

## Overview Of Family Emotional And Instrumental Support Of Schizophrenic Patients With Social Isolation

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### ABSTRACT

**Background:** Schizophrenia is a persistent psychotic disorder that includes disturbances in behavior, emotions, and perceptions. Symptoms of schizophrenia are social isolation. Social isolation is the state of an individual experiencing a decline or even being completely unable to interact with other people around him. The physical impact of patients with social isolation if not addressed will cause more serious problems including; self-care deficits, and hallucinations which can eventually lead to violent behavior and suicidal actions. Family support or the role of the family in educating family members greatly influences the occurrence or absence of mental disorders. **Objective:** This study aims to describe the family's emotional and instrumental support for schizophrenic patients with social isolation in the work area of the Ciamis Health Center in 2020. **Method:** The research method used is descriptive. The population in this study were families of schizophrenic patients with social isolation disorders in the Work Area of the Ciamis Health Center as many as 15 people. Samples were taken using the total sampling technique. **Result:** The results showed that most of the emotional support in schizophrenic patients with social isolation was categorized as unsupportive by as many as 9 people (60%) and instrumental support in schizophrenic patients with social isolation was mostly categorized as unsupportive by as many as 8 people (53.3%).

**Conclusion:** description of emotional support and instrumental support in schizophrenic patients with social isolation in the Work Area of the Ciamis Health Center, most of which are categorized as not supportive.

**Keywords:** emotional support, instrumental, schizophrenic patients with social isolation

## Introduction

Schizophrenia is a persistent psychotic disorder that includes disorders in behavior, emotions, and perceptions. Schizophrenia is a destructive psychotic disorder and can involve typical disorders in thinking (delusions), perception (hallucinations), speech, emotions, and behavior. (Peristiano & Lestari, 2018). A symptom of schizophrenia is Social isolation. Social isolation is the state of an individual experiencing a decrease or even being completely unable to interact with other people around him. Patients have difficulty in relating spontaneously with others which is manifested by isolating themselves, no attention and not being able to share experiences (Yosef,2018) Social isolation is caused by feelings of worthlessness that patients can experience.

Feelings of worthlessness cause the patient to have more difficulty in relating to others. As a result, the patient experiences a decrease in activity and lack of attention to appearance and personal hygiene resulting in the onset of a deficit of selfcare. Patients are increasingly immersed in past behaviors and behaviors that are not in accordance with reality or reality, resulting in the continued onset of hallucinations and the risk of violent behavior (Prabowo,2018). Social isolation that does not immediately get treatment or therapy will cause more and worse problems. The physical impact of patients with social isolation if not addressed will cause more serious problems including ; deficits of selfcare, hallucinations that can eventually lead to the occurrence of violent behaviors and acts of suicide. Therefore, patients with social isolation disorders require intensive care (Prabowo,2018).The phenomenon of mental disorders at this time has increased very significantly, and every year in various parts of the world the number of people with mental disorders increases.

Based on data from the World Health Organization(WHO), there are around 450 million people in the world who experience mental disorders (Hartanto,2018). Mental disorders are still a serious mental health problem in Indonesia that needs more attention from national health policymakers. Indonesia's prevalence of emotional mental disorders shown with symptoms of depression and anxiety is 6% for ages 15 years and over or around 14 million people. The prevalence of severe mental disorders, such as schizophrenia is 1.7 per 1000 inhabitants or about 400,000 people. The number of mentally ill people in West Java rose by around 63%. Respondents with mild to severe mental disorders in West Java reached 465,975 people, a significant increase from 2012 of 296,943 people.

The 3rd National Conference on Community Psychiatry revealed an important fact, the number of mentally ill people in West Java increased by around 63%" (Riskesdas, 2018). Based on data, it is known that the Ciamis Health Center is the Puskesmas that has the highest number of mentally ill people, namely 82 and who experienced social isolation as many as 15 people compared to the Rancah Health Center which experienced social isolation as many as 10 people, baregbeg health center which experienced social isolation as many as 8 people and panawangan health center which experienced social isolation as many as 7 people. An effort that can be made to improve the ability to interact in patients experiencing social isolation is family support.

Family support is a form of providing support to other family members who are experiencing problems, namely providing emotional maintenance support to achieve the well-being of family members and meet psychosocial needs. Emotional support is a form or type of support provided by the family in the form of providing attention, affection and

empathy. Family instrumental support is a full support or assistance from the family in the form of providing energy assistance, funds, or taking time to help serve and listen to family members in delivering their messages (Hapsari, 2015). The form of family support consists of 4 types of support, namely: (1) Informational Support, (2) Assessment Support, (3) Instrumental Support, (4) Emotional Support. Emotional support, is a form or type of support provided by the family in the form of providing attention, affection, and empathy. Family instrumental support is a full support or assistance from the family in the form of providing energy assistance, funds or taking time to help serve and listen to family members in delivering their messages. Family support provided by the family for the functioning of individuals in carrying out the role of social life in the environment. There is a process that takes place when the individual gets family support before the individual is finally able to function socially in society (Hawari, 2017).

Family support is very important for people with mental disorders. family in the form of attention, accompanying the patient at the time of control or when the patient experiences a relapse and supervision of the patient taking the drug. Meanwhile, information was also obtained from patients that patients felt that they were rarely noticed at home, when the control went to the polyclinic without being accompanied by family, rarely took medications that had been recommended and were never invited to interact with the community because the family felt ashamed (Hawari, 2017).

Based on a preliminary study through interviews on November 9, 2020 with 10 families of patients who visited the Ciamis Health Center Work Area, Ciamis Regency, that 2 people said they were ashamed to have a family member with mental disorders, 3 of them said they were bored and lazy to take control to the hospital. The Ciamis Health Center, and 2 of their families said that the family had never accompanied a sick family for control, so they often asked neighbors, relatives or other family members to accompany their family for treatment, because the family felt ashamed of the condition and condition of the patient, 2 families said almost never interacted with family members and 1 family said that they often criticized, blamed and paid little attention to family members with mental disorders. The family said the patient did not want to go out to interact with other family members because of shame, 1 family member said he was embarrassed so the patient was forbidden to leave the house.

Based on this background, researchers are interested in conducting research with the title "Overview of family instrumental and emotional support in schizophrenia patients with social isolation in the Ciamis Health Center Work area in 2020"

## **Objective**

This study aims to describe the family's emotional and instrumental support for schizophrenic patients with social isolation in the work area of the Ciamis Health Center in 2020.

## **Method**

The research method used is descriptive. The population in this study were families of schizophrenic patients with social isolation disorders in the Work Area of the Ciamis Health Center as many as 15 people. Samples were taken using total sampling technique.

## Results

**Tabel 1 An overview of emotional support in schizophrenia patients with social isolation in the Work Area of the Ciamis Health Center.**

No	Support Emosional	Regularly	
		F	%
1	No Support	9	60
2	Support Quantity	6	40
Jumlah		15	100

Based on the results of the study, it is known that the eating patterns of adolescents in the Work Area of the Cigugur Public Health Center, Pangandaran Regency in 2021, the highest frequency is in the bad category as many as 60 people (61.2%) and the lowest frequency is in the good category as many as 38 people (38.8 people).

**Table 2. Overview of instrumental support for schizophrenic patients with social isolation in the work area of the Ciamis Public Health Center**

No	Support Emosional	Regularly	
		F	%
1	No Support	8	53,3
2	Support Quantity	7	46,7
Jumlah		15	100

Based on the results of the study, it is known that instrumental support for schizophrenic patients with social isolation in the Ciamis Health Center Work Area, the highest frequency is in the unsupportive category as many as 8 people (53.3%), and the lowest frequency is the supportive category as many as 7 people (46.7%). .

## Discussion

### 1. Overview of emotional support in schizophrenic patients with social isolation in the Work Area of the Ciamis Public Health Center

The results showed that the emotional support for schizophrenic patients with social isolation in the work area of the Ciamis Health Center was mostly categorized as unsupportive as many as 9 people (60%). Emotional support, namely giving the patient a comfortable feeling, feeling loved even when experiencing a problem, assistance in the form of enthusiasm, empathy, trust and attention so that the individual who receives it feels valuable.

This shows that family members are less than optimal in providing a sense of comfort, lack of acceptance of the patient's condition and excessive emotions of family members when caring for schizophrenic patients, which results in families often scolding patients and limiting activities which result in patients feeling unappreciated and loved by family members. According to Mubin (2018), society's culture that still considers people with mental disorders as a disgrace and families experience a bad stigma from society so that families hide or isolate sufferers, even being neglected by family members, thus worsening the patient's condition.

Actually there is no strong reason for families to discriminate and treat people with mental disorders badly because it only results in a faster relapse so that it will affect family function.

This is also supported by the results of Manungkalit's research (2016), which states that the lack of attention and family care during the healing process results in high recurrences. As long as the patient is sick, family members rarely accompany family members while undergoing treatment at the health center or hospital, families let family members who suffer from schizophrenia look moody and alone, family members do not understand how to care for schizophrenic patients.

## 2. Overview of instrumental support for schizophrenic patients with social isolation in the work area of the Ciamis Public Health Center

Based on the research, it shows that instrumental support for schizophrenic patients with social isolation in the work area of the Ciamis Public Health Center is mostly categorized as unsupportive as many as 8 people (53.3%).

This shows that there is still a lack of financial assistance provided by the family in obtaining health services to accelerate the healing process of schizophrenic patients. A very important family action after returning home is that the family must take the schizophrenic patient to the hospital regularly to prevent relapse. Families feel ashamed to have family members suffering from schizophrenia so they do not take them to the hospital regularly.

According to Mubin (2018), families who have mental patients experience bad stigma from the community and the environment they live in as well as a disgrace to the family so that families feel ashamed to have family members who suffer from mental disorders. The best place for people with mental disorders is not in a rehabilitation center or mental hospital, especially on the streets, but should be in the midst of family members. The main thing needed by patients with mental disorders is attention, understanding, support or feelings of love and affection from family or people closest to them so that the healing process of people with mental disorders goes well. Families still do not provide optimal motivation to patients so that patients are often ostracized and not invited to carry out daily activities. The family can be the driving force for the success of treatment or it can be the cause of the failure of a treatment process, for example because it is hit by financial problems and the family environment that supports the patient's recovery.

Family support can help patients overcome problems and redefine the situation as a minor threat and the family acts as a guide by providing feedback and being able to build patient self-esteem (Mubin, 2018). Families need to provide support to patients to increase motivation and responsibility to carry out care independently. Families need to have an attitude of accepting patients, giving positive responses to patients, respecting patients as family members and fostering an attitude of responsibility to patients. The hostility shown by family members towards the patient will affect the patient's recurrence (Keliat, 2014). Rude actions, yelling, or ostracizing will actually make the sufferer more depressed and even tend to be rude. But too pampering is also not good. Family support is very important to help patients socialize again, create a supportive environment, value patients personally and help solve patient problems. The dynamics of a family full of conflict will greatly disrupt the existing living space in the family and consequently are more at risk for the recurrence of schizophrenic patients. Prevention of patient relapse in the family environment can be carried out with good preparation for discharge and mobilization of existing health care facilities in the community, especially family support for patients (Arif, 2016).

The emotional support given by the family to the patient in the healing process is to accept the patient's condition, keep communicating with the patient without being emotional and paying attention to the patient's condition. Real family support includes the provision of physical support such as services, medical expenses assistance, materials such as when someone helps with daily work, provides information and facilities, looks after and cares for when sick and can help solve patient problems (Niven, 2012).

A very important family action is that after the patient returns home, the family accompanies the patient for follow-up care at the nearest health center or hospital so as not to relapse, for example in the first month: 2 times per month, second month: 2 times per month, third month: 2 times per month and then 1 time per month (Keliat, 2014). Based on demographic data, education, work and family income factors also greatly affect the optimal care provided by the family because most of the respondents have elementary education so that families do not understand how to care for schizophrenic patients and rarely provide motivation and enthusiasm for schizophrenic sufferers so that the incidence of recurrence is still high, works as a farmer. and family income below Rp. 1,000,000.00/month.

The problem of family income can also be related to the time that the family gives to the patient. The demands of daily needs are also the reason for the lack of family time for patients. Symptoms of schizophrenia are social isolation. Social isolation is the state of an individual experiencing a decline or even completely unable to interact with other people around him. Patients have difficulty in spontaneously connecting with others which is manifested by isolating themselves, not paying attention and not being able to share experiences (Yosef, 2018). Social isolation is caused by feelings of worthlessness that patients can experience. Feelings of worthlessness make it increasingly difficult for patients to relate to others. As a result, patients experience a decrease in activity and lack of attention to appearance and personal hygiene, resulting in a self-care deficit. Patients are increasingly immersed in past behavior and behavior that is not in accordance with reality or reality, resulting in further hallucinations and the risk of violent behavior (Prabowo, 2018). Social isolation that does not get immediate treatment or therapy will cause more and worse problems. The physical impact of patients with social isolation if not addressed will cause more serious problems including; self-care deficits, hallucinations which can eventually lead to violent behavior and suicide. Therefore, patients with social isolation disorders require intensive care (Prabowo, 2018).

Efforts that can be made to improve the ability to interact in patients who experience social isolation are family support. Family support is a form of providing support to other family members who are experiencing problems, namely providing emotional maintenance support to achieve the welfare of family members and meet psychosocial needs. Emotional support is a form or type of support provided by the family in the form of giving attention, affection and empathy.

Family instrumental support is a full support or assistance from the family in the form of providing energy, financial assistance, or taking the time to help serve and listen to family members in conveying their message (Hapsari, 2015). Based on the research above, it can be assumed that family members are still less than optimal in providing support for schizophrenic patients with social isolation. In nursing care for schizophrenic patients, the family is very important to participate in the healing process because the family is the main supporter in caring for the patient. The family has a role both as a cause, complication and healing.

## Conclusion

Description of emotional support and instrumental support in schizophrenic patients with social isolation in the Work Area of the Ciamis Health Center, most of which are categorized as not supportive.

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## Reference

1. Arikunto. (2010). *Metodologi Penelitian Kesehatan*. Jakarta :
2. Rineka Cipta. Dalami, (2017). *Asuhan keperawatan jiwa dengan masalah psikososial*. Jakarta: CV. Trans InfoMedia.
3. Firmansyah, A. (2017). The Relationship Of Nurse Knowledge About Therapeutic Communication With Implementation Of Therapeutic Communication In Children Age Of Prasekolah (6 Years) In The Care Room 1 Polewali Mandar Rsud. *Bina Generasi: Jurnal Kesehatan*, 9(2), 10-22.
4. Firmansyah, A., Andriani, A., Najamuddin, N., & Setiawan, H. (2020). Relationship Of Parents Role With Social Skills Of Mental Retardation Children. *Pelita Health and Education Journal*, 1(1), 1-5.
5. Hartanto, D. M. (2018). Gambaran Sikap Dan Dukungan Keluarga Terhadap Penderita Gangguan Jiwa Di Kecamatan Kartasura. *Jurnal Keperawatan*, Volume 11, No 1, : Fakultas Keperawatan Universitas Andalas, Padang.
6. Hapsari, (2015). Gangguan jiwa berat macam potensi masyarakat. <http://www.koransindo.com/news.php?r=4&n=0&date=2015-10-11/>
7. Hawari, (2017). *Skizofrenia pendekatan holistik BPSS*. Jakarta: FKUI.
8. Keliat, (2016). *Peran Serta Keluarga Dalam Perawatan Klien Gangguan Jiwa*. Jakarta:EGC.
9. Notoatmodjo. (2012). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta
10. Nursalam. (2013). *Metodologi Penelitian Ilmu Keperawatan Pendekatan Praktis*. In Jakarta : Salemba Medika.
11. Muhith, (2015). *Pendidikan Keperawatan Jiwa( Teori dan Aplikasi*. Yogyakarta: Andi
12. Pasaribu (2018). *Buku Ajar Keperawatan Kesehatan Jiwa*. Jakarta : Salemba Medika.
13. Peristianto, S. V., & Lestari, S. (2018). Peningkatan Dukungan Sosial Orang Tua Dengan Anak Skizofrenia Melalui Solution Focused Therapy. *Jurnal Keperawatan Indonesia : Universitas Indonesia*.
14. Prabowo (2018). *Konsep dan Aplikasi Asuhan Keperawatan Jiwa*. Jakarta : Nuha Medika
15. Purba. (2018) *Asuhan keperawatan pada klien dengan masalah psikososial dan gangguan jiwa*. Medan: USU Press Riset
16. Kesehatan Dasar. (2018). Kementrian Kesehatan RI [Internet]. Tersedia Dalam <http://www.riskesda.litbang.depkes.go.id>.

17. Riduwan Akdon. (2013). Rumus Dan Data Dalam Analisis Dan Statistik. Bandung : Alfabeta.
18. Sugiono, P. D. (2013). Metode Penelitian Kuntitatif Dan Kualitatif. R & D. Bandung : Alfabeta. Supardi, (2015) Asuhan Keperawatan Jiwa. Jogjakarta: Nuha Medika Press. pp: 28-32
19. Yosep, I., Puspowati, N. L. N. S., & Sriati, A. (2018). Pengalaman Traumatik Penyebab Gangguan Jiwa ( Skizofrenia ) Pasien Di Rumah Sakit Jiwa Cimahi Traumatic Experiences Of Mental Disorder Client ( Schizophrenia ) At Mental Health Hospital Cimahi. Jurnal Keperawatan dan Kebidanan (JIKK), Vol.I No.4, Hal 205-207.
20. Yosep Iyus, & Sutini, T. (2014). Buku Ajar Keperawatan Jiwa. Yogyakarta : Graham Ilmu
21. Yusuf, S. (2013). Terapi Keluarga Dengan Pendekatan Spiritual Terhadap Model Keyakinan Kesehatan Keluarga Dalam Merawat Pasien Skizofrenia. Jurnal Ners. urnal Keperawatan Jiwa. Volume 2, No 1, 192-196 : Universitas Muhammadiyah Semarang.
22. World Health Organization (WHO, 2018). Schizophrenia.<http://www.who.int/mediacentre/factsheets/fs397/en/>