



Factors Related to Psychological Distress among Primary Family Caregivers of Patients with Schizophrenia

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Abstract

Introduction: Psychological distress is common among family caregivers of individuals with schizophrenia due to caregiving burden and limited support, prompting this study at Junjung Besaoh Regional Hospital to identify associated factors.

Objective: Mental health is a condition in which a person is cognitively, affectively, physiologically, behaviorally and socially healthy so that they are able to fulfill their responsibilities, function effectively in their environment and are satisfied with their role as individuals and in interpersonal relationships. The purpose of this study was to determine the relationship between social support, length of care and education on Psychological Distress in Primary Family Caregivers of schizophrenia patients at the Mental Health Polyclinic of Junjung Besaoh Hospital, South Bangka Regency in 2025.

Method: The design in this study used cross-sectional with independent variables (social support, length of care and education) and dependent variables (Psychological Distress of Primary Family Caregivers). The population size in this study was 134 people and a sample of 63 people calculated using simple random sampling. The time of the study was May 14, 2025.

Result: The results of the study using the Chi Square statistical test obtained a p-value for the social support variable of 0.000 <0.05, length of care 0.000 <0.000 and education 0.000 <0.05. This shows that there is a significant relationship between social support, length of care and education on Psychological Distress in Primary Family Caregivers of schizophrenia patients at the Mental Health Polyclinic of Junjung Besaoh Hospital, South Bangka Regency in 2025.

Conclusion: Suggestions in this study are expected to be used as a source of reference and provide ideas for nursing students when practicing in the field so that students know the factors that can influence psychological distress, especially in primary family caregivers of schizophrenia clients.

Keywords: education, length of care, psychological distress of primary family caregivers, social support

Introduction

Mental health is a state of cognitive, affective, physiological, behavioral, and social well-being in which a person is able to fulfill responsibilities, function effectively in their environment, and be satisfied with their role as an individual and in interpersonal relationships (Risnasari, 2020). People with mental disorders experience not only the impact and consequences of symptoms and illness but also stigma. Violence is a serious consequence of mental disorders, and it is a common mental disorder. Violent behavior is a response to uncontrollable stressors that a person faces, manifested by actual violence toward themselves, others, or the environment, whether verbally or nonverbally, with the aim of harming others, either physically or psychologically (Sutejo, 2019).

According to data from the World Health Organization (2022), the prevalence of mental health problems is estimated at 450 million people worldwide. Approximately 10% of adults experience mental disorders, and 25% of the population is estimated to experience a mental disorder at some point in their lifetime. Approximately 24 million people, or 1 in 300 (0.32%), suffer from schizophrenia. Southeast Asia ranks third with a prevalence of schizophrenia reaching 2 million (WHO, 2022).

Data from the 2023 Basic Health Research (Riskesmas) indicates that the prevalence of schizophrenia in Indonesia is 7% per 1,000 households. This means that out of 1,000 households, 70 have a household member (ART) with schizophrenia/severe psychosis. Based on data collection conducted every five years, the prevalence of schizophrenia in households in Indonesia has also increased by 5%, reaching 6.7% in 2018. The Indonesian Health Survey (2023) assessed depressive disorders using the Mini International Neuropsychiatric Interview (MINI). The high proportion of depression among young people, particularly those aged 15-24, requires attention. As many as 61% of young people experience depression and have considered suicide in the past month (Indonesian Mental Health Information and Data, 2023).

Data from the Bangka Belitung Islands Province in 2023 indicates that the highest prevalence of people with mental disorders (ODGJ) is found in Bangka Regency, with 541 cases, of which 100% received health services; West Bangka Regency, with 493 cases, of which 100% received health services; Pangkalpinang City, with 366 cases, of which 88% received health services; South Bangka Regency, with 365 cases, of which 98% received health services; Central Bangka Regency, with 327 cases, of which 97% received health services; Belitung Regency, with 295 cases, of which 97% received health services; and East Belitung Regency, with 274 cases, of which 100% received health services (Bangka Belitung Provincial Health Office, 2023).

Data on clients with mental disorders regularly seeking treatment at Junjung Besaoh Regional Hospital, South Bangka Regency, showed 112 cases in 2022, 126 cases in 2023, and 134 cases in 2024 (Junjung Besaoh Regional Hospital Medical Records, South Bangka Regency, 2024). Psychological distress, or emotional mental disorder, is a state of emotional disturbance characterized by symptoms of depression and anxiety, as well as several somatic symptoms resulting from inadequate coping with stressors. Psychological distress is also defined as an unpleasant emotional state experienced by an individual in response to stressors or specific demands, which can then cause temporary or permanent negative impacts on the individual (Notosoedirdjo & Latipun, 2019).

Social and emotional support and spiritual coping have positive benefits on psychological distress in caregivers of individuals with schizophrenia. Some of these positive benefits include increased satisfaction and coping skills, reduced psychological distress, minimized the effects of self-loss leading to depression, and addressed the physical,

psychological, emotional, social, and financial burdens faced by caregivers of people with schizophrenia. Length of care is an indicator of psychological distress in primary family caregivers. Families who provide long-term care need to be motivated to prevent psychological distress. A primary family caregiver's low level of education also impacts the stress levels experienced by caring for a family member with schizophrenia.

Research conducted by Qotrunnada & Kurniawan (2024) entitled "Social Support Reduces Stress and Increases Caregiver Self-Efficacy" states that the results of the regression test of social support on stress obtained a p-value = 0.030 ($p < 0.05$) with an OR value = 0.210 and on self-efficacy obtained a p-value = 0.004 ($p < 0.05$) with an OR value = 9.464 which means that social support significantly affects stress and self-efficacy. Social support can reduce stress by up to 99.8% and increase caregiver self-efficacy up to 9 times higher. Social support also greatly influences caregiver self-efficacy. The higher the social support a person has, the higher the self-efficacy that person has. The greatest social support comes from family, followed by significant others (healthcare workers (therapists), and friends). Therefore, various efforts to increase social support for caregivers, including education and counseling, must be part of healthcare programs, particularly rehabilitation, to optimize the implementation and continuity of therapy and accelerate the patient's recovery process.

This is in line with research conducted by Meilani & Diniari (2020) entitled "Care Burden for Caregivers of Schizophrenia Patients in the Outpatient Clinic of the Bali Provincial Mental Hospital," which states that caring for schizophrenia patients creates a significant care burden for caregivers. Caregivers experience a care burden, with the highest domain being the severity of the disorder they face. The characteristics of the study subjects experiencing care burden were, respectively, female, student, retired, and other professions, primary school education (SD) or no education, duration of care (average 8 years and 8.6 hours per day), marital relationship, and low income (less than IDR 1,000,000 per month). This study shows that patients who have frequent hospitalizations were 2, 4, and 5 times, respectively. The results of this study indicate that it is necessary to address the caregiving burden experienced by caregivers of schizophrenia patients, including understanding caregiver needs, such as providing appropriate education and caregiving skills. Furthermore, further research is needed on the coping abilities of caregivers of schizophrenia patients.

Similarly, a study conducted by Apriyanto et al. (2023) entitled "Description of Stress Levels of Family Caregivers of Schizophrenia Patients in Mojo District, Kediri Regency" found that 50.4% of respondents had normal stress levels, 41.8% had mild stress, and 7.8% had moderate stress. Conclusion: The majority of respondents had normal stress levels, the majority were female, the majority were 56-65 years old, the majority had elementary school education, the majority were parents, and the majority had been caring for the patient for more than 3 years. The burden of caring for a family member with schizophrenia is very high, especially if the caregiver is unable to cope, which can lead to stress. Therefore, support for caregivers is needed to reduce stress. Caregiver stress caused by caring for a family member with schizophrenia.

Based on the results of a preliminary study conducted on December 7, 2024, among 10 clients seeking treatment at Junjung Besaoh Regional Hospital, South Bangka Regency, the results showed that 8 (80%) had poor family social support, 7 (70%) were exhausted from caring for a family member with persistent mental illness, and 7 (70%) had low levels of education, with only elementary or junior high school degrees, which contributed to psychological distress. This is a factor in the psychological distress experienced by primary family caregivers. Based on the above background, the researchers are interested in

conducting further research to determine the factors associated with psychological distress among primary family caregivers with schizophrenia at the Psychiatric Clinic of Junjung Besaoh Regional Hospital, South Bangka Regency, in 2025.

Objective

The purpose of this study was to determine the relationship between social support, length of care and education on Psychological Distress in Primary Family Caregivers of schizophrenia patients at the Mental Health Polyclinic of Junjung Besaoh Hospital, South Bangka Regency in 2025.

Method

This study employed an analytical observational design with a cross-sectional approach to examine the relationship between social support, length of caregiving, and education level with psychological distress among primary family caregivers. The cross-sectional design was selected to measure all variables simultaneously at a single point in time, allowing the identification of associations between independent and dependent variables.

The research was conducted at the Mental Health Clinic of Junjung Besaoh Regional Hospital in 2025. The target population consisted of all primary family caregivers of patients with schizophrenia who were actively receiving outpatient services during the study period, totaling 134 individuals based on clinic records.

The sample size was determined using probability sampling, and respondents were selected through a simple random sampling technique to ensure each member of the population had an equal chance of being included. Based on this procedure, 63 caregivers met the inclusion criteria and agreed to participate. Inclusion criteria comprised caregivers who were the main person responsible for daily patient care, aged 18 years or older, and willing to provide informed consent. Caregivers who were unable to communicate effectively or declined participation were excluded.

Data were collected using structured questionnaires that measured perceived social support, duration of caregiving, education level, and psychological distress. Social support was categorized as good or poor based on total score thresholds, while length of caregiving was classified into shorter and longer duration according to the median caregiving period. Education level was grouped into lower and higher education. Psychological distress was assessed using a standardized scale and categorized into mild and severe distress.

Data analysis was performed using univariate analysis to describe respondent characteristics and variable distributions, followed by bivariate analysis using the Chi-square test to determine the association between independent variables and psychological distress. The strength of association was expressed using prevalence odds ratio (POR) with a 95% confidence interval. A significance level of $p < 0.05$ was applied. Ethical approval for the study was obtained from the relevant institutional ethics committee, and all respondents provided informed consent prior to participation.

Result

Table 1. The Relationship between Social Support and Psychological Distress

Social Support	Psychological Distress				Total	p-value	POR (CI 95%)
	Light Burden Ringan		Heavy Burden				
	N	%	n	%			
Good	25	80.6	6	19.4	31	100	6,25
Poor	2	6.2	30	93.8	32	100	0
Total	27	42.9	36	57.1	63	100	33,737)

Table 1 shows that psychological distress with a light burden was more common in patients with good social support, with 25 patients (80.6%) compared to those with poor social support, with 2 patients (6.2%). Heavy psychological distress was more common in those with poor social support (30 people (93.8%) compared to those with good social support (6 people (19.4%). The Chi-Square Test significance value was $0.000 < 0.05$. This indicates a significant relationship between social support and psychological distress. The POR (95% CI) value was 6.250 (1.157-33.737), meaning respondents with poor social support were 6.250 times more likely to experience heavy psychological distress.

Table 2. Relationship between Length of Caregiving and Psychological Distress

Long Caring	Psychological Distress				Total	p-value	POR (CI 95%)
	Light Burden Ringan		Heavy Burden				
	n	%	n	%			
New	13	44.8	16	55.2	29	100	1.161-
Old	14	41.2	20	58.8	34	100	0.000 (0.427-
Total	27	42.9	36	57.1	63	100	3.158)

Table above shows that psychological distress with light burden was more common among respondents with long-term caregiving (14 respondents (41.2%) compared to respondents with new caregiving (13 respondents (44.8%). Psychological distress associated with a heavy burden was more common among respondents with a long history of caregiving (20 individuals (58.8%), compared to respondents with a new history of caregiving (16 individuals (55.2%).

The Chi-Square Test showed a significance value of $0.000 < 0.05$. This indicates a significant relationship between length of caregiving and psychological distress. The POR (95% CI) value was 1.161 (0.427-3.158), indicating that respondents with a long history of caregiving were 1.161 times more likely to experience psychological distress associated with a heavy burden.

Table 3. The Relationship between Education and Psychological Distress

Education	Psychological Distress				Total	p-value	POR (CI 95%)
	Light Burden Ringan		Heavy Burden				
	n	%	n	%			
High	27	93.1	2	6.9	29	100	6.928
Low	0	0.0	34	100.0	34	100	0.000
Total	27	42.9	36	57.1	63	100	26.343

Table 3 shows that light burden psychological distress was more common in patients with higher education, with 27 patients (93.1%), compared to those with lower education, with 0 patients (0%). Heavy psychological distress was more common in low-level education (34 individuals (100%), compared to high-level education (2 individuals (6.9%). The Chi-Square Test showed a significance value of $0.000 < 0.05$. This indicates a significant relationship between social support and psychological distress. The POR (95% CI) value was 6.928 (1.857-26.343), meaning respondents with low levels of education were 6.928 times more likely to experience heavy psychological distress.

Discussion

Social factors that can act as stressors originate from the social environment in which individuals interact. Unpleasant events such as the loss of a family member, divorce, violence, changes in social conditions, and economic factors can all contribute to stress. Social changes such as migration can be a stressor that can lead to psychological distress because individuals are required to adapt to a new social environment. Low economic status, for example, can lead to increased psychological stress, making individuals more susceptible to psychological distress. However, there are still differing opinions regarding whether economic conditions cause mental health disorders or are a consequence of them. Furthermore, having a family member with a mental health disorder, or family psychiatric illness, can also be a stressor for psychological distress. The family is a very close social environment for an individual and can have a direct influence on their mental state. Social support can influence an individual's ability to handle stress from the social environment. In line with research conducted by Wulandari et al. (2021) entitled "Family Social Support and Stress Levels of Family Members Caring for Mentally Ill Patients," it was stated that the majority (25 respondents (78.13%) had good family social support, 6 respondents (18.75%) had adequate family social support, and 1 respondent (3.13%) had insufficient family social support. Respondents' stress levels indicated that all 18 respondents (56.25%) had slightly lower than average stress levels. Data analysis using the Spearman correlation test showed a p-value of $0.041 < 0.05$. There was a negative correlation with low strength between family social support and stress levels of family members caring for mental illness patients in the Banjar Baru Community Health Center (Puskesmas Banjar Baru) area, with an r value of -0.363. Individuals with good family support are more optimistic in life, have the ability to achieve their goals, and can guide them in adapting to stress.

The researchers assumed that social support plays a crucial role in preventing psychological distress in primary family caregivers. Judgment or negative views in society

increase the stress levels of family caregivers. This suggests that the social support caregivers receive, such as motivation from other family members, support from local health workers in participating in the client's treatment, and moral support from neighbors, will impact the stress levels experienced by family members caring for clients with schizophrenia.

Length of care is an indicator of psychological distress in primary family caregivers. Families who provide long-term care need to be motivated to prevent psychological distress. The burden of caring for a family member with schizophrenia is very high, especially if the caregiver is unable to cope, which can lead to stress. Therefore, support for caregivers is needed to reduce the stress caused by caring for a family member with schizophrenia (Notosoedirdjo & Latipun, 2019).

In line with research conducted by Pardede & Hasibuan (2020) entitled "The Length of Outpatient Treatment for Schizophrenia Patients with Family Stress Levels," it states that there is a relationship between the length of outpatient treatment for schizophrenia patients and the level of family stress at the Prof. Dr. M. Ildrem Mental Hospital Polyclinic in Medan. Of the 64 respondents, 43 respondents experienced moderate stress (67.2%), 11 respondents experienced severe stress (17.2%), and 10 respondents experienced mild stress (15.6%). The results of this study indicate a significant relationship between the length of treatment and the level of family stress with $p = 0.035$ or $p = 0.05$. This indicates that schizophrenia patients require long-term care at home. This is what burdens families in caring for schizophrenia patients where the family will be disturbed in their activities, time is wasted on care, burdened mentally and also burdened economically. Because the role of the family as a caregiver is very important when caring for patients with schizophrenia. The length of treatment is what causes stress for families, as they face schizophrenic patients who consistently behave inappropriately, such as frequently throwing things at home, throwing things, and disrupting others. This disturbs the family, wastes time, and places financial burdens on caregiving, such as purchasing medication, taking them to the hospital for check-ups, and meeting daily needs.

Researchers believe that the length of care is a key indicator of psychological distress in primary family caregivers. Longer caregiving periods for family members with schizophrenia can lead to boredom, anger, and resentment, which can increase stress for caregivers. Support for family members caring for schizophrenic clients is needed to ensure they feel less alone in caring for them, and to ensure that healthcare professionals are involved in the treatment process.

A low level of primary family caregiver education also impacts the stress levels experienced by caring for a family member with schizophrenia. A high level of primary family caregiver education can reduce stress, as education can change a person's mindset and help them manage their stress levels. Addressing the burden of care experienced by caregivers of schizophrenia patients requires understanding the caregiver's needs, such as appropriate education and caregiving skills. Furthermore, further research is needed on the coping abilities of caregivers of schizophrenia patients (Notosoedirdjo & Latipun, 2019).

Researchers believe that education is crucial and essential. Primary family caregivers with low levels of education will impact and influence their stress levels. Lack of knowledge about the disease and the healthcare team will exacerbate stress, which in turn will contribute

to stress levels. Primary family caregivers will struggle to control their emotions and become easily discouraged when caring for clients with schizophrenia. Higher levels of education will impact their readiness and ability to manage emotions. Education also impacts primary family caregivers' stress levels when caring for clients with schizophrenia.

Conclusion

There is a significant relationship between social support and psychological distress in primary family caregivers in the psychiatric clinic of Junjung Besaoh Regional Hospital, South Bangka Regency. Social support plays a crucial role in mitigating psychological distress in primary family caregivers. Judgment or negative views in society increase the stress levels of family caregivers. This suggests that the social support received by caregivers, such as motivation from other family members, support from local health workers in participating in the client's treatment, and moral support from neighbors, will impact the stress levels experienced by family members caring for clients with schizophrenia.

There is a significant relationship between length of care and psychological distress in primary family caregivers in the psychiatric clinic of Junjung Besaoh Regional Hospital, South Bangka Regency. Length of care is a measure of psychological distress in primary family caregivers. Long duration of care for a family member with schizophrenia can lead to feelings of boredom, anger, and resentment, which can increase stress for the caregiver. Support is needed for family members caring for schizophrenic clients so they feel less alone in caring for them and so that healthcare workers are involved in assisting with the treatment process.

There is a significant relationship between education and psychological distress among primary family caregivers in the psychiatric clinic at Junjung Besaoh Regional Hospital, South Bangka Regency. Education is crucial and must be attained. Primary family caregivers with low levels of education will impact and influence their stress levels. Lack of knowledge about the disease and the healthcare team will exacerbate stress, which in turn will contribute to stress levels. Primary family caregivers will have difficulty controlling their emotions and will easily become discouraged when caring for schizophrenic clients. Higher education will impact their readiness and ability to manage emotions. Education also impacts primary family caregivers' stress levels when caring for schizophrenic clients.

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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

I declare that the preparation of this work is free from any conflicts of interest, whether financial or non-financial, that may influence the objectivity of the research findings.

Ethical consideration

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