



Provision of Psychoeducation on Decreasing Family Anxiety Triggered among Patients with Schizophrenia Relapse: A Case Report

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Abstract. Schizophrenia is one of the serious mental disorders that requires long-term care and medication. Clients with schizophrenia have a relapse period. When a relapse occurs, they require inpatient services at the hospital. A relapse of clients with schizophrenia triggers physical and psychological fatigue, anxiety, and frustration; the sources of stressors which can disrupt the balance of the family system. The study aimed to explore the family psycho-education to decrease the anxiety triggered among family. The results of the nursing intervention found unveiled to decrease the signs and symptoms of anxiety experienced by families. The findings also showed the increasing knowledge and ability of the family members in taking caring of clients with schizophrenia. This study recommended to provide psycho-education as part of comprehensive nursing care for schizophrenia patients and their families.

Keywords: anxiety, relapse, family, psycho-education, schizophrenia



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Introduction

Eugen Bleuler, a Swiss psychiatrist, first coined the term schizophrenia in 1908. It was originated from the Greek “skizo” meaning split and “phren” meaning mind (1). Schizophrenia is a syndrome or a disease process with several types and symptoms that cause disturbances in emotions, perception, movement, and behavior (2). Schizophrenia is one of the serious mental disorders characterized by impaired ability to assess reality or poor insight. The manifestations of symptoms that appear in schizophrenia including hallucinations, illusions, delusions (an irrational/irrational belief), disturbed thought process, impaired thinking ability, and strange behavior (3). The behavior that appears in schizophrenia can be in the form of positive and negative symptoms. Positive symptoms (excessive normal behavior) that appear include hallucinations, delusions, anxiety, hostility, strange behavior, and thinking disorders. Meanwhile,

negative symptoms (reduced normal behavior) that occur are dull affection, lack of motivation, apathy, difficulty starting a conversation, lack of attention and withdrawal (4).

Globally, the prevalence of people with mental disorders in 2017 reached 450 million (3). In Indonesia, the incidence of mental disorders based on the results of *Riset Kesehatan Dasar (Riskesdas)* increased in 2018. It was recorded that the number of schizophrenia/psychosis sufferers was 6.7 per household mile. It was indicated, that per 1000 households found 7 households with people with mental disorders. Meanwhile, in DKI Jakarta area estimated that the schizophrenic sufferers reached 6.6 per household mile.

Taking care of schizophrenic clients requires patience in the long term since this disease was chronic and relapse. Family was the main support system to support patients during hospitalization and after returning home. Relapse that occurs repeatedly in clients with mental disorders, such as schizophrenia, it was due to patients' condition were worse and requiring a longer period of time for recovering their condition (7). A systematic review stated that the negative impacts that on families who had members with schizophrenia during the course of the disease were traumatic experiences. Also it may due to conflicts in interpersonal relationships, and uncertainty to the stigma the family felt (8).

Relapse can be defined as recurrence of a disease that healed due to several causes (9). The relapse cycle is a characteristic of chronic mental disorders. A study found that the prevalence of relapse among chronic mental disorders was 50% in the first year. In the second year might increase to be 79%, while globally the relapse rate in mental disorders clients reached 50% to 92% (10). The psychological impact that arose on the family of a mental disorder client who experienced relapse included anxiety, anger, frustration, and even blaming conflicts between family members, confusion, fear, and a tiring experience (4,10,11).

Research on the relationship of relapse frequency of schizophrenic clients with family anxiety levels stated that the relapse of mental disorders clients triggered the family anxiety, including mild anxiety by 26.7%, moderate anxiety by 45.3%, severe anxiety by 8%, and not experiencing anxiety by 20% (12). The anxiety that occurred had a comprehensive impact on the physical, psychological, intellectual, social and spiritual aspects, causing an imbalance in the family system. Ineffective family coping resulted in negative responses that hindered the family role and function in taking care of and supporting the family members with mental disorders. Hence, it could lead to a lack of ongoing support and neglect (13).

The occurrence of anxiety in families facing relapsing conditions certainly requires nursing intervention to overcome it, namely family psychoeducation (Family psychoeducation therapy/FPE). Family psychoeducation is one of the elements of mental health care programs by providing information and education through communication (14). In principle, the purpose of psychoeducation given is to provide a feeling of well-being or mental health to the family (15). A study stated that psychoeducation was a nursing intervention that allowed caregivers to provide appropriate care for clients and themselves. Another study stated that family psychoeducation was effective in increasing the family ability to take care of schizophrenic clients (17). Thus, the provision of psychoeducation is expected to reduce and overcome the family anxiety due to relapse of the family members with schizophrenia through intervention in each session, especially stress management session in which in this session the families are given knowledge and understanding of stress and how to manage it, followed by the exercises to overcome stress and anxiety with some relaxation techniques.

Objective

This case report aimed to describe the psycho-education on reducing family anxiety triggered by the relapse of the family members with schizophrenia.

Case Presentation

This case report described client with schizophrenia who experienced a relapse and was re-hospitalized. The client, was 24-year-old woman and, admitted to the hospital in November 2020. It was her second treatment with the symptoms of getting angry, being easily offended, throwing things, and having trouble sleeping. The client had been diagnosed with schizophrenia since 2017 and had a history of drug withdrawal in the past year from the first treatment in 2019. The nursing diagnoses that appeared in the clients and families were the risk of violent behavior, disturbed sensory perception of hallucinations, social isolation, low self-esteem, lack of family knowledge, and ineffective family coping.

The social support data obtained from this case was the client's husband as the main caregiver did not know the illness his wife suffered from and how to treat it. He felt anxious and experienced fatigue both physically and mentally in facing his wife's condition, namely sick and relapsed. The anxiety symptoms experienced by the families were assessed by means of the Self Reporting Questionnaire (SRQ) instrument which contained 29 questions. From the results of the SRQ assessment, YES answers to questions number 1 to 20 were obtained, which indicated that the family experienced the mental emotional disorders, anxiety, and depression.

In this case, the researcher deliver the psycho-education consisted of five sessions including: session 1 identified the health problems faced in taking caring of the client and family health problems, session 2 identified the family stress management, session 3 identified the family burden management, session 4 identified the use of support system, and session 5 identified the evaluation of the benefits of family psycho-education.

Each session was carried out in one meeting, specifically for session 2, the family stress management was done 2 times. In this session, the exercises to overcome anxiety was performed with several relaxation techniques, including deep breathing, five finger hypnosis, and progressive muscle relaxation (PMR) exercises. The evaluation or reassessment of the anxiety signs and symptoms by means of the SRQ 29 instrument showed a decrease from a score of 20 to 8. The decrease in this score depicted that the family could manage and coped with perceived stress and anxiety.

The assessment of the signs and symptoms the family felt and the family ability after psychoeducation, as well as the pre-posttest results before and after psychoeducation intervention can be seen in Table 1 and Table 2.

Table 1. Pre-posttest Results of Self Reporting Questionnaire (SRQ) 29

Instrument	Pretest	Posttest
SRQ 29	20	8

Table 2. Summary of signs and symptoms & ability of the family

Signs and Symptoms	Family Ability after FPE Administration
The family (husband) did not know the client's illness and how to take care of it.	Able to identify client and family health problems and take care of client health problems.
The family experienced mental emotional disorders with an assessment by means of the SRQ 29 instrument with a score of 20, which indicated that the family experienced anxiety and depression.	Able to manage stress and anxiety with deep breath relaxation, 5 finger hypnosis and progressive muscle relaxation (PMR) techniques.

Able to identify subjective and objective burdens, and share the burden of care on other family members

Able to take advantage of the support system

Able to mention the benefits of the psychoeducation given

DISCUSSION

Relapse in family members who suffer from schizophrenia is an unpleasant experience for both patients and their families. Patients with mental disorders who undergo rehospitalization experience rejection and boredom in facing their illness (18). Meanwhile, the anxiety that arise in families in facing relapse is caused by conditions or situations that become threats to the balance of the family system, understanding of the impact, and ineffective family coping mechanisms used (19). Another study states that anxiety arising from the relapse of family members with mental disorders is caused by perceived threats and the impacts caused by relapse (12).

Seen from another point of view, client relapse can also be triggered by the absence of family support as caregiver, such as the family who completely leave the treatment to mental hospitals and drugs only. Meanwhile, family support plays an essential role in preventing relapse. This family support includes control and monitoring aspects, self-involvement aspect, communication aspect, approach aspect, and discipline aspect (20).

Clients with schizophrenia in stable conditions are able to do daily activities well, such as doing housework, working part time, cleaning the house, and even being able to go for a walk. This will be achieved if the family has knowledge on appropriate relapse management or relapse prevention by mental health nurses (21). Health education on relapse prevention as part of psychoeducation can prevent psychosocial problems in families such as anxiety, depression, and other mental emotional disorders.

Based on the case reported in this writing, not only did the family needed health education related to schizophrenia and its treatment, but they also needed to be given education about relapse prevention or management. This was crucial for the family as an effort to keep the client's condition stable, to be able to carry out daily activities properly, and definitely to prevent the family from experiencing anxiety and other mental emotional disorders as a result of the client relapse.

The intervention given to the family in accordance with this case report was psychoeducation which consisted of 5 sessions with 6 meetings. Nursing intervention that focused on the family would improve the quality of life and the experience of caring and reduce the psychological stress resulting from taking care of a sick family member (22). Psychoeducation reduced the signs and symptoms of anxiety the family felt, measured by means of the SRQ 29 through pretest and posttest assessments. In addition, there was also an increase in the family knowledge and ability to manage the stress they were experiencing. This is consistent with research on the benefits of family intervention, stating that psychoeducation can improve the ability of family coping strategies and reduce the incidence of relapse and rehospitalization (23). Another study has found that family psychoeducation increases disease knowledge and health resources (24).

The psycho-education given to the family benefits not only the families but also the clients. Families who receive psychoeducation experience an increased ability to provide psychosocial support to the sick family members (25). Family psychoeducation is also effective in reducing the incidence of relapse in clients (26). This proves that the

psychoeducation given to the family can provide benefits for both the clients and their families.

In this case report, the benefits of the psychoeducation given were providing solutions to the family problems related to the treatment of client's with schizophrenia, managing stress and reducing perceived anxiety, increasing the family's ability to take care of and provide support to the family members. By utilizing the supporting resources owned, the client relapse could be prevented and the anxiety the family felt as the impact of the relapse could be managed properly.

CONCLUSION

This case report revealed that psycho-education could reduce anxiety levels and increase family knowledge as well as ability to take care of family members with schizophrenia. Providing health education could be tailored to the family needs, one of which was relapse prevention. Therefore, this case report recommends that mental health nurses can provide psycho-educational intervention to families as part of comprehensive nursing care. For further studies, it is advisable that--before providing psycho-education--you use the screening instruments to identify family needs. This way, families will have proper psychoeducation which is in line with their needs.

STRENGTH AND LIMITATION (if any)

The strength of this case report was the researcher provided the comprehensive psycho-education for family members especially, their husband as the main caregiver. Therefore the actual problems the family could be addressed during taking care of the patients with schizophrenia relapse. The researcher also measured the signs and symptoms the family valid SRQ instrument before and after the intervention. The limitations of this writing were that the provision of education was not based on the family needs and special instrument was not used to identify the extent of family needs for the intervention that would be given. For example, it would be better to provide education or health education, especially regarding the prevention of relapse of clients with schizophrenia, not only education about schizophrenia and how to treat it in general.

REFERENCES

- (1) Townsend, Mary C. Essential of psychiatric mental health nursing (Fourth Edi). Philadelphia: F.A Davis Company. 2008
- (2) Videbeck SL. *Psyciatric mental health nursing* (5th Ed.). Lippincott Williams & Wilkiins: Wolter Kluer Health.2011
- (3) Kementerian Kesehatan RI. Situasi Kesehatan Jiwa di Indonesia. *Infodatin*. 2019. <https://pusdatin.kemkes.go.id/resources/download/pusdatin/infodatin/InfoDatin-Kesehatan-Jiwa.pdf>.
- (4) Keliat BA, Pasaribu J. *Prinsip dan praktik: Keperawatan kesehatan jiwa Stuart*. Singapore: Mosby Elsevier. 2016
- (5) Kementerian Kesehatan RI Badan Penelitian dan Pengembangan.(2018). Hasil Utama Riset Kesehatan Dasar.*Kementrian Kesehatan Republik Indonesia*, 1–100. <http://www.depkes.go.id/resources/download/info-terkini/hasil-riskesdas-2018.pdf>
- (6) Badan Pusat Statistika. (2020). Statistik Indonesia 2020 Statistical Yearbook of Indonesia 2020. *Statistical Yearbook of Indonesia, April*, 192.

- (7) Elain ME. Patients' Perception of Family Involvement and Its Relationship to Medication Adherence for Persons with Schizophrenia and Schizoaffective. 2010. Retrieved from <https://doi.org/doi:10.7282/T3DF6R88>
- (8) Shiraishi N, Reilly J. Positive and negative impacts of schizophrenia on family caregivers: a systematic review and qualitative meta-summary. *Social Psychiatry and Psychiatric Epidemiology*. 2019;54(3), 277–290.
- (9) Cynthia MT. *Diagnosis Keperawatan dengan Rencana Asuhan Keperawatan Jiwa*. Jakarta: EGC. 2010
- (10) Sheewangisaw Z. Prevalence and associated factors of relapse in patients with schizophrenia at amanuel mental specialized hospital. *Congres on Public Health*. 2012; 1(1), 1-10.
- (11) Nurjanah. *Pedoman Gangguan Jiwa*. Yogyakarta: Mocomedia. 2011
- (12) Suwondo. Hubungan antara Frekuensi Kekambuhan Pasien Skizofrenia dengan Tingkat Kecemasan pada Keluarga. *Jurnal Poltekkes Depkes Semarang*. 2013; 1(2): 27.
- (13) Potter PA, Perry AG. *Buku ajar fundamental keperawatan (Vol. 1)*. (Y. Asih, M. Sumarwati, D. Efriyani, & dkk., Penerjemah). Jakarta: EGC. 2009
- (14) Stuart, Laraia. *Principles & practice of psychiatric nursing, 7th edition*. st. louis: mosby.2015
- (15) Kurniawan D, Kumalasari G, Fahrany F. *Keperawatan Jiwa Keluarga: Terapi Psikoedukasi Keluarga ODGJ*. 2020
- (16) Caqueo-Urizar A, Rus-Calafell M, Urzua A, Escudero J, Gutierrez-Maldonado J. The role of family therapy in the management of schizophrenia: Challenges and solutions. *Neuropsychiatr Disease and Treatment*, 2015;11:145–151. doi: 10.2147/NDT.S51331.
- (17) Rahman G, Mustikasari, Putri YSE. Pengaruh family psychoeducation therapy terhadap tingkat kemampuan keluarga merawat pasien skizofrenia di kota. 2014
- (18) Rasmawati R, Keliat BA, Susanti H. Improvement in Patients' Ability to Care for Anxiety and Impaired Body Image: A Case Report of Acceptance and Commitment Therapy and Family Psychoeducation. *Jurnal Keperawatan Indonesia*, 2020;23(2), 102–110.
- (19) Isaacs. *Family Nursing (Research Theory and Practice) eight edition*. USA. Prentice Hall Health.2010
- (20) Diny RA dan Zainul A. Relaps Pada Pasien Skizofrenia. *Jurnal Ilmiah Psikologi Terapan*, 2013;01(01), 53–65.
- (21) Meiantari NNH, Herdiyanto YK. Peran Keluarga terhadap Manajemen Relapse (Kekambuhan) pada Orang Dengan Skizofrenia (ODS). *Jurnal Psikologi Udayana*, 2018;5(2), 317. <https://doi.org/10.24843/jpu.2018.v05.i02.p07>.
- (22) Udechuku AY, Harrison B, Mayo-Wilson E, Young N, Woodhams P, Shiers D., ... & Kendall T. Interventions to improve the experience of caring for people with severe mental illness: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 2015;206(4), 268–274.
- (23) Fiorillo A, Sampogna G, Del Gaudio L, Luciano M, Del Vecchio V. Efficacy of supportive family interventions in bipolar disorder: A review of the literature. *Journal of Psychopathology*. 2013;19, 134–142.
- (24) Pasadas C, Manso F. Psychoeducation: A strategy for preventing relapse in patients with schizophrenia. *International Journal of Nursing*, 2015;2(1), 89–102.

- (25) Rahayu DA, Hamid AY, Sabri L. *Pengaruh psikoedukasi keluarga terhadap dukungan psikososial keluarga pada anggota keluarga dengan penyakit kusta di kabupaten Pekalongan* (Master Thesis, Degree in Nursing). Depok: Faculty of Nursing Universitas Indonesia.2011
- (26) Desousa A, Kurvey A, Sonavane S. Family Psychoeducation for Schizophrenia: A clinical review. *MJP Online Early*. 2013;21(2). Retrieved from <https://www.mjpsychiatry.org/index.php/mjp/article/view/196>.