, Kedungmundu, Semarang, Central Java 50273, Indonesia

<sup>2</sup>Nursing and Health Sciences Faculty, Universitas Muhammadiyah Semarang, Jl. Kedungmundu No. 18, Kedungmundu, Semarang, Central Java 50273, Indonesia

<sup>3</sup>Department of Biomedicine, Faculty of Medicine, Universitas Muhammadiyah Semarang, Jl. Kedungmundu No. 18, Kedungmundu, Semarang, Central Java 50273, Indonesia

\*[mubin@unimus.ac.id](mailto:mubin@unimus.ac.id)

### ABSTRACT

Increased awareness of mental health has highlighted the importance of treating mental disorders, including schizophrenia, as a relevant public health problem. The public's view or stigma towards people with mental disorders is that mental disorders still often occur in society. The problems and needs of ODGJ are the cause of family burden. For this reason, this research aims to identify the problems and needs of family members who care for people with mental disorders (ODGJ) in Grobogan Regency. The aim of this research is to identify the problems and needs faced by family members who care for people with mental disorders (ODGJ) in Grobogan Regency. This research is a quantitative descriptive research conducted at Dr. R Soedjati Sumodiharjo Regional Hospital, Grobogan Regency. The sample consisted of 97 respondents who had families with schizophrenia, selected using a sequence sampling technique based on inclusion and exclusion criteria. The instrument used was a standard family burden questionnaire by Wanda K, Mohr, and data analysis was carried out using univariate tests. The results of statistical data analysis show that the majority of respondents experience problems and needs that are in the moderate category. Therefore, treatment and support for families caring for family members with mental disorders needs to pay careful attention to these various factors and adopt a holistic approach to ensure that needs are met. they are well catered for. The conclusion of this study is that families caring for members with mental disorders need better support and interventions, which can be tailored to the context and individual characteristics. A holistic understanding of the characteristics of respondents is key in providing effective support for families who care for family members with ODGJ.

Keywords: identification of problems; needs; ODGJ

<b>First Received</b> 28 March 2024	<b>Revised</b> 28 April 2024	<b>Accepted</b> 30 July 2024
<b>Final Proof Received</b> 09 August 2024	<b>Published</b> 01 December 2024	
<b>How to cite (in APA style)</b> Adeni, S. N., Mubin, M. F., Nasrullah, B. T., & Widayati, R. (2024). Identification of Problems and Needs of Family Members Caring for People with Mental Disorders (ODGJ). Indonesian Journal of Global Health Research, 6(6), 4013-4020. <a href="https://doi.org/10.37287/ijghr.v6i6.2831">https://doi.org/10.37287/ijghr.v6i6.2831</a> .		

### INTRODUCTION

Mental health problems in Indonesia are detailed in the 2018 Riskesda results which include residents aged over 15 years, the frequency of mental disorders increased from 6% in 2013 to 9.8% in 2018. Depression was 6.1%, while symptoms of mental disorders Emotional disorders such as depression and anxiety account for 6%, or more than 10 million, among people aged at least 15 years. According to statistics from the Ministry of Health, Mental Health, schizophrenia constitutes the highest number of ODGJ patients diagnosed medically, namely 70 percent. Apart from that, the schizophrenia group supervises 90% of ODGJ in mental health facilities in Indonesia. ( Departemen Kesehatan RI,2013)Statistical data on the

prevalence of serious mental disorders in the Central Java Province region shows that this figure is still below the national average. In the 2021 Central Java Health Profile, information related to mental health problems in Grobogan Regency shows that the number of new visits related to outpatient care, institutions and mental health increased to 648,213 visits at the People With Mental Health Problems (ODMKJ) health service. In 2019, there were 7,597 inpatient visits at Grobogan Regency health facilities, which shows the growth of mental health clinic services at Dr. Hospital. R. Soedjati Purwodadi, where 7362 visits were both outpatient and inpatient. The Covid-19 pandemic influenced these statistics (Amelia,D.R, dkk 2013)

During and after the Covid-19 pandemic, historical data at Grobogan Regional Hospital shows that there are still quite a lot of cases of mental disorders. Information about patient visits at the psychiatric outpatient clinic at RSUD Dr. R. Soedjati Sumodiharjo shows significant numbers. In 2020 there were 8,003 visits, in 2021 there were 7,746 visits, and in 2022 there were 7,763 visits. In mid-May 2023, there were 4,502 visits recorded. The current condition of the people of Grobogan Regency shows varying levels of mental health, reflecting the diverse mental health conditions of the community. This area further emphasizes how important it is to have discussions about mental health that center on providing people with the tools they need to discover, maintain, and improve their mental health in everyday life. The impact felt by the family if one of the family members suffers from mental illness is a large financial burden, emotional burden, shock, stress due to the patient's erratic behavior, difficulty in carrying out daily household tasks, and limitations in social functioning known as burden. family. There is still a social opinion or stigma towards people with mental health problems, where people with mental health problems are still seen as embarrassing or shameful for their families, leaving families with shame, frustration and despair (WHO, 2003). One indicator is the increasing need to buy medicines and medical costs, as well as allocating more time to people with schizophrenia, thereby reducing the time spent on other family activities. (Riadi,dkk 2023)

This shows that the majority of people in Grobogan Regency think that mental health or mental disorders cannot be cured, so those who suffer from them should be abandoned. The lack of knowledge about mental health or mental illness makes the people of Grobogan Regency think that sufferers of these disorders are different from sufferers of physical illnesses that can be treated or are difficult to treat. Therefore, stigmatizing people with mental health or mental disorders is considered strange behavior. This is in accordance with Q.S. al-Syams [91]: 7-10 as follows.

(10) وَنَفْسٍ وَمَا سَوَّاهَا (7) فَأَلْهَمَهَا فُجُورَهَا وَتَقْوَاهَا (8) قَدْ أَفْلَحَ مَنْ زَكَّاهَا (9) وَقَدْ خَابَ مَنْ دَسَّاهَا

*Allah created the soul (path) of evil and piety for the purpose of the soul and its perfection (creation). Those who purify their souls are bound to be lucky, and those who pollute them are surely losers. Al-Syams, QS [91]: 7–10 (Kementrian Agama,2019)*

The burden on family members of schizophrenia sufferers includes various psychological and emotional problems such as sadness, anxiety, loss, negative stigma, low self-esteem and lack of productive roles. This high burden can be an obstacle for families in providing the necessary care for family members suffering from schizophrenia. Families also experience great pressure when faced with the stressful situation of caring for a family member with schizophrenia, which can disrupt family structure and function if they do not cope well. (Vaghee S, Rezaei M, Asgharipour N, Chamanzari H. 2017) Recognizing and understanding the needs of ODGJ families to overcome family stressors is essential to providing appropriate

therapy for individuals diagnosed with schizophrenia. To find out the problems and needs of families facing mental illness in relation to tensions in families in Grobogan Regency, researchers conducted research based on the phenomena and problems previously mentioned. (Videbeck, S. L. 2020)

**METHOD**

This research uses quantitative descriptive methods. The research sample consisted of family members who cared for ODGJ at RSUD Dr. R Soedjati Sumodiharjo Grobogan Regency is the target population. Sequence sampling is used for the sampling process, meaning that all individuals who come sequentially and meet the selection criteria are involved in the research up to the required number. The study involved a sample size of 97 respondents selected using sequential sampling techniques. The questionnaire used was the Zarit Burden Interview (ZBI) in Indonesian, validated with good reliability and validity parameters. The Indonesian version of ZBI demonstrated a sensitivity of 75%, specificity of 83.6%, and accuracy of 79.2% in measuring caregiver burden among families caring for ODGJ patients with schizophrenia. This instrument consists of two scales: personal stress and role strain, which were crucial in assessing the impact and stress levels experienced by caregivers in this study.

**RESULTS**

Table 1.  
Identify Problems and Needs Based on Respondent Characteristics

No.	Respondent Characteristics	Criteria and Frequency													
		Identification Of Problems						Total	Identification Of Needs						Total
		Light	%	Avarrage	%	Hight	%		Light	%	Avarrage	%	High	%	
A	Gender														
	Man	3	3,09	46	47,42	3	3,09	45	11	11,34	19	19,59	22	22,68	45
	Women	1	1,03	42	43,3	2	2,06	52	10	10,31	19	19,59	16	16,49	52
B	Education														
	SD	2	2,06	29	29,90	1	1,03	32	6	6,19	10	10,31	16	16,49	32
	SMP	1	1,03	33	34,02	2	2,06	36	8	8,25	14	14,43	14	14,43	36
	SMA	1	1,03	24	24,74	1	1,03	26	7	7,22	12	12,37	7	7,22	26
	S1	0	0,00	2	2,06	1	1,03	3	0	0,00	2	2,06	1	1,03	3
C	Employment														
	Work	3	3,09	63	64,95	3	3,09	69	14	14,43	27	27,84	28	28,87	69
	Doesn't Work	1	1,03	27	27,84	0	0,00	28	7	7,22	11	11,34	10	10,31	28
D	Income														
	<1 million	3	3,09	59	60,82	3	3,09	65	18	18,56	22	22,68	25	25,77	65
	Between 1 - 3 Million	1	1,03	28	28,87	2	2,06	31	3	3,09	15	15,46	13	13,40	31
	> 3 Million	0	0,00	1	1,03	0	0,00	1	0	0,00	1	1,03	0	0,00	1
E	Relationship With ODGJ														
	Father	0	0,00	12	12,37	1	1,03	13	3	3,09	4	4,12	6	6,19	13
	Mother	0	0,00	15	15,46	0	0,00	15	1	1,03	11	11,34	3	3,09	15
	Husband	1	1,03	11	11,34	0	0,00	12	3	3,09	6	6,19	3	3,09	12
	Wife	0	0,00	7	7,22	0	0,00	7	1	1,03	2	2,06	4	4,12	7
	Child	1	1,03	15	15,46	2	2,06	18	4	4,12	2	2,06	12	12,37	18
	Old brother	0	0,00	10	10,31	1	1,03	11	3	3,09	3	3,09	5	5,15	11
	Young brother	0	0,00	16	16,49	0	0,00	16	5	5,15	7	7,22	4	4,12	16
	Sister/brother	0	0,00	1	1,03	0	0,00	1	0	0,00	1	1,03	0	0,00	1
	Other	0	0,00	3	3,09	1	1,03	4	1	1,00	2	2,06	1	1,03	4
F	Longtime caring for patienrs ODGJ														
	< 1 years	0	0,00	5	5,15	0	0,00	5	0	0,00	3	3,09	2	2,06	5
	Between 1 - 3 years	2	2,06	32	32,99	2	2,06	36	7	7,22	13	13,40	16	16,49	36
	> 3 years	2	2,06	51	52,58	3	3,09	56	14	14,43	22	22,68	20	20,62	56

### **Theme Analysis**

The results of statistical data analysis in table 1 of the problem detection variable can be described based on statistical data as follows:

#### **Identification of Problems Based on Respondent Characteristics**

The results of the univariate analysis of problem detection based on male gender detected problems in the mild and high categories of 3.09% each (3 people) and the average category was 47.42% (46 people). Meanwhile, 1 person (1.03%) in the female gender experienced mild problems, 42 people (43.3%) in the moderate category, and 2 people in the high category (2.06%). The characteristics of respondents based on the age level of family members of ODGJ show that in all categories the proportion of identification problems is highest in the age groups 0-25, 26-40, 41-60 and 61-80 years. This category consisted of 11 people (11.34%), 19 people (19.59%), 45 people (46.39%), and 13 people (13.40%). Meanwhile, the characteristics of respondents based on the level of education of families with ODGJ members were elementary school education with the highest percentage of problem identification in the medium category with a total of 29 people (29.90%). Then the level of middle school and high school education shows the identification of problems in the medium category with the highest percentage, namely 33 people (34.02%), 24 people (24.74%). (Greene, N. dan Eske, J. 2021) Look at the working and non-working categories. Data from the results of the questionnaire show that respondents in the working and non-working categories in the disclosure of problem identification variables have the highest percentage in the medium category with sequential data, namely 63 people (64.95%) and 27 people (27.84%). However, there is a significant difference where respondents who work have more problems than respondents who do not work. The results of this analysis show that the identification of problems with respondents in the three income criteria is in the medium category with the percentage order being 50 people (60.82%) with income less than 1 million, 28 people (28.87%) with income between 1 and 3 million, and 1 person (1.03%) with income of more than 3 million. Meanwhile, the characteristics of respondents with the criteria of relationship with ODGJ show the results of the respondent's questionnaire in this study identifying problems that occur in research respondents with the highest number of relationships with ODGJ, respectively, namely 16 younger siblings (16.49%), children and mothers respectively. as many as 15 people (15.46%), and fathers as many as 12 people (12.37%). (Greene, N. dan Eske, J. 2021)

The results of the results of the respondent's questionnaire with the characteristics of length of care in descriptive statistical data analysis showed that the results of identifying problems in 97 respondents were in the medium average category, with percentages and numbers in order, namely length of care for more than 3 years, 51 respondents (52.58%) , between 1 and 3 years as many as 32 respondents (32.99%), and less than 1 year as many as 5 respondents (5.15%).<sup>22</sup>Based on the results of the overall problem identification data analysis, it shows that the respondents of this study had and experienced identification problems in the moderate category. This is also supported and based on the results of the questionnaire, the identification of problems and needs is at a moderate level. (Videbeck, S. L. 2020)

#### **Identification of Needs Based on Respondent Characteristics**

Identification of needs with the characteristics of male respondents showed that 11 people (11.34%) had and experienced identification problems in the mild category, 19 people (11.34%), the medium category, 19 people (19.59%), and 22 people (22) in the high category. .68%). Meanwhile, the identification of needs in the female gender in this study was categorized as light, as many as 10 people (10.31%), medium category as many as 19 people (19.59%), and high as many as 16 people (16.49%). (Riadi, Muchlisin. 2023) This research

examines the variables of identifying respondents' needs with age characteristics where the results of research data analysis show that the highest percentage at the age of 41 - 60 years is 23.71% (23 people) in the high category and 14.43% (13 people) in problem identification. medium category.<sup>23</sup> Identification of the needs of respondents with junior high and high school education levels is in the medium category and is the highest percentage, namely 14 people (14.43%) and 12 people (12.37%), The results of the questionnaire achievements of respondents working or not working on identification of needs, where the highest score was obtained with a percentage of 28.87% (27 people working) and respondents not working amounting to 11 people (11.34%).

Meanwhile, the identification of needs shows the highest percentage evenly, where respondents with an income of less than 1 million are 25 people (25.77%), with an income between 1 and 3 million with the highest percentage in the medium category being 15 people (15.46%), and those with income above of 3 million with the highest percentage in the medium category being 1 person (1.03%). By paying attention to table 1, it shows that the identification of respondents' needs with the characteristics of the relationship with ODGJ was obtained from the results of the respondent's questionnaire in the high category with 12 respondents having a relationship with ODGJ as a child (12.37%), in the medium category with 11 respondents having a relationship with ODGJ as a mother. (11.34%). In contrast to the results of the analysis of respondents' questionnaire achievements on the need identification variable, descriptive statistical data was obtained which showed the highest percentage in the medium category of 22.68% (22 people) and the high category with a percentage of 20.62% (20 people) in respondents with caring conditions. more than 3 years Based on the descriptive analysis of the results of the research data, it shows that the identification of needs among the respondents of this study is in the medium category overall. This is also supported and based on the results of the questionnaire. (Videbeck, S. L. 2020) (Riadi, Muchlisin. 2023).

## **DISCUSSION**

This research identifies the characteristics of respondents who care for people with mental disorders (ODGJ) based on their gender and age. The results show that the level of family burden tends to be higher for men than women, while women tend to have a lower level of family burden but still in the medium category. Apart from that, the age of the respondent also plays an important role, with those aged 41-60 years being the group that most often experiences problems and requires high levels of support. These findings are consistent with previous research showing that gender and age can influence the way families identify problems and manage the needs of PLWH, as well as the level of natural family burden. (Riadi, Muchlisin. 2023) Education level is also an important factor in influencing how families deal with the problems and needs of ODGJ. Respondents with a higher level of education tend to have better abilities in identifying problems and managing their family's needs, with levels of family burden tending to be lower. Middle and high school education levels show a better level of problem identification compared to elementary school education levels, and a moderate level of family burden. This confirms that a higher level of education can help families face the challenges associated with caring for family members with ODGJ more effectively. (Rakesh K Chadda. 2014)

Based on an analysis of the characteristics of respondents, respondents who work and those who do not have significantly different problems, where respondents who work often have more problems than respondents who work. However, in identifying needs, the highest scores were obtained from both respondents who worked and those who did not. Employment,

whether having or not having a job, seems to be a predisposing factor that influences the level of family burden for families with ODGJ members, where the level of family burden tends to be moderate. These results are in line with previous research showing that individuals with full-time jobs typically have superior problem-solving and needs management skills. In addition, statistical data based on respondents' income shows that the existing issues are usually in the medium category. This confirms that higher income can influence a family's ability to identify problems and manage needs better, in accordance with previous findings which show respondents with higher income have a better ability to overcome the challenges associated with caring for family members with ODGJ. (Greene, N. dan Eske, J. 2021)

Analysis of respondent characteristics shows that kinship with ODGJ influences the identification of family problems and needs. Respondents who have closer relationships, such as children, mothers and younger siblings, tend to experience moderate levels of problems, while identification of needs tends to be high in relationships as children and moderate in relationships as mothers. This shows that closer family relationships tend to better identify family problems and needs. These results are in accordance with the idea that the degree of family stress in families of people with ODGJ is more strongly influenced by increasingly close family relationships (Suhron, 2017). Furthermore, the length of caregiving also influences the identification of family problems and needs. Respondents who have been in care for more than 3 years tend to experience moderate levels of problems, while identification of needs can be high, especially in respondents with longer care. This suggests that longer caregiving experience provides a deeper understanding of problems and needs. This finding is consistent with the theory which states that the longer caregiving takes, the more complex and diverse the problems faced, which in turn increases the level of family burden. (Vaghee S, et al 2017).

Thus, both kinship relationships and length of care are important factors that influence the way families identify problems and manage needs in caring for family members with ODGJ. These findings suggest that a deep understanding of the dynamics of family relationships as well as long caregiving experience can help families better overcome the challenges associated with caring for ODGJ. (Vaghee S, et al 2017). Significant improvements in family caregiving abilities post-psychoeducation, as evidenced by a statistically significant increase in mean scores from 21.6 before psychoeducation to 29.1 afterward. This improvement underscores the importance of educating families about mental health, enhancing their capacity to manage the complex needs of ODGJ individuals effectively. This finding aligns with discussions highlighting the influence of education, income, kinship, and caregiving duration on family burden and ability to address mental health challenges, emphasizing the pivotal role of education in improving family outcomes in mental health caregiving contexts (Suhron, 2017).

The findings indicate significant correlations between various forms of support (from family, friends, and health workers) and the independence of ODGJ individuals. Specifically, strong associations were found between overall support, support from friends, and support from health workers with higher levels of independence among ODGJ patients. These results underscore the crucial role of social support networks in enhancing the autonomy and well-being of individuals with mental disorders, complementing discussions on how familial, educational, and employment factors influence caregiving dynamics and outcomes in similar contexts (Widiawati, 2023). This research also resonates with discussions on familial roles in managing mental health, emphasizing the impact of caregiving duration and kinship dynamics

on the identification of familial challenges and needs, as observed in previous studies on family burden and coping strategies in similar contexts (Etrawati, 2020).

## **CONCLUSION**

The research findings highlight significant factors influencing families caring for members with mental disorders (ODGJ). It identifies that respondents aged 41-60 years tend to have higher needs and face more problems, reflecting the challenges of caregiving in this age group. Education levels, ranging from elementary to bachelor's degrees, influence the intensity of family needs and problems, with higher education correlating with more moderate levels. Gender differences also emerge, with women typically experiencing higher levels of caregiving problems compared to men. Additionally, close kinship relationships with ODGJ, such as children or mothers, contribute to both identifying higher needs and facing more significant caregiving challenges. These insights underscore the nuanced and complex dynamics involved in supporting individuals with mental disorders within family settings.

## **REFERENCES**

- Departemen Kesehatan Republik Indonesia. (2013). *Riset Kesehatan Dasar*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan, Departemen Kesehatan Republik Indonesia.
- Suhron, M. (2017). Effect Psychoeducation Family on Ability Family in Treating People With Mental Disorders (ODGJ) Deprived (Pasung). *Journal of Applied Science And Research*, 5(1), 41–51. <http://www.scientiaresearchlibrary.com/arhcive.php>
- Rakesh K Chadda. (2014). Caring for the family caregivers of persons with mental illness. *Indian J Psychiatry*. July, 56(3):221-7. doi: 10.4103/0019-5545.140616.
- Kementerian Agama. (2019). *Al-Qur'an dan Terjemahannya Edisi Penyempurnaan*. Jakarta: Lajnah Pentashihan Mushaf Al-Qur'an Badan Litbang dan Diklat Kementerian Agama RI.
- Vaghee S, Rezaei M, Asgharipour N, Chamanzari H. (2017). The Effect of Stress Management Training on Positive Experiences of Families Caring for Patients with Schizophrenia. *Evid Based Care J*. 6(4): 57–65.
- Riadi, Muchlisin. (2023). *Psikososial - Pengertian, Aspek, Kebutuhan, dan Masalah*. Diakses pada 7 / 31 / 2023
- Videbeck, S. L. (2020). *Psychiatric-Mental Health Nursing*. 8th edn, Wolters Kluwers. 8th edn. Edited by D. Murphy and L. Gray. China: Wolters Kluwer.
- Greene, N. dan Eske, J. (2021) What To Know About The Stages of Schizophrenia, *Medical News Today*. <https://www.medicalnewstoday.com / articles / stages-of-schizophrenia>
- Buhori, N., & Etrawati, F. (2020, February). Family Support in Overcoming of Restraining People with Mental Disorders in Ogan Ilir Regency. In 4th International Symposium on Health Research (ISHR 2019) (pp. 368-373). Atlantis Press.
- Andriana, K. R. F., & Wijaya, Y. A. (2021). Perception of Families With Family Attitudes About Mental Disorders in Family Members That Experience Mental Disorders in The Mental Hospital. *Basic and Applied Nursing Research Journal*, 2(2), 37-46.
- Suhron, M., Sulaihah, S., & Yusuf, A. H. (2017). Model of Potential Strengthening and Family Roles in Improving Family Members for ODGJ Adaptability. In *Proceeding of*

- The 2nd International Symposium of Public Health (pp. 344-351). Faculty of Public Health Universitas Airlangga.
- Daulay, W., Nasution, M. L., Wahyuni, S. E., & Sitorus, P. (2021). Family Behavior in Caring for People with Mental Disorders During Covid-19. *Caring: Indonesian Journal of Nursing Science*, 3(1), 1-9.
- Natalia, M., Suryani, S., & Rafiyah, I. (2019). Health Professionals' Attitudes Towards Mental Illness Patients. *Journal of Nursing Care*, 2(1).
- Putro, B. D. Family perception of the balian treatment on the mental disorders person. *PROCEEDING BOOK*, 63.
- Febriana, B., Rochmawati, D. H., & Setyowati, W. E. (2024). Assistance of Community Cadres for Improving Mental Health in Bandarharjo Village. *ABDIMAS: Jurnal Pengabdian Masyarakat*, 7(2), 594-599.
- Anderyani, N. N. P., Rahayuni, I. G. A. R., & Mastryagung, G. A. D. (2019). The Effect of Psycheducation towards Family Response about Empowering People with Mental Disorders. "Healthcare Innovation for Optimal Health" July 12-14, 2019, Bali, Indonesia, 26(35), 27.
- Deviantony, F. (2019). Phenomenology study: family experience in managing mental disorders in panti district. In *Proceedings International Conference Of Health, Nursing, And Education* (Vol. 1, pp. 5-11).
- Santosa, H., Nurmaini, N., Effendy, E., & Daulay, W. (2021). The phenomenon of family empowerment in caring for people with mental disorders. *Open Access Macedonian Journal of Medical Sciences*, 9(G), 124-127.
- Santosa, H., Nurmaini, N., Effendy, E., & Daulay, W. (2021). The Phenomenon of Family Empowerment in Caring for People with Mental Disorders. *Open Access Maced J Med Sci*. 2021 Sep 26; 9 (G): 124-127.
- Fatmayanti, A., Kuswanto, K., & Indrayana, T. (2020). The Effect of Family and Peer Support on the Occurrence of ODMK (People with Psychiatric Problem) in Adolescents. *Caring: Jurnal Keperawatan*, 9(1), 16-22.
- Yusuf, H., Subardhini, M., Andari, S., Ganti, M., Esterilita, M., & Fahrudin, A. (2022). Role of family and community support in the eliminating restraint of persons with mental illness. *International Journal of Health Sciences*, 6(2), 987-1000.
- Solehah, E. L., Suhita, B. M., & Peristiowati, Y. (2019). The influence of psikoedukasi on stress management in improving self efficacy and coping mechanism of families in caring for caring for ODGJ patient (schizophrenia) at Public Health Center of Balowerti Kediri regency. *STRADA Jurnal Ilmiah Kesehatan*, 8(1), 41-50.
- Jayanti, D. M. A. D., & Lestari, N. K. Y. (2020). Family psychoeducation increases the role of families in caring for people with mental disorders. *J Ners dan Kebidanan Indones*.
- Sumarsih, T., Ningsih, F. W., binti Arsat, N., & Dwidiyanti, M. (2024, February). Stress Levels and Quality of Life of Families Caring for People with Mental Disorders: Literature Review. In *Proceedings of the International Conference on Nursing and Health Sciences* (Vol. 5, No. 1, pp. 65-72).