



## Relaxation technique to reduce stress for a caregiver of a mental illness patient

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### ABSTRACT

Background: Mental disorders require a long treatment which has an impact on the family's physical and psychological burden. Psychoeducation in the family becomes crucial to reduce stress on caregivers. Limited case studies still focus on providing therapy to families of mentally ill patients. This case reports aims to provide an overview and discourse on colleagues about how stress management is given to families with parents with mental disorders. Case presentation: A 32-year-old woman cares a mother with Schizophrenia. The woman was a main care provider in the family that complaint was anxiety at the thought of her mother suffering from a severe mental illness. Symptoms that appear in these women are sleep disturbances, headaches for a while, and difficulty concentrating. Examination of vital signs revealed normal pulse, blood pressure and body temperature. Stress management applied to these women is to provide progressive muscle relaxation therapy. The training was carried out at the family home for two activities, then the family was asked to do independent for one month. The achievement of stress management was measured using the Parenting Stress Scale between before and after relaxation exercises. There is a difference scores between before and after training from 81 to 72 but not significant. This is probably due to unresolved social support, one of which is stigma from neighbors. Conclusions: Relaxation technique procedures for severe mental illness caregivers have been successfully applied and have an effect on reducing stress levels, but there is no significant difference.

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### ABSTRAK

Latar Belakang: Gangguan jiwa memerlukan penanganan yang lama yang berdampak pada beban fisik dan psikis keluarga. Psikoedukasi dalam keluarga menjadi sangat penting untuk mengurangi stres pada pengasuh. Studi kasus yang berfokus pada pemberian terapi kepada keluarga pasien gangguan jiwa masih terbatas. Laporan kasus ini bertujuan untuk memberikan gambaran dan wacana kepada sejawat tentang bagaimana manajemen stres diberikan pada keluarga dengan orang tua dengan gangguan jiwa. Presentasi kasus: Seorang wanita berusia 32 tahun merawat seorang ibu dengan Skizofrenia. Wanita tersebut adalah pemberi perawatan utama dalam keluarga yang mengeluhkan kecemasan karena memikirkan ibunya menderita gangguan jiwa kronis. Gejala yang muncul pada wanita tersebut adalah gangguan tidur, sakit kepala sesaat, dan sulit berkonsentrasi. Pemeriksaan tanda-tanda vital menunjukkan denyut nadi, tekanan darah dan suhu tubuh normal. Manajemen stres yang diterapkan pada wanita tersebut adalah dengan memberikan terapi relaksasi otot progresif. Pelatihan dilakukan di rumah keluarga selama dua kali, kemudian

keluarga diminta untuk berlatih mandiri selama satu bulan. Pencapaian manajemen stres diukur dengan menggunakan Parenting Stress Scale antara sebelum dan sesudah latihan relaksasi. Ada perbedaan skor antara sebelum dan sesudah pelatihan dari 81 menjadi 72 tetapi tidak signifikan. Hal ini kemungkinan karena dukungan sosial yang belum terselesaikan, salah satunya adalah stigma dari tetangga. Kesimpulan: Prosedur teknik relaksasi pada caregiver gangguan jiwa berat telah berhasil diterapkan dan berpengaruh dalam menurunkan tingkat stres, namun tidak terdapat perbedaan yang signifikan.

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## INTRODUCTION

A person with mental illness usually has a burden for self and others. World Health Organization (WHO) reports that Schizophrenia is a severe mental disorder affecting 20 million people worldwide. People with schizophrenia are two to three times more likely to die early than the general population (World Health Organization, 2022). It is often caused by preventable physical diseases, such as cardiovascular disease, metabolic disease and infection.

The high number of mental disorders requires treatment from various roles. Family is one of the important components that can be expected in the treatment of family members with mental disorders. The long period of mental illness in mental disorders makes one of the burdens financially, physiologically, and psychologically. Research by Pratiwi, McEldowney, and Richardson (2014) concluded that all families who care for family members with schizophrenia patients at home experience prolonged stress. Families can play an important role in the well-being of members who have mental health problems. For example, family members often provide care, such as emotional and practical support. While family care can be beneficial, it can sometimes be a source of stress for the family. People who care for family members with mental health problems often report that their time, energy, mental health, physical health, and finances are affected when family members have mental health problems. Research by Waller et al., (2019) reported that families who cared for family members with mental disorders felt a mental burden, even they expressed the need for support for their families for health workers.

One of the health staffs who are expected to have an important role in caring for patient and family problems is nursing. Nurses through their comprehensive roles that comprised of promotive, preventive, curative and rehabilitative allow reducing the burden on families through psychoeducation. One of the treatments related to the problem of psychological burden in caring for family members with mental disorders can be conducted with stress management, such as providing relaxation techniques.

The development of nursing science requires a psychiatric nursing specialist to participate by collaborating with individuals, families, communities, and other health staffs to handle individuals with mental disorders. Currently, there is not much literature that specifically discusses stress management interventions that are applied to family who care for their parents with mental disorders. Research in Indonesia generally provide stress management is given to parents who care for their children with mental disorders, but on the contrary, stress management applied to adult child who take care of their parents is still limited. This case report was written to provide an overview of how stress

management is given to adult child who take care of their parents with mental disorders. This report aims to help readers of health staffs, especially psychiatric nurses, when they get the same case and apply stress management.

## PATIENT INFORMATION

### The schizophrenic patient

This case study was carried out in a family where one of the family members suffered from mental illness. The family member is a mother who suffers from mental disorders is a 58-year-old, diagnosed with Paranoid Schizophrenia five years ago when she was admitted to the mental hospital for the first time. One month ago in September 2021 the client was treated for the second time. The patient was raised by his parents with 6 other siblings. His uncle has a mental disorder. An unpleasant childhood experience is that the client often feels insulted by his brother, feels that his parents love his brother more than the patient. The client married at the age of 25 and had a daughter and divorced at the age of 40. Currently the client lives with his son and daughter-in-law and a grandson. The client who worked in the capital city in 2014 was often scolded by his superiors who said he was working incompetently and then quit his job. The client returns home and often shuts herself up, often talks to herself and has a tantrum, is not taken for readmission to a mental hospital. Three years ago he was admitted to a mental hospital for throwing a tantrum at his neighbor and brother who lived next door. The client was recovered with treatment with CPZ 3 x 100 mg, Haloperidol 3 x 5 mg and THP 3 x 2 mg. While at home the patient is easily irritated and still often hears voices. A week ago, the patient was admitted to a mental hospital; She said that felt better not taking medication, as a result she hears voices and feeling angry with neighbors who often mocked and ostracized him.

### The caregiver description

The care giver in this case is a 32-year-old mother with a toddler. Lives at home with her husband and mother who have mental disorders. The caregiver does not work and has no income, the only financial source comes from her husband who works in the factory as a laborer every day from morning to evening. The income is enough to feed the four of them and a small portion for their children's school needs. Treatment of the mother and her family uses health insurance from the government, namely the Healthy Indonesia Card. The caregiver feels pressured when she has to take care of her mother who suffers from mental

disorders, her neighbors ostracize her mother and often mock that her mother is crazy, and on the other hand have to care for and think about the impact of neighboring behavior on her toddler. The caregiver feels unable to handle it as a parent. The demands of time and activities that are carried out for both problems between parents and children are very burdensome for him. Meanwhile, her husband works every day from morning to evening. The caregiver feels that she does not have the resources to meet these demands, sometimes feels guilty, feels unable to care for her mother and is in control of the stressful situation in her neighbor's environment; this often causes anxiety, sleep disturbances and dizziness. The results of the self-concept assessment of the caregiver, height 170 centimeters, weight 62 kilograms. His perception of his body was satisfied. The caregiver feels low self-esteem has a mother who suffers from mental disorders and feels anxious every day about her mother's condition. Examination of vital signs consists of blood pressure 120/80 mmHg, heart rate 82x/minute, body temperature 36<sup>o</sup> Celsius, respiration 21x/minute.

### Therapeutic Intervention

The intervention in this case was carried out using the simulation method for two meetings, then the caregiver practiced independently for one month. A Study found that the simulation method on a group of nurses can improve skills and knowledge (Pratiwi et al., 2022). The achievement of stress management was measured using the Parenting Stress Scale between before and after relaxation exercises. The instrument comprised of 18 item statement containing parenting for mothers who have mental disorders. The answer of the items including strongly Agree (5), Agree (4), Neutral (3), Disagree (2) and Strongly Disagree (1) The possible range of the PSS is 18 (low stress) to 90 (high stress).

This progressive relaxation procedure is applied based on Mason concept to reduce stress and anxiety (Andreou et al., 2011) The first step is to identify the type of stress; The second is to identify the physiological response; In this case, the care giver had a headache. The third step is the implementation of PMR. This relaxation therapy proceeds as follows: 1) participants are advised to sit back or lie down, 2) are encouraged to breathe deeply and passively relax, 3) head, shoulders, hands, and legs are tensed for 10 seconds, and 4) breathing is encouraged while relaxing muscles for 20 seconds, emphasizing muscle relaxation. This sequence is five times per PMR session. PMR therapy is applied twice to the caregiver; furthermore, caregiver is asked to apply independently for one month one to two times per day. The achievement of stress management was measured by the level of stress care giver between before and after PMR training using the Parental Stress Scale (PSS).

### Actual Outcome

This assessment is caregiver feeling in last week after one month of intervention, there was a reduction in the frequency of dizziness, but caregiver explained that sometimes anxiety. In detail the description of the stress scale of a caregiver as a caregiver is: very happy as a mother, very often does not manifest his strange will, feels a lot of energy being put into the experience he is experiencing, sometimes thinks whether enough is done to take care of his mother. The caregiver feels very close to the mother; However, she feels that free time should not be for her mother but for her toddler; Her mother is not the main

source of affection. Having a mother with a mental disorder makes the caregiver despair because her mother with a mental disorder is the main source of stress, makes her time inflexible, financial needs increase, it is difficult to divide time between caring for mother and child. Embarrassed, burdened; However, she still feels that she is her irreplaceable mother. The final result of the parenting Stress Scale (PSS) score showed that there was a difference in scores but it was not significant. The difference score between before the PMR stress management (81) and after PMR training (72), this is only 9 points apart.

### DISCUSSION

One of the predisposing factors of people with mental disorders is genetic factors (Townsend & Morgan, 2017). The patient in this case report was diagnosed with Paranoid Schizophrenia, in which his uncle also suffered from mental disorders. Research that conducts studies on the function of a group of genes with the same mental function will produce the same disease in a group of individuals, this study was carried out in schizophrenic patients (Avramopoulos, 2018). On the other hand, the twin study explains that gene similarities do not have a tendency the same mental disorder, but parenting plays a more important role. Research at a community shows that there is an indication of genetically in families suffering from Schizophrenia (Dwianggimawati et al., 2020). One of the precipitation factors that can make individuals with mental disorders is loss (Townsend & Morgan, 2017). The stressor that occurs in this case that the patient feels sad because of the loss, including the loss of affection in childhood, feeling that his parents love his brother more, then losing his job, having experienced two layoffs and divorced from his husband. The concept of stress adaptation from Stuart (2014) explains that mental disorders are caused by prolonged grieving factors, but on the contrary, according to Maciejewski and Prigerso (2017) the main cause of mental disorders is not caused by prolonged grieving but other factors that are more influential. In this case report the occurrence of the patients caused by Stigma, and drug withdrawal. Study by Avdibegović and Hasanović (2017) succeeded in developing a stigma reduction model to prevent recurrence of mental patients, it means that relapse can be prevented by reducing stigma in society. In this case, the patient experienced a relapse due to stigma as well as not being obedient in taking medication. Emsley et al., (2018) found that patients who discontinued medication treatment tend to relapse and showed some psychotic signs and symptoms.

Psychoeducation for caregivers who care for their mothers with Schizophrenia is stress management therapy. This nursing action is carried out by training Progressive Muscle Relaxation (PMR) to reduce patient and family anxiety. Several studies that apply muscle relaxation techniques or PMR have succeeded in proving a decrease in the level of anxiety in respondents (Holdevici, 2014; Pratiwi, Mceldowney & Richardson., 2014). Yuniartika et al., (2021) reported that stress management therapy with relaxation techniques has not succeeded in reducing parenting stress on the caregiver. The success of application of therapy depends on many factors, which are related to internal and external factors. Internal factors relate to the character, motivation and history of the individual's illness; While external factors relate to population, environment, and culture including local wisdom. Research conducted in the

community where a strategy was applied to prevent self-injury behavior in mental patients, was carried out in a comprehensive involving various components and sectors have achieving successfully (Brodsky et al., 2018).

Another factor that causes the lack of success of stress management is the caregiver struggling with two stressors, that is not only caring for parents who suffer from mental disorders, but also her toddler who needed attention on growing and developing. The stress that happened to the caregiver made her less sensitive to her child; She unable to adjust to the thoughts, feelings, and child's needs because she was more focused on her mentally disturbed mother (Lohaus et al., 2018; Staudt et al., 2019; Remien et al., 2019). Furthermore, parenting problems of mother that have mental disorders can cause problems for children because the closeness of children with their mothers can be disrupted. A study by Hawi et al., (2019) concluded that children's behavior will be influenced by their thoughts (brain synchronization) by looking at events, experience in their life, especially parenting patterns of the family. To overcome the impact on parenting on the child, the first step that can be conducted to the mother as a caregiver, is to manage her stress. The stress experienced by the caregiver was caused by a lack of information about stress management.

The application of relaxation techniques had not been significant between before and after intervention. It is likely that several factors still need to be resolved, such as financial problems and the stigma of the community who still isolates their mothers who have mental disorders. The research of Rayan and Aldaieflih (2019) concluded that there is a significant relationship between stigma and recurrence in people with mental disorders. So, the implementation of stress management should be accompanied by other comprehensive actions, like community involvement or increasing public knowledge about mental health; So, it can reduce stigma and reduce the burden of family stress. A study by Nelson et al., (2014) concluded that caregivers without a burden are more prosperous than people who have physical and psychological burdens as a responsibility; In addition, social support and financial support is important to the welfare of parents as care givers. Other studies have found that the structure of the community around where the individual lives will affect the parenting pattern of his mother; because the community environment is one of the supporters in the development of children (Nelson et al., 2013). In this case can be concluded that the care giver had a lack of social and financial support and having a toddler when she has to care for her mother who has a mental disorder. The effort that the caregiver made in dealing with the pressure on her is to express her feelings for her husband; But so far it's just a relief, symptoms of anxiety, lack of sleep, and dizziness sometimes still appear when thinking about the condition of his mother who has a mental disorder.

## CONCLUSIONS AND RECOMMENDATION

Stress management on caregivers has not fully succeeded in reducing anxiety problems, this is due to financial support and stigma in society are still unresolved problems. it is suggested that for further study, is to manage family problems with mental disorders, better involving the surrounding community

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