



Relationship between Family Support and Medication Adherence Levels among Patients with Mental Disorders

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DOI: <https://doi.org/10.56359/gj.v7i2.880>



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Abstract

Introduction: Mental disorders remain a significant global health issue, affecting millions of individuals worldwide and posing serious challenges to overall well-being and quality of life. Family support plays a crucial role in improving treatment outcomes, particularly in enhancing medication adherence and reducing the risk of relapse among patients with mental disorders.

Objective: This study aims to analyze the relationship between family support and medication adherence among patients with mental disorders at the Lampung Provincial Mental Hospital.

Method: This quantitative, cross-sectional study investigated the relationship between family support and medication adherence among mental disorder patients. The study involved 348 family members and patients attending follow-up controls at the Mental Hospital Polyclinic in Lampung Province. Data analysis, utilizing univariate and bivariate methods with the chi-square test, yielded significant findings.

Result: The results unequivocally demonstrate a strong, significant relationship between family support and medication adherence, evidenced by a p-value of 0.001 (p-value < 0.05). This indicates that a higher level of family support is directly associated with improved medication adherence among patients with mental disorders. In conclusion, robust family support is a critical factor in enhancing medication adherence.

Conclusion: To effectively reduce relapses, often triggered by treatment fatigue, consistent and empathetic support from close family members is essential to sustain patient motivation throughout their recovery journey.

Keywords: adherence support, family, medication

Introduction

In the era of globalization and modernization, technological advances have brought about changes in lifestyles and ways of thinking. These changes have consequences for mental health, as not everyone is able to adapt, resulting in tension and an increased tendency for mental disorders. Mental disorders are a significant global health problem. According to the World Health Organization (WHO), one in four people worldwide will experience a mental or neurological disorder at some point in their lives. The high prevalence and significant impact on the quality of life of sufferers make mental disorders a critical issue that requires serious attention (Florensa et al., 2023).

The World Health Organization (WHO) defines mental health as a state of well-being when a person feels healthy and happy, is able to face life's challenges, accepts others as they are, and has a positive attitude toward themselves and others. According to Yana et al. (2020), mental health is the development of a person's mental and spiritual well-being, enabling them to actively engage in work, recognize their skills, and cope with various stresses. However, if this development is not appropriate, a person is said to have a mental disorder. Patients with mental disorders must always be supported by their families by providing support for treatment at home or during outpatient care, which can ultimately aid their recovery.

The World Health Organization (WHO) states that mental health issues, one of which is depression, are common in late childhood and early adolescence. Depression is the leading cause of disease burden among individuals in early childhood. According to the WHO, depression is the leading cause of illness and disability in adolescents, and suicide is the third leading cause of death (Endriyani et al., 2022).

Mental disorders are also chronic illnesses because recovery takes a long time. Their prevalence is increasing rapidly, creating serious health problems, especially as this problem occurs nationally and globally. A person with a mental disorder will experience obstacles in fulfilling their role in the community, which can create negative stigma, leading society to shun them (Mashudi, 2021).

Mental disorders are health conditions that affect a person's thoughts, feelings, behavior, and social interactions. These disorders can vary in type and severity. One sign of emotional mental disorders is a decline in an individual's functioning in family, work, or education, as well as in personal or group settings, caused by subconscious conflicts that cause anxiety. This condition can become chronic and recurrent, and can substantially impair an individual's ability to carry out daily responsibilities. At its most severe, depression can lead to suicide (Dzil Kamalah & Nafiah, 2023).

Symptoms of mental disorders include disturbances that affect a person's social life, including thinking, emotions, motivation, self-esteem, and mental functions, particularly motivation and interests. These disorders are psychiatric syndromes or psychological changes characterized by changes in a person's thoughts, feelings, and behavior due to stress or disturbance (Nedyastuti et al. 2021).

The factors that cause mental disorders according to (Pratiwi & Rusinani, 2022) are genetics, which are hereditary factors that can increase the risk of mental disorders, then biological, namely chemical imbalances in the brain, infections, or damage to brain tissue, psychological, namely childhood trauma, abuse, and loss, then environmental, such as chronic stress, poor social environment, and challenging life experiences.

Research conducted by Maria Haryati at Bina Karsa Mental Hospital, Medan, in 2022 revealed that of 54 respondents with poor family support, 25 (46.3%) had poor family support, while 29 (53.7%) had good family support. Based on statistical results using a Chi-square test

with a significant value (p -value of 0.001) $< \alpha$ (0.05), it can be concluded that there is a significant relationship between family support and medication adherence among mental health patients at Bina Karsa Hospital, Medan (Maria, 2022).

Meanwhile, another study conducted by Maria Haryati on medication adherence at Bina Karsa Mental Hospital, Medan, in 2022, found that 29 (53.7%) respondents experienced good medication adherence, while 25 (46.3%) experienced poor medication adherence. Based on statistical results using the Chi-square test, with a significant value or p -value (0.001) $< \alpha$ (0.05), it can be concluded that there is a significant relationship between family support and medication adherence among mental health patients at Bina Karsa Hospital, Medan.

Pre-survey data obtained by researchers from medical records at the Lampung Provincial Mental Hospital revealed 40,338 long-term patient visits in 2021, 34,652 long-term patient visits in 2022, and 41,303 long-term patient visits in 2023. Data on long-term patient visits in 2024 were collected from January to November, totaling 37,996 patients.

The pre-survey, conducted by researchers, involved 10 families of patients at the Lampung Provincial Mental Hospital in November 2024 who accompanied their family members for treatment. Through interviews, data was obtained that the majority of patients' families reported inadequate supervision and monitoring of their patients' medication intake and rarely had time to accompany them to follow-up appointments due to their busy schedules, which resulted in delays in their treatment.

Objective

This study aims to analyze the relationship between family support and medication adherence among patients with mental disorders at the Lampung Provincial Mental Hospital.

Method

This study employed a quantitative analytic design with a cross-sectional approach to examine the relationship between family support and medication adherence among patients with mental disorders. The research was conducted at Lampung Provincial Mental Hospital, specifically in the outpatient polyclinic setting where patients routinely attend follow-up visits.

The study population consisted of patients with mental disorders undergoing outpatient treatment and their accompanying family members. Participants were selected using a consecutive sampling technique based on inclusion criteria, including patients who were undergoing routine treatment, were clinically stable, and were accompanied by family members willing to participate. The final sample included 348 respondents.

Data were collected using structured questionnaires. Family support was measured using a family support questionnaire covering emotional, informational, instrumental, and appraisal support, while medication adherence was assessed using a medication adherence questionnaire adapted for mental health patients. Prior to data collection, the instruments were tested for validity and reliability to ensure measurement accuracy.

Data collection was carried out after obtaining ethical approval and informed consent from all participants. Respondents completed the questionnaires under the guidance of the researcher to ensure clarity and completeness of responses.

Data analysis was performed using descriptive statistics to summarize respondent characteristics and variable distributions. The relationship between family support and medication adherence was analyzed using the chi-square test with a significance level set at 0.05. Statistical analysis was conducted using statistical software to ensure accuracy of results.

Result

Table 1. The Relationship of Family Support to Medication Adherence

Family Support	Medication Adherence				Total	%	<i>p-value</i>
	High Compliance	%	Low Compliance	%			
Good Support	260	97	8	3.0	268	100	0.001
Poor Support	4	5	76	95.0	80	100	
Total	264	75.9	84	24.1	348	100	

The cross-sectional table shows that 260 respondents (97.0%) had good family support with high medication adherence, while 8 respondents (3.0%) had good family support with low medication adherence, and 4 respondents (5.0%) had poor family support with high medication adherence. 76 respondents (95.0%) had good family support with high medication adherence. poor family support with low medication compliance.

Discussion

Based on research conducted by researchers at the Lampung Province Mental Hospital Polyclinic, the results showed that 260 respondents (97.0%) had good family support with high medication adherence, while 8 respondents (3.0%) had good family support with low medication adherence and 4 respondents (5.0%) had poor family support with high medication adherence, while 76 respondents (95.0%) had poor family support with low medication adherence. Using the Chi-Square test analysis in Table 4.4, we found a significant relationship between family support and medication adherence in patients with mental disorders, with a *p*-value of 0.001 ($\alpha=0.05$).

One of the problems faced by people with mental disorders is relapse. The biggest factor causing relapse is medication non-compliance. Factors influencing patient non-compliance include boredom, which makes patients feel bored with taking medication, reduced symptoms, not understanding medication instructions, incorrect dosage, and unpleasant side effects. Other factors include age, gender, education, occupation, marital status, motivation, knowledge, and family support.

People with mental disorders greatly need support, especially from their families, to continue their daily activities. They need family support to ensure adherence to medication throughout the treatment period. Family support plays a crucial role in the treatment process for patients with mental disorders. The increased relapse rate occurs due to irregular medication intake.

One factor contributing to medication non-adherence is family. This occurs when the family feels bored with taking the client to treatment, the family feels bored with watching the client take their medication every day, and the lack of encouragement or motivation from the family results in frequent medication withdrawals. This relates to the family's influence on the patient, particularly in the form of attention and support. Therefore, theoretically, the role and support of the family clearly influence adherence. (Pratiwi Dewi & Mufarika, 2021).

Based on the analysis, there is a tendency that the better the family support provided, the lower the relapse and medication non-adherence rates. With good family support, patients feel emotionally relieved by feeling cared for, receiving positive advice or feedback, feeling valued, and loved. However, poor family support can lead to medication non-

adherence, which can lead to relapse, repeated hospitalizations, and increasing the social and economic burden on the patient's family and the nation. (Pratiwi Dewi & Mufarika, 2021).

This is also relevant to research conducted by Nasihin (2022) at the Neglasari Community Health Center in Tangerang City. The results showed that of 49 respondents, the majority (32 respondents (65.3%) had good family support. Regarding medication adherence, the majority of respondents (33 respondents (67.3%) had a high level of adherence. The Chi-Square statistical test yielded a p-value of 0.001, indicating a significant relationship between family support and medication adherence in patients with mental disorders.

Research conducted by Idayati (2022) also aligns with this study. A study conducted at the Lampung Provincial Mental Hospital Polyclinic in 2022 found that of 51 schizophrenia patients with good family support, 25 respondents had a high relapse rate (26.0%), 26 had a low relapse rate (27.1%), and 45 had a low relapse rate (21.9%), and 24 had a low relapse rate (25%). The results of this analysis, using the chi-square statistic, yielded a probability value of 0.038, thus accepting H_a and an Odds Ratio of 1.508, indicating a significant relationship between family support and relapse in schizophrenia patients at the Lampung Provincial Mental Hospital Polyclinic in 2022. The discussion states that the family is the primary support system in providing direct care for all schizophrenia patients, whether healthy or ill.

Therefore, family nursing care for families with schizophrenia patients must be provided by nurses, in accordance with the family's primary responsibilities, one of which is caring for the sick family member. Strong family support can strengthen each individual, create family strength, increase self-esteem, and potentially serve as a primary prevention strategy for the entire family in facing the challenges of daily life.

The results of this study are further strengthened by research conducted by Zulfiana (2023) at Madani Regional Hospital in Central Sulawesi Province, which found that 9 respondents (64.3%) had negative family support and were non-compliant with medication, 5 respondents (35.7%) had negative family support but were compliant with medication, 4 respondents (14.3%) had positive family support but were non-compliant with medication, and 24 respondents (85.7%) had positive family support and were compliant with medication. The test results indicated a relationship between family support and medication adherence, with a probability value of $0.003 \leq \alpha \leq 0.005$.

The study concluded that despite adequate family support, some patients still experienced low medication adherence, with 8 respondents (3.0%). This positive support was influenced by family characteristics, as the closer the relationship, the stronger the support. Other factors influencing non-adherence to medication despite adequate support included education, as education contributes to understanding the situation and condition of the patient's illness and the importance of taking medication. The length of treatment is also significant, as patients who have been on treatment for a long time may develop laziness and assume they are healthy and no longer need medication.

The study also identified some instances of inadequate family support, but medication adherence remained high, with 76 respondents (95.0%). This poor support was attributed to socioeconomic factors, which influence treatment costs and transportation costs, which can contribute to family support for medication adherence. However, medication adherence remained high, as patients were motivated to recover or reduce symptoms following instructions from doctors and medical personnel.

Based on the research results, the researchers concluded that family support, attention, supervision, and affection can have a direct impact on patients with mental disorders during

treatment, improving medication adherence. Therefore, patients with good family support will have better medication adherence.

Conclusion

Based on the research results regarding medication adherence, high adherence was found in 264 respondents (75.9%). There is a significant relationship between family support and medication adherence in patients with mental disorders, with a probability value of 0.001 ($<\alpha = 0.05$).

Acknowledgement

Not applicable.

Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

Ethical consideration

Not applicable.

Funding

This research is not funded by any party and is not intended for any financial gain.

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