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The Effectiveness of Family Support on Medication Adherence in Preventing Recurrence in People with Schizophrenia: Scoping Review

Yohani Satya Putri Liman^{1*}, Purnawan Junadi², Rosmala Atina Rusadi³¹Mahasiswa Program Studi Magister Ilmu Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Indonesia, Depok | yohani.liman@gmail.com²Dosen Fakultas Kesehatan Masyarakat, Universitas Indonesia, Depok | purnawan.junadi@gmail.com³Dosen DIII Kebidanan, Fakultas Kesehatan dan Sains, Universitas Muhammadiyah Bogor Raya, Bogor | rosmalaatinarusadi@gmail.com* Corresponding Author: yohani.liman@gmail.com

ABSTRACT

Introduction: Schizophrenia is a chronic mental disorder that generally occurs in individuals in their late teens to early thirties. This disorder has symptoms including irrational thoughts, delusions, persistent hallucinations, disorganised behaviour accompanied by high anxiety, and decreased cognitive function which causes schizophrenics to experience decreased social function, so they have difficulty in living their daily lives and require long-term treatment. One of the biggest challenges in managing schizophrenia is preventing recurrence. Recurrence in people with schizophrenia is often caused by their non-compliance in taking medication and following a series of treatments. The recurrence rate also depends on how the family provides support and attention to the patient, so that the patient can be obedient and regular in taking medication.

Objective: This article aims to describe the effectiveness of family support on medication adherence in preventing recurrence in people with schizophrenia.

Method: This research uses the literature review method by searching three databases namely Scopus, ProQuest and ScienceDirect. The selected articles were analysed using prism flowchart for data extraction. The article search results found 3 related studies.

Result: The review found 68.3% of individuals with schizophrenia had low medication adherence, and more than 50% experienced a decline in social functioning. There was a relationship between medication adherence and social functioning of schizophrenia patients ($r = 0.83$; $p = 0.001$). Family support is closely related to schizophrenia adherence to medication. Schizophrenia patients who get strong family support are usually more disciplined in taking medication and have a lower risk of recurrence.

Conclusion: The results of this study conclude that family support will be effective on patient compliance in taking medication, if the family has provided attention and support consistently. Thus, health care providers need to integrate family support programmes and psychoeducation on how to provide effective support as part of the treatment plan. In addition, public health policies are also needed to encourage the development of programmes that support family involvement in schizophrenia treatment.

Keywords: Family Support; Medication Adherence; Recurrence; Schizophrenia

INTRODUCTION

Mental health refers to a state of psychological well-being that enables an individual to cope with life's stressors, recognise their potential, learn effectively, perform well at work, and make a positive contribution to the society around them. At any given moment, various elements of the individual, family and society can interact with each other to maintain or threaten mental health (1). Impaired mental health can lead to various mental disorders, such as emotional problems, unhealthy thinking patterns, deviant behaviour, and difficulty managing moods including depression and other disorders related to mental health. The main features of these disorders include feelings of sadness, emptiness, or irritability and stress. In addition, physical changes such as fatigue, aches and pains may occur, as well as cognitive impacts that significantly affect an individual's functional abilities (2).

According to information from the WHO, in 2019, as many as 970 million individuals worldwide experienced mental health problems, indicating that 1 in every 8 people suffered from mental disorders. This situation has increased significantly in 2020 due to the COVID-19 pandemic (3). In Indonesia, mental health issues are related to the high prevalence of individuals experiencing mental disorders. The prevalence of mental health problems reaches around 20% or 1 in 5 individuals may experience mental disorders (4). Mental disorders consist of various types, one of which is schizophrenia. Symptoms that appear in this condition include irrational thoughts, delusions that last endlessly, hallucinations, disordered behaviour, and sometimes accompanied by very high anxiety. In addition, individuals with schizophrenia will also experience difficulties in cognitive function on an ongoing basis. The age of onset of schizophrenia generally ranges from 16 years of age to the thirties and begins with first episode psychotic symptoms. (5). Schizophrenia affects approximately 24 million individuals or 1 in every 300 people (0.32%) worldwide. This data suggests that 1 in every 222 adults (0.45%) have the condition. It is not as common as other mental disorders. The most common onset of schizophrenia occurs in late adolescence and in the twenties. Precipitating factors tend to appear earlier in men than women (6).

Schizophrenia is one of the 15 leading causes of disability in the world, with a significant impact on the lives of those affected. The disease increases the risk of premature death, both due to worsening medical conditions and suicide, with the highest risk occurring in the early stages of the disease. In addition, people with schizophrenia are often stigmatised in society, leading to isolation. Poor cognitive function in people with schizophrenia also leads to loss of social function, so they are unable to carry out daily activities and continue to depend on their families, which in turn creates a burden for the family. Therefore, it is necessary to further study family support in people with schizophrenia in order to achieve success in treatment, so as to reduce morbidity, mortality and restore social function (7).

METHOD

This research was conducted using the literature review method, namely by collecting, selecting, extracting and reviewing scientific articles relevant to the research topic. The scope of this study was limited using the PICO (Population/Problem, Intervention, Comparison, Outcomes) framework. The limitation of the research scope is presented in Table 1.

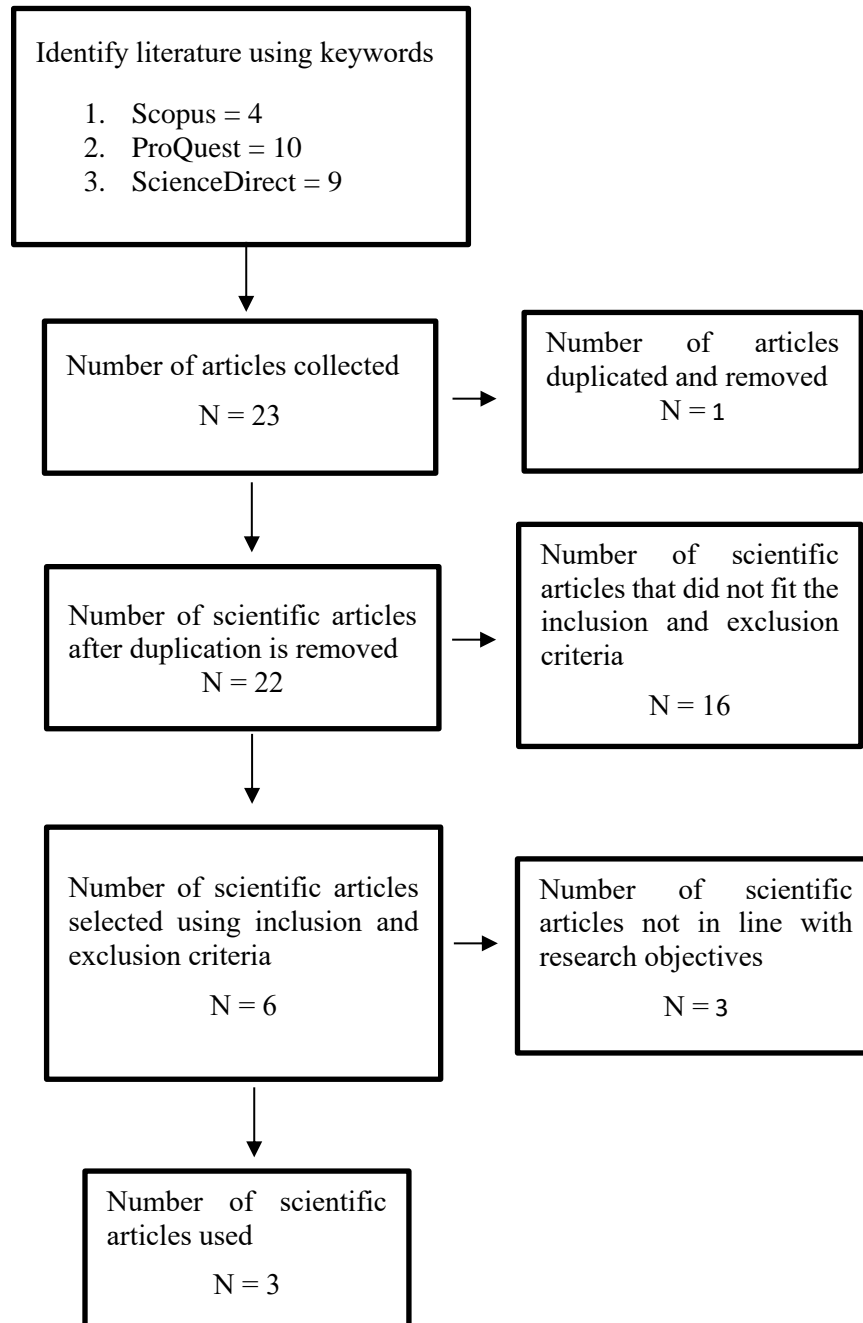
Tabel 1. Framework PICO

Komponen	Keterangan	Kriteria	
		Inklusi	Eksklusi
Population/Problem	Schizophrenia Patients	National / International journals published in 2021 - 2024. Using Qualitative and quantitative research methods. Has compatibility with the research objectives.	National / International journals in the form of SLR, LR, abstract. Does not have relevance to the purpose of the research conducted.
Intervention	Role of family support	Adherence to taking schizophrenia medication.	Use of drugs for other medical conditions.
Comparison	-	-	-
Outcome	Morbidity, mortality.	Recurrence.	Other medical conditions caused by accidents or comorbidities.

The steps in this study include developing research questions, searching the literature, selecting studies with eligibility and quality criteria, and synthesising. This research question is what factors cause medication non-adherence in people with schizophrenia, and how the effectiveness of family support on medication adherence in preventing recurrence in people with schizophrenia. The literature search used 3 databases namely: Scopus, ProQuest and ScienceDirect. Scientific journal articles were searched using the keywords "Family support", "Medication adherence", "Recurrence", and "Schizophrenia".

Selection of literature sources using PRISMA (Preferred Reporting Items for Systematic Reviews and Meta Analysis), presented in Figure 1. Article selection is carried out using eligibility criteria, namely inclusion and exclusion.

The inclusion criteria made by researchers are national or international articles published between 2021-2024 (four years), using qualitative and quantitative research, and articles that are consistent with the objectives of the research being conducted. The exclusion criteria used are national or international articles in the form of Systematic Literature Review, Literature Review and abstracts, as well as articles that are not in accordance with the research objectives. The synthesis process was carried out by comparing literature that met the quality assessment. Synthesis data refers to the purpose of this study, namely to determine the effectiveness of family support on adherence to taking medication in preventing recurrence of schizophrenia. The weakness of this research method is the potential bias in the selection of literature and the accuracy in concluding different research results.



Picture 1. PRISMA Flow Diagram

RESULTS

The results of the article search using the Scopus database found 4 articles, while ProQuest found 10 articles and ScienceDirect found 9 articles. The total number of articles found was 23 scientific articles. The next step, namely by removing duplicate articles as much as 1 article so that the remaining 22 scientific articles. Furthermore, selection was

carried out using inclusion criteria and exclusion criteria, so that 6 relevant scientific articles were obtained. The article was then assessed and reviewed by looking at the entire content, so that 3 relevant articles were used in this study. The last step is data extraction in the form of a matrix table. The results of data extraction are presented in Table 2 below.

Tabel 2. Data Extraction of Scientific Articles

Resercher, Year	Article Tittle	Journal	Research Methods	Result
Purba et al, (2021)	The Relationship of Medical Adherence and Social Functioning of Persons with Schizophrenia in the Long-term Period.	Journal of Medical Sciencies Volume 9	Descriptive correlation.	Based on the results of the study it was found that 68.3% of respondents had low medication adherence, and more than 50% had low social function. The positive relationship between medication adherence and social functioning of schizophrenia patients was shown by the value of $r = 0.83$; $p = 0.001$. Patients who are compliant with medication tend to have better social functioning, while non-compliance can have a negative impact on social functioning making it difficult to live their lives in the community. Low adherence in taking medication is caused by ignorance about the benefits of drugs and their side effects. Respondents often forget to take medication, stop medication when symptoms occur and feel bored with long-term treatment. Adherence to medication prescribed by a doctor can help improve optimal social function, the role of the family as a supervisor of taking medication is very important to improve adherence and social function.
Intharit et al, (2021)	Risk and Protective Factors of Relapse in Patients with First-episode Schizophrenia from Perspective of Health Professionals: a Qualitative Study in Northeastern Thailand.	F1000Research Volume 10	Qualitative.	Family involvement in supporting routine care in accordance with the schizophrenia patient's treatment plan is needed. Lack of continuous support will make it difficult for patients to follow the treatment plan because they do not know when to take their medication and when to have regular control. In providing support, families need to have knowledge about the etiology, symptoms, treatment, health services, and recurrence prevention in schizophrenia patients. That way, the family can perform their role well in supporting and encouraging patients to follow the treatment plan until they recover, do not relapse and can lead a normal life in the community.
Chai et al, (2021)	Barriers to Medication Adherence for Rural Patients with Mental Disorders in Eastern China: a Qualitative Study.	BMC Psychiatry Volume 21 No 1	Qualitative.	According to research in rural eastern China, there are various barriers that affect medication adherence in patients with mental disorders. Patients' lack of self-insight means that they do not realise or understand their mental illness, and as a result, they are unwilling to take their medication. The long duration of treatment often makes patients bored to continue taking their medication. Coupled with a poor economy, causing them to receive intermittent treatment. Societal

stigma is also a barrier to the rehabilitation and recovery of patients. Support provided by family members is often very important. Patients often forget to take their medication if not reminded by their families. However, inadequate family support, where family members are busy with their work, makes it difficult for them to always remind patients to take their medication, leading to reduced medication adherence.

DISCUSSION

Recurrence

In Indonesia, based on the Survei Kesehatan Indonesia (SKI) conducted by the Indonesian Ministry of Health in 2023, it was found that the prevalence of psychosis/schizophrenia in Indonesia reached 7 per mile. The results of the SKI survey in 2023 also showed that as many as 37.2% of schizophrenia patients did not undergo regular treatment (not taking medication in the last 1 month). And about 10.6% of people with psychosis/schizophrenia did not regularly take medication in the last 1 month. These statistics show that individuals suffering from schizophrenia in Indonesia are still at risk of recurrence (8). One of the main concerns for anyone who has received treatment for mental health problems is the occurrence of recurrence. This situation can lead to feelings of depression, hopelessness, or demoralisation when a person realises that they are once again stuck in old habits that they worked hard to change. Sometimes, the symptoms of a mental disorder may return or worsen. Patients may need to continue therapy for several months or longer, depending on their risk factors. Stopping therapy prematurely is a major cause of recurrence (9). Treatment interruption in individuals with schizophrenia is often preceded by non-compliance in taking medication, which is caused by a lack of adequate support from the family. This is because the family is a vital element in the healing process. The impact of relapse can place an additional burden on the family in terms of mental care and wellbeing, fuelled by negative stigma from society. On the other hand, sufferers often face challenges in gaining acceptance from the environment or community around them (10).

Medication Adherence

Medication adherence is the degree to which a patient can behave in a way that adheres to all instructions and guidelines for optimal use of medication to achieve therapeutic goals and improve treatment success. Adherence to psychopharmacological treatment is an important issue in clinical health. In the treatment process, discipline in taking medication is the main key to the success of therapy (11). The results of a literature study showed that 68.3% of individuals suffering from schizophrenia had a low level of medication adherence, and more than 50% experienced a decline in their social functioning. Meanwhile, individuals with high medication adherence tend to perform better, interact with others, and be more active in social activities (12).

Based on one of the other selected articles, it was also found that several things caused the low level of compliance of schizophrenia patients in taking drugs, including the lack of knowledge and ability of schizophrenia patients to follow the prescriptions given, as well as their ignorance about the benefits of the drugs taken. Then schizophrenics also often forget to take their medicine if not reminded by their families, then the boredom felt by schizophrenics in taking medicine, this is caused by the long duration of treatment and the side effects of antipsychotic drugs that must be consumed over a long period of time so that it can reduce consistency in undergoing therapy. Some people with schizophrenia even stop their therapy without replacing it with other drugs because they feel too tired to continue the treatment. Finally, people with schizophrenia usually do not realise that they are sick and assume that they are healthy or feel healthy so they no longer need to take medication. However, discontinuation of treatment will result in recurrence, a more significant decline in functioning, and a less favourable prognosis for the individual. Thus, once a diagnosis of mental illness has been made, it is crucial for the prescribing doctor to clearly and effectively communicate information about the duration of treatment to family members. In addition, the stigma attached to individuals with mental illness can also be a barrier, causing society to have a negative view of them. People often perceive people with schizophrenia as dangerous and disruptive, which hinders their rehabilitation and recovery process (13). Therefore, adherence to medication and treatment is critical as most signs of schizophrenia can be significantly improved, and the risk of symptom re-occurrence minimised. Treatment can support many individuals with schizophrenia to lead more productive and meaningful lives. As with any chronic illness, some people recover well, while others continue to experience symptoms and require support and assistance (14). Medication non-adherence in people with schizophrenia can be described in the table below.

Tabel 3. Main Reasons for Noncompliance in Taking Medication among Household Members with Psychosis/Schizophrenia Treated at Health Facilities, SKI 2023 (15).

Reason	Medication Adherence	N-weighted
	%	%
Feeling healthy	25,4	51
The medicine is not available at the health facility (hospital/puskesmas/pharmacy)	6,8	51
Cannot stand the side effects of drugs	5,9	51
Taking traditional medicine	2,6	51
Bored/lazy/frequently forget	27,5	51
Other	31,9	51

Family Support

Lack of insight and understanding of mental illness in people with schizophrenia, due to limited thinking skills, will lead to treatment non-compliance. Therefore, good family support is very important and becomes the main support unit for people with schizophrenia. According to the results of the literature study, the family is the main support unit for people with schizophrenia by encouraging them to find ways to cope with psychotic symptoms. In fact, family support is an important determinant of the quality of life of people with schizophrenia (16). Based on their duty function, families should provide support to their family members who suffer from schizophrenia. This support includes attention in the form of time availability to take patients to control regularly, appreciation in the form of praise for their compliance in taking medication, advice to always take medication regularly to avoid recurrence, information about the importance of taking medication and side effects that may arise, and material support that may be needed during treatment. In addition, families also have an important role in determining the methods or treatments needed by individuals with mental disorders so that the risk of relapse can be reduced. Thus, the family must be fully informed and understand about the symptoms of the disease, the potential progression of the disease, the course of treatment, the type of medication as well as the medical and psychological support that is needed to help relieve the symptoms of mental disorders (17).

The higher the support provided by the family, the higher the level of adherence of patients in taking drugs also tends to increase so that it will minimise the occurrence of recurrences. Conversely, if family support is low, patient compliance with treatment will decrease and recurrences will often occur. Support from family members can be a morale booster for patients who can strengthen their self-confidence. This makes patients have great hope and determination to recover from the disease they face. With the drive to recover, patients will find it easier to undergo all instructions in the treatment process, including taking drugs which is one form of therapy needed in their recovery process (18).

Family support inhibiting factors

Family support is needed by people with schizophrenia, but there are several factors that can inhibit families in providing support. The first factor is knowledge, where the family's lack of knowledge about mental illnesses such as schizophrenia makes it difficult for the family to determine the right steps to be taken, so they cannot manage and understand the schedule and types of drugs taken by the patient, besides that they also lack understanding of how to care for family members who suffer from schizophrenia. The second factor is the busyness of family members such as working, which often prevents them from providing support and advice to patients to continue taking medication and bringing patients for regular control. This leads to relapse when the patient refuses to continue treatment after their medication supply runs out. This is often the case even though many families realise the importance of healing their family members with mental health problems by ensuring that they take their medication regularly (19). The third factor is economic factors where poor economic conditions can have an impact on the pressures faced by families, so that people with schizophrenia face more difficult situations. Families are often forced to think about the costs of care, housing and transport for their mentally ill family member. This causes high levels of stress for them. The final factor is the community environment. Society's stigma towards people with mental illness leads many families to experience psychological distress where the family member of the sufferer experiences rejection or exclusion from friends, neighbours, co-workers and the community. Based on the above description, family members tend to isolate themselves, reduce interaction in social activities, and refuse to engage in normal social life (20).

The findings of this literature study research on the effectiveness of family support on adherence to taking medication for schizophrenia patients can be information for health care facilities to involve families more in the treatment process. Thus, there will be sustainable support and increased patient compliance with the established treatment plan, with the family as an effective support provider in helping patients reduce recurrence and achieve better social function.

This study has limitations related to the number of articles reviewed. Therefore, it is recommended that future research should include more scientific articles and studies from various sources. Further research on various other aspects that may have an impact on the patient's adherence to treatment should be conducted so as to develop more appropriate interventions to involve families in the treatment of schizophrenia.

CONCLUSION

Family support has a very important role in the management of schizophrenia. Family support will be effective on patient compliance in taking medication, if the family has provided attention and support consistently. Training and psychoeducation on how to provide effective support, such as how to remind patients to take their medication, how to recognise signs of recurrence, and how to provide emotional support are essential for families of people with schizophrenia. With this training, families can learn and understand more about their role in improving medication adherence and recovery of family members with schizophrenia. Therefore, healthcare providers need to integrate family support programmes and psychoeducation as part of the schizophrenia treatment plan. In addition, public health policies are also needed to encourage the development of programmes that support family involvement in schizophrenia treatment. By doing so, the frequency of relapse will be reduced, psychotic symptoms can be controlled, and the overall quality of life and social functioning of patients will be improved.

SUGGESTION

Healthcare facilities should provide early training and psychoeducation to families of schizophrenia patients on the importance of medication adherence and how to provide effective support from the time the patient first comes for treatment. In addition, it is highly recommended to include the family in any intervention programme to achieve optimal treatment outcomes for people with schizophrenia. Policymakers are also expected to create a policy that supports training and education for families to improve treatment outcomes.

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