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THE RELATIONSHIP BETWEEN THE FAMILY'S KNOWLEDGE AND SUPPORT WITH MENTAL DISORDERS TREATMENT IN SOUTH KONAWE DISTRICT

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Abstract

Background: Based on the data from South Konawe District,that the prevalence of people with mental disorders in 2018 was 1 person per 1000 population up to 3 miles. Then in 2019, it increased to 2 per 1000 population up to 3 miles and in 2020 it increased again to 4 per 1000 residents up to 3 miles. The purpose of this study is to analyze the factors related to people with mental disorders treatment in South Konawe district.

Methods: The type of research used is quantitative, the population in this study is all the number of people experiencing mental disorders in 2020 in South Konawe Regency as many as 214 people. The sample as many as 145 people with sampling technique Simple Random Sampling. The data analysis used is descriptive, inferential and logistic regression analysis.

Result: The results showed that there was a weak relationship between family knowledge and mental disorders with phi value = 0.352, there was a weak relationship between family support and mental disorders with phi value = 0.307.

Conclusion: The families with mental health and caring for patients with mental disorders at home need to be educated, so they can have a correct understanding about the condition of patients with mental disorders and be able to handle patients appropriately.

Key words: Knowledge, Family, Support, Mental Disorder

INTRODUCTION

The prevalence of mental disorders worldwide in 2020 was 7.7 billion. There were about 264 million people suffer from depression, 45 million people suffer from bipolar disorder, 50 million people experience dementia, and 20 million people suffer from schizophrenia(1). Mental health includes the ability of individuals and their environmental groups to interact with others to achieve prosperity, optimal development by using their mental abilities (cognition, affection, and relationships). A person is said to have a healthy soul if he has a positive soul towards himself, grows and develops, has self-actualization, has a perception according to reality and has the ability to adapt to his environment(2).

Basic Health Research Results (3), enough mental disorder data increases i.e. increases by about 1.7 to 7 per mile. That means per 1000 houses In the household there are 7 households that have ODGJ so it can be concluded. There are about 450,000 people who suffer from mental disorders. The province of Bali is ranked 1 (one) with a population of 4.32 million people, meaning that of this number there are 2.5 people who suffer from mental disorders per 1000 population. Then the last rank is occupied by the surrounding Riau Islands which has a population of 6.39 million people. This means that from this number there are 0.3 people who suffer from mental disorders per 1000 population(4).

Based on the profile of the Southeast Sulawesi Provincial Health Office in 2020, for the highest number of cases of mental disorders, South Konawe Regency is in 3rd (three) after Buton Regency. Of the total cases, 214 people with mental disorders were treated or who received treatment, as many as 105 people. This shows that there are still 109 people who have not been treated or have not received treatment(5). This is what underlies prospective researchers who want to know what factors

cause mental disorders cases in South Konawe Regency are still quite high.

Mental disorders are caused by many factors including biological, social, psychological, genetic factors. Mental disorders can be depression, affective, bipolar, dementia, intellectual disability, developmental disorders and schizophrenia(6), while the symptoms that arise include conditions of cognition, attention, memory, associations, considerations, thoughts, awareness, willingness, emotional effects and disturbed psychomotor conditions. (7).

Based on data from the Health Office of South Konawe Regency, it shows that the prevalence of people with mental disorders in 2018 was 1 person per 1000 population up to 3 miles, then in 2019 it increased to 2 per 1000 population up to 3 miles and in 2020 it increased again to as much as 4 per 1000 population. 1000 residents up to 3 miles(8).

Furthermore, for the treatment of people with mental disorders carried out in the South Konawe Regency area in 2018 who received treatment as many as 92 people or (42.9%), then in 2019 who received treatment as many as 98 people and in 2020 who received treatment.received treatment as many as 105 people or (7.00%)(8). Based on the description of the problem above, prospective researchers want to conduct research with the title Relationship of Knowledge and Family Support with Handling Mental Disorders in South Konawe Regency.

METHOD

The type of research used is quantitative, the population in this study isall the number of people experiencing mental disorders in 2020 in South Konawe Regency as many as 214 people. The sample as many as 145 people with sampling techniqueSimple Random Sampling. The

data analysis used is descriptive, inferential and logistic regression analysis..

RESULT

Table 1 shows that of the 145 respondents studied there are 95 respondents who have sufficient family knowledge and there are 50 respondents who have less family knowledge. Furthermore, from 95 respondents who have sufficient family knowledge, there are 58 respondents (61.1%) who suffer from mental disorders and 37 respondents (38.9%) who do not experience mental disorders. Then from 50 respondents who have less family knowledge there are 12 respondents (24.0%) who suffer from mental disorders and there are 38 respondents (76.0%) who do not experience mental disorders. The results of the chi square statistical test at the 95% confidence level (α = 0.05) showed that the value of X2count = 16.558 > the value of X2table = 3.841, which means that there is a relationship between family knowledge and mental disorders.

Table 2 shows that of the 145 respondents studied there are 94 respondents who have family support in the sufficient category and there are 51 respondents who have family support in the less category. Furthermore, of the 94 respondents with sufficient family support, 56 respondents (59.6%) suffered from mental disorders and 38 respondents (40.4%) did not. Then from the 51 respondents who received family support in the less category, there were 14 respondents (27.5%) who suffered from mental disorders and 37 respondents (72.5%) who did not suffer. The results of the chi square statistical test at the 95% confidence level (α = 0.05) showed that the value of X2count = 12,407 > the value of X2table = 3.841, which means that there is a relationship between family support and mental disorders. The results of the closeness test showed the value of phi = 0.307.

Table 1. Table of Relationship between Family Knowledge and Mental Disorders in South Konawe Regency

Family Knowledge	Mental disorders				Amount		X2hit X2tab	☐
	Suffer		No Suffering					
	n	%	n	%	n	%		
Enough	58	61.1	37	38.9	95	100	16.558	0.352
Not enough	12	24.0	38	76.0	50	100	3,841	
Amount	70	48.3	75	51.7	145	100		

Table 2. Table of Relationship between Family Support and Mental Disorders in South Konawe Regency

Family support	Mental disorders				Amount		X2hit X2tab	☐
	Suffer		No Suffering					
	n	%	n	%	n	%		
Enough	56	59.6	38	40.4	94	100	12,407	0.307
Not enough	14	27.5	37	72.5	51	100	3,841	
Amount	70	48.3	75	51.7	145	100		

Source: Primary Data for 2021

DISCUSSION

Relationship of Family Knowledge with Mental Disorders

Knowledge is a result of knowing from humans on combinationor cooperation between a subject who knows and an object thatis known. Everything that is known about a particular object(9). According to Notoatmodjo in Yuliana(2017), knowledge is the result of human sensing, or the result of knowinga person to the object through the senses possessed (eyes, nose,ears, etc.). So knowledge is a variety of things thatobtained by someone through the five senses(10).

Based on the results of the study showed thatof 95 respondents who have sufficient knowledge there are 58 respondents (61.1%) who suffer from mental disorders and there are 37 respondents (38.9%) who do not experience mental disorders. There are many families who have sufficient knowledge but suffer from mental disorders due to other factors, namely stress, both related to economic conditions, work, or related to other problems such as a history of problems in the family that affect the respondent's psyche. Then from 50 respondents who have less family knowledge there are 12 respondents (24.0%) who suffer from mental disorders and there are 38 respondents (76.0%) who do not experience mental disorders.

Knowledge is a behavioral domain where before the individual adopts a new behavior, within the individual a sequential process occurs, first starting with the awareness process (awareness), where the individual is aware in the sense of knowing in advance the object (stimulus). After the awareness process, continues to the interest process, where the individual begins to be interested in the stimulus. After experiencing the interest process, the individual will experience an evaluation process, where the individual weighs the pros and cons of the stimulus. The next process is trial, where the

individual will try a new behavior. After going through several processes, the last process is adaptation, where the individual has behaved in a new way according to his knowledge, awareness, and attitude towards the stimulus.(11).

Knowledge is the result of human sensing, or the result of someone knowing about objects through the senses they have (eyes, nose, ears, and so on). Sensing occurs through the human five senses, namely: the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through eyes and ears(10). Family knowledge in this case must know about the meaning of recurrence, signs and symptoms of recurrence, the characteristics of recurrence, and how to prevent recurrence. Family knowledge about recurrence is very important, because after the patient returns home, the role of the nurse in the mental hospital is replaced by the family at home. Accurate information about the patient's condition, the possible course of the disease, is some of the important information that is needed by the family. The right information will provide a handle to be able to overcome the problems that exist in the patient(12).

The results of the chi square statistical test at the 95% confidence level ($\alpha = 0.05$) showed that the value of X2count = 16.558 > the value of X2table = 3.841, which means that there is a relationship between family knowledge and mental disorders. The results of the close relationship test showed the value of phi = 0.352, which means that there is a weak relationship between family knowledge and mental disorders in South Konawe Regency. The results of this study are in line with research conducted by(13) about Factors Associated with Family Motivation in Preventing Relapse in Mental Disorder Clients which states that aThere is a significant relationship between knowledge and family motivation in preventing recurrence in clients with mental disorders. From the statistical test also obtained the

value ofOR (Odds Ratio) = 138 (95% CI: 21.39-890.13), this indicates that the level of knowledge is less, the risk of 138 times causing family motivation in preventing recurrence in clients with mental disorders is low.

One of the factors that affect a person's level of knowledge is information that has a big influence on his opinions and beliefs. Because the information obtained will make it easier for someone to perceive it so that it can be assessed directly from the content of the information until it is realized in an action(14). According to the theory of WHO (World Health Organization) quoted by(10)One form of health object can be described by knowledge gained from own experience. Apart from these factors, personal experience will leave a strong impression. In this case the appreciation of a deeper and longer lasting experience. Furthermore, the formation of attitudes is also influenced by other people who are considered important. People who are considered important are usually community leaders, parents, or neighbors. Which can increase public knowledge about mental disorders so that it affects attitudes towards people with mental disorders. Therefore, It is hoped that the family will bring the patient back for routine check-ups every month in accordance with the advice of health workers, to prevent knowing his mental condition so that it can be treated as early as possible.

Relationship between Family Support and Mental Disorders

The role of the family is important in preventing patients from suffering from mental disorders. Families must have high motivation in providing support to family members who suffer from mental disorders, so that the care provided can be maximized, so that clients with mental disorders can return to their families and be accepted by the community. This is of course a special concern for families, so that in providing care to clients with mental disorders, families must be willing to take the time to accompany clients for treatment so that treatment can be carried out regularly, and this is what ultimately makes families often feel bored and bored, and feel bored. desperate with the continuity of treatment that must be endured by clients with mental disorders which causes family motivation to be low(15).

Based on the results of the study, it showed that of the 94 respondents who had adequate family support, there were 56 respondents (59.6%) who suffered from mental disorders and 38 respondents (40.4%) who did not suffer. There are respondents who have adequate family support but suffer from mental disorders due to:other factors, namely emotional or socio-economic factors were also examined in this study. Another reason is that special support for information is lacking which means good support but has not been able to apply the support properly, has not been able to provide learning to mental patients so that families need to receive training from professionals so that families can better master and can apply howmemberi support in treating patients with mental disorders. ThenOf the 51 respondents who received family support in the poor category, there were 14 respondents (27.5%) who suffered from mental disorders and 37 respondents (72.5%) who did not. There are respondents who have less family support but do not suffer from mental disorders due to:Other factors that influence family support are spiritual factors and cultural background, therefore for families with less knowledge or less education, it is possible to support mental illness patient care through religion and socio-culture that supports the care of mental patients.

The family is seen as a system, if in the family there are

If a family member is sick, it will affect other family members. Having a family member with a mental disorder is

astressorlong term for the family. Family support, family emotional support can reduce existing stressors, namely using family coping by recognizing, controlling the patient's emotions and efforts to solve the problem(16).

The family support needed in caring for patients with mental disorders is quite high where in addition to emotional support there is also assessment support that requires emotional intelligence. Appraisal support is the skill of acceptance, appreciation, using coping with positive thinking. Thus, the emotional intelligence that must be owned by the family must also be good enough because moderate emotional intelligence can provide less support. Moderate emotional intelligence is knowing other people's emotions and building good relationships with others only occasionally(16)

One of the roles and functions of the family is to provide an affective function forfulfillment of the psychosocial needs of family members in providingaffection(17). One form of this function isprovide support to family members who experience disordersmental stability. Family support is attitude, action and acceptancefamily for the sick. The function and role of the family are assupport system in providing assistance and assistance tomembers who suffer from violent behavior and family membersviews that people who are supportive are always ready to givehelp with assistance if needed.(18) share family supportin four dimensions, namely emotional support, information support,instrumental support and reward support.

The results of the chi square statistical test at the 95% confidence level (α = 0.05) showed that the value of X2count = 12,407 > the value of X2table = 3.841, which means that there is a relationship between family support and mental disorders. The results of the relationship closeness test show the value of phi = 0.307, which means that there is a weak relationship between family

support and mental disorders in South Konawe Regency. The results of this study are in line with research conducted by(19)by titleRelationship between Family Support and Family Burden in Caring for Members with History of Violent Behavior in Hospitals. The Islamic Soul of Klender, East Jakarta, which stated thatthere isrelationship between family support (informational support, emotional, instrumentaland assessment) and the family burden of caring for a member with a history of behaviorviolence at the Klender Islamic Mental Hospital, East Jakarta with a P value = 0.006.

For this reason, it is expected that health workers need to implementand programmed a schedule of mental health education activities infamilies and communities whose implementation has so far been less effective, focused on promotive activitiesand preventive. Health promotion activities aimed at familiescaring for members with a history of violent behavior,activities when the patient's family visits the polyclinichealth education and distributed leaflets.So it is necessary to educate and empower the community, then participation and involvement of cross-sectors and parties is needed(20).

CONCLUSION

The need educating families about mental health and caring for patients with mental disorders at home so that they are expected to have a correct understanding of the condition of patients with mental disorders and be able to handle patients appropriately.Asinput for the community so thatprovide more support inprovide assistance tomental disorders in the family andsociety and eliminate the stigma that arises or the harsh treatment of people with mental disorders.
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