

The Effect of Family and Peer Support on the Occurrence of People with Psychiatric Problems in Adolescents

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HIGHLIGHTS

- Sebagian besar keluarga tidak dapat mengenal permasalahan pasien

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ABSTRACT

Mental disorders are very common in adolescents with suicidal behavior. Not all acts of suicide are caused by mental disorders, but 80-90% of adolescents who die from suicide have significant psychopathology such as mood disorders, anxiety disorders, behavioral problems, and drug abuse. Data from the WHO in 2017 about the suicidal behavior of Indonesian youth aged 13-17 as many as 3.9% of adolescents in Indonesia have tried to commit suicide at least once in the last year, 5.6% of adolescents have made plans related to the way they commit suicide and 5.4% of adolescents are considered serious have considered / have suicidal ideas. Mental Health Services for everyone and the guarantee of the rights of People with Psychiatric Problems along with People with Mental Disorders have not been realized optimal. People with mental disorders really need the support of the people closest, especially social support from family. Family support one of the most important healing medicines for patients with mental disorders. Teenagers need to be prepared early on both mentally and spiritually. The purpose was to determine the effect of family and peer support on the occurrence of people with psychiatric problems in adolescents. The results was most respondents who received support from families did not experience people with psychiatric problems as many as 69 (32.5%) and respondents who lack family support experienced people with psychiatric problems as many as 53 (27.0%) respondents. Most respondents who experienced people with psychiatric problems and lack of peer support were 45 (23.0%) while respondents who received support from peers and experienced people with psychiatric problems were 36 (18.4%). The results of *p value* 0.480 that there is no significant relationship between peers with people with psychiatric problems and *p value* 0,000 that there is a significant relationship between family support and people with psychiatric problems.

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1. INTRODUCTION

WHO data in 2016, globally, there were about 35 million people who were depressed, 60 million people with bipolar disorder, 21 million people with schizophrenia, and 47.5 million people with dementia. Basic Health Research

(Riskasdas) 2018, people with mental disorders in Indonesia are recorded to increase. There is an increase in the number to 7 per mil household. This means that per 1,000 households there are 7 households with ODGJ (People with Mental Disorders), so the total is estimated to be around 450 thousand ODGJ⁴.

Mental disorders are very common in adolescents with suicidal behavior. Not all acts of suicide are caused by mental disorders, but 80-90% of adolescents who die from suicide have significant psychopathology such as mood disorders, anxiety disorders, behavioral problems, and drug abuse. According to the WHO Global Health Estimates, 2017, the highest global mortality due to suicide was at age 20 in countries of low-and-middle income⁵.

The prevalence of Indonesian population aged ≥ 15 who suffer from depression as much as 9.1%. Only 9% take medicine / undergo medical treatment. So, there are 91% who don't take medicine. While the prevalence of population aged ≥ 15 who suffer from mental disorders as much as 9.8%⁴.

In adolescence, many biological, psychological, and social changes occur. But generally, the process of physical maturation occurs faster than the process of mental maturation (psychosocial). A teenager is no longer found as a child, but has not been considered an adult either. Teenagers want to be free and independent, free from the influence of parents, on the other hand basically they still need help, support the protection of their parents⁶.

Teenagers need to be prepared early on both mentally and spiritually. Mentally teenagers are expected to be able to solve the problem at hand. Teenagers who are not able to adjust to their new roles can make themselves unstable and emotional and can even create frustration and depression. Teenagers so as not to experience frustration and depression in carrying out the task of its development, it is very necessary the role and assistance of parents in the form of parenting⁷.

Mental Health Services for everyone and the guarantee of the rights of people with psychiatric problems (ODMK) and people with mental disorders (ODGJ) have not been realized optimally. ODMK and ODGJ rights are often neglected, both socially and legally. Socially there is still a stigma in the community so that the family hides the existence of family members suffering from mental disorders. This results in limited access of ODMK and ODGJ to health services. While legally, the existing laws and regulations are not comprehensive so that it obstructs the fulfillment of ODMK and ODGJ rights².

Efforts that need to be done are increasing the fostering of mental health programs in public and private health facilities, improving the implementation of monitoring and evaluation systems for recording and reporting mental health programs⁸. This needs early detection to prevent ODGJ (people with mental disorders), so there will be no suicide. Besides continuing efforts to include indicators of depression & risk of suicide in RPJMN 2020-2024⁵.

Mental disorders can be caused by various factors, first biological factors, such as heredity, imbalance of substances in the brain due to brain injury, diseases of the brain and drug abuse, accidents on the head, and so on, secondly psychological factors such as not being able to adjust to the changes that occur in the environment, personality is less mature, psychological trauma of the past, inner conflict, and desires that are not achieved causing frustration, the third factor is social factors such as relationship problems in the family, conflict with others, economic problems, work and pressure from the surrounding environment, there are problems that cannot be overcome, lack of support from family and the environment, to the post-disaster trauma situation. Mental disorders that are often found include anxiety disorders, depressive disorders and severe mental disorders (psychosis). The impact of mental disorders will cause disability and can reduce community productivity and the cost burden is quite large⁴.

Based on the data above, to improve mental health, it is necessary to prevent and control mental health problems through promotive, preventive, curative and rehabilitative efforts. There is a need for comprehensive health efforts by encouraging inclusion and shared responsibility of all development actors in inclusion, not only based on health facilities, individuals and families, but also communities within one region⁴.

People with mental disorders really need the support of those closest to them, especially social support from families. Family support is one of the healing medicines that is very meaningful for patients who have mental disorders³.

Among these factors there is an astonishing fact in which 50% of adolescents aged 13-15 years experience mental health disorders due to harassment or bullying at school by their peers. Based on the description of the problem above, researchers are interested in conducting research with the title "The Effect of Family and Peer Support on the Occurrence of ODMK (People with Psychiatric Problems) in Adolescents"

2. METODE

This study used an observational design. This research have been recieved ethical approval from health research ethics commission of Poltekkes Kemenkes Semarang number 180/EA/KEPK/2019. This research was conducted in the area of the Blora Public Health Center (PHC), the implementation time of June - October 2019. The population in this study were all adolescents in the Blora area, while the sample was 196 respondents in the area of Blora PHC. The sampling technique uses the MSD formula (Dahlan, 2019) as follows:

$$n = \left(\frac{(z\alpha + z\beta)}{0,5 \ln \left(\frac{1+r}{1-r} \right)} \right)^2 + 3$$

The independent variable in this study is family and peer support, while the dependent variable in this study is ODMK. The author uses the SRQ (*Self Reporting Questionnaire-20*) questionnaire instrument. This study used an observational design. Data collection was done by using interview, observation and questionnaire methods. Analyze quantitative data using descriptive statistics. Statistical test using *Chi square test*.

3. RESULT

Table 1. Family support for ODMK

Family support	ODMK		Asymp. Sig (2-sided)
	Normal	ODMK	
Less support	46 (23.5%)	53 (27.0%)	0,000
Support	69 (35.2%)	28 (14.3%)	
	115	81	

Based on the table above can be known by respondents who experienced ODMK as many as 81 (41.3%). Most of the respondents who experienced ODMK and lack of family support were 53 (65.4%). Most respondents who lack peer support and experience ODMK are 52.6%.

Table 2. Peer support for ODMK

Peer support	ODMK		Asymp's. Sig (2-sided)
	Normal	ODMK	
Less support	58 (29.6%)	45 (23.0%)	0.480
Support	57 (29.1%)	36 (18.4%)	
Total	115	81	

Based on table This shows that the majority of respondents who experienced ODMK and lack of peer support were 45 (23.0%) and respondents who received support from peers and experienced ODMK were 36 (18.4%). The results of *p value* 0.480 that there is no significant relationship between peers and ODMK.

4. DISCUSSION

Most teenagers who get good support from their families do not experience emotional disturbances. This can be seen from the form of support in the form of information that has been given by the family that is reminding to stay away from bad behavior that can cause teenagers to deviate from the act that is normally done by teenagers. This was also stated by Yanuar in 2019 that family support influence adolescents to the occurrence of mental / emotional disorders⁹.

This study is in line with the study by Wuon, Bidjuni and Kallo in 2010 stated in his research that adolescents who stayed at home did not experience depression. This is because adolescents who live at home with families receive social support from a well-known environment. The family is a social environment that is responsible for ensuring social and biological well-being. According to researchers, adolescents at home / who have the support of families show normal levels of depression because adolescents at home still get affection from their parents and when problems occur they can involve the family.

Depression and emotionalism experienced by adolescents is a serious problem in some parts of the country. Although not the main, but emotional disturbances that occur in adolescents have a high level for the survival of adolescents. The cause for teens and children most often occurs in the family environment. This resulted in the teenager losing a harmonious family figure. Other factors such as orphans, teenagers who are forced to live in orphanages for a long time and environmental conditions also change¹⁰.

Family is a very important factor in adolescent mental emotional processes. Family attitudes are beneficial for the development of a healthy personality without distractions. If this kind of attitude does not exist, then the mental emotional of adolescents will not be stable. A good attitude by the family and social support can weaken the impact of stress and directly strengthen the mental health of individuals. A good attitude from the family is an important coping strategy for individuals to experience when experiencing stress. A good attitude from the family can also function as a preventive strategy to reduce stress and its negative consequences. This shows that good attitude sourced from the family is very useful for preventing and reducing stress and improving emotional health in adolescents¹¹.

A person's attitude in providing support is the first step in a motivation in providing support to clients. If the attitude in providing support is not good, we can be sure the motivation in providing support to clients is low, the attitude in providing such support such as information support, self-esteem support, and practical support must be had by the family so that motivation in providing support to adolescents experiencing high emotional disturbances¹². Influence of culture, mass media, educational institutions and religious institutions and the influence of emotional factors¹³. This is also supported by research conducted at the Regional Mental

Hospital Dr. Amino Gondohutomo, Central Java Province, that there is a significant relationship between family support and the incidence of mental disorders in adolescents¹⁴.

Based on the results of this study obtained some interesting data to be discussed. This study states that there is no significant effect between peers with the incidence of ODMK in adolescents. This is inversely proportional to the research conducted by Wiguna in 2016 that parents complained more about relationship problems with peers (54.8%) as the main problem of their children who consulted at the Child and Youth Mental Polyclinic at RSCM Jakarta. This problem is mainly found in boys under the age of 12 years. Parents have the perception that relationship problems with peers are quite serious problems, especially children entering their teens. Peers for children aged 9-13 years, the most influence on their daily lives besides parents. With the problem of relationships with peers, this certainly has an impact on the daily functioning of children and adolescents so that parents become more alert and bring them to come for consultation because of obstacles in their daily interactions. Emotional problem is a second problem with a sizeable proportion (42.2%) is expressed by parents¹⁵.

Some other studies mention that the social support factor of 10.7% in influencing stress While 89.3% is influenced by other factors such as the presence of other people, environmental conditions, pressure and time of study¹⁶. Peers are the second party for teens to interact. Most teenagers who engage in delinquent behavior have friends who behave the same. The results showed that adolescents who received emotional abuse behavior in the family had a higher tendency to commit juvenile delinquency than adolescents who were not victims of emotional violence¹⁷. Conformity arises when an individual imitates attitudes or behavior due to real or imagined pressure, the pressure of peer conformity in adolescence becomes very strong¹⁸.

Our research does not look for various factors related to the occurrence of emotional and behavioral problems. Beside that SRQ (*Self Reporting Questionnaire*) is a screening tool that is filled in by parents and adolescents so that there can be a filling bias which is certainly very influential on the research results. For this reason, it is suggested that conducting research that also includes various risk factors that may be associated with the occurrence of emotional and behavioral problems in children and adolescents in the future so that our insights about this condition increases. This is supported by research conducted by Sarfika in 2018 regarding the analysis of the factors that influence social stigma against mental patients in adolescents with a *p value* of 0.681. There is no significant effect between peer support and the incidence of ODMK in adolescents¹⁹.

5. CONCLUSION

There is an effect of family support on the occurrence of ODMK (People with Psychiatric Problems) in adolescents and there is no effect of peer support on events of ODMK (People with Psychiatric Problems) on adolescents.

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