The Influence of Family Psychoeducation on Family Knowledge, Ability and Burden in the Care of People with Schizophrenia at the Psychiatric Polyclinic of Pariaman Hospital

Yuli Hendro[1], Dewi Eka Putri[2], Renidayati[3]
[1,2,3]Universitas Andalas, Padang, Indonesia
Email: hendrorsud86@gmail.com

Abstract

This study aims to determine the influence of family psychoeducation on knowledge, abilities and family burden in caring for people with Schizophrenia at the Psychiatric Polyclinic at Pariaman Regional Hospital. This research was carried out at Pariaman Hospital from September 2022 to September 2023. This type of research is quantitative and quasi-experimental with a control group. The population in this study were families of ODS who visited the mental health clinic at Pariaman Regional Hospital, totalling 94 people and a sample of 32 people. The data collection tool/instrument used was a questionnaire. Data analysis in this research uses the Validity Test, Reliability Test, Univariate Analysis and Bivariate Analysis. The results of this study show that family psychoeducation therapy has a positive impact on increasing the knowledge and abilities of families who care for family members with Schizophrenia. A comparison between families who received Psychoeducational therapy and those who did not showed significant differences in knowledge, abilities and family burden. Family Psychoeducational Therapy can be considered an effective intervention in supporting families who care for family members with Schizophrenia in the psychiatric polyclinic of Pariaman Hospital.

Keywords: *Influence, Family Psychoeducation, Knowledge, Ability, Workload, Schizophrenia.*

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A. INTRODUCTION

Schizophrenia is a severe form of psychosis which has the main symptom of a personality breakdown (Wan & Wong, 2019). People with Schizophrenia are also called people with Schizophrenia (from now on referred to as ODS). ODS suffers from chronic brain disorders that cause strange thoughts, perceptions, emotions, movements and behaviour characterized by positive symptoms such as hallucinations, delusions, chaotic thoughts and behaviour as well as negative symptoms such as social isolation, alogia / poor speech, avolition / not taking care of one's body, anhedonia / do not like eating, decreased affect where these conditions will affect the sufferer's life (Mueser et al., 2022).

Based on data from the World Health Organization (WHO), Schizophrenia affects around 24 million people or 1 in 300 people worldwide (WHO, 2022). According to the Indonesian Ministry of Health's Basic Health Research, the prevalence of Schizophrenia increases every year, from 1.7 per 1000 families in 2013 to 6.7 per 1000 families in 2018,

meaning that 6 out of 1000 families have a family member who has Schizophrenia. West Sumatra is in fourth position with a prevalence of Schizophrenia of 9.1 per mile, meaning that 9 out of 1000 families have a family member with Schizophrenia (Ministry of Health of the Republic of Indonesia, 2018).

Schizophrenia is a chronic mental illness that often experiences relapses (D.-H. R. Zhou et al., 2020). Relapse in Schizophrenia is the appearance of the same symptoms as before (Keliat, 2020). The incidence of schizophrenia and relapse rates continue to increase every year. WHO stated that the recurrence rate from 2018 to 2020 was 28.0%, 43.0% and 54.0% (Fernandes et al., 2021). It is estimated that 50% of people living with Schizophrenia will relapse in the first year, 70% in the second year, and 100% in the fifth year after returning from the hospital if treatment is not optimal at home (Shiraishi & Reilly, 2019).

Handling of ODS in Indonesia has not been effective, as can be seen from the increasing incidence and recurrence rates of ODS. Lack of family understanding about handling schizophrenic patients can lead to negative attitudes towards ODS. Families assume that psychological illnesses in ODS are permanent and cannot be cured; families tend to tolerate ODS as long as it does not disturb other people or the environment around them. The family considers ODS's strange behaviour to be expected because ODS is a person who has a mental disorder. Almost all families think that ODS is only a burden on the family because they cannot take care of themselves. The family's negative attitude results in inappropriate, caring behaviour; the family stops treatment without the doctor's permission, rarely communicates with the ODS and limits the social activities of the ODS (Chien et al., 2020).

Based on 2018 Basic Health Research data, the proportion of households carrying shackles was 14%, with the incidence occurring more in rural areas (17.7%) compared to urban areas (10.7%) (Ministry of Health of the Republic of Indonesia, 2018). (Nuttall et al., 2019) found that the role of community health centres as first-level service providers is still not optimal for families caring for ODS. The problem often experienced by community health centres is the lack of training for mental health cadres due to limited funds and human resources in the mental health sector. Cadres lack the knowledge and ability to carry out their duties, such as finding new cases, referring to community health centres and conducting home visits to ODS families, such as monitoring ODS drug withdrawal in their work area. This results in the still high recurrence rate in ODS.

The factors that most influence recurrence are non-compliance with treatment and lack of family support in treating ODS (Shereda et al., 2019). The recurrence rate in ODS reaches 50% - 92%, caused by non-compliance with treatment and lack of family support (Alhadidi et al., 2020). Treating Schizophrenia requires a lengthy period, both in terms of medication and psychosocial therapy. This will cause a feeling of saturation and boredom, giving rise to non-compliance with treatment which results in relapse (Sustrami et al., 2023).

Caring for ODS can be very tiring and cause a high burden of stress for the family (Wang et al., 2023). Schizophrenia will cause disturbances/problems for the individual and a burden for the family because ODS can no longer be productive, so they require long-term care and responsibility from their families. Family members in care often have to spend time caring for and taking care of ODS rather than taking care of themselves (Rodolico et al., 2022).

The burden carried by a family can have a significant impact on physical, psychological, intellectual, social and spiritual well-being. This imbalance causes adverse reactions that can limit the family from fulfilling its goals of helping ODS (Chiocchi et al., 2019). The impact of lack of knowledge, ability and burden on the caring family will influence family support to be low for ODS so that recurrence will increase (Susanti, 2019). One effort to increase family support in treating ODS is by providing family therapy.

Family psychoeducation is provided to increase knowledge and find appropriate treatment for ODS. Research by (Khalil et al., 2019) found an increase in the average value of family knowledge from 25.28 to 27.94 after providing family psychoeducation therapy. The instrument used in the research was Knowledge About Mental Illness with 17 questions with three subscales: knowledge about mental illness, attitudes towards mental illness and social distance given to people with mental disorders.

Providing family psychoeducation can also improve the ability to care for family members with ODS. Research by (Rochmawati et al., 2021) found an increase in the average family psychomotor ability score to 32.53 (67.7%) after family psychoeducation therapy intervention. Research by (Shiraishi et al., 2019) also found that 24 respondents (76.5%) were able to demonstrate how to treat ODS well. Psychoeducation was carried out by visiting 32 families of sufferers in their homes and counselling using audio-visual media accompanied by discussions and demonstrations on how to care for people with mental disorders.

Psychoeducation also plays a role in managing the family burden of caring for ODS. The results of research by (Mubin & Livana, 2020) showed that the average family burden score decreased from 45.7 to 21.2 after providing family psychoeducation therapy. (Chen et al., 2019) found that family psychoeducation was effective in reducing the burden felt by the family, the average value of the burden experienced by the family decreased from 51.35 to 42.24. Research by (Jayanti & Lestari, 2020) also showed that family psychoeducation could reduce the burden; the research used BAS (Burden et al.), which consists of 20 question items covering subjective burden and objective burden with a case study method of 6 meetings in 3 weeks, the burden decreased from 32 to 25 after family psychoeducation was carried out.

Pariaman Regional General Hospital (RSUD) strives to meet the community's needs in terms of health services. In 2019, inpatient and outpatient psychiatric services began to open. This cannot be separated from the increasing mental health problems.

Based on Medical Record data from RSUD Pariaman, it was found that there were 1,623 outpatient visits by ODS at RSUD Pariaman's psychiatric polyclinic during 2020 out of a total of 2,156 mental services. In 2021, there will be 2,129 out of 3,465 soul services. In 2022, there will be 2,053 out of 3,420 soul services. Based on these observations, it was found that there was a high number of ODS visits at the psychiatric polyclinic at RSUD Pariaman.

In an initial study conducted on 10 families caring for ODS, it was found that 7 out of 10 people did not know what Schizophrenia was, the signs and symptoms and the causes of Schizophrenia. In terms of care, 5 families did not pay attention to the patient's self-care, such as bathing and dressing; 6 people said that if their family member with ODS relapsed or went on a rampage, they would be tied up or locked up. Supervision of taking medication was also given less attention, as many as 8 people only told them to take medication without seeing directly whether the medication was taken or not.

Families experienced the burden of caring for ODS; as many as 10 families said they felt burdened because they had to always look after and take care of ODS. A total of 6 families come from weak economies as farmers and coolies, and the family's economy is increasingly burdened by the costs of bringing ODS control and treatment for an extended period. Seven families said they had difficulty dividing work and leisure time because they had to take care of ODS, and their rest time was reduced. Five family members experienced mental stress, stress and anxiety in dealing with emerging ODS behaviour. A total of 9 families felt embarrassed by the community because they felt that ODS was a disgrace because of the strange behaviour that ODS did, such as talking to themselves, throwing tantrums, and leaving the house without wearing clothes.

B. LITERATURE REVIEW

1. Skizofernia

Schizophrenia is a severe mental disorder caused by disorders of the brain that affect thoughts, perceptions, emotions, movements and behaviour so that sufferers are unable to determine feelings, show emotions, make decisions, socialize with other people and show unacceptable behaviour. Rationally (Tyagi et al., 2019).

Schizophrenia patients are also called ODS (People et al.). ODS, hearing whispers, attacking themselves or other people and the environment, and causing violent behaviour are forms of auditory hallucinations. ODS seeing shadows or as if they were seeing other people talking, discussing, being sad and happy together, when in fact, the person is not there, is a form of visual hallucination (Innamuri et al., 2019).

Antipsychotic therapy, known as neuroleptics, is given to reduce psychotic symptoms. Antipsychotics work by blocking receptors for the neurotransmitter dopamine. Antipsychotics are medical therapy for clients with Schizophrenia and are also used for psychotic episodes of mania and acute psychotic depression. Side effects of antipsychotic drugs range from mild discomfort to permanent movement disorders

(Nihayati et al., 2020). Antipsychotics are not curative (because they do not eliminate the underlying thought disorder), but they usually help the patient function typically. These medications only temporarily correct the imbalance and cannot solve the underlying physiological problem. This is proven by several cases of ODS that relapsed after stopping the use of these drugs.

2. The Knowledge that Families Must Have in Treating Schizophrenia

Bloom (1956) categorized knowledge into 3 domains, namely cognitive, affective and psychomotor knowledge. Cognitive knowledge is related to a person's understanding of something. Affective knowledge is related to a person's behaviour after understanding something, while psychomotor knowledge is related to implementing what has been understood. Each individual is different in the process of internalizing information, which causes a person's level of knowledge to vary. The interaction between these three domains will influence the optimal learning process (Manao & Pardede, 2019).

(Javadi et al., 2021) said that family knowledge about mental health/Schizophrenia is the beginning of an effort to provide healing for schizophrenia patients so that ODS or mental disorder sufferers can socialize again with the surrounding environment. Families can also remind each other not to differentiate between ODS in order to improve the mental health of ODS and families. it can also not be a source of problems for family members who experience mental instability, as there is a lack of knowledge about psychiatric problems for families who have schizophrenic patients (Basirun et al., 2019).

3. Concept and Function of Family

A family is two or more individuals joined by blood, marriage and adoption in one household, who interact with each other in roles and create and maintain a culture. The family is the smallest unit of society, consisting of the head of the family and several people who gather and live in one place under a roof in a state of interdependence (Hsiao et al., 2020).

Family caregivers care for their loved ones due to old age, weakness or physical and psychological limitations (Hasan & Jaber, 2019). According to (Tamizi et al., 2020), a caregiver is someone who cares for and supports other people in their life. Families as caregivers play a central role in the daily lives of people with mental health problems. Meanwhile, we know that the role of the family is still not optimal; therefore, psychoeducational assistance is needed. Psychoeducational support is essential to strengthen family awareness in treating ODS. Caregivers are responsible for emotional support, managing finances, caring for patients, and making care decisions. There are 2 types of caregivers: informal caregivers, namely families who provide care at home. Formal caregivers are psychiatrists, hospital nurses and professional staff in health facilities (Z. Zhou et al., 2021).

4. Psychoeducation

Family psychoeducation is one element of a family mental health care program that provides information and education through therapeutic communication. The psychoeducation program is an educational and pragmatic approach (Budiono et al., 2021). Family psychoeducation therapy can improve cognitive abilities by increasing family knowledge about illness, teaching techniques that can help families recognize symptoms of behavioural deviations, and increasing support for family members themselves.

Psychoeducation can be a single intervention but is often used with several other interventions to help participants face specific life challenges. Psychotherapy is different from psychoeducation. Psychotherapy is a process of interaction between professionals and clients (individuals, families, or groups) that aims to reduce stress, malfunction, and disability of the client's system in the functions of cognition, affection, and behaviour. Psychotherapy focuses on the individual receiving the intervention, while psychoeducation focuses on the more extensive system and tries not to pathologize the patient (Kusumawardani et al., 2019).

The conceptual framework is a summary of the theoretical framework made in the form of a diagram that connects the variables studied and other related variables (Yasuma et al., 2020).

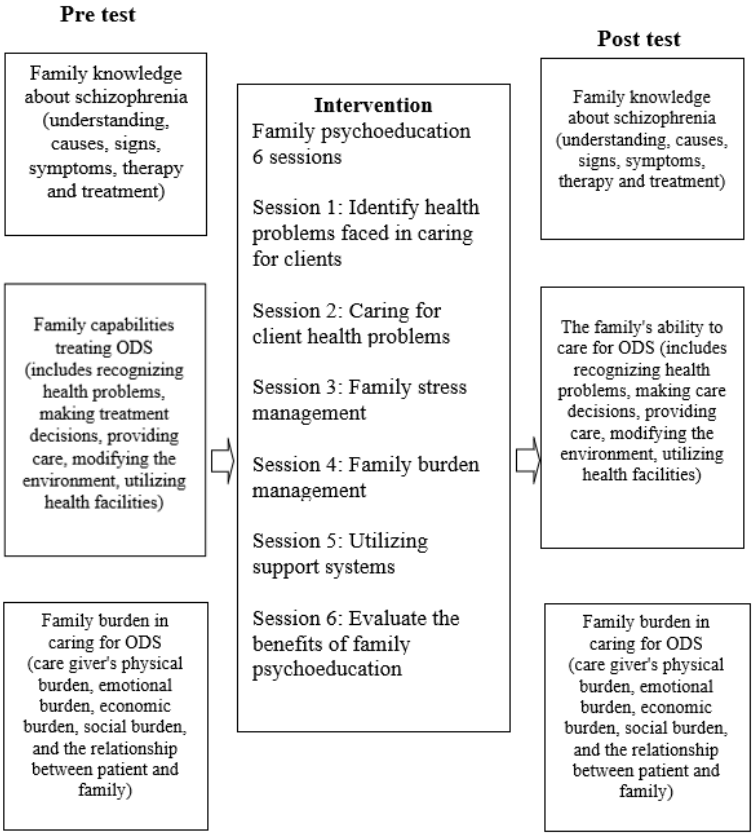

Figure 1. Research Conceptual Framework

The hypothesis in this research is as follows: There is an influence of family psychoeducation on the knowledge, abilities and burden of families in caring for people with Schizophrenia at the Psychiatric Polyclinic, RSUD Pariaman.

C. METHOD

This research was carried out at Pariaman Hospital from September 2022 to September 2023. This type of research is quantitative research and is a quasi-experimental research with the control group, which aims to explain the influence of psychoeducation on family knowledge in the care of people with Schizophrenia at the Mental Clinic. Pariaman Regional Hospital. The population in this study were families of ODS who visited the mental health clinic at Pariaman Hospital in the last 3 months, from December 94 people, January 96 people and February 92 people. The average population for the last 3 months was 94 people. Based on the sample calculation formula in this study, the sample size was 29. To anticipate dropout, 10% of the sample size was added to the total sample size, so the sample size was 29 + 2.9 = 31.9, rounded up to 32 samples.

The inclusion criteria in this study are as follows: 1) Families of people living with Schizophrenia who visit the Pariaman Regional Hospital polyclinic; 2) Family members directly care for people with Schizophrenia; 3) Living in the same house as a schizophrenic sufferer; 4) Never received family psychoeducation therapy before; 5) Willing to be a respondent; 6) Can read and write. Exclusion criteria in this study are as follows: 1) Families who withdrew; 2) Not attending the full psychoeducation session; and 3) families of people living with Schizophrenia who have moved their residence cannot be contacted. The data collection tool/instrument used was a questionnaire. Data analysis in this research uses the Validity Test, Reliability Test, Univariate Analysis and Bivariate Analysis.

D. RESULT AND DISCUSSION

1. Average Knowledge, Ability and Burden of ODS Families Before and After Being Given Family Psychoeducational Therapy

Based on the results of the homogeneity test, the value of knowledge (p-value = 0.122), ability (p-value = 0.702), and burden (p-value = 0.333) are obtained, so the data on knowledge, ability and family burden before and after giving the intervention to the intervention and control groups is homogeneous. The results of the analysis can be seen in the following table:

Table 1. Average Knowledge, Ability, Family Burden and ODS Homogeneity Test Before and After Family Psychoeducational Therapy

Variable	Group	Measurement	Mean	SD	Min-Max	Homogeneity (p-*value*)
Knowledge	Intervention	Before	74.22	8.22	56-91	
		After	847	7.55	69-99	0.122

	Control	Before	75.38	9.67	58-91	
		After	77.06	9.14	60-92	
Ability	Intervention	Before	83.66	11.23	67-107	
		After	106.41	12.45	87-125	0.702
	Control	Before	82.16	10.88	65-107	
		After	82.81	9.88	67-107	
Burden	Intervention	Before	47.47	13.46	28-72	
		After	35.09	8.06	25-53	0.333
	Control	Before	44.30	12.63	26-71	
		After	42.34	11.04	26-68	

Source: data proceed

Table 1 shows that the average family knowledge in caring for ODS in the intervention group before was 74.22, which means moderate knowledge, and after, it was 86.47, which means high knowledge. The average family knowledge in caring for ODS in the control group before was 75.38, which means moderate knowledge, and after, 77.06, which means moderate knowledge.

It can be seen that the average family ability in caring for ODS in the intervention group before was 83.66, which means medium ability, and after 106.41, which means high ability. The average family ability to care for ODS in the control group before was 82.16, which means moderate ability, and after 82.81, which means moderate ability.

Apart from that, it can also be seen that the average family burden in caring for ODS in the intervention group before was 47.47, which means moderate burden, and after 35.09, it means light burden. The average family burden in caring for ODS in the control group was 44.30, which means moderate burden, and after 42.34, which means moderate burden.

2. Differences in Average Knowledge, Ability, and Burden of ODS Families Before and After Being Given Family Psychoeducational Therapy

For the knowledge, ability, and load variables, a normality test was carried out using the skewness test with the formula skewness / std error. The intervention knowledge value was 0.95, and control knowledge was 0.50. Intervention ability 1.06 control ability 2.0. Intervention load 0.86, control load 1.8. The variables of knowledge, ability and data load are typically distributed.

To test the difference in the average knowledge of ODS families before and after being given family psychoeducation therapy in the intervention group and the control group, this was done using the dependent sample t-test, which can be seen in Table 2 below:

Table 2. Differences in average knowledge, abilities, and burden of ODS families before and after being given family psychoeducation therapy at the Psychiatric Polyclinic of Pariaman Regional Hospital in 2023

Variable	Group	Measurement	Mean	SD	Difference	CI	P-*value*
Knowledge	Intervention	Before	74.22	8.22	12.25	14.486-10.014	0.000
		After	86.47	7.55			
	Control	Before	75.38	9.67	1.68	2.149-1.226	0.560
		After	77.06	9.14			
Ability	Intervention	Before	83.66	11.13	22.75	24.720-20.780	0.000
		After	106.41	12.45			
	Control	Before	82.16	10.88	0.65	1.268-.045	0.436
		After	82.81	9.88			
Burden	Intervention	Before	47.47	13.46	12.38	10.075-14.675	0.000
		After	35.09	8.06			
	Control	Before	44.31	12.63	1.96	0..951-2.986	0.330
		After	42.34	11.04			

Source: data proceed

Based on Table 2, family knowledge in caring for ODS in the intervention group increased from 74.22 to 86.47, indicating an increase in knowledge from moderate to high. There was an increase of 12.25 after providing family psychoeducation, with a significant difference (p-value 0.000).

The control group also experienced increased knowledge, although not as much as the intervention group, from 75.38 to 77.06. However, this difference is not significant (p-value 0.560). The family's ability to care for ODS in the intervention group increased from 83.66 to 106.41 after providing family psychoeducation, with a significant difference (p-value 0.000). The control group also experienced an increase in ability, but not significantly, from 82.16 to 82.81 (p-value 0.436).

The family burden in caring for ODS in the intervention group decreased from 47.47 to 35.09 after family psychoeducation, indicating a decrease in the burden from moderate to light. This difference is significant (p-value 0.000). Then the control group experienced an increase in burden, although not as much as the intervention group, from 44.30 to 42.34, but this difference was not significant (p-value 0.330).

5. The Influence of Family Psychoeducation on the Knowledge, Ability and Burden of ODS Families

The influence of family psychoeducation on the knowledge, abilities and burden of ODS families carried out using the independent sample t-test can be seen in Table 3 below:

Table 3. The influence of family psychoeducation on knowledge, abilities, and family burden in treating ODS at the Psychiatric Polyclinic of RSUD Pariaman in 2023

Variable	Group	Measurement	Mean	SD	CI	P-*value*
Knowledge	Intervention	After	86.47	7.55	5.217-13.596	0.000
	Control	After	77.06	9.14		
Ability	Intervention	After	106.41	12.45	17.975-29.213	0.000
	Control	After	82.81	9.88		
Burden	Intervention	After	35.09	8.06	12.079-2.421	0.004
	Control	After	42.34	11.04		

Source: data proceed

Based on Table 3 above, it can be seen that after being given family psychoeducation, the average knowledge of ODS families in the intervention group reached 86.47, indicating a high knowledge category. Meanwhile, in the control group, the average knowledge of respondents was 77.06, which means knowledge was in the medium category. These results indicate that family psychoeducation significantly influences increasing knowledge of ODS families in the intervention group, as evidenced by the p-value < 0.05.

For the ability variable, after family psychoeducation, the average ability of respondents in the intervention group reached 106.41, indicating a high ability category. Meanwhile, in the control group, the average ability of respondents was 82.81, which means the ability was in the medium category. From the table, family psychoeducation has a significant influence on increasing the abilities of ODS families in the intervention group, with a p-value <0.05. In the burden variable after family psychoeducation, the average burden on ODS families in the intervention group was 35.09, indicating the light burden category. On the other hand, in the control group, the average burden of respondents was 42.34, which means the burden was in the medium category. The table shows that family psychoeducation has a significant effect on reducing the burden on ODS families in the intervention group, with a p-value <0.05.

6. Average and Average Difference in Family Knowledge in Caring for ODS Before and After Providing Family Psychoeducational Therapy

Based on this research, families in the intervention group experienced increased knowledge from moderate (average 74.22) to high (average 86.47) after

psychoeducational therapy. These results are in line with previous research. The difference in family knowledge between before and after family psychoeducation therapy in the intervention group was significant (p-value < 0.05), confirming the findings of previous research by (Verma et al., 2019).

Increasing this knowledge is considered important in caring for family members who experience Schizophrenia. Family psychoeducation plays a key role in providing information and education to families about how to overcome problems in caring for people with Schizophrenia. It is hoped that increased knowledge can help families deal with particular situations, such as when a patient experiences a relapse.

Research also shows that increasing knowledge has an impact on increasing the family's ability to care for family members who experience Schizophrenia. The increase in family abilities was measured by the average ability, which increased from 83.66 to 106.41 after psychoeducational therapy. This difference is also significant (p-value < 0.05), indicating that family psychoeducation therapy has a positive impact on knowledge and the family's practical ability to care.

Meanwhile, the family burden in caring for family members with Schizophrenia in the intervention group decreased significantly after providing psychoeducation, from 47.47 to 35.09 (p-value < 0.05). It is hoped that this reduction in burden will improve family welfare and provide better support to family members being treated.

However, in the control group, although there was an increase in knowledge (average 75.38 to 77.06), this change was not significant (p-value > 0.05). This shows that without family psychoeducation therapy, family knowledge and abilities tend not to increase significantly. The research also concluded that factors such as the respondent's education and age can influence the level of family knowledge. Families with higher education and older ages tend to have better knowledge. The research results confirm that family psychoeducation plays an essential role in increasing knowledge and abilities and reducing the burden on families who care for family members with Schizophrenia. The implication is the importance of integrating family psychoeducation therapy in the treatment of schizophrenia patients to achieve better long-term outcomes.

7. Average and Average Difference in Family Ability to Care for ODS Before and After Providing Family Psychoeducational Therapy

The results showed that families in the intervention group initially could care for family members with Schizophrenia in the moderate category, with an average score of 83.66. After receiving family psychoeducation, there was a significant increase in ability, reaching an average score of 106.41, which is in the high category. Previous research by (Dewi et al., 2019) also showed similar results, where most families increased their capabilities after the intervention.

Data analysis showed significant differences between before and after providing family psychoeducation to intervention group families. This finding aligns with research

by (Wan & Wong, 2019), which also noted an increase in family abilities after receiving psychoeducational therapy. The researchers' assumption states that this increase in ability is due to the effectiveness of psychoeducation therapy, where families are taught to identify patients' health problems, treat them, and integrate them into the family's daily schedule.

Another study by (Fernandes et al., 2021) found that patients who received family therapy had a lower recurrence rate than those who did not. The family is considered to have an essential role in the patient's recovery after returning from a mental hospital. In this study, the majority of families (81.3%) had family members with Schizophrenia in the adult category, who were considered to have better financial, emotional and instrumental abilities in caring for them.

The research results also showed that the majority of families (59.4%) had male family members who cared for schizophrenia patients. Another study by (Shiraishi & Reilly, 2019) states that men tend to be more active and care about family health more than women. The researchers' analysis shows that the male gender influences how family members with Schizophrenia are cared for, and they are better able to overcome challenges such as the distance from home to the clinic.

Family education factors also correlate with increasing caring ability. Families with higher education tend to have better cognitive and psychomotor abilities, making it easier to absorb information and develop caring skills. In line with research by (Nuttall et al., 2019), family knowledge supported by higher education increases the ability to care for schizophrenia patients. Family work also influences the ability to care. Working families are busy, which can limit their time to provide maximum care. This aligns with research by (Alhadidi et al., 2020), which found that working families have sufficient caring capacity. The length of time caring for ODS also has an impact, where families who have cared for less than 5 years tend to have lower stress levels.

The history of ODS relapse was low in the majority of families (75%) of the intervention group, indicating the effectiveness of psychoeducation therapy in reducing relapse. Family psychoeducation provides the support and knowledge that families need, such as monitoring medication taking and regular control, which can reduce the risk of recurrence.

Although the ability scores increased slightly after the pre-test and post-test in the control group families, the difference was insignificant. This supports the researcher's assumption that families in the control group did not experience changes in ability because they did not receive psychoeducational therapy. Family psychoeducation is considered an essential factor in increasing the family's ability to care for family members with Schizophrenia. This research highlights the critical role of the family in the care of schizophrenia patients. Family psychoeducation has proven effective in increasing the ability to care for families, reducing relapse rates, and supporting patient recovery. The

knowledge and skills gained from family psychoeducation provide the necessary support to maintain the mental health and quality of life of schizophrenia patients.

8. The Influence of Family Psychoeducation on Family Knowledge, Ability and Burden in Caring for ODS

The research showed that the intervention group families experienced increased knowledge after receiving psychoeducational therapy, with a score of 86.47, indicating high family knowledge. Meanwhile, the control group families scored 77.06, indicating a moderate level of knowledge. Providing family psychoeducation therapy significantly increased knowledge in intervention group families, in line with previous research (Liza et al., 2019), which found a significant increase compared to control group families and a lower recurrence rate in intervention families. The results of the T-Test testing in this study are presented in the following table:

Table 5. T-Test test results

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Knowledge	Intervention	32	86.47	7.548	1.334
	Control	32	77.06	9.144	1.616
Ability	Intervention	32	106.41	12.453	2.201
	Control	32	82.81	9.888	1.748
Burden	Intervention	32	35.09	8.062	1.425
	Control	32	42.34	11.035	1.951

Source: data proceed

One effective way to increase family knowledge about schizophrenia treatment is through psychoeducation. Psychoeducation is provided to families of people living with schizophrenia by conveying extensive, relevant and up-to-date information regarding the condition or disease, including aspects of treatment, care and relapse management (Shereda et al., 2019). Previous research (Wang et al., 2023) also revealed that family psychoeducational interventions provide positive results by increasing knowledge through empowering families in caring for people with Schizophrenia, as well as significantly reducing relapse rates.

The researchers' analysis showed that the control group families did not experience a significant increase in knowledge, as seen from the majority (16 families) who had moderate knowledge. In contrast, the intervention group families experienced a significant increase in knowledge, indicated by the majority (21 families) with high knowledge after receiving the psychoeducational intervention. Psychoeducation, as part of holistic care, can be implemented in various settings and groups, facilitating socialization and exchange of opinions between patients, professionals and families and contributing to eliminating the stigma of psychological disorders that can hinder treatment.

The results showed that the average family ability of the intervention group increased after receiving psychoeducational therapy, with a score of 106.41, indicating

high family ability. Meanwhile, the control group families scored 82.81, indicating moderate family ability. Providing family psychoeducation therapy had a significant impact on increasing the abilities of intervention group families, in line with previous research (Agustarika & Raka, 2018), which found that psychoeducation therapy had a significant impact on increasing the abilities of ODS families.

In the context of schizophrenia symptoms, there are two general categories, namely positive symptoms and negative symptoms. Positive symptoms involve things like delusions, hallucinations, anxiety, and aggression, while negative symptoms involve difficulty initiating conversations, blunted affect, reduced motivation, and social withdrawal (Chiocchi et al., 2019). Cognitive disorders are also found, characterized by poor orientation to reality, which can cause patient and family inability to receive treatment (Shiraishi et al., 2019).

The family has a crucial role as caregivers for people with Schizophrenia, determining the methods and care needed at home. Families can experience boredom in caring, resulting in less than optimal care, especially after more than 5 years of care (Jayanti & Lestari, 2020). Therapy is needed to overcome boredom and improve the ability to care. Various therapies can be applied to schizophrenic clients, including psychoeducation, psychopharmaceuticals, psychosocial, psychotherapy, and psycho religious. Administration of pharmacological drugs may be necessary, but most patients still experience residual symptoms and recurrence in the long term (Innamuri et al., 2019).

The researchers' analysis showed that the control group families did not experience a significant increase in ability, as seen from the majority (17 families) who had moderate ability. In contrast, the intervention group families experienced a significant increase in ability, indicated by the majority (25 families) with high ability after receiving the intervention. Family psychoeducation, as psychosocial therapy, has been proven to be effective in reducing hospitalization rates, reducing medical costs, and reducing relapse rates in schizophrenia patients (Nihayati et al., 2020).

The family burden in caring for people with Schizophrenia can include mental, financial, social and physical burdens. Providing family psychoeducation therapy had a significant impact in reducing the burden on families in the intervention group, with a score of 35.09 indicating a light burden. Meanwhile, the control group families had a score of 42.34, indicating a moderate level of burden. These results are in line with previous research (Javadi et al., 2021), which found a significant effect in reducing the burden on families caring for people with Schizophrenia.

In the context of schizophrenia care, the role of the family as caregivers is vital but often results in a heavy burden. This burden can be mental, financial, social, and physical, affecting the caregiver's ability to provide care. The researchers' analysis showed that the control group families did not experience a significant reduction in burden, as seen from the majority (17 families) who still experienced a moderate burden. Meanwhile, families in the intervention group experienced a significant reduction in burden, indicated by the

majority (25 families) having a light burden after receiving psychoeducational intervention. The benefits of family psychoeducation not only provide knowledge and skills but also help reduce the burden on families in caring for people with Schizophrenia (Hsiao et al., 2020).

E. CONCLUSION

Based on the research results and discussion, it can be concluded that family psychoeducation therapy has a positive impact on increasing the knowledge and abilities of families who care for family members with Schizophrenia. Providing this therapy also significantly reduces the burden felt by the family. The characteristics of the respondents showed that most of them were adults, male, had tertiary or high school education, were working, had been treated for less than 5 years, and had a low recurrence rate. A comparison between families who received Psychoeducational therapy and those who did not showed significant differences in knowledge, abilities and family burden. Family Psychoeducational Therapy can be considered an effective intervention in supporting families who care for family members with Schizophrenia in the psychiatric polyclinic of RSUD Pariaman.

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