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THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND INVOLVEMENT IN REPEATED CARE FOR MENTALLY ILL PATIENTS

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ABSTRACT
Family support in caring for patients with mental disorders is the active involvement of family members in providing care, attention, and understanding of the patient's condition. This support includes understanding the patient's mental condition, helping manage medication, creating a supportive environment for recovery, and providing psychological encouragement to improve quality of life. The study aims to determine the relationship between family support involvement in repeated care for patients with mental disorders in the Grogol Community Health Center, Sukoharjo Regency. This type of research uses a quantitative research method. This study uses a descriptive correlation design with a Cross Sectional approach. In this study, researchers took samples by accidental sampling. In this study, the number of samples used was 45 samples. Data collection by distributing questionnaires through two instruments consisting of the Family Support Questionnaire and Repeated Care Questionnaire which were proven valid (0.217) with a Cronbach's Alpha reliability value above 0.7 considered good, indicating that the items in the questionnaire have adequate consistency. Data were analyzed using the Spearman's Rank test. The results of this study indicate a significant relationship between family support and repeated care with a P-Value of 0.013.

Keywords: family support; mentally Ill Patients; repeated treatment

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INTRODUCTION

Mental disorders are maladaptive responses to stressors originating from within or outside a person, resulting in changes in thought patterns, perceptions, behaviors, and feelings that are inconsistent with existing norms or culture, as well as disruptions to physical and social functioning and the ability to function normally (Daulay W et al., 2021). These disorders lead to a poor quality of life and are often associated with feelings of depression and a lack of self-control, as well as health issues (Oktaviani S et al., 2022). Likewise, a good quality of life is characterized by a sense of well-being, control, and autonomy over oneself. One of these is mental health. Globally, the World Health Organization (WHO) defined mental health in 2019 as a state of well-being encompassing complete physical, mental, and social well-being, not merely the absence of disease or infirmity (Silviyana A et al., 2024).

Based on data from the WHO in 2019, the number of people with mental disorders reached 50%-92% due to non-compliance with treatment or due to lack of support and vulnerable living conditions that increase stress. Mental health includes an individual's ability to manage stress, function productively, and contribute to the community. The prevalence of mental disorders in Indonesia according to the 2018 Basic Health Research refers to the proportion of individuals in the population who experience mental disorders at a certain time, the prevalence of mental disorders in Indonesia in general is 6.7 per mil or around 1.78 million residents, this incidence figure was obtained (Syahputra E et al., 2021). The 2018 Basic Health Research also found that there were 8.7% of Household Members (ART) in Central Java who suffered from schizophrenia. Based on data from the Central Java Provincial Health Office, there are approximately 317,504 people with mental disorders (ODGJ) who

are registered for treatment at the Central Java Provincial Health Center and Hospital (Atmojo et al., 2024). This shows that there are approximately 450 thousand ODGJ or 7 ODGJ households per 1,000 households according to the Ministry of Health in 2020. At the Grogol Health Center, Sukoharjo Regency, there was an increase in visits by patients experiencing mental health problems in 2023 - 2024. In 2023, there were 673 patient visits for consultation, while in 2024, there were 845 patient visits for consultation. According to data from the Grogol Health Center, Sukoharjo Regency, it was found that the average number of patients admitted were patients who had experienced repeated treatment.

Symptoms of mental disorders can vary depending on the type of disorder experienced, but in general, some symptoms that often appear in people with mental disorders include emotional changes, behavioral changes, cognitive impairment, problems with daily functioning, and negative self-perceptions (Fatihah et al., 2021). Mental disorders are often considered taboo, so it is important to recognize these signs and seek professional support (Kamalah et al., 2023). Social support can help individuals with mental disorders recover and live healthier lives. Mental disorders also impact social roles and individual productivity. Furthermore, negative stigma from society can lead to discrimination and demeaning behavior towards people with mental disorders (Saluhang et al., 2022). Individuals can experience anxiety and depression, and face discrimination that hinders social interaction and employment opportunities (Kirana et al., 2022). This can worsen their mental and emotional condition and affect their families. Therefore, family support is crucial in caring for family members suffering from mental disorders.

Preventing symptom recurrence and improving the quality of life of patients with mental disorders is crucial for family support (Listyarini et al., 2023). Family support in caring for patients with mental disorders refers to the active involvement of family members in providing care, attention, and understanding of the patient's condition (Dwi et al., 2022). Support in caring for patients with mental disorders refers to the active role and attention provided by family members to assist the patient in treatment, recovery, and emotional adjustment (Kireida et al., 2021). This requires the family's role in the patient's care process, involving regular evaluations and adjustments to the treatment plan according to the patient's needs.

The recurring care process is a series of actions or interventions carried out regularly to care for individuals with certain health conditions, including mental disorders (Kusumawaty et al., 2020). The goal is to ensure ongoing monitoring, support, and care to improve the patient's well-being. This process involves understanding and implementing educational care methods, including early detection and treatment. The ongoing care process for people with mental disorders (ODGJ) involves various aspects. However, it is important to note that support is essential in this process. This support usually comes from the social environment in which they live, starting with the smallest unit, namely the family (Hendrawati et al., 2023). The process of caring for a patient with mental disorders by the family involves several important steps: recognizing the mental disorder, making a decision to treat, implementing nursing measures at home, and modifying the environment to support care. Good mental health enables a harmonious and productive life as an integral part of a person's quality of life, considering all aspects of human life (Widodo & Supratman, 2020). Caring for mental health is not a sign of weakness, but rather a form of self-care.

One manifestation of the function of family support in the recurrent care process is providing attention and supervision of patient medication consumption. This support also includes good communication with the patient and accompanying them to the hospital. This contributes to changes in the condition of mental disorders and increases the patient's motivation to undergo treatment (Suwardiman, 2023). Although informational support has the highest level, emotional, instrumental, and evaluative support are also very significant. Efforts to enhance the role of the family are needed to optimize the care of patients with mental disorders. Therefore, it is important to examine how family relationships contribute to the care of patients with mental disorders, and the extent to which

this role impacts the patient's healing process and quality of life. It is also important to determine the level of understanding of family support in supporting patients with mental disorders, such as supporting patient recovery, improving medication adherence, strengthening support systems, and maintaining emotional stability. It is also important to determine the level of family understanding in recurrent care of patients with mental disorders, such as preventing relapse and improving medication adherence.

METHOD

This study employed quantitative research methods, collecting data in numerical form that could be categorized in a ranking order and then measured in units of measure. The study population focused on all family support relationships in the repeated care of patients with mental disorders at the Grogol Community Health Center in Sukoharjo Regency, totaling 45 individuals. This study used accidental sampling, which involves randomly selecting individuals (whenever and wherever they are found) as long as they meet the criteria for a specific population. The inclusion criteria for this study included families of patients who were willing to participate as respondents, families with a member with a mental disorder living in the same house as the patient, families with a member with a mental disorder who had previously been admitted to a mental hospital, families of patients who could be communicated with, and families of patients who had experienced a relapse.

The instruments used in the Family Support Questionnaire (KDK) and Repeated Care based on research conducted (Nursia, 2011) have been tested for validity. This study obtained a significance value (p) of 0.217, greater than the significance level used (a) of 0.05. Reliability was tested using the Cronbach's Alpha method above 0.7, which is considered good, indicating that the items in the questionnaire have adequate consistency. The study was conducted in May 2025 at the Grogol Community Health Center, Sukoharjo Regency. To conduct the study, the researcher requested permission from the Head of the Grogol Community Health Center for approval. After obtaining approval, the study was conducted, emphasizing that the researcher must obtain an ethical clearance letter from the Research Ethics Committee of the Faculty of Health Sciences, University of Surakarta, with the number 1033/A.3-III/FIK/V/2025. To maintain the confidentiality of respondents' identities, the researcher will not include the respondents' names to ensure the confidentiality of the information provided by the researcher. In this study, the data obtained will be analyzed quantitatively using descriptive and inferential statistical approaches. The results of the statistical analysis will be interpreted according to the level of significance and correlation coefficient obtained, so that the magnitude of the influence and relationship between the variables studied can be determined. The results indicate that the data is not normally distributed, therefore, to determine the relationship between family support and repeated care, Spearman rank correlation analysis was used.

RESULT

This study involved a total of 45 respondents with family relationships and repeated care. Respondent characteristics included age, gender, family relationship, status, religion, education level, occupation, income, and duration of mental illness.

Table 1 provides an overview of data related to the characteristics of the respondents in this study. From the table above, it was found that respondents aged 20-28 years were 6 respondents (13.3%), respondents aged 29-37 years were 8 respondents (17.8%), respondents aged 38-46 years were 14 respondents (31.1%), respondents aged 47-55 years were 15 respondents (33.3%), respondents aged 56-64 years were 2 respondents (4.4%). Respondent characteristics based on gender were 24 males (53.3%) while females were 21 (46.7%). Respondent characteristics based on family relationships with patients were mostly older siblings, namely 16 respondents (35.6%), and the average family status was married as many as 36 respondents (80.0%), unmarried as many as 5 respondents (11.1%), and widows/widowers as many as 4 respondents (8.9%). The characteristics of respondents who are Muslim are 45 respondents (100.0%). The characteristics of respondents based on educational level are mostly high school graduates, namely 30 respondents (66.7%). The majority of respondents are

self-employed, namely 14 respondents (31.1%), with a monthly income of >Rp. 1,500,000, namely 26 respondents (57.8%). The characteristics of patients suffering from mental disorders for more than 1 year are 45 respondents (100.0%)

Table 1.
Respondent Characteristics (n=45)

Respondent Characteristics	f	%
Age		
20 – 28 tahun	6	13.3
29 – 37 tahun	8	17.8
38 – 46 tahun	14	31.1
47 – 55 tahun	15	33.3
56 – 64 tahun	2	4.4
Gender		
Male	24	53.3
Female	21	46.7
Family relationship		
Father	7	15.6
Younger brother	12	26.7
Mother	6	13.3
Older brother	4	8.9
Etc	16	35.6
Status		
Married	36	80.0
Single	5	11.1
Widow/Widower	4	8.9
Religion		
Islam	45	100.0
Education Level		
Elementary School	3	6.7
Middle School	6	13.3
High School	30	66.7
Bachelor's Degree	6	13.3
Occupation		
Farmer	2	4.4
Civil Servant	5	11.1
Private Employee	12	26.7
Self-Employed	14	31.1
Other	12	26.7
ncome		
< Rp. 1,000,000/month	10	22.2
Rp. 1,000,000 – 1,500,000/month	9	20.0
> Rp. 1,500,000/month	26	57.8
Duration of mental disorder		
> 1 year	45	100.0

Table 2.
Frequency Distribution and Percentage of Family Support for Mentally Ill Patients (n=45)

Family Support	f	%
Not Good	7	15.6
Good	3	6.7
Good	35	77.8

Table 2 shows that 35 respondents (77.8%) provided family support in the good category, 3 respondents (6.7%) provided family support in the sufficient category, and 7 respondents (15.6%) provided family support in the insufficient category to patients with mental disorders.

Table 3.
Frequency Distribution and Percentage of Repeated Treatments for Mentally Ill Patients (n=45)

Repeated Treatment	f	%
Low	30	66.7
Medium	5	11.1
High	10	22.2

Table 3 shows that 10 (22.2%) of patients with mental disorders experienced repeated treatment in the high category, 5 (11.1%) in the medium category, and 30 (66.7%) in the low category.

Table 4.
Spearman Rank Test

Variabel	R	P-Value
Family Support and Repeat Care	0.369	0.013

The results of the analysis of the relationship between family support and repeated care showed a P-Value result (0.013) with a fairly significant relationship (r=0.369) and a positive pattern, so there is a relationship between family support in repeated care of mental disorder patients in the Grogol Community Health Center area, Sukoharjo Regency.

DISCUSSION

The results of the family support study showed that 35 out of 45 respondents (77.8%) provided positive family support. This study demonstrates the presence of positive family support in patients with mental disorders. People of all ages, genders, social classes, income levels, and geographic regions can be affected by mental illness (Saleem et al., 2024). Families diagnosed with mental illness face many challenges, especially due to the responsibility of caring for their children. Identifying environmental factors that predict their mental health is crucial for the development of preventive and therapeutic measures (Sell et al., 2021). Family support not only helps patients feel accepted and loved but also plays a direct role in the recovery and stability of their mental condition. This study is in line with (Sayekti Heni Sunaryanti & Lestari Puji S, 2023) which shows that patients with mental disorders who receive family support will reduce relapse by 0.37 times compared to patients who do not receive family support, this indicates that family support is a protective factor against relapse in mental patients. To prevent relapse of mental disorders, the patient's family must maintain a positive attitude. They must also motivate the patient to take responsibility for their own health and activities. Family support in this study was divided into four components: emotional support, esteem support, informational support, and instrumental support.

Mental and emotional problems are serious issues because they impact subsequent developmental processes, cause symptoms, and reduce productivity and quality of life (Oktaviana W et al., 2023). The recovery process for patients with mental disorders, including emotional family support that provides affection, empathy, attention, and positive communication, can help reduce the patient's psychological burden. This study aligns with Agustina (2018) who showed that 18 respondents (69.2%) had emotional support and good social interactions. This study specifically emphasizes the existence of emotional support, that affection among family members creates a nurturing emotional atmosphere that positively influences growth and development. This form of support and appreciation is crucial in enhancing the self-esteem and self-confidence of patients with mental disorders. With this support, patients are better able to develop their potential. Encouragement, appreciation, and praise can boost the self-confidence of individuals with mental disorders (ODGJ) to socialize in the community (Permata Y et al., 2022). This support is highly beneficial for individuals with mental disorders because it directly impacts recovery, emotional stability, and builds patient motivation. Research conducted (Hermanto & Pratama N, 2018) showed that 71 (49.0%) individuals received good family support in the appreciation support component, including family members reminding patients to take their medication regularly, family members reminding patients to visit the clinic on time, and family members asking about problems the patient is facing. The need for individuals with mental disorders to receive treatment at health facilities requires attention from caregivers and cadres.

Informative support is support provided through advice, guidance, and information to someone to broaden their understanding in solving a problem (Dewi O & Nurchayati, 2021). Furthermore, the information provided also helps patients make informed decisions regarding treatment and a healthy lifestyle. With adequate informative support, patients can become more independent and avoid stigma. This research aligns with (Salsabila Hsb, 2024) who showed that poor communication can worsen a patient's condition, while effective communication can help patients feel more valued and

understood, which in turn can improve treatment outcomes. Therefore, physicians need to develop communication strategies that are not only informative but also empathetic and supportive.
Instrumental support is a source of practical and concrete assistance for families, including financial needs, food, drink, and rest (Seran et al., 2023). Real or direct assistance provided by family members to patients in their daily lives and during their recovery from mental disorders. Research conducted (Fatma Zahra, 2019) found that most instrumental family support was in the high category (76.1%). This support was very influential in responding to family burdens, such as seeking mental health services in caring for sick members. Therefore, the involvement of families, medical personnel, and the surrounding environment in providing consistent instrumental support is crucial to supporting the successful treatment of patients with mental disorders.

The data results show that the majority of respondents in the low category underwent repeated treatment as many as 30 respondents (66.7%). This indicates that most family members suffering from mental disorders are low in undergoing repeated treatment, but there are also a number of family members suffering from mental disorders who are high in undergoing repeated treatment. This study is in line with research by (Nirwan et al., 2016) that most of the 44 families with a good perception of the ability to care for patients, 40 families (90.9%) provided good support in the care of patients with mental disorders. This shows that although not all family members suffering from mental disorders are in repeated treatment repeatedly, this attention still needs to be done because it can have a negative impact on their mental health. Patients suffering from mental health disorders often receive treatment and react with negative reactions from neighbors and the surrounding environment such as not wanting to understand, fear, not caring and even isolating them from their environment, so that patients are reluctant to socialize and choose to withdraw from the surrounding environment (Cahyani G & Pratiwi A, 2023). Family support in repeated care is very much needed in patients with mental disorders for various important reasons related to the patient's recovery, stability, and quality of life.

The results of the Spearman rank test in this study indicate a significant relationship between family support and repeated treatment for patients with mental disorders. This is indicated by the significant P-Value (0.013) of r=0.369 and a positive pattern. It can still be concluded that many patients suffering from mental disorders have a low quality of life due to high levels of dependency and lack of independence. Mental health problems become more difficult to solve due to how society views and treats those suffering from mental illness. Therefore, to reduce and prevent the increasing number of mental illnesses, family and community support is needed (Muhlisin A & Pratiwi A, 2015). Family members suffering from mental disorders can be used as a reference in caring for people with mental disorders at home, so family outreach should be carried out more frequently to emphasize the importance of family support.

CONCLUSION

Based on the research findings, it can be concluded that there is a significant relationship between family support and the frequency of repeated hospitalizations for patients with mental disorders at the Grogol Community Health Center in Sukoharjo Regency. This relationship pattern is positive. This means that better family support tends to reduce the frequency of repeated hospitalizations. Furthermore, most families demonstrated good emotional support, although some were lacking.
The researchers recommend that families be more active in providing support during patient care and improving their knowledge and skills in caring for patients with mental disorders. Strengthening family support is also crucial for a more holistic and sustainable care process.

REFERENCES

Agustina, M. (n.d.). Dukungan Emosional dan Instrumental dengan Interaksi Sosial pada Pasien Isolasi Sosial.

Atmojo dkk. (2024). Perawat Mengabdi (Jurnal Pengabdian Kepada Masyarakat) Terapi Kerja Pada Pasien Gangguan Jiwa Di Desa Pekutan Kecamatan Bayan.

https://journal.akperkabpurworejo.ac.id/index.php/pmkep

Cahyani G & Pratiwi A. (2023). Beberapa Faktor yang Menyebabkan Kekambuhan Pasien Gangguan Jiwa. Malahayati Nursing Journal, 5(12), 4143–4152. https://doi.org/10.33024/mnj.v5i12.10129

Daulay W dkk. (2021). Kualitas Hidup Orang Dengan Gangguan Jiwa: Systematic Review (Vol. 9).

Dewi O, & Nurchayati. (2021). Peran Dukungan Sosial Keluarga dalam Proses Penyembuhan Orang dengan Gangguan Jiwa (ODGJ) Peran Dukungan Sosial Keluarga Dalam Proses Penyembuhan Orang Dengan Gangguan Jiwa (ODGJ) Octavia Indri Puspita Dewi.

Dwi dkk. (2022). Promosi Kesehatan: Peran Keluarga dalam Merawat Orang dengan Gangguan Jiwa (ODGJ). Dedikasi Sains Dan Teknologi, 2(1), 79–82. https://doi.org/10.47709/dst.v2i1.1491

Fatihah dkk. (2021). Literature Review : Terapi Okupasi Menggambar Terhadap Perubahan Tanda Dan Gejala Halusinasi Pada Pasien. In Jurnal Keperawatan Merdeka (JKM) (Vol. 1, Issue 1).

Fatma Zahra, R. (2019). Hubungan dukungan instrumental dengan beban pada anggota keluarga skizofrenia di Poliklinik Keperawatan Jiwa RSJ Grhasia Provinsi DIY The correlation between instrumental support and burden of family members among schizophrenia patients at Mental Treatment Polyclinic Of Grhasia Mental Hospital, Yogyakarta Special Province. http://e-journal.poltekkesjogja.ac.id/index.php/caring/

Hendrawati dkk. (2023). Peran keluarga dalam merawat orang dengan gangguan jiwa: A scoping review. Holistik Jurnal Kesehatan, 17(7), 575–588. https://doi.org/10.33024/hjk.v17i7.12741

Hermanto & Pratama N. (2018). Dukungan Keluarga Dengan Perawatan Diri Pada Pasien Gangguan Jiwa Di Poli Jiwa.

Kamalah dkk. (2023). Gejala Mental Emosional dan Upaya dalam Meningkatkan Kesehatan Jiwa Remaja. In Jurnal Keperawatan Berbudaya Sehat (Vol. 1, Issue 2). http://jurnal.unw.ac.id/index.php/JKBS

Kirana dkk. (2022). Faktor Risiko yang Mempengaruhi Gangguan Jiwa. Khatulistiwa Nursing Journal (KNJ), 4(2), 73–82. https://doi.org/10.53399/knj.v4i0.paperID

Kireida dkk. (2021). Hubungan Antara Dukungan Keluarga Dengan Psychological Well-Being Pada Orang Tua Yang Memiliki Anak Tunagrahita Sedang. In Jurnal Psikologi Insight Departemen Psikologi (Vol. 5, Issue 1).

Kusumawaty dkk. (2020). Penyegaran Kader Kesehatan Jiwa Mengenai Deteksi Dini Gangguan Jiwa dan Cara Merawat Penderita Gangguan Jiwa. Journal of Community Engagement in Health, 3(1), 25–28. https://doi.org/10.30994/jceh.v3i1.27

Listyarini dkk. (2023). 8 Family Support In The Care Of Patients With Mental Disorders Post-Instipation In The Hospital. In Journal of TSCNers (Vol. 8, Issue 2). http://ejournal.annurpurwodadi.ac.id/index.php/TSCNers

Muhlisin A & Pratiwi A. (2015). Community-Based Participatory Research To Improve Primary Mental Health Services In A Local Community.

Nirwan dkk. (2016). Dukungan Keluarga Dalam Perawatan Pasien Gangguan Jiwa Dengan Pendekatan Health Promotion Model The Family Support In Caring Of Mental Disorder Patients With Health Promotion Model Approach.

Nursia. (2011). UIN Alauddin Makassar.

Oktaviana W dkk. (2023). Dukungan Kesehatan Jiwa dan Psikososial pada Anak Penyintas Gempa Bumi.

Oktaviani S dkk. (2022). Penerapan Terapi Menghardik Dan Menggambar Pada Pasien Halusinasi Pendengaran Application of Rebuke and Drawing Therapy in Hearing Hallucination Patients. Jurnal Cendikia Muda, 2(3).

Permata Y dkk. (2022). Dukungan Kader kepada Orang dengan Gangguan Jiwa. Jurnal Cakrawala Promkes, 4(2), 128–140. https://doi.org/10.12928/promkes.v4i2.6126

Saleem, M., Khraim, F., Nelson, D., & Forgrave, D. (2024). Supportive interventions for family caregivers of adults with mental illness: An integrative review. Qatar Journal of Public Health, 2024(2). https://doi.org/10.5339/qjph.2024.14

Salsabila Hsb, F. (2024). Jurnal syiar-syiar Pola Komunikasi Antar Pribadi Dokter Dan Pasien Rsj Bina Atma Dalam Menghindari Resiko Peningkatan Gangguan Jiwa.

Saluhang dkk. (2022). Persepsi dan Perilaku Masyarakat terhadap Orang dengan Ganguuan Jiwa : Studi Kualitatif. In Jurnal Keperawatan (Vol. 10, Issue 1).

Sayekti Heni Sunaryanti & Lestari Puji S. (2023). Dukungan Keluarga Dan Hubungannya Dengan Perilaku Agresif Dan Kekambuhan Pasien Gangguan Jiwa: Meta-Analisis. Avicenna : Journal of Health Research, 6(2). https://doi.org/10.36419/avicenna.v6i2.942

Sell, M., Barkmann, C., Adema, B., Daubmann, A., Kilian, R., Stiawa, M., Busmann, M., Winter, S. M., Lambert, M., Wegscheider, K., & Wiegand-Grefe, S. (2021). Associations of Family Functioning and Social Support With Psychopathology in Children of Mentally Ill Parents: Multilevel Analyses From Different Rating Perspectives. Frontiers in Psychology, 12. https://doi.org/10.3389/fpsyg.2021.705400

Seran dkk. (2023). Dukungan Keluarga dengan Kualitas Hidup. MAHESA : Malahayati Health Student Journal, 3(7), 1910–1919. https://doi.org/10.33024/mahesa.v3i7.10455

Silviyana A dkk. (2024). Faktor-Faktor Yang Berhubungan Dengan Kekambuhan Pada Pasien Skizofrenia. http://jurnal.globalhealthsciencegroup.com/index.php/JPPP

Suwardiman, D. (2023). Peran Penting Keluarga dalam Menjaga dan Merawat Individu yang Mengalami Gangguan Jiwa Important Role of Family Support in Guarding and Caring for Individuals with Mental Disorders. Faletehan Health Journal, 10(2), 216–221. www.journal.lppm-stikesfa.ac.id/ojs/index.php/FHJ

Syahputra E dkk. (2021). Determinan Peningkatan Orang Dengan Gangguan Jiwa (ODGJ) Di Kota Langsa The Determination of People Improvement With Mental Disorders (ODGJ) in the City Of Langsa. In Journal of Healthcare Technology and Medicine (Vol. 7, Issue 2).

Widodo & Supratman. (2020). The different mental health patient quality of life during shackling, treatment, and post treatment. In Epidemiology and Society Health Review| ESHR (Vol. 2, Issue 2).