



THE INFLUENCE OF SOCIAL SUPPORT, STIGMA, AND COPING STRATEGIES ON THE QUALITY OF LIFE OF FAMILIES OF SCHIZOPHRENIA PATIENTS

Lia Novianty

Sekolah Tinggi Ilmu Kesehatan Sukabumi, Jln Karamat Nomor 36, Kelurahan Karamat, Gunungpuyuh, Sukabumi, Jawa Barat 43122, Indonesia
lianovianty@dosen.stikesmi.ac.id

ABSTRACT

Schizophrenia is a serious mental disorder that affects not only patients, but also the quality of life of their families as primary caregivers. The prevalence of schizophrenia in Indonesia reaches 6.7 per 1,000 households, with West Java being the province with the highest prevalence. Objective to analyze the influence of social support, stigma, and coping strategies on the quality of life of families of schizophrenia patients at the UPTD Puskesmas Sukabumi in Sukabumi City. A correlational study design with a cross-sectional approach was used. The population consisted of families of schizophrenia patients, with a sample of 60 families selected using simple random sampling. Data were collected using validated and reliable questionnaires, with a validity index p -value < 0.05 and reliability > 0.70 , namely the SSQ, ISMI, WOC, and S-CGQoL questionnaires. Statistical analysis was performed using the chi-square test and logistic regression. Bivariate analysis showed a significant effect of social support ($p = 0.000$), stigma ($p = 0.000$), and coping strategies ($p = 0.000$) on quality of life. Multivariate analysis showed coping strategies as the most dominant factor ($p = 0.002$; OR = 38.400). Social support, stigma, and coping strategies influence quality of life, with coping strategies being the most dominant factor affecting quality of life.

Keywords: coping strategies; quality of life; schizophrenia; social support; stigma

How to cite (in APA style)

Novianty, L. (2026). The Influence of Social Support, Stigma, and Coping Strategies on the Quality of Life of Families of Schizophrenia Patients. *Indonesian Journal of Global Health Research*, 8(1), 799–808. <https://doi.org/10.37287/ijghr.v8i1.520>.

INTRODUCTION

According to the World Health Organisation (WHO), mental health can be defined as a state of well-being in which an individual realises their potential, can manage stress, adapt well, function productively, and make a positive contribution to society. Mental health is very important because it affects how individuals view themselves, interact with their environment, and understand the situations around them (Zaini et al., 2022). Mental health disorders themselves are very diverse, ranging from depression, anxiety, schizophrenia, to attention deficit hyperactivity disorder (ADHD) (Sriandi & Habsy, 2025).

Schizophrenia is a form of functional psychosis that primarily disrupts thought processes, creating disharmony between thoughts, emotions, will, and body movements, and causing distortions of reality, such as delusions and hallucinations, accompanied by fragmented associations that cause irregularities in thinking. In 2020, the prevalence of schizophrenia cases worldwide was recorded at 20 million people, increasing to 26 million people in 2021, and decreasing slightly to 24 million people in 2022. In Southeast Asia, there were approximately 6.5 million people with schizophrenia in 2020. This figure continued to increase to 6.6 million in 2021 and 6.8 million in 2022 (Yanti et al., 2024).

People with schizophrenia have difficulty thinking clearly, controlling their emotions, and socialising. Relapses of this disorder add to the mental burden and care required by families, especially given the negative stigma attached to it by society. The impact of this condition is the dependence of sufferers on others, especially family members. This causes physical and

psychological fatigue, problems in social relationships due to feelings of shame, and increased financial pressure, which ultimately affects the quality of family life (Aulia et al., 2024).

Quality of life can be defined as an individual's subjective assessment of their physical, psychological, social and environmental conditions (Kurniyawan et al., 2023). Various solutions to improve the quality of life of people with schizophrenia and their families include increasing independence, combating stigma, implementing effective coping strategies, and developing spirituality, health, employment, and social support. Independence can be achieved through acceptance by the community and the surrounding environment (Prasetya et al., 2024).

Social support is one of the factors that greatly influences the quality of life of people with schizophrenia. This support provides a sense of being loved and facilitates social integration for the families of people with schizophrenia. Social support can also be defined as a form of human interaction that focuses on personal experiences (Aulia et al., 2024).

Stigma is another factor that can affect quality of life. Stigma refers to the social labelling that isolates individuals or groups with negative judgements (Apriliana & Nafiah, 2021). The negative feelings that arise from stigma can hinder the recovery process of people with schizophrenia, so it is important to have individual therapy programmes that reduce stigma within the community to improve the quality of life of patients and their families (Datunsolang et al., 2024).

Coping strategies are also factors that influence quality of life. Coping refers to the techniques or strategies that individuals use to deal with problems in order to adapt to stressful situations. Adaptive coping strategies are very useful in enabling individuals to continue living their lives despite facing problems, maintain emotional regulation, form a positive self-image, and overcome stress and adapt to conditions that trigger anxiety (Prasetya et al., 2024).

Sukabumi is a city in West Java Province that is not immune to mental disorders. Based on the latest data, it is known that in 2025, the Sukabumi Community Health Centre provided mental health services to 63 people with schizophrenia, which is several percent higher than other community health centres in Sukabumi. This indicates the urgency for health workers to identify, prevent, and minimise risk factors that can reduce the quality of life of schizophrenia patients. The purpose of this study is to determine the factors that influence the quality of life of schizophrenia patient.

METHOD

This type of research uses a correlational approach with a cross-sectional design. The study was conducted at the Sukabumi City Health Center in Sukabumi in 2025. The variables studied were the quality of life of families of schizophrenia patients, social support, stigma, and coping strategies. The population was families of schizophrenia patients in the working area of the Sukabumi City Health Center in Sukabumi, with a sample of 60 respondents using simple random sampling.

Data collection techniques used questionnaires. The validity and reliability indices of social support refer to the Social Support Questionnaire (SSQ) with a validity ratio of 0.91 and reliability of 0.75 (Rogo & Garba, 2021). Meanwhile, the stigma variable is based on the Internalized Stigma of Mental Illness (ISMI), which is declared valid and reliable with a $r_{hitung} \geq 0.256$ and a reliable Cronbach's $\alpha > 0.70$ (Young et al., 2015). Meanwhile, the coping strategy variable adopts Ways of Coping (WOC), which has been declared valid and reliable with a reliability level of 0.71 to 0.94 (Janah & Hargiana, 2021). Then, the quality of life variable is based on The Schizophrenia Caregiver Quality of Life Questionnaire (S-CGQOL) with a reliability index that is declared adequate with $\alpha > 0.70$ (Caqueo-Urizar et al., 2021). Univariate analysis used percentages, while bivariate and multivariate analysis used chi-square and logistic regression. The research ethics letter

was issued by the Sukabumi College of Health Sciences Ethics Committee with the number: 003523/KEP STIKES SUKABUMI/2025.

RESULT

Table 1.
Respondent characteristics (n = 60)

Respondent characteristics	f	%
Age (years)		
13 – 18	1	1,7
19 – 39	22	36,7
40 – 59	36	60,0
> 60	1	1,7
Gender		
Male	14	23,3
Female	46	76,7
Marital Status		
Not Married	23	38,3
Widow/Widower	6	10,0
Married	31	51,7
Pendidikan		
Elementary school	14	23,3
Junior high school	7	11,7
Senior high school	30	50,0
College	6	10,0
Employment Status		
Working	25	41,7
Not Working	35	58,3
Monthly Income Status		
< 3 million	40	66,7
3 million – 3.5 million	15	25,0
> 3.5 million	5	8,3
Relationship with Patient		
Child	5	8,3
Parent	37	61,7
Sibling	17	28,3
Others	1	1,7

Table 1 shows that most respondents were aged 40–59 years old 36 people (60.0%), female 46 people (76.7%), married 31 people (51.7%), high school educated 30 people (50.0%), unemployed 35 people (58.3%), with an income of < 3 million 40 people (66.7%), and the relationship with the patient was a parent 37 people (61.7%).

Table 2.
Univariate Analysis

Variable	f	%
Social Support		
High	38	63,3
Moderate	13	21,7
Low	9	15,0
Stigma		
No Stigma	26	43,3
Mild Internalization of Stigma	20	33,3
Moderate Internalization of Stigma	7	11,7
Severe Internalization of Stigma	7	11,7
Coping Strategy		
Problem Focused Coping	47	78,3
Emotional Focused Coping	13	21,7
Quality of Life		
Good	42	70,0
Not so good	18	30,0

Table 2 shows that most respondents had high social support 38 people (63,3%), no stigma 26 people (43,3%), had problem-focused coping 47 people (78,3%), and have a good quality of life 42 people (70,0%).

Table 3.

The Relationship Social Support, Stigma, and Coping Strategy Between and Quality of Life

Variable	P-Value
Social Support	0,000
Stigma	0,000
Coping Strategy	0,000

Table 3 shows that there is a relationship between social support, stigma, and coping strategies with the quality of life of families of schizophrenia patients at the Sukabumi City Health Center in Sukabumi ($p < 0,05$).

Tabel 4.

Variable Selection

Variable	B	P-Value	OR
Social Support	0,693	0,521	2,000
Stigma	1,833	0,129	6,250
Coping Strategy	2,303	0,099	10,000
Constant	-3,219	0,002	0,040

Table 4 shows that the selected variables with p-values $< 0,25$ are stigma and coping strategies.

Tabel 5.

Simultaneous Relationship between Stigma and Coping Strategies with Quality of Life

Variable	B	P-Value	OR
Stigma	2,056	0,072	7,812
Coping Strategy	3,648	0,002	38,400
Constant	-3,219	0,002	0,040

R Square = 0,623

Table 5 shows that the results of the logistic regression statistical test indicate no simultaneous relationship between stigma and coping strategies with quality of life. The variable most strongly associated with quality of life is coping strategy, with an odds ratio of 38.400, meaning that families who use problem-focused coping strategies are 38.400 times more likely to have a good quality of life than families who use emotion-focused coping strategies.

DISCUSSION

Based on the results of the study, it can be seen that there is a relationship between social support and the quality of life of families of schizophrenia patients at the Sukabumi City Health Center ($p < 0.05$). This is in line with the research by Aulia et al. (2024) and Wulandari et al. (2023) which revealed a significant relationship between social support and the quality of life of families of patients with mental disorders. Social support is the assistance or help received by the families of schizophrenia patients from people closest to them in their social environment, which includes emotional, informational, instrumental, and appraisal support that helps families cope with the burden and stress of caring for family members with mental disorders (Cahyaningrum & Syafiq, 2022). Social support affects quality of life through psychological buffering mechanisms that help families cope with stress and psychological burdens. When families receive sufficient emotional support from their social environment, they feel less alone in facing the challenges of caring for patients with schizophrenia. This has an impact on improving psychological well-being and positive perceptions of life (Moningka et al., 2021). Informational support significantly affects the quality of life of families by increasing their knowledge and ability to manage patient care. Families who have sufficient information tend to be more optimistic and have a realistic view of the prognosis, which contributes to a better quality of life (Amanda, 2023).

Instrumental support or practical assistance affects the quality of life of families by reducing the physical and financial burden of patient care. When the practical burden is reduced, families have more time and energy to pay attention to other aspects of life, such as taking care of themselves, maintaining relationships with other family members, and carrying out activities that give them personal satisfaction (Sari, 2024). Appraisal support or appreciation of the family's role as caregivers affects quality of life by increasing self-esteem and sense of meaning. When the social environment recognizes and appreciates the efforts made by families in caring for patients, this provides validation that their role is meaningful and valuable. Feelings of being appreciated and meaningful contribute significantly to life satisfaction and psychological well-being (Zaman & Miniharianti, 2022). According to the researchers' assumptions, high social support greatly affects the quality of life of families of schizophrenia patients. Families who receive adequate social support from various sources are better able to cope with stress and the burden of care, have access to the information and assistance they need, and feel valued in their role as caregivers. This enables them to maintain a balance between their caregiving responsibilities and other aspects of their lives, thereby achieving a good quality of life.

The results showed that there was a relationship between stigma and the quality of life of families of schizophrenia patients at the Sukabumi City Health Center in Sukabumi ($p < 0.05$). These results are in line with the research by Ferianti et al. (2024), which states that stigma has an effect on the quality of life of families of schizophrenia patients with a p -value < 0.001 ($p = < 0.05$). This is also supported by research by Cempaka et al. (2025), which states that the quality of life of families of schizophrenia patients can be affected by stigma. Schizophrenia is a serious mental disorder characterized by profound disturbances in a person's thinking, speech, perception, and sense of identity. This condition involves psychotic experiences such as hallucinations (e.g., hearing voices) and delusions, which can interfere with a person's ability to learn, work, and carry out daily activities properly (Wulandari et al., 2023). People with schizophrenia are known to have a specific biological vulnerability (diathesis) that can be triggered by stressful conditions, which then cause symptoms of schizophrenia. Stress experienced by patients and their families can cause significant psychological burdens, thereby negatively impacting the quality of life of families of schizophrenia patients. There are several aspects that can affect quality of life, one of which is stigma (Ferianti et al., 2024).

Stigma has a negative impact on the mental health and psychological well-being of families of schizophrenia patients. Discriminatory treatment, social avoidance, and negative perceptions from the community cause severe stress, leading families to feel isolated, lose their self-esteem, and experience deep shame. This psychological burden leads to a decline in mental health, the onset of depression and anxiety, and a decrease in the family's overall life satisfaction (Cempaka et al., 2025). Internalization of stigma affects the quality of life of families of schizophrenia patients by causing feelings of shame, guilt, and self-blame that damage their self-concept and self-esteem. These internalized negative views cause prolonged emotional stress, decreased self-esteem, and negative perceptions of life. As a result, families often avoid social activities or hide the condition of their family members, which exacerbates isolation and reduces their overall quality of life (Komalasari et al., 2023).

Based on the results of the study, it is known that there is a relationship between coping strategies and the quality of life of families of schizophrenia patients at the UPTD Puskesmas Sukabumi in Sukabumi City ($p < 0.05$). Several studies have revealed similar relationships, including those by Renylda et al., (2022) dan Wulandari et al. (2023), which also indicate a significant relationship between coping strategies and the quality of life of families of patients with mental disorders. Coping strategies are cognitive and behavioural efforts made by families to overcome, reduce, or tolerate stress and psychological burdens arising from caring for family members with schizophrenia.

Coping strategies influence quality of life through their effectiveness in managing stress and overcoming problems faced by families. Problem-focused coping, which includes seeking information, planning actions, and actively solving problems, has been proven to be more effective in reducing sources of stress and increasing families' sense of control. When families are able to identify concrete problems and take action to overcome them, such as seeking appropriate treatment, arranging care schedules, or managing family finances, they feel progress and improvement in the situation they are facing. This feeling of being able to control the situation contributes positively to psychological well-being and life satisfaction (Muthmainnah & Fazil Amris, 2024).

Problem-focused coping has a significant effect on family quality of life through increased self-efficacy and adaptability. When families successfully overcome challenges through planned and systematic actions, this increases their confidence in facing future problems. Successful experiences in problem-solving reinforce the belief that situations can be managed and improved with the right efforts. This increase in self-efficacy leads to a reduction in feelings of helplessness and hopelessness, as well as increased optimism about the future, which overall improves perceptions of quality of life (Direja et al., 2021).

According to the researchers' assumptions, the use of problem-focused coping as the main strategy is very beneficial for the quality of life of families of schizophrenia patients because it provides tangible and measurable results in overcoming care challenges. Families who focus on solving concrete problems are able to make positive changes in the situations they face, making them feel more empowered and optimistic. This strategy also enables families to develop coping skills that can be applied in various situations, thereby increasing their resilience and adaptability. The researchers' findings in the field show that families who use problem-focused coping, such as actively seeking information about schizophrenia, consistently following treatment programmes, arranging the home environment to be conducive for patients, and planning beneficial activities, tend to have a better quality of life than families who only rely on emotional regulation strategies without taking concrete actions to improve the situation.

The final multivariate modeling results show that stigma and coping strategies affect the quality of life of families of schizophrenia patients. The results of the determination analysis show that these two variables are able to explain 62.3% of the variation in quality of life, while the remaining 37.7% is influenced by other factors outside this study, with coping strategies being the most dominant factor affecting quality of life. Given the dominance of families using problem-focused coping in the study population, accompanied by a high prevalence of good quality of life overall, it can be concluded that families using problem-focused coping contribute significantly to the creation of good quality of life. The dominance of problem-focused coping as the main family strategy can be explained by several factors. First, the maturity of the respondents, who were predominantly in the 40-59 age group, provided them with sufficient life experience to deal with problems using a more practical and solution-oriented approach (Muadz et al., 2024). Second, the high school education level of the majority of respondents provides adequate literacy and critical thinking skills to analyze problems and plan systematic solutions (Safitri & Syahfitri, 2023). Third, the experience of caring for family members with schizophrenia teaches families that concrete actions are more effective in improving the situation than simply relying on emotional regulation (Wulandari et al., 2023).

Stigma is the second factor in the final model. With the dominance of respondents who did not experience stigma and the high prevalence of good quality of life, it shows that families who do not experience stigma contribute to the creation of a good quality of life. The low level of stigma experienced by families can be explained by the high school education level of respondents, which allows them to live in a more tolerant community with a better understanding of mental disorders,

as well as their majority status as parents of patients who tend to receive sympathy and support from the community rather than stigmatization (Rahayu, 2025).

The significant social support factor in the bivariate analysis but not included in the final model indicates that although it has a bivariate effect, its influence on quality of life is mediated by other factors in the model. The respondents' high level of social support contributed to their high quality of life due to their middle-aged characteristics, which include extensive social networks and their status as parents of patients who receive sympathy from the community. High social support facilitates the use of problem-focused coping because families have access to the information, practical assistance, and emotional support needed to take concrete action (Aviludin, 2021). Based on the researcher's assumption, the dominance of coping strategies as the main factor influencing quality of life shows that the family's ability to manage stress and overcome problems is the key to their well-being. Although social support and stigma also play an important role, how families respond to and overcome the challenges they face is more decisive in determining their quality of life.

CONCLUSION

Based on the results of the study, there is a significant influence between social support, stigma, coping strategies, and the quality of life of families of schizophrenia patients at the Sukabumi City Health Center. Based on multivariate analysis, the most dominant factor affecting the quality of life of families of schizophrenia patients is coping strategies.

REFERENCES

- Amanda, Y. T. (2023). Pengaruh Dukungan Sosial terhadap Perencanaan Karir pada Mahasiswa UIN Syarif Hidayatullah Jakarta. UIN Syarif Hidayatullah Jakarta.
- Apriliana, A., & Nafiah, H. (2021). Stigma Masyarakat Terhadap Gangguan Jiwa: Literature Review. *Prosiding Seminar Nasional Kesehatan*, 1, 207–216. <https://doi.org/10.48144/prosiding.v1i.658>
- Aulia, T. I., Budhiana, J., & Mariam, I. (2024a). Hubungan Dukungan Sosial dengan Kualitas Hidup Keluarga Pasien Skizofrenia. *Jurnal Keperawatan 'Aisyiyah'*, 11(1), 69–79. <https://doi.org/10.33867/1zzax308>
- Aulia, T. I., Budhiana, J., & Mariam, I. (2024b). Hubungan Dukungan Sosial Dengan Kualitas Hidup Keluarga Pasien Skizofrenia. *Jurnal Keperawatan 'Aisyiyah'*, 11(1), 69–79. <https://doi.org/10.33867/1zzax308>
- Aviludin, M. I. (2021). Hubungan antara Strategi Koping dengan Resiliensi Caregiver Orang dengan Skizofrenia (ODS) di Klinik Kesehatan Jiwa RSJ dr. Radjiman Wediodiningrat Lawang [Universitas Brawijaya]. [http://repository.ub.ac.id/194099/2/Mohammad Irwan Aviludin.pdf%0A](http://repository.ub.ac.id/194099/2/Mohammad%20Irwan%20Aviludin.pdf%0A)
- Cahyaningrum, P., & Syafiq, M. (2022). Gambaran Dukungan Sosial terhadap Penderita Gangguan Jiwa Terlantar. *Jurnal Penelitian Psikologi*, 9(1), 100–114. <https://doi.org/10.26740/cjpp.v9i1.44824>
- Caqueo-Urizar, A., Urzúa, A., Mena-Chamorro, P., Boucekine, M., Richieri, R., Auquier, P., Fernandes, S., Fond, G., & Boyer, L. (2021). Cross-cultural adaptation and validation of the Quality of Life Questionnaire for Caregivers of Patients with Schizophrenia (S-CGQoL) in Latin America. In *L'Encéphale: Revue de psychiatrie clinique biologique et thérapeutique* (Vol. 47, Issue 4, pp. 291–298). Elsevier Masson SAS. <https://doi.org/10.1016/j.encep.2020.09.007>

- Cempaka, A. A., Lilyana, M. T. A., & Maryuti, I. A. (2025). Studi Fenomenologi: Peran Keluarga Dalam Perawatan Pasien Dengan Skizofrenia Phenomenological Studies: The Role Of The Family In The Care Of Patients With Schizophrenia. *Jurnal Kebidanan, Keperawatan Dan Kesehatan (J-BIKES)*, 5(1), 1–9. <https://doi.org/10.51849/j-bikes.v>
- Datunsolang, I., Buanasari, A., & J.Bidjuni, H. (2024). Hubungan Perceived Stigma dengan Kualitas Hidup Keluarga yang Merawat Orang dengan Gangguan Jiwa di UPTD RSJ Prof.Dr.V.L Ratuybuysang. *Mapalus Nursing Science Journal*, 1(3), 51–58. <https://doi.org/10.35790/mnsj.v1i3.50181>
- Direja, A. H. S., Ningrum, T. P., & Effendi. (2021). Hubungan Harga Diri dengan Kejadian Skizofrenia pada Pasien yang Dirawat di Rumah Sakit Khusus Jiwa Soepraptop Bengkulu. *Infokes: Info Kesehatan*, 11(2), 413–420. <https://doi.org/10.30643/info%20kesehatan.v11i2.257>
- Ferianti, L., Hamim, N., & Salam, A. Y. (2024). Hubungan Perceived Stigma dengan Kualitas Hidup Pasien gangguan jiwa skizofrenia di wilayah kecamatan gucialit. *Ilmu Kesehatan*, Vol 3 No 1, 1–50.
- Janah, M., & Hargiana, G. (2021). Levels of stress and coping strategies in family caregivers who treat schizophrenic patients with risk of violent behavior. *Journal of Public Health Research*, 10(s1). <https://doi.org/10.4081/jphr.2021.2404>
- Komalasari, L., Wardani, I. Y., & Winahayu, N. E. (2023). Hubungan ekspresi emosi, beban keluarga, dan stigma dengan dukungan keluarga pada pasien dengan skizofrenia skripsi. *Jurnal Kesehatan Masa Depan*, 3(1), 34–45.
- Kurniyawan, H. E., Ikhtiarini Dewi, E., Wuri Wuryaningsih, E., Deviantony, F., & Fitria, Y. (2023). The Effect of Self-Help Group (SHG) on Family's Ability in Treating Person with Mental Illness (PWMI). *Nursing and Health Sciences Journal (NHSJ)*, 3(1), 87–90. <https://doi.org/10.53713/nhs.v3i1.173>
- Moningka, J. S. Y., Kalesaran, A. F. C., & Asrifuddin, A. (2021). Hubungan antara Dukungan Sosial dan Tingkat Stres dengan Kualitas Hidup Pada Pegawai di Kantor Dinas Kesehatan Kabupaten Minahasa Selatan di Masa Pandemi Covid-19. *Jurnal KESMAS*, 10(7), 85–93.
- Muadz, R. N., Rohmadani, Z. V., & Khan, Z. (2024). The Correlation between Emotional Maturity and Problem-solving Ability in Yogyakarta Students. *Journal of Health Sciences and Medical Development*, 3(1), 32–41. <https://doi.org/10.56741/hesmed.v3i01.490>
- Muthmainnah Muthmainnah, & Fazil Amris. (2024). Tinjauan Skizofrenia Secara Psikoneuroimunologi. *Termometer: Jurnal Ilmiah Ilmu Kesehatan Dan Kedokteran*, 2(3), 01–15. <https://doi.org/10.55606/termometer.v2i3.3684>
- Prasetya, A. D., Sari, I. P., & Mudjiadi. (2024). Hubungan Frekuensi Readmission Dengan Kualitas Hidup Pasien Skizofrenia Di Ruang Ipcu Rs Radjiman Wediodiningrat. *Jurnal Kesehatan Tambusai*, 5(2), 5064–5070. <https://doi.org/10.31004/jkt.v5i2.29413>
- Rahayu, I. P. (2025). Hubungan antara Stigma Masyarakat dengan Penerimaan Masyarakat terhadap Pasien Skizofrenia di Puskesmas Blooto Kelurahan Prajurit Kulon RT 2 RW 2. *Universitas Bina Sehat*.
- Renylda, R., MJ, A., & Marinda, N. (2022). Strategi Koping Keluarga Dalam Merawat Pasien Skizofrenia Di Rumah Sakit Jiwa Provinsi Jambi. *Jurnal Pustaka Keperawatan (Pusat Akses Kajian Keperawatan)*, 1(1), 1–7. <https://doi.org/10.55382/jurnalpustakakeperawatan.v1i1.164>

- Rogo, I. S., & Garba, A. M. (2021). Psychometric Assessment of Social Support Questionnaire (SSQ) among Senior Secondary School Students in Kano State: Implication for Social and Educational Psychology Researches. *Prestige Journal of Counselling Psychology*, 4(1), 35–56.
- Safitri, D., & Syahfitri, J. (2023). Analysis of Critical Thinking Dispositions as a Predictor of Students' Critical Thinking Skills in Biology Learning. *AL-ISHLAH: Jurnal Pendidikan*, 15(4), 5859–5869. <https://doi.org/10.35445/alishlah.v15i4.4405>
- Sari, S. I. P. (2024). Pengaruh Dukungan Keluarga terhadap Kekambuhan Pasien Skizofrenia yang di Mediasi oleh Kepatuhan Minum Obat. *Prosiding Seminar Nasional Kesehatan Masyarakat Universitas Muhammadiyah Surakarta*, 181–200.
- Sriandi, A. K., & Habsy, B. A. (2025). Library Research: Konseling Berbasis Acceptance and Commitment Therapy Sebagai Pencegahan dan Intervensi untuk Gangguan Kesehatan Mental. *Jurnal BK UNESA*.
- Wulandari, R., Herawati, V. D., & Sutrisno. (2023a). Hubungan Dukungan Keluarga dan Kepatuhan Minum Obat dengan Tingkat Kekambuhan pada Orang dengan Skizofrenia (ODS) di RSJD Surakarta. *Seminar Nasional Hasil Riset Dan Pengabdian Kepada Masyarakat*, 3, 247–266.
- Wulandari, R., Herawati, V. D., & Sutrisno, S. (2023b). Hubungan Dukungan Keluarga dan Kepatuhan Minum Obat dengan Tingkat Kekambuhan pada Orang dengan Skizofrenia (ODS) di RSJD Surakarta. *SENRIABDI*, 3, 247–266.
- Yanti, N. M. Y. M. P., Dewi, Ni Luh Gede Ari Kresna Candra, I. W., & Harini, I. G. A. (2024). Pengaruh Terapi Okupasi : Hasta Karya Terhadap Harga Diri Pada Pasien Skizofrenia. *Gema Keperawatan*, 17(2), 27–36. <https://doi.org/10.33992/jgk.v17i2.3454>
- Young, D., Ng, P., Pan, J.-Y., & Cheng, D. (2015). Validity and Reliability of Internalized Stigma of Mental Illness (Cantonese). *Research on Social Work Practice*, 27(1), 1–8. <https://doi.org/10.1177/1049731515576209>
- Zaini, M., Widada, W., Dwi Cahya Ningrum, D., & Isnaini Agustina, I. (2022). Optimalisasi Peran Serta Masyarakat Dalam Pelayanan Kesehatan Jiwa. *Jurnal of Community Health Development*, 3(2), 57. <https://doi.org/10.20884/1.jchd.2022.3.2.5882>
- Zaman, B., & Miniharianti. (2022). Peningkatan dukungan sosial dan stigma terhadap kualitas hidup penderita skizofrenia. *Jurnal Keperawatan*, 20(1), 22–32. <https://doi.org/10.35874/jkp.v20i1.996>.

