



The Relationship of Family Support With Medication Compliance in Acute Psychotic Patients

Firman Rismanto

Universitas Islam Negeri Sunan Djati Bandung, Bandung, West Java, Indonesia.

Email: firmanrismanto@uinsgd.ac.id

ABSTRACT

The aim of this study was to determine the relationship between family support and medication adherence in acutely psychotic patients. This research is a quantitative research. The results showed that the lower the emotional support from the family, the lower the adherence to taking medication in acute psychotic patients. The lower the family support in the esteem support aspect, the lower the medication adherence in acute psychotic patients. The lower the family support in the instrumental support aspect, the lower the medication adherence in acute psychotic patients. The lower the family support in the informational support aspect, the lower the medication adherence in acute psychotic patients. Of the four aspects of family support, the emotional support aspect has the highest correlation with adherence to taking medication in acute psychotic patients while the one with the lowest correlation is the instrumental support aspect in acute psychotic patients at the Bandung Mental Hospital.

Keywords: family support, medication adherence, acute psychosis.

INTRODUCTION

Entering the 21st century, which is called the era of globalization, there are many global economic crises where all over the world feel economic difficulties, including Indonesia (Beeson, 1998; Siddiqui, 2020). The lack of individual ability to adapt to the economic problems faced has increased the number of psychotic sufferers (Begum et al., 2022; Bojdani et al., 2020; Chevance et al., 2020). Referring to WHO data, the number of psychotic sufferers is around 0.2-2%. Patients with new cases in Bandung that appear every year are around 0.01%. (Kompas, Desember 2008); (Arnold et al., 2021; Gibbs-Dean et al., 2023).

Basic Health Research (Riskesmas) of the Health Research and Development Agency (Balitbangkes) of the Ministry of Health in 2008 stated that West Java residents who experienced the highest mental disorders in Indonesia with a range of 20%. That is, one in five adults has a mental disorder (Sariadji & Putranto, 2020; Widodo & Supratman, 2020). Broadly speaking, mental disorders consist of psychosis disorders and neurotic disorders. Psychotic

disorders include schizophrenia (acute mental disorder), schizophreniform, schizoaffective, and delusional disorder. Neurotic disorders such as physical health disorders caused by mental disorders, being very forgetful, withdrawn, depressed, stressed, restless, and irritable (Narayana et al., 2023; Suryavanshi et al., 2024).

The percentage of mental health disorders will continue to grow along with the increasing burden of living of the Indonesian people (Collaborators, 2022; Urban et al., 2021). It is estimated that around 90% of patients suffering from mental disorders come from the poor, 70% of cases of which are caused by economic problems, such as layoffs, unemployment, and others (Boden et al., 2021; Chen et al., 2022). In addition to the impact of economic problems, practical political activities are also vulnerable to causing mental health problems. Patients have too high expectations so that things that happen are not as desired, eventually they find it difficult to accept.

One type of psychiatric disorder at Bandung Mental Hospital is acute psychotic. This psychiatric disorder will cause harm to the family if not treated immediately. Acute psychotic will become a chronic mental disorder and has a high recurrence rate and long treatment period if not quickly overcome. Acute Psychotic psychiatric disorders will be easier to cure if given direct treatment from professional personnel who are supported by providing family support to patients.

However, currently there is very little counseling provided by the government so that family understanding of acute psychotics tends to be low. The family regarded the disturbance as a disgrace not worthy of being known by others. Wrong patient behavior tends to develop with no reprimands or prohibitions. The family ignored and allowed the patient's actions, which they said were difficult to control. Patients when calm also tend to be silent in the absence of family efforts to discipline patients with activities recommended by the doctor. The patient feels receptive to words that offend him and blames him no matter what is done and there is a family attitude to limit the patient to the community environment.

Families are supposed to provide comfort to patients, in fact, not every patient gets the family support they need (English et al., 2022; Petersson et al., 2020). This is due to various factors, one of which is the lack of family knowledge about psychiatric disorders, especially acute psychotics. This causes families to find it difficult to provide affection and attention to patients, especially when stress arises in patients. The family wants the patient's recovery, but on the other hand, the family also feels ashamed to have family members who have psychiatric disorders. Therefore, not a few families limit patients to contact with the environment.

One of the obligations of the patient is to take medicine. Patients are still confused by the symptoms experienced and tend to deny suffering from mental disorders. Therefore, they also reject the necessity advised by doctors to routinely take medication. The patient feels lazy, bored so the drug is not taken. The family learned that the patient was not taking medication when he found the medicine hidden in various furnishings of the house. This happens when

family monitoring is caught off guard from the patient, because the family is busy with other activities. As a result, the time span for taking medication is also irregular in accordance with the provisions of the doctor's prescription (interview with the patient's family).

Acute psychotic patients who have previously experienced disorders with events of less than 1 month or that occur suddenly can be controlled if taking medication regularly. Treatment of these patients is not only aimed at reducing the range of relapse, but also comfort for the community. Uncontrolled acute psychotics will damage the order of life. Patients after taking medication will feel calm and able to move as before experiencing interference if not mentioned the traumatic event experienced. Not a few who then stop the drug on the grounds that if taking the drug continuously it will cause an economic burden for the family.

RESEARCH METHODS

Research Design

This research is a quantitative research using a non-experimental design approach (Baltazar et al., 2024; Ezranta et al., 2023; Gayatri et al., 2021). The method used in this study used a correlational method that wanted to see the close relationship between family support and medication adherence in acute psychotic patients at the Bandung Mental Hospital (RSJ).

Research Variables

The variables measured in this study consist of independent variables and dependent variables. The study's independent variable included family support, while the study's dependent variable was medication adherence.

Research Measuring Tools

The preparation of this family support scale is constructed based on Sarafino's theory of family social support. The measuring tool used to capture patient compliance in taking medication was developed from the theory of health psychology from Sarafino.

Population and sample

The population of this study was psychotic patients at Bandung Mental Hospital, while in determining the sample, purposive sampling techniques were used where the sampling process was not random, but was selected based on certain considerations (Singarimbun, 1989: 153). The population of this study amounted to 85 patients while the study sample amounted to 30 outpatient acute psychotic patients.

Testing of Measuring Instruments

Before taking data in the field, researchers first test the measuring instruments used by conducting validity tests and reliability tests. Because a good measuring instrument must have validity and reliability.

Data Analysis Techniques

Data analysis of this study used statistical test of Spearman Rank correlation coefficient and significance test. The Spearman Rank correlation coefficient is used to measure the extent of the correlation between two variables that are at least ordinal data. The significance test is used to determine if the variables are correlated. Significance is tested from the rank concerned

RESULTS AND DISCUSSION

Table 1. Spearman Rank Correlation Test Results

Variable	Calculation Results	Conclusion
Family support with medication adherence	rs = 0.628 T _{hit} = 4,270 t _{tab} = 1.684	Because $t^{hit} > t^{tab}$ then H_0 was rejected, there was a significant association between family support and medication adherence

Based on the results of statistical calculations, the results of $t_{hit} > t_{tab}$ ($4.27 > 1.684$). This indicates that H_0 was rejected, so the accepted H_1 . With $rs = 0.628$, it can be stated that there is a significant relationship between family support and medication adherence in Acute Psychotic patients at the Bandung Mental Hospital (RSJ). This means that with a high correlation, the lower the family support, the lower the adherence to taking medication for Acute Psychotic patients.

In this study, researchers also processed and analyzed data to determine the closeness of each aspect of family support with medication adherence, to see which aspects of family support were most dominantly associated with medication adherence.

Table 2. Results of the Spearman Rank Correlation Test Between Family Support (Emotional Support Aspects) and Adherence to Taking Medication

Variable	Calculation results	Conclusion
Family support (emotional support aspect) with medication adherence	rs = 0.695 T _{hit} = 5,115 t _{tab} = 1.684	Because $t_{hit} > t_{tab}$ then H_0 was rejected, there was a significant association between family support aspects of emotional support and medication adherence

Based on the results of statistical calculations, the results of $t_{hit} > t_{tab}$ ($5.115 > 1.684$). This indicates that H_0 was rejected, so the accepted H_1 . With $r_s = 0.695$, it can be stated that there is a significant relationship between family support (emotional support aspects) and medication adherence in acute psychotic patients at the Bandung Mental Hospital (RSJ). This means that if the value with a high correlation, means that the lower the family support aspect of Emotional Support, the lower the adherence to taking medication.

Table 3. Results of the Spearman Rank Correlation Test Between Family Support (Aspects of Esteem Support) and Adherence to Taking Medication

Variable	Calculation results	Conclusion
Family support (esteem support aspect) with medication adherence	rs = 0.586 T _{hit} = 3,827 t _{tab} = 1.684	Because $t_{hit} > t_{tab}$ then H_0 was rejected, there was a significant relationship between family support aspects of esteem support and medication adherence

Based on the results of statistical calculations, the results of $t_{hit} > t_{tab}$ ($3.827 > 1.684$). This indicates that H_0 was rejected, so the accepted H_1 . With $r_s = 0.586$, it can be stated that there is a significant relationship between family support (esteem support aspects) and medication adherence in acute psychotic patients at the Bandung Mental Hospital (RSJ). This means that with a sufficient correlation value, it means that the lower the family support aspect of Esteem Support, the lower the adherence to taking medication.

Table 5. Results of the Spearman Rank Correlation Test Between Family Support (Informational Support Aspects) and Adherence to Taking Medication

Variable	Calculation results	Conclusion
Family support (<i>informational support</i>) with medication adherence	$r_s = 0.529$ $T_{hit} = 3,299$ $t_{tab} = 1.684$	Because $t_{hit} > t_{tab}$ then H_0 was rejected, there was a significant relationship between family support aspects of <i>informational support</i> and medication adherence

Based on the results of statistical calculations, the results of $t_{hit} > t_{tab}$ ($3.299 > 1.684$). This indicates that H_0 was rejected, so the accepted H_1 . With $r_s = 0.529$, it can be stated that there is a significant relationship between family support (informational support aspects) and medication adherence in acute psychotic patients at the Bandung Mental Hospital (RSJ), meaning that the lower the family support aspect Informational Support, the lower the adherence to taking medication.

The family is a party that provides support in the form of comfort, attention, appreciation and assistance and advice given to patients so that it will have an influence on the patient when interacting with his family. This is supported by the results of calculations and statistical analysis that have been presented above. Based on the correlation value obtained, which is 0.628 that family support has a significant relationship with medication adherence in Acute Psychotic patients at the Bandung Mental Hospital (RSJ). Guildford clarification table This correlation coefficient price has a close degree of relationship with a confidence level of 95% ($\alpha=0.05$). The table shows a positive direction, meaning that the lower the family support, the lower the adherence to taking medication in acute psychotic patients.

In addition, there are external factors that affect family support, namely whether or not the family often gives attention and closeness factors between family and patients, as said by Sarafino (1994) that the receipt of this support is influenced by several factors such as: patients know the party who provides support so that they can feel comfortable in receiving the support. There is little attention from families, especially those who live in the same house with patients. The patient's needs in the form of family support are influenced by the patient's expectations and desires in the family to obtain: attention and love, praise / encouragement, money / desired facilities, assistance with tasks / activities performed, feedback on behavior, positive comparisons with others.

The above needs should be met by the family specifically for the patient so that the outpatient business can run well so that the patient's psychological condition gradually

stabilizes. In an effort to meet the needs as above, patients often feel that: there is restraint by the family towards him, especially outside the home, there is a patient's distrust of the family, there is family treatment that distinguishes patients from brothers / sisters and other relatives who live in the same house.

The patient often feels that when he is at home, everything he does is wrong, even as if the family often offends the patient and as if the family is difficult to ask for help related to activities recommended by doctors such as making mines, printing or other tasks related to the patient's abilities.

Meanwhile, in terms of treatment, the family has not fully trusted medical treatment because of the lack of influence of drugs on changes in patient behavior so that the family chooses another alternative, namely taking patients to psychics (shamans) because of the relatively cheap cost and avoiding feelings of shame to neighbors.

This causes the patient to feel anxious, less safe and comfortable at home with his family. Such feelings will shape the patient's attitude to be suspicious of the family so that the quantity of patient interactions with family will be low. Lack of family support will make it difficult for patients to recover from the disorder they experience. In addition, low acceptance of support by patients will create difficulties in regulating and controlling patients to comply with the consumption of drugs given by medical authorities.

In terms of treatment, when the family takes steps to hand over the patient's treatment to a shaman or psychic, it will cause the patient not to routinely take medicine according to the doctor's provisions. This will cause problems because drug disconnection will cause an imbalance of brain chemicals called neurotransmitters not to work optimally. Thus efforts to heal are difficult to overcome properly.

Acute psychotic patients aged 21 to 35 years who according to Hurlock (2017) are classified as early adults who ideally should be able to carry out developmental tasks by achieving an attitude of emotional, social and economic freedom. However, what happens to this patient is that he experiences obstacles in carrying out his duties and role as an early adult, so the right handling is to demand that this patient take medication according to the provisions prescribed by the doctor.

The drug given to patients according to Goodman & Gielman (1980) is a chemical substance with a decent dose that affects the body system for the purpose of diagnosis, prophylaxis and therapy. This antipsychotic drug consists of 4 major groups based on its type, namely: Phenothiazines, thioanthines, butyrophenone, and dibenzodiazepines. Patient adherence to taking medication is classified as partial compliance because acute psychotics have characteristics: poorly controlled emotions. Decreased self-awareness. have time awareness. It's easy to throw tantrums. Overly sensitive

The above characteristics cause high patient compliance at certain times and at other times patient compliance decreases or in calm conditions patients are more obedient to taking

medication than in unstable conditions during treatment. Thus the patient's adherence to taking medication is influenced by aspects of the patient's treatment, the patient's psychosocial, and the interaction between doctor and patient.

According to Sarafino (1994), low family support to patients when taking medical drugs according to doctor's provisions, will be prone to relapse / relapse. The family's lack of ability to direct patients to routinely take medication will cause behavior displayed as follows: patients often lie when asked to take medicine, patients tend to dispose of drugs by hiding the drug on home furniture, patients often do not want to control returning to the hospital.

According to Kaplan & Sadock (2002), one of the determining indicators of cure for psychotic disorders is to follow the clinical recommendations of the doctor who treats it. Non-compliance of acute psychotic patients to obtain medical treatment, causing patients difficult to cope with thoughts and feelings that disturb him. These thoughts and feelings will be related to traumatic experiences that the patient has experienced before experiencing the disorder and can cause relapse if drug consumption is not in accordance with medical provisions.

Statistical calculation obtained from the aspect of emotional support with $r_s = 0.695$. This correlation is highest because of patients' expectations and feelings for family to elicit responses such as empathy, care, and attention. This will provide a sense of comfort, reassurance, a sense of belonging, and love by family, especially when this patient relapses from his acute psychotic disorder.

Meanwhile, the lowest aspect of family support is the Informational support aspect with $r_s = 0.529$ because it is difficult for families to control patient behavior that is not in accordance with family expectations so that advice and feedback are rarely received by patients.

The following will be presented two cases regarding acute psychotics related to sampling in this study, namely:

R is a 24-year-old Javanese man who suddenly behaves strangely since 1 month after the death of his mother. He became very agitated, started talking nonsense and behaving impolitely by shouting in his neighborhood located in the M area of Bandung. R is the youngest of 2 children. Since childhood, R likes to be alone, not many friends, as well as in R's family, it is rare to tell his family if he has school problems, friends, etc. If R is asked by his family about the problems faced (father, brother or aunt) R will answer as necessary. According to R's family, he felt comfortable with his mother because R would be easy to tell anything from easy problems to those that were difficult for R to solve. Interview with R's father, that R has always been spoiled by his mother since childhood compared to his brother who is not too guarded. Now R lives with his father, brother and aunt who live in the same house as R. R has no history of mental illness.

R was taken to the hospital with a diagnosis of acute psychotic doctor. R was given drugs in the form of Haloperidol 2 to 5 mg, 1 to 3 times daily, or Chlorpromazine 100 to 200 mg, 1 to 3 times daily. At first the family thought that R was experiencing stress, for that reason the family

tended to confine R to the house. With this disorder, R is often alone at home because the rest of the family is busy working and will go home at night or at night. R tends to hear voices, if this is discussed with his family, R actually gets cursed. If the family asks if they have taken medicine, R will answer: *"sudah"* when in fact the medicine has been discarded because R feels no pain. He considered himself to be like this because he could not make his mother happy after he got a job. After several outpatient times, although not on time, with injections during check-up to the hospital, R's condition is relatively calmer and can be chatted.

T is a 26-year-old Sundanese soldier. T wanted to become a soldier in protest with his violent mother. According to T, since childhood, he never received attention. After divorcing his father, his mother remarried a man whom T did not like. T took the army test and he passed it in hopes of leaving home. During the task, T obtained average work performance. Once T was assigned out of the area to city M to attend training. In the training ground, T occupied a dormitory that also joined the army from the area. According to T, life there was initially good because it could add experience. After a few weeks of training, T felt a lot of unpleasant things outside of his duty as a soldier. This is felt by T, especially in informal relations with other soldiers such as during rest hours, in the bedroom, etc., as well as T received many reprimands from superiors. After several months of training, T returned to city B.

After returning from this training, T began to feel that he heard indistinct voices, an excessive belief about suspicion in others. According to T's family, he tends to be fuzzy, restless, confused when he is at home. T lives at home with his mother, stepfather, step-brother as well as siblings. Then T was examined by a team of army doctors who specifically treated psychiatric disorders. T was given permission to leave until he showed recovery. During the outpatient treatment, his mother and stepfather were rarely at home. If mom and stepdad are at home, they always protest T *"gara-gara masuk tentara sehingga kamu jadi gila"*. T tends to be abused by his stepfather with speech *"kamu anak yang tidak berguna"*. Thus, T tends to be reminded by his siblings to take medication regularly. After a few weeks of taking medication, T's condition was relatively stable and hallucinations and delusions gradually disappeared.

In the traditional view, there is still a strong belief in society that Acute Psychotics is caused by the entry of evil spirits or caused by use. This gives suggestions to the family so that they are embarrassed to admit or seek the necessary help from the community. This is not limited to low socio-economic status, but also experienced by upper-class families. In general, it can be said that the family still lacks clear information about Acute Psychotic, the course of the disease and how to manage to seek rehabilitation for patients. For this reason, this study aims to find the close relationship between family support and medication adherence in Acute Psychotic patients at Bandung Mental Hospital.

Patients who feel that receiving the comfort, attention, and family help they need will follow medical advice than patients who receive low family support (Dimatteo & Dinicola, 1982). This family-sourced patient support appears to be most beneficial for patient adherence

when taking medication because it involves family assistance in attending to health problems in acute psychotic patients.

Based on the four aspects of family support above, there are several things that are known that there is a relationship between family support and medication adherence in acute psychotic patients at the Bandung Mental Hospital (RSJ), namely emotional support, esteem support, instrumental support, informational support.

CONCLUSION

There are aspects of family support with medication adherence, namely the lower the family support, the emotional support aspect, the lower the adherence to taking medication in acute psychotic patients. The lower the family support, the lower the esteem support aspect, the lower the adherence to taking medication in acute psychotic patients. The lower the family support, the instrumental support aspect, the lower the adherence to taking medication in acute psychotic patients. The lower the family support, the informational support aspect, the lower the adherence to taking medication in acute psychotic patients. Of the four aspects of family support, the emotional support aspect has the highest correlation with medication adherence in acute psychotic patients while the one with the lowest correlation is the instrumental support aspect in acute psychotic patients at Bandung Mental Hospital.

BIBLIOGRAPHY

- Arnold, C., Farhall, J., Villagonzalo, K.-A., Sharma, K., & Thomas, N. (2021). Engagement with online psychosocial interventions for psychosis: A review and synthesis of relevant factors. *Internet Interventions, 25*, 100411.
- Baltazar, M. P. D., Arenas, R. D. M., Loli, M. B. L. C., Cruz, J. A. G., Salazar, J. M. R., Quispe, A. M. H., Wong, R. L. A., García, J. R. R., & Morales, A. M. Y. (2024). The Relationship Between Geometric Reasoning and the Learning of the Derivative in the Subject of Differential Calculus in University Students in the Period 2023-II. *Migration Letters, 21*(3), 386–397.
- Beeson, M. (1998). Indonesia, the East Asian crisis and the commodification of the nation-state. *New Political Economy, 3*(3), 357–374.
- Begum, T. F., Lin, Z., Primeau, M., & Lin, S. (2022). Assessing short-term and long-term mental health effects among older adults after Hurricane Sandy. *Science of the Total Environment, 825*, 153753.
- Boden, M., Zimmerman, L., Azevedo, K. J., Ruzek, J. I., Gala, S., Magid, H. S. A., Cohen, N., Walser, R., Mahtani, N. D., & Hoggatt, K. J. (2021). Addressing the mental health impact of COVID-19 through population health. *Clinical Psychology Review, 85*, 102006.
- Bojdani, E., Rajagopalan, A., Chen, A., Gearin, P., Olcott, W., Shankar, V., Cloutier, A., Solomon, H., Naqvi, N. Z., & Batty, N. (2020). COVID-19 pandemic: impact on psychiatric care in the United States. *Psychiatry Research, 289*, 113069.
- Chen, X., Giles, J., Yao, Y., Yip, W., Meng, Q., Berkman, L., Chen, H., Chen, X., Feng, J., & Feng, Z. (2022). The path to healthy ageing in China: a Peking University–Lancet Commission. *The*

Lancet, 400(10367), 1967–2006.

- Chevance, A., Gourion, D., Hoertel, N., Llorca, P.-M., Thomas, P., Bocher, R., Moro, M.-R., Lapr evote, V., Benyamina, A., & Fossati, P. (2020). Ensuring mental health care during the SARS-CoV-2 epidemic in France: A narrative review. *L'encephale*, 46(3), 193–201.
- Collaborators, G. B. D. 2019 M. D. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 9(2), 137–150.
- English, W., Gott, M., & Robinson, J. (2022). The meaning of rapport for patients, families, and healthcare professionals: a scoping review. *Patient Education and Counseling*, 105(1), 2–14.
- Ezranta, Z., Kadiyono, A. L., & Nugraha, Y. (2023). The Effect of Psychological Capital on Entrepreneurial Performance in MSME District in Jatinangor District. *Journal of World Science*, 2(11), 1782–1792.
- Gayatri, R. W., Tama, T. D., Alma, L. R., Yun, L. W., Savira, L., & Kuroidah, A. (2021). Behavioral risk factors and periodontal disease in Malang, Indonesia. *Gaceta Sanitaria*, 35, S438–S440.
- Gibbs-Dean, T., Katthagen, T., Tsenkova, I., Ali, R., Liang, X., Spencer, T., & Diederer, K. (2023). Belief updating in psychosis, depression and anxiety disorders: A systematic review across computational modelling approaches. *Neuroscience & Biobehavioral Reviews*, 147, 105087.
- Narayana, D. B. A., Joshi, H., & Tiwari, V. H. S. (2023). Overview of approaches in ayurveda for neurological health and disorders. In *Ayurvedic Herbal Preparations in Neurological Disorders* (pp. 41–88). Elsevier.
- Petersson, N. B., J rgensen, A. L., Danbj rg, D. B., & Dieperink, K. B. (2020). Video-consulted rounds with caregivers: the experience of patients with cancer. *European Journal of Oncology Nursing*, 46, 101763.
- Sariadji, K., & Putranto, R. H. (2020). A Fatal Diphtheria Case in a 4-Years-Old Child with Protective Diphtheria IgG Antibody in 2014. *International Journal of Science and Healthcare Research*, 5(1), 198–203.
- Siddiqui, K. (2020). The Impact of COVID-19 on the Global economy. *World*.
- Suryavanshi, A., Kumar, V., Shukla, D., Asati, V., Mahapatra, D. K., Bharti, S. K., & Ahire, E. D. (2024). Nutraceuticals and anxiety. In *Nutraceutical Fruits and Foods for Neurodegenerative Disorders* (pp. 537–559). Elsevier.
- Urban, K., Mehrmal, S., Uppal, P., Giesey, R. L., & Delost, G. R. (2021). The global burden of skin cancer: A longitudinal analysis from the Global Burden of Disease Study, 1990–2017. *JAAD International*, 2, 98–108.
- Widodo, A., & Supratman, S. (2020). The different mental health patient quality of life during shackling, treatment, and post treatment. *Epidemiology and Society Health Review*, 2(2), 45.

Copyright holder:

Firman Rismanto (2024)

First publication right:

Asian Journal of Engineering, Social and Health (AJESH)

This article is licensed under:

