

The Relationship between Family Support Socialization Function and Client Post-Treatment of Mental Disorders

Rina Mariani^a, Fepi Susilawati^b, ^{a,b}Nursing Study Program, Poltekkes Kemenkes Tanjung Karang, Sumatera, Indonesia, Email: ^arinadainang@gmail.com, ^bfepi05susilawati@gmail.com

Family support is significant to help patients socialize, back, creating a supportive environment, respecting the patient in person, and assist in solving the problem of the patient. Researchers get information from the client's family of mental disorder, they said; they do not invite clients to socialize and engage in activities outside the house for fear of ridicule and embarrassment. The research objective was to determine the relationship of the functioning of the socialization of family support on the client post-treatment of mental disorders. The design of quantitative analytical research uses the cross-sectional approach. Population and sample study were all clients of mental disorders that have been declared cured and are outpatient and family numbered 55 people. The research sample is the total population. When the study in June and September 2019. The collection of data is primary data. The variables studied were the dependent variables: the functioning of socialization and independent variables: family support. The univariate analysis uses the Frequency distribution, and bivariate analysis uses chi-square. The results based on the characteristics of respondents obtained parental education is primary education is 40 (72.7%) and secondary education 15 (27.3%). In the work of parents earned farmer work at 42 (76.4%) and trade 13 (23.6%). Based on respondents, variables obtained from 55 respondents, 21 (38.2%) with excellent family support, and 34 (61.8%) lower family support. Meanwhile, the proper functioning of socialization which 33 (60%), and the appropriate functioning of the socialization is not that 22 (40%). Results of bivariate No relation to the operation of the socialization of family support on the client post-treatment of mental disorders in Public Health Center of Tatakarya (Puskesmas Tatakarya) where the p-value 0.013. Suggestions, the health center, is expected to hold activities



that purposely develop the functioning of socialization among other socialization group activity therapy.

Key words: Family Support, The Functioning of Socialization, Mental Disorders.

Introduction

Persuant to the National Institute of Mental Health, mental disorders reach 13% of the overall disease and is expected to grow to 25% in 2030. These events will assist with the increasing preponderance of mental disorders from year to year in various countries. According to the results of the US census of 2004, an estimated 26.2% of people aged 18-30 will be experiencing mental disorders (NIMH, 2011).

The prevalence of mental disorders emotional Indonesian population aged over 15 years at 6% and severe psychological disorders 1.7 million (Riskesdas, 2013), in 2018 the emotional, mental disorders in children older than 15 years rose to 9.8% and severe mental disorders reach 7 million (Riskesdas, 2018).

Various stigma to clients with mental disorders will have an impact on the attitudes are given to clients who live in the community. Clients with mental disorders are community members whose presence should be accepted. Still, if the individual is impaired in the disease, it is often considered a disgrace, regarded as a burden because people are no longer productive and are unable to perform the role, duties, and responsibilities as expected by the public. As a result, they are often hidden; there are even isolated stocks. They were not taken to see the doctor obtain a rational treatment, but treatment with traditional ways brought to the shaman, e.g., psychics, smart people, or religious leaders (Saputra, 2019).

Medicine is so modern today turned out to provide a good prognosis for clients with mental disorders. Improved client state followed by outpatient care. Ironically, the return of clients with mental disorders in the family creates new problems. They were left alone at home without invited to mingle or empowered at home and the environment. Even if the patient is not entirely cured, treatment with appropriate methods creates people with a mental health condition that becomes controllable and manageable, also though it said non-curable (Hawari, 2007).



The approach that can be done to help clients with mental disorders to improve their social function is through social skills training. Social skills training services to enhance the living standards of patients after discharge from hospital and decrease relapse to return to the hospital (Sarason, 1996).

One of the causes of recurrence in patients with mental disorders is a lack of role and support provided the family in the care of family members who suffer from mental disorders (Keliat, 2011). Family support is significant to help patients mingle back, to create a supportive environment, to respect the patient in person, and to aid in solving the problem of the patient.

Results of research conducted by Barrowclough and Tarrier (1990), showed that patients with psychiatric disorders post-treatment were staying with the family in Expressed Emotion demonstrated high social functioning was low. Otherwise, the patient with the family in Expressed Emotion, its quiet social operation is high. The study illustrates one of the factors that can improve the social abilities of patients post-treatment in a hospital is family support.

Social skills or social functioning is defined as the ability of people (individuals, families, groups or communities) and social systems (institutions and social networks) to meet/respond to basic needs, running a social role as well as the face of shocks and stress (shocks and stresses). The ability of the person as a part of the family in social functioning is positive and adaptable to show how families ought to work. Nevertheless, it is not easy for people with psychiatric disorders who have hindrances in running a social role, hence demand the support of the family.

Family encouragement is a support/endorsement received by one of the family members of the other family members to fulfil the functions included in a family (Francis and Satiadarma, 2004). Without the encouragement of the patient's family will be troublesome to heal, experience worsening, and challenge to socialize to the people with a mental health condition in need of assistance to become a stronger individual and respect ourselves to attain a better level of healing and improve social skills.

Nurdiana et al. (2007), in his study, said that the family plays an essential role in deciding how or nursing care required by patients at home so that it will decrease the relapse rate. The research outcomes in a study quoted by Amelia (2013) showed that 80% of patients with schizophrenia relapse (relapse) repeatedly, where the cause is the family factor. Family factors become dominant so that the patient into decline after hospital treatment. Research conducted by Kritzinger (2011) in Africa supports the statement which stated that the support of the family could have a positive impact on preventing recurrence of symptoms in schizophrenic patients. Kundu (2013) describes the presence of social support from either the family, work environment, communities in the social sphere has a negative relationship with the emergence of positive symptoms in schizophrenic



patients. So it can be said that social support can reduce the appearance of symptoms that relapse (relapse).

The number of visits patients with mental disorders in primary health care facilities (health centers and their networks) grew 0.23% in 2014, and 2015 amounted to 0.89% (Lampung Province Health Profile, 2016).

The data that researchers can of North Lampung District Health Office, the number of people with a mental health condition in 2017 amounted to 265 people and in 2018 rose to 427 (North Lampung Health Profiles Health Office, 2018). Of the 27 health centers in North Lampung, PHC Tatakarya at No. 2 cases of people with mental disorders after State Health Center Queen of the number of patients 55.

Based on Pre survey at the Puskesmas Tatakarya, researchers obtained information that was psychiatric patients who were post-treatment at home when taking medicine and their families did not invite patients to control at the Puskesmas. They left patients to stay at home. There also patients who have returned home but are not empowered. Information obtained from 3 families of mentally ill patients said they did not invite clients to socialize for fear of being ridiculed, did not involve them in activities inside and outside the home. The family said they were ashamed of the community around them. Information obtained from third family mental patients said they did not invite clients to socialize for fear of ridicule, not involving them in activities inside and outside the home. Families say shame on the community around their living environment.

The research goal was to find the relationship of the functioning of the socialization of family support on the client post-treatment of mental disorders in the Puskesmas Tatakarya.

Methods

The type and design of the study are a quantitative analytic with the cross-sectional approach. The population in this study was all clients of mental disorders has been declared cured and are outpatient, and her family of 55 people. Samples in this study the total population, with the criteria of families with mentally ill family members post-hospitalization, which declared cured and still ambulatory and willing to become respondents. Variable research that the dependent variable is the functioning of the independent variables, socialization, and family support. This study was conducted in the North Lampung, the Health Center Of Tatakarya. Data were collected primary data by distributing questionnaires to parents containing statements about family support and functioning of socialization. Data were analyzed using univariate and bivariate analysis with a chi-square test where $\alpha = 0.05$.

Results and Discussion

Table 1. Frequency Distribution Characteristics of Respondents

Categories	Amount	Percentage (%)
Education of parents		
Basic education	40	72.7
Middle education	15	27.3
Parents' job		
farmer	42	76.4
Trade	13	23.6

Based on the analysis outcomes tabulation descriptions in Table 1 with the characteristics of respondents note that most parental education is primary education, which is 40 people (72.7%), and secondary education 15 people (27.3%). See from the work of parents, and most farm work is 42 people (76.4%) and trade as many as 13 people (23.6%).

Table 2. Variable Frequency Distribution of Respondents by Research

Variables	n = 55	Percentage (%)
Family support		
High	21	38.2
Low	34	61.8
functioning of socialization		
Well	33	60.0
Not good	22	40.0

Univariate analysis to obtain a frequency distribution of the variables studied were functioning family support and socialization, as in Table 2. Based on table 2, the result variable is the most family support low at 34 (61.8%) and family support as high as 21 people (38.2%). On the functioning of socialization variables, obtained proper functioning of socialization, which 33 (60.0%) and the function of socialization is not okay is 22 (40.0%).

Table 3. Against functioning relationship Socialization Family Support Client Post-Treatment of Mental Disorders

Categories	Functioning of Socialization				Total		<i>p</i> <i>value</i>
	Well		Not good				
	n	%	n	%	n	%	
Family Support High	17	81.0	4	19.0	21	100	0,013
Low family support	16	47.1	18	52.9	34	100	
Total	33	60.0	22	40.0	55	100	

Statistical test results bivariate analysis of the two variables studied was family support and functioning of socialization obtained the results, as shown in Table 3. Table 3 shows the 33 respondents, respondents with excellent family support, and proper functioning of socialization, which 17 (81.0%), while respondents with low family support and the adequate operation of socialization, which 16 (47.1%). Statistical test results obtained by using chi-square $p = 0.013$ which shows that there is a relationship between family support to the functioning of socialization on the client post-treatment of mental disorders

The Clients Family Support Post-Treatment of Mental Disorders

The results of this analysis are obtained from 55 respondents who have low family support to 34 people (61.8%). Family support is needed in the healing process for a sick family member, and excellent family support will improve the health of family members. The results of this study's family support to clients post-treatment of mental disorders are low, so the client will live long to healthy and function properly.

Family encouragement is a form of interpersonal relationship that includes acceptance, actions, and attitudes of other family members, so family members detect no one noticed. With the support of the family make family members were able to work with a variety of intelligence and reason to improve the health and family adaptation (Friedman, 2010). The family as the smallest unit of society and the closest to the individual will be able to help nourish and construct the ability of family members who are ill. The family contributes in determining how the necessary care for sick family members. The success of nursing at the hospital will be useless if not followed by the client's family. So it can be said that the health of family members to be very in touch with family support.



The results are consistent with research conducted Atyanti with title Relationship of depression and family support on blood sugar levels in patients with type 2 diabetes mellitus, that respondents who have non-supportive family support are 52.4%. It is also in line with research conducted by Husni M. (2012) with the title of family support relationship with the living standards of breast cancer patients who got less well-earned family support is 75%.

When clients obtain family support is not useful or not optimal, then the individual will use the coping poorly to the pressure within him. When people get such assistance to the maximum, then the individual will learn to use coping positively to the stress in an individual or from outside the individual. Coping abilities of individuals with mental disorders post-treatment will need response from outside the individual, such as in the social environment such as social support. The sources of social support may come from a family as the smallest sphere, neighborhood, peers/community. Social support will much help individuals to make adjustments, coupled with positive coping behavior and personality development.

The provision of social support in the family will show that people who receive health and welfare support have better than those who did not receive support. Giving attention, and guidance that is continually or continuously supplied to the post-treatment of people with a mental health condition can make a significant contribution to the development of social role functioning in society for the better, than those who did not (Man Bae, 2010).

Support a person can obstruct the outgrowth of problems because of the pressure it faces. Someone with excellent family support will be successfully meet and overcome its challenges compared with no family support. Research Wardani reinforces this, et al. (2012), this support is significant because with compassion, empathy, and attention is given to the family, the patient will feel appreciated and loved, so that the client will cooperate.

This low family support does not agree with the research led by Dinosestro (2008), stating that the family has a strategic function in reducing the recurrence rate, improve the independence and quality of life and patients can adapt back to the community and social life.

Sans the encouragement of the patient's family will be troublesome to heal, experience worsening, and challenge to socialize to the people with a mental health condition in need of support to become a stronger individual and respect ourselves to gain a better level of healing.

Low family support can be caused by low-income families to obtain information about mental illness, so the family did not know what to do to cure the client. According to Hawari (2004), one of the obstacles in the effort to heal people with a mental health condition is knowledge or



education of family and community. In this research, family education is the most basic education is 40 (72.7%). If the understanding of the family better, then the information and the handling are performed on patients will be good too.

Knowledge can be obtained from other information such as through the mass media (television, radio). Research conducted by Lukitasari and Hidayati (2013), revealed that a high level of knowledge to cure the patient could be helped through the mass media (TV, radio, magazines, pamphlets, etc.). Through social media will get more information than the people who have never acquire information. For that, health workers can provide information through brochures on family support to clients with mental disorders to provide the best for family members who have mental disorders. The family has to make the right decision for the health action for sick family members. In addition to the family education, socio-economic factors also play an essential role in the health of the family. Someone with a high economic level and have a stable job more quickly receive information so that their knowledge more widely to provide action for sick family members. In this study, the social economy is the most peasant families were 42 (76.4%).

Interview that researchers do to the family, saying they did not have time to come to the health center when done counseling on mental health because of busy working in the fields or the garden.

The Clients functioning Socialization of Mental Disorders Post-Treatment

The results of this analysis are obtained from 55 respondents, who have an excellent function of socialization, which 33 (60.0%). Socialization proper service can be affected because the state of the client is still carried by the atmosphere of the hospital, which trained in caring for themselves to meet basic needs (eating, drinking, bathing, dressing, taking medication). Suharto et al. (2003), the functioning of socialization is defined as the ability of people (individuals, families, groups or communities) and social systems (institutions and social networks) to fulfill or respond to the basic needs, running a social role, as well as the face of shocks and pressures (shocks and stresses).

The results are consistent with research conducted Ambari (2010), the relationship between family support with social functioning in schizophrenic patients post-treatment is obtained where high social functioning variables, namely 83.33%. Because of the client out from the hospital no more than one month, so that you get clients in the hospital are still remembered well in therapy as well as the fulfillment of basic needs.

Social function relates to the fulfillment of one's responsibility to the general society, the surrounding environment, and for themselves. The responsibility includes the satisfaction of the basic



needs, fulfilling the basic needs of the family members are dependents, and providing a positive contribution to society.

Results of research conducted by Barrowclough and Tarrier (1990), showed that patients with psychiatric disorders post-treatment were staying with the family in Expressed Emotion demonstrated high social functioning was low. Otherwise, patients with families with low Expressed Emotion show high social functioning. The social function of patients with mental disorders post-treatment can also improve through family intervention programs. Family interventions should be structured and coordinated in a comprehensive care model to more effectively, thus helping the patient achieve maximum social adjustment (Nevid, 2003).

The research result is consistent with research conducted by Ambari (2010) to the post-treatment of schizophrenic patients in a hospital in Surabaya Menur RSJ that explains the high social functioning in patients affected by the support of the family. Relief by way of active engagement or protective buffering can restore the confidence of patients with post-treatment so that he wants to socialize with other people and be able to develop his abilities.

The results of another study conducted Arsova S, Bajraktarov S, Barbov I, and Hadzihamka K (2014) describes the self-care to clients schizophrenia that the social functioning of patients is much better and increased after that applied treatments are integrative. Besides, psychopharmaceutical provision of psychosocial treatment (family intervention, social skills training, etc.) has a positive effect on the client to get a better living standards.

The ability of individuals as family members in positive and adaptive social functioning can reflect how family functions should be. The socialization function of family members is a function of cross-cultural universal and necessary for the survival of society. Socialization refers to the number of learning experiences provided in a family devoted to educating family members who have mental disorders or abnormalities on how to run an adaptive function in society so that he feels accepted by his social environment (Friedman, 2010).

The functioning of socialization on the client post-treatment of mental disorders may also be affected by medication adherence and control to the hospital. Medication adherence and regular control can affect social functioning, then hope for a cure to be larger so that the client can carry out tasks and social roles. Interview that researchers do to families, the average client post-treatment psychiatric disorder take medication so submissive in 1-2 months out of the mental hospital, the client does not have a relapse. Information that researchers get the mental health of the person in charge said that the family of diligence or take drugs to health centers regularly.



Against functioning relationship Socialization Family Support Client Post-Treatment of Mental Disorders

The outcomes of this research show that there is a relationship of family support to the functioning of socialization client post-treatment of mental disorder in which the p-value 0.013. By the evidence of this hypothesis, the family support provided to clients post-patient mental diseases can improve the functioning of socialization. Family support is significant to help patients socialize back, to create a supportive environment, to respect the patient in person, and to aid in solving the problem of the patient. Sans the support of the patient's family will be troublesome to heal, experience worsening, and hard to socialize to the people with a mental health condition in need of support to become a stronger individual and respect ourselves to attain a better level of healing and improve social skills. The ability of the person as a part of the family in social functioning positive and adaptable to depict how families ought to work. Nevertheless, it is hard for people with psychiatric disorders who have obstructions in running a social role, thus requiring family support (Keliat, 2011).

Friedman (2010), said that family support is a form of interpersonal relationship that includes acceptance, actions, and attitudes of other family members, so family members feel no one noticed. The support of a person can preclude the progress of problems because of the pressures they face. A person with high supports more successfully meet and overcome the problem than those who do not have support. There are four aspects of family support that emotional support, information support, instrumental support, and support ratings.

The results are consistent with research conducted by Sefrina Fauziah (2016) showed that there was a significant positive correlation between family support with social functioning ($r = 0.508$, $p = 0.000$). The results of another study conducted by Mayang Ambari, Kartika Prinda (2010) about the relationship between family support with social functioning in schizophrenic patients post-treatment at the hospital, said there was a significant relationship between family support with the function of socialization with $p = 0.000$ ($p < 0:05$). Research conducted by Tatyana Maghfiroh (2015) states that there is a relationship between the role of the family with the level of social interaction on the client schizophrenia society post-treatment, with $p = 0.010$.

The family is a support system, which means that they can provide clues about mental health, physical and emotional. Family support can be divided into four aspects: instrumental support, assessment support, emotional support, and informational support (Kaplan, 2010).

The importance of family support can be explained in the study Yusra (2012), to the quality of life of patients with type 2 diabetes, where the presence of family support immensely helps patients to



improve confidence in the ability to perform self-care actions. Clients that are located within the family and cared for by the family can lead to feeling safe and comfortable so that the growing sense of attention to yourself and increase the motivation to perform self-care. Feeling safe and healthy on the client can be raised with the support of both emotional, informative, instrumental, and assessment.

Family is the closest and most convenient place for the client. Families can improve morale and motivate clients to adopt healthy behaviors. Family support was expressed in compassion, lack of trust, warmth, attention, mutual support, and respect among family members (Friedman, 2010 in Nuraenah, 2012). It will make the client able to carry out social relationships.

Support direction, guidance, attention, and affection from the nearest person was mean and helped clients deal with the existing problems and complaints. Listen to the client complaints, accept the conditions of the client, empathizing with clients, and find challenges faced by clients is a problem that must be solved together with the client. Thus feel the attention of the family, which raised the confidence to overcome his issues independently and social function properly. On average, clients who have family support are very able to live independently and even work again, also though their work is light. Clients with post-treatment of mental disorders in this study there were working in the garden, keep the family shop.

Grunt (2004) giving the idea that social relations are capable of supporting the health and well individuals welfare. Health and happiness are not only influenced by social welfare. But their pleasure, closeness, mutually supportive relationship will have less risk of disease. It means that if an excellent social relation can be established in a community. The individual, as a member of the public, can feel pleasure, closeness, interdependence, and mutual support. So the risk of pressure (stress) can be reduced and minimize the disease symptoms with a better level of health.

Conclusion

The results showed that the hypothesis is accepted, which means there is a relationship between family support to the functioning of socialization in clients with mental disorders post-treatment, with *p-value* 0.013 ($p < 0.05$). Expected the families still trying to provide support to clients to support the award for the work of any small client, so he feels acknowledged, appreciated, and to provide guidance support to improve the functioning of socialization. For the public health center, it is expected to develop client post-treatment programs, which are related to activities that encourage the development of socialization functions, including therapy for group activities, environmental treatment, so that they can use socialization correctly and with confidence.

REFERENCES

- Ambari, M., Prinda, K. (2010). *Hubungan Antara Dukungan Keluarga Dengan Keberfungsian Sosial Pada Pasien Skizofrenia Pasca Perawatan Di Rumah Sakit*. Undergraduate Thesis. Universitas Diponegoro. eprints.undip.ac.id
- Amelia, D.R & Anwar, Z. (2013). Relaps pada pasien skizofrenia. *Jurnal JIPT*, 1(1).
- Arsova, S., Bajraktarov, S., Barbov, I., Hadzihanka, K. (2014). Patient with schizophrenia and self-care. *Macedonian Journal of medical Sciences*, 2(2), 289-292. <https://doi.org/10.3889/oamjms.2014.048>.
- Atyanti, I. (2008). *Hubungan Depresi dan Dukungan Keluarga Terhadap Kadar Gula Darah Pada Pasien Diabetes melitus tipe 2 di RSUD Sragen*. Depok: UI.
- C. Barrowclough and N. Tarrier. (1990). Social functioning in schizophrenic patients. *Social psychiatry and psychitric epidemiology*, 25, 125-126. <https://doi.org/10.1007/BF00782739>.
- Dinosetro. (2008). *Hubungan antara peran keluarga dengan tingkat kemandirian kehidupan sosial bermasyarakat pada klien skizofrenia post perawatan di Rumah Sakit Jiwa Menur*.
- Francis, S., Satiadarma, M.P. (2004). Pengaruh Dukungan Keluarga Terhadap Kesembuhan Ibu yang Mengidap Penyakit Kanker Payudara. *Jurnal Ilmiah psikologi "ARKHE"*. Th.9. No.1.
- Friedman. (2010). *Buku Ajar Keperawatan Keluarga: Riset, Teori, Praktek*. Edisi ke-5. Jakarta: EGC.
- Gerungan, W.A. (2004). *Psikologi Sosial*. Bandung: Refika Aditama.
- Hawari, D. (2007). *Pendekatan holistik pada gangguan jiwa skizofrenia*. Jakarta: Balai Penerbit FKUI.
- Hunter, R. & Barry, S. (2010). Impact of negative symptoms on psychosocial functioning in schizophrenia. *EGOFORS Research Group*. [https://doi.org/10.1016/S0924-9338\(10\)71174-3](https://doi.org/10.1016/S0924-9338(10)71174-3)
- Husni, M., Romadoni, S., Rukiyati D. (2015). Hubungan dukungan keluarga dengan kualitas hidup pasien kanker payudara di instalasi rawat inap bedah RSUP Dr. Mohammad Hoesin Palembang tahun 2012. *Jurnal Keperawatan Sriwijaya*, 2(2), 77-83.
- Kaplan, H.I., Sadock, B.J. (2010). *Sinopsis Psikiatri*. Jilid 2. Ciputat-Tangerang: Binarupa Aksara.
- Keliat, B.A., Akemat, P., dkk. (2011). *Keperawatan Kesehatan Jiwa Komunitas: CMHN (Basic Course)*. Jakarta: EGC.



- Khalimah, Siti. (2007). *Workplace Fundamental Skills Module* Untuk Membantu Orang Dengan Skizofrenia Mendapatkan dan Mempertahankan Pekerjaan <http://pdskjijaya.org/abstrak/Free%20Paper%20VI.doc>.
- Kritzinger, J., Swartz, L., Mall, S., & Asmal, L. (2011). *Family therapy for schizophrenia in the South African context: challenges and pathways to implementation. African Journal of Psychology, 41(2)*, 140-146. <https://doi.org/10.1177/008124631104100203>
- Kundu, P.S., dkk. (2013). Journal Current social functioning in adult-onset schizophrenia and 1st relation with positive symptoms. *Industrial Psychiatry Journal, 22*. <https://doi.org/10.4103/0972-6748.123635>.
- Lukitasari, P. & Hidayati, E. (2013). Perbedaan Pengetahuan Keluarga tentang Cara Merawat Pasien Sebelum dan Sesudah Kegiatan Family Gathering pada Halusinasi dengan Klien Skizofrenia diruang Rawat Inap Rumah Sakit Jiwa Daerah Dr. Amino Gondhohutomo Semarang. *Jurnal Keperawatan Jiwa Universitas Muhammadiyah Semarang, 1(1)*, 18-24.
- Man Bae, S., Hwan Lee, S., Min Park, Y., Ho Hyun, M., & Hiejjin, Yoon. (2010). *Journal predictive factors of social functioning in patients with schizophrenia: exploration for the best combination of variables using data mining. Korean Neuropsychiatric Association, 7*, 93-101. doi:10.4306/pi.2010.7.2.93.
- Maghfiroh, L. Khamida. (2015). Peran Keluarga dalam Peningkatan Kemampuan Interaksi Sosial Bermasyarakat Klien Skizofrenia Pasca Perawatan di Rumah Sakit. *Jurnal Ilmiah Kesehatan, Vol. 8 No 1*, 104-113: Universitas Nahdlatul Ulama Surabaya. <https://doi.org/10.33086/jhs.v8i1.224>.
- Nevid, J.S., Rathus, S.A., Greene, B. (2003). *Psikologi Abnormal Edisi 5 Jilid 2 (Terjemahan: Tim Fakultas Psikologi UI)*. Jakarta: Penerbit Erlangga.
- NIMH. (2011). *Nasional Institute of Mental Health. USA*.
- Nuraenah. (2012). *Hubungan dukungan keluarga dan beban keluarga dalam merawat anggota dengan riwayat perilaku kekerasan di RS. Jiwa Islam Klender Jakarta Timur*. Depok: FIK UI.
- Nurdiana, Syafwani, Umbransyah. (2007). *Peran Serta Keluarga Terhadap Tingkat Kekambuhan Klien Skizofrenia. Jurnal Ilmiah Kesehatan Keperawatan, Vol.3 No.1*.
- Saputra, M. (2019). Hubungan Kesiapan Keluarga Menerima Klien Dengan Gangguan Jiwa Terhadap Angka Kekambuhan Pada Klien Gangguan Jiwa Di Poliklinik Rumah Sakit Jiwa Sumbang Lihum Tahun 2018. *DINAMIKA KESEHATAN JURNAL KEBIDANAN DAN KEPERAWATAN, Vol. 10, p. 745*. <https://doi.org/10.33859/dksm.v10i2.506>



- Sarason (1996). *Abnormal Psychology: The Problem of Maladaptive Behavior*. New Jersey: Prentice Hall.
- Sefrina, F. (2016). *Hubungan Dukungan Keluarga Dan Keberfungsian Sosial Pada Pasien Skizofrenia Rawat Jalan*. University of Muhammadiyah Malang.
- Suharto, E. (2003). *Pekerjaan sosial dan paradigma baru kemiskinan*. Tim Penelitian Kemiskinan Depsos RI.
- Wardani I Y, Achir Y S W, Wiwin K dkk. (2012). *Dukungan Keluarga: factor penyebab ketidakpatuhan klien skizofrenia menjalani pengobatan*. Fakultas Ilmu Keperawatan Universitas Indonesia. Depok. <https://doi.org/10.7454/jki.v15i1.40>.
- Yusra, A. (2012). *Tesis Hubungan antara dukungan keluarga dengan kualitas hidup pasien diabetes mellitus tipe 2 di Poliklinik penyakit dalam rumah sakit umum pusat Fatmawati Jakarta*. Depok: UI.