

The Implementation of Family Mental Health Nursing Care for Parents Experiencing Anxiety While Caring for Adult Children with Cerebral Palsy

Tri Fram Mungga¹, Salsabilla Septi Utami¹, Nanda Indah Utami¹, Rani Septiawantari¹, Ninik Yunitri¹, Nuraenah¹

¹Prodi Profesi Ners, Fakultas Ilmu Keperawatan, Universitas Muhammadiyah Jakarta, Jakarta Pusat, Indonesia

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Corresponding Author :

Rani Septiawantari

E-mail : rani089@umj.ac.id

ABSTRACT

Background & Objective: Cerebral palsy is a permanent neurological disorder that requires long-term care into adulthood. This condition not only affects the child but also places a significant psychological burden on parents as primary caregivers, particularly in the form of anxiety related to caregiving responsibilities and concerns about the child's future. This study aimed to describe the application of family mental health nursing care for parents experiencing anxiety while caring for an adult child with cerebral palsy. **Methods:** The method used was a family mental health nursing care case study of Mr. W, who experienced moderate anxiety. The assessment was conducted using the Self Reporting Questionnaire-29 (SRQ-29) and the Depression Anxiety Stress Scale-21 (DASS-21). Nursing interventions included future planning, spiritual dhikr techniques, progressive muscle relaxation, guided imagery, anxiety education, and the regulation of the child's daily activities. **Results:** Evaluation results indicated a reduction in anxiety levels, as evidenced by a decrease in the DASS-21 anxiety score from 14 to 8. Parents also demonstrated improved understanding of anxiety management and reduced psychological burden following daily activity regulation for the child. **Conclusion:** The implementation of family mental health nursing care through future planning, spiritual dhikr techniques, progressive muscle relaxation, guided imagery, and education effectively reduces anxiety among parents caring for adult children with cerebral palsy, while also supporting the gradual improvement of the child's independence

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Introduction

Cerebral Palsy is a developmental brain disorder that affects the motor nervous system, causing impaired movement coordination, balance, muscle weakness, and abnormal movement patterns (Alpiah et al., 2025). This condition affects independence, social participation, and quality of life throughout the individual's lifespan. Therefore, individuals with Cerebral Palsy require ongoing treatment and support into adulthood (Ramadhani & Romadhoni, 2021). Globally, the prevalence of Cerebral Palsy is estimated at 2–3 per 1,000 live births with regional variations, while in Indonesia it ranges from 1–5 per 1,000 live births (Alpiah et al., 2025; Andromeda et al., 2023).

The impact of Cerebral Palsy is not only experienced by the child but also by the family, especially parents as primary caregivers. Long-term care can cause physical fatigue, emotional pressure, economic burden, as well as prolonged stress and anxiety that affect quality of life and family dynamics (Glinac et al., 2023). Anxiety in parents is related to the child's current condition as well as concerns about the continuity of care in the future, and can affect coping abilities and the quality of care provided (Gayatina et al., 2025; Gumilang, 2023).

A comprehensive approach is needed to help parents manage anxiety adaptively. Future care planning helps families develop long-term plans covering legal, financial, caregiving, and service continuity aspects, thereby increasing a sense of control and certainty (Sivakumar & Thirthalli, 2022). Increasing the child's independence through activities of daily living (ADL) training also plays a role in reducing dependence and caregiver burden (Africa et al., 2023). In addition, psychological interventions such as guided imagery (Dolly Kumari, 2023), progressive muscle relaxation/PMR (Turan, 2025), and spiritual support through dzikir (Masita, 2025) have been proven to help reduce stress responses and strengthen coping.

However, these various interventions are generally still carried out separately and have not been integrated into a single comprehensive family psychiatric nursing care approach. Therefore, the integration of future planning, child empowerment, relaxation techniques, and spiritual support becomes an important strategy in psychiatric nursing interventions to improve the psychological well-being of parents (Dwi et al., 2025; Liu et al., 2023). This study aims to evaluate the application of family psychiatric nursing care in reducing anxiety levels in parents caring for adult children with Cerebral Palsy.

Objective

This study aims to identify and describe the effectiveness of applying family psychiatric nursing care in reducing anxiety in parents caring for adult children with cerebral palsy.

Method

This study is a case study with a family psychiatric nursing approach, using a pre-post test design on one family with Mr. W (male, 57 years old) as the main participant and caregiver of an adult child An. A (28 years old) with Cerebral Palsy; the population focuses on families of long-term caregivers, purposive sampling technique resulted in a sample size of 1 family, carried out through 4 consecutive daily visits to the participant's residence with the Self Reporting Questionnaire-29 (SRQ-29) instrument for initial anxiety screening and the Depression Anxiety Stress Scale-21 (DASS-21) for pre-post test anxiety level measurement, descriptive-comparative data presentation method includes subjective/objective data and instrument scores, data analysis through comparison of DASS-21 scores before and after intervention (anxiety education, future care planning, ADL training, progressive muscle relaxation, guided imagery, and spiritual support through dzikir) along with ongoing evaluation, and implementation time of 4 consecutive days at Mr. W's residence.

Result

The assessment process was carried out comprehensively. Subjective data were obtained through in-depth interviews regarding emotional experiences, perceptions of the child's condition, concerns about social stigma, and fears about the child's future if the client were no longer able to provide care. The client expressed excessive worry about the child's social acceptance, fear about the child's future, and feelings of not being optimal in carrying out the parental role.

Objective data were obtained through behavioral observation; the client appeared restless, frequently clenched his hands, had limited eye contact when discussing the future, and had a trembling voice tone. In addition, there was an increase in pulse rate, blood pressure, and respiratory rate when the client discussed his main concerns. Vital signs were examined before and after the intervention to monitor physiological responses to anxiety. Anxiety level measurement was also carried out on Mr. W using the DASS-21 instrument, which yielded a score of 14 in the moderate category.

Based on the assessment results, the nursing diagnosis established for Mr. W was anxiety. The establishment of this diagnosis was based on subjective data in the form of the client's statement that he felt excessively worried about the condition and future of his child with cerebral palsy, as well as recurring thoughts about the continuity of care. Objective data showed that the client appeared restless, had a tense facial expression, and experienced increased blood pressure, pulse, and respiratory rate when discussing the child's condition, and the DASS-21 measurement result was in the moderate anxiety category. The combination of these subjective and objective data supported the establishment of the anxiety diagnosis in the client.

Intervention. After the problem formulation was carried out, planning was conducted to address Mr. W's anxiety, namely providing education about the anxiety experienced by Mr. W, carrying out future care planning to address Mr. W's thoughts about the care of his child if he were to die, including increasing the child's independence, determining a guardian or caregiver, financial planning such as asset management, insurance, and will preparation, determining a safe and stable residence,

and continuity of health services and social support. Then, simple daily activities were carried out with An. A gradually so that he could perform them independently. Next, there were spiritual dzikir therapy, progressive muscle relaxation (PMR) therapy, and guided imagery to reduce anxiety.

The implementation of nursing care was carried out by providing education to Mr. W about the anxiety he experienced, accompanied by assistance in developing future care planning to reduce worries related to the child's care if he were to die, which included increasing the child's independence, determining a guardian or caregiver, financial planning (asset management, insurance, and wills), determining a safe and sustainable residence, and strengthening social support. All of these activities were carried out in accordance with the plan that had been prepared in the intervention stage. In addition, simple daily activity training was carried out with An. A gradually so that he would be more independent, as well as providing nonpharmacological interventions in the form of spiritual dzikir therapy, progressive muscle relaxation, and guided imagery to reduce Mr. W's anxiety level.

After the implementation of family psychiatric nursing care, which included education about anxiety, future planning for the child, spiritual dzikir therapy, progressive muscle relaxation, and guided imagery, there was an improvement in Mr. W's psychological condition. The evaluation results showed that the DASS-21 score, which was initially 14 (moderate anxiety category), decreased to 8 after four days of intervention, indicating a reduction in anxiety level. Subjectively, the client expressed feelings of greater calmness, was able to control negative thoughts about his child's future, and had strategies for coping with worries. Objectively, there appeared to be a decrease in physical signs of anxiety such as tension, restlessness, and increased respiratory rate, with a more relaxed condition and the ability to practice relaxation techniques independently. Evaluation was carried out by comparing subjective and objective data and the results of anxiety scale measurements before and after the intervention.

Discussion

The results of the nursing care showed that the family psychiatric nursing intervention provided was effective in reducing Mr. W's anxiety level, indicated by a decrease in the DASS-21 score from 14 to 8 after four days of intervention. Although still in the moderate category, this decrease indicated a significant improvement in psychological condition, both from subjective and objective aspects, as well as an increase in the client's ability to control negative thoughts and emotional responses.

The reduction in anxiety in this case can be explained through an increase in the client's sense of control. Before the intervention, Mr. W experienced excessive worry regarding his child's future, especially if he were no longer able to provide care. After being given the intervention in the form of future care planning, the client began to have a clearer picture of care plans, financial aspects, and social support in the future. This contributed to reducing the uncertainty that was the main trigger of anxiety.

These results are in line with previous research findings stating that the application of future care planning is an important strategy in reducing parental anxiety because it helps develop long-term plans covering legal, financial, caregiving, housing, and service continuity aspects, thereby fostering a sense of control and

certainty (Sivakumar & Thirthalli, 2022). In addition, increasing the child's independence through activities of daily living (ADL) has also been proven to reduce the caregiver's psychological burden by lowering the child's level of dependence (Africa et al., 2023). Relaxation interventions such as guided imagery and progressive muscle relaxation also contribute to reducing anxiety through the mechanism of decreasing sympathetic nervous system activation, thereby reducing physical tension and increasing feelings of relaxation. This is in accordance with the findings of Dolly Kumari (2023) and Turan (2025), who stated that relaxation techniques are effective in reducing stress responses and improving adaptive coping.

Thus, the success of the intervention in this case was not only influenced by one method, but was the result of an integrated approach among psychological, social, and spiritual aspects. The integration of future care planning, increasing the child's independence, relaxation techniques, and spiritual support proved to work synergistically in reducing caregiver anxiety more effectively and sustainably.

However, this study has limitations, namely that it was only conducted on one participant over a relatively short intervention period, so the results cannot be widely generalized. Therefore, further research is needed with a larger number of participants and a longer intervention duration to obtain more comprehensive results.

Conclusion

Based on the results of the nursing care that was carried out, it can be concluded that Mr. W experienced moderate anxiety triggered by excessive worry about the future of An. A with cerebral palsy. The application of family psychiatric nursing care, which included future care planning, increasing the child's independence, relaxation techniques, and spiritual support, proved effective in reducing anxiety levels, indicated by a decrease in the DASS-21 score from 14 to 8.

The intervention provided not only helped reduce anxiety but also improved the client's coping abilities and supported the child's independence gradually. This shows that an integrated family psychiatric nursing approach can be an effective strategy in improving the psychological well-being of caregivers of children with chronic conditions.

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