

Original Research

Family Experience Dealing with Relapse in People with Mental Disorders



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Article Info	Abstract
Article history: Received: 30 June 2022 Accepted: 25 July 2022	<i>Introduction:</i> Recurrence is a problem that often occurs in patients with mental disorders. Families who have family members with mental disorders, said that relapse can be caused by not taking medication regularly and when they relapse the family is afraid to face the patient, because the patient is angry and throw things. This study aims to explore in depth the meaning of family experience dealing with relapse in people with mental disorders.
Keywords: mental disorders, relapse, family	<i>Methods:</i> This study uses a qualitative research design with an interpretative phenomenological approach. This study used purposive sampling, with total 15 participants with inclusion criteria: families who have family members with mental disorders who have experienced a relapse in the last six months and are willing to become participants by signing the participant's informed consent form. Exclusion criteria were families with family members with mental disorders who also had other illnesses. The data collection strategy used in-depth interview techniques with semi-structured interview guidelines. Researchers conducted data analysis using Interpretative Phenomenological Analysis (IPA). <i>Results:</i> There are four themes in this study, namely (1) Always pay attention to prevent recurrence, (2) Families are able to recognize signs of relapse in family members with mental disorders, (3) Families use medical health services when a relapse occurs, (4) Feel emotional and fearful when the patient relapses. <i>Conclusion:</i> The results of this study indicate that families feel emotional and fear when the patient experiences a relapse, and the family also knows about the signs of relapse in patients with mental disorders.

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INTRODUCTION

Mental disorders are syndromes or behavioral patterns that are clinically associated with suffering or distress and can cause disturbances in one or more functions of human life [1]. Mental disorders in various countries have increased significantly, including Indonesia. According to WHO data, there are about 35 million people who experience depression, 60 million people with bipolar disorder, 21 million people with schizophrenia, and 47.5 million people with dementia [2]. In Asia, problems arising from poor mental health are the second largest contributor to years lost because of disability. Across Asia, a growing percentage of the adult population experiences a diagnosable mental illness in any given year: from 4% (reported in Singapore) to 20% (Viet Nam, Thailand, New Zealand, and Australia). In the People's Republic of China (PRC), India, Japan, the Republic of Korea (ROK), Thailand and Malaysia, prevalence rates have increased [3]. Based on data from Riskesdas 2018, it shows the prevalence of mental emotional disorders as indicated by symptoms of depression and anxiety for ages 15 years and over reaches around 6.1% of the total population of Indonesia. The prevalence of severe mental disorders, such as schizophrenia, reaches around 400,000 people or as much as 1.7 per 1,000, where the Province of Bali ranks first with 11% of people with schizophrenia [4]. Based on data from Puskesmas I Sukawati, there are 30 people with mental disorders in the Work Area of Puskesmas I Sukawati

Recurrence is a problem that often occurs in patients with mental disorders,

where the frequency of recurrence is a period or times where the previous symptoms experienced by the client reappear and cause people with mental disorders to be treated again [1]. The results showed that the recurrence rate of people with mental disorders in the community had a high recurrence rate of 95% [5]. In patients with severe mental disorders it is estimated that there is a recurrence of 50% in the first year and 70% in the second year [6]. Relapses usually occur because of adverse events before they relapse [7]. Several factors that can influence the recurrence of people with mental disorders include patient factors, patient care giver factors, family factors and environmental support factors [6].

Based on a preliminary study that was conducted in the Work Area of Puskesmas I Sukawati on families who have family members with mental disorders, the families said their family members experienced relapses because they did not take medication regularly and when they relapsed the family was afraid to face the patient, because the patient was angry and had a tantrum and throwing things. Research shows that there was still lower the ability of the family, even in some cases, patients with mental disorders are still found shackled [8]

Exploration of family experience is important to understand, how the family experience dealing with relapse in family members with mental disorders, so as to increase family awareness of the importance of preventing relapse in mental patients. In order to be able to explore the experience of the family, a phenomenological study was chosen in this study. This study aims to

explore in depth the family experience dealing with relapse in people with mental disorders.

METHODS

This study uses a qualitative research design with an interpretative phenomenological approach. This study uses a sampling technique, namely purposive sampling. The inclusion criteria in this study are: families who have family members with mental disorders who have experienced a relapse in the last six months and are willing to become participants by signing the participant's informed consent form. Exclusion criteria were families with family members with mental disorders who also had other illnesses.

The sample of this study consisted of 15 participants. The core instrument in this research is the researcher himself. Supporting instruments are paper and electronic media that are used to help record and record the experiences conveyed by participants. The data collection strategy uses in-depth interview techniques with face-to-face semi-structured interview guidelines. The question that was asked during the interview was: (1) Are you trying to tell me about a mental illness suffered by a member of your family?, (2) Can you please tell me what things you have done in caring for your family members who suffer from mental disorders?, (3) Can you tell me what things you have done when dealing with family members with mental disorders who have had a relapse?, (4) Can you please tell me what things you have done to prevent recurrence in family members with mental disorders?, (5) Can you tell us how you feel about caring for a family member with a

mental disorder who is experiencing a relapse?.

This research has been approved by the Research Ethics Commission of the medical faculty of Udayana University / Sanglah Central General Hospital Denpasar with the number 324/UN14.2.2.VII.14/LT/2022

In data analysis, the researcher transcribed word for word from interviews that had been recorded and coded manually by the researcher. After coding the data, the researcher analyzed the data using Interpretative Phenomenological Analysis (IPA) [9]. In the first stage, the researcher repeated reading and rereading the transcript until it was possible to find information that had not been recorded in the initial reading. Researchers use different fonts or underlining to identify information related to their research in each text. In the second stage, the researcher identified the emerging themes by referring to the three types of comments that had been made in the first stage. In the third, the researcher looked for the relationship of various themes that had been found that emerged and made a chart, so that the relationship between themes was clearly visible. In the fourth stage, the researcher repeated from stage one to stage four for the next participant case. In the final stage, the researcher searches for patterns and relationships between cases and themes found.

The credibility of the data in this study was obtained through peer checking, where the researchers conducted discussions related to the data that had been obtained with researchers who were experts in this research.

RESULTS

Theme 1: Always pay attention to prevent recurrence

The sub-theme of this theme is a **form of family attention to the patient**. The form of family attention to the patient is the participant's attitude towards the patient in preventing recurrence. Attention can be concentrated or focused on an object, so the meaning of the form of family attention to the patient is to focus or focus more on paying attention to the patient. Participants stated that they always remind or supervise patients taking medication and always deliver timely control so that patients do not tantrum or relapse. The participant's statement can be seen from the excerpt of the statement below:

"I always remember him to take medicine, because once he didn't take medicine he became angry quickly"

"My son is always looking for medicine to Ganesha Hospital and is still being taken for control, otherwise it will recur again"

"If he doesn't sleep, it's a sign that he might relapse and I always invite him to talk and if he starts to get restless I always calm him down"

Theme 2: Families are able to recognize signs of recurrence in family members with mental disorders

The sub-theme of this theme is **recognizing the signs of recurrence**. The family theme of

being able to recognize signs of recurrence is a picture of the family's experience in caring for family members with mental disorders who experience relapse. able can be interpreted can or be able to do something and the word recognize means to understand and have knowledge about.

The meaning of **recognizing the signs of recurrence** is having knowledge or understanding about the signs of recurrence. This meaning can be seen from the part of the participant's statement, namely:

*"When it's night, I first see if he's asleep or not, because **if he doesn't sleep at night he can relapse**"*

"He will go out for walks, walk back and forth, talk a lot and not clearly, well at that time he must have recurred maybe because he doesn't want to take medicine"

*"If he doesn't take medicine, **then he must eat a lot, after that sometimes he gets angry, that's when he is recurring**"*

Theme 3: Families take advantage of medical health services when there is a relapse

The sub-theme of this theme is **use of medical health services in the event of a relapse**. The meaning of the use of medical health services when a relapse occurs is that when a relapse occurs, the family immediately takes the patient to the hospital. This meaning can be seen in the following excerpts from the participants' statements:

"If he talks a lot, he talks nonsense, I immediately take him to the hospital, when he gets to the hospital he will definitely calm down"

"When father relapsed like he was angry, my family and I immediately took him to a mental hospital and there he would be calmer"

"I'd rather take him to the hospital if he gets angry again, because it's been proven that going to the doctor gets better faster"

Theme 4: Feeling with emotion and fear when the patient relapses

The sub-theme of this theme is **follow emotions and fear when the patient relapses**. The meaning of participating in emotions and being afraid when the patient is

a family member states that if the patient relapses, the family is often provoked by their emotions and is also afraid to see the patient relapse like getting angry. This meaning can be seen in the following excerpts from the participants' statements:

"In the past I used to feel annoyed and provoked my emotions when he got angry and angry, sometimes I wanted to hit him when I saw him hitting other people"

"Ouch..... when it relapses, I'm really scared. Anyway, if he relapses, I just run away, I don't dare"

"Memehhh... if I've been repeating myself like that, I don't dare, but now I'm just talking nonsense, so I can still talk to you".

Table 1
Characteristics of participants

	Demographic Data	Participant	Total	Percentage
Age	26-35	P1, P3, P6, P13	4	26,67
	36-45	P2, P4, P12, P14, P15	5	33,33
	46-55	P9, P10	2	13,33
	56-65			
	65 to above	P5, P7, P8, P11	4	26,67
Education	No school	P7, P8	2	13,33
	Primary school	P5, P10, P11	3	20,00
	Junior high school	P12, P13	2	13,33
	Senior high school	P1, P2, P3, P4, P6, P9, P14, P15	8	53,33
Marital Status	Marry	P1, P2, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14	13	86,67
	Not married yet	P3, P15	2	13,33
Religion	Hindu	P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15	15	100

DISCUSSION

The results of this study indicate that the family always pays attention to the patient to prevent recurrence, by reminding to take medication, taking the patient for control, and inviting the patient to talk. The majority of relapses are due to drug withdrawal, introverted personality, and failure [10]. Non-adherence to antipsychotic medication, poor family support, stressful life events and drug use are risk factors for relapse [11]. Family support is very influential on the rate of recurrence in patients with mental disorders, where the better the support provided by the family, the rate of recurrence in patients with mental disorders can be avoided. There is a significant relationship between recurrence with medication adherence and family emotional expression level [12].

This study shows that families are able to recognize signs of relapse in patients with mental disorders, such as overeating, not sleeping, restlessness, and tantrums. One of the factors that influence recurrence in people with schizophrenia is family knowledge. Families are expected to be able to better understand, know and understand and in the end can play an active role as the main supporter of the sufferer. Families with poor knowledge will be at risk of having a recurrence 13 times in families with schizophrenia [13]. Increasing knowledge of patients and families about the early signs of relapse can reduce relapse in patients with mental disorders who have the potential to commit violent behavior [14]. The average family education is high school, so it is easier for families to absorb information related to

mental health that will be used to treat patients with mental disorders.

This study shows that families take advantage of medical health services when there is a relapse, such as the family directly taking the patient to the hospital when the patient relapses. The role of the family in the care of people with mental disorders is very important, especially in anticipating the client's relapse. The understanding of some families that is still not right about the care of mental patients has resulted in negative attitudes towards patients. Insufficient knowledge makes the client's family less able to care for and maintain the client as well as possible, less able to monitor and provide treatment to clients. There is a relationship between the level of knowledge and attitudes of people with mental disorders, where respondents who have a good level of knowledge will have a positive attitude [15]. If the family already has a positive attitude, the family will be able to determine good care for the patient, especially when there is a relapse. In addition to the proper understanding of the family, the distance to health services also affects the attitude of the family in utilizing health services, where health services are located in strategic and easily accessible locations.

This study shows that families often feel emotional and fearful when the patient relapses, such as a feeling of wanting to hit when the patient rages and also fear when the patient relapses. In general, the impact felt by families with family members experiencing mental disorders is the high economic burden, family emotional burden, stress on disturbed patient behavior [16]. The subjective burden

or mental burden is also felt by the family in caring for family members with mental disorders, namely anxiety, fear of hurting and shame on neighbors, especially during relapses [17].

CONCLUSION

The results of this study indicate that families feel emotional and fearful when the patient experiences a relapse, and the family also knows about the signs of relapse in patients with mental disorders.

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