

The Relationship Between the Role of Health Workers, Family Support, Social Support with Family Caregiver in Caring People with Mental Disorders in Kediri Regency

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Abstract—Recurrence of mental disorders contributes for the highest disability burden. The frequency of recurrence will decrease after the involvement/support of the caregiver. However, the caregiver will experience a heavy burden in caring for sufferers so that they need support in caring for people with mental disorders. The purpose of this study was to analyze the relationship between the role of health workers, family support, social support, and family caregivers in caring for people with mental disorders in the Kediri Regency. This research was conducted in Kediri Regency using a cross-sectional approach. The population of all family caregivers with mental disorders was 76 respondents using the multistage random sampling technique. This study's variables are family support, the role of health workers, social support, and family caregivers. The analysis test used a logistic regression test with the help of SPSS. The results of the family caregiver study had a relationship with the role of health workers (OR = 2.92; 95% CI = 2.59 to 132.65; p = 0.004), family support (OR = 2.55; 95% CI = 2.99 up to 54.97; p = 0.100), social support (OR = 2.33; 95% CI = 2.17 to 48.82; p = 0.003). Family caregivers in caring for people with mental disorders can be influenced by health workers, family support, social support. Therefore, it is recommended that health workers be able to provide psychoeducation to both families and communities.

Keywords—*health worker, family support, social support, family caregivers, mental disorder*

I. INTRODUCTION

Indonesia experienced an increase in the number of people with mental disorders by 5% in 2018, reaching 7% or 7 out of 1000. 1.3% of sufferers will suffer a mental disorder for life [1] and can recur in 40% of sufferers. Recurrence of mental disorders will contribute to the burden of *years lived with disability* (YLDs) (*Global Burden Disease*, 2010). The frequency of recurrence will decrease after the involvement/support of the caregiver in each patient's activities, including in the treatment process [2][3]. However, caregivers will experience a heavy burden in caring for sufferers due to high economic burdens, emotional burdens, stress on people with mental disorders behavior, disruption in carrying out daily household activities, and limitations in carrying out social activities due to the social stigma that appears in the family (Ngadiran *et al.*, 2010). Therefore, caregivers need support in caring for people with mental

disorders to reduce the burden they feel. The purpose of this study was to analyze the relationship between the role of health workers, family support, social support, and family caregivers in caring for people with mental disorders in the Kediri Regency.

II. METHOD

This research was conducted in Kediri Regency, East Java, Indonesia, in October 2019. This study used a cross-sectional approach. The population of all family caregiver with one of its members experiencing mental disorders in Kediri was 76 respondents using the multistage random sampling technique. This study's variables are family support, the role of health workers, social support, and family caregivers. The analysis test used a logistic regression test with the help of SPSS. Approval of research ethics was obtained from Dr. Moewardi Faculty of Medicine's health research ethics committee, Sebelas Maret University Surakarta Number: 439 / III / HREC / 2019.

III. RESULTS

Table 1. Characteristics of respondentski

Characteristics	Frequency (respondent)	Percentage (%)
Age		
12-25 years	1	1.3
26 - 45 years	24	31.6
46 - 65 years	51	67.1
Gender		
Man	39	51.3
Women	37	48.7
Level of education		
Basic education	39	51.3
Middle education	35	46.1
higher education	2	2.6
Long caring for		
<2 years	1	1.3
2-5 years	10	13.2
> 5 years	65	85.5

Table 1 shows that most caregivers (67.1%) were aged 46-65 years, as many as 51 people. Age affects the caregiver's psychological well-being in caring for people with mental disorders [4]. Most of the respondents (51.3%) were male, as many as 39 people. The male sex acts more as caregivers because men can have a playful, explorative, expressive personality, always wanting to achieve more than women in caring for people with mental disorders (Nurhayati, 2016). Most of the respondents (51.3%) had primary education as many as 39 people. The higher the level of caregiver

education, it is expected that they will have better knowledge to make the right decisions in providing care for people with mental disorders [5]. Almost all family caregivers (85.5%) treated patients > 5 years, as many as 65 people. Caring for people with mental disorders in more than five years can experience a feeling of chronic boredom. In an exhausted state, decreased interest in life, lack of self-esteem, and gradually disappearing empathy for the sufferer can result in a lack of support in caring for the sufferer so that the patient's recovery is suboptimal [6].

Table 2. The relationship between the roles of health workers, family support, social support with family caregivers.

Variable characteristics	Frequency	OR	p-value	95% CI
The role of health professionals				
High	23 (30%)	2.92	0.004	2.59 - 132.65
Low	53 (70%)			
Family support				
High	37 (49%)	2.55	0.001	2.99 - 54.97
Low	39 (51%)			
Social support				
High	36 (47%)	2.33	0.003	2.17 - 48.82
Low	40 (53%)			

Table 2 shows that most respondents have the role of health professionals in the low category (70%), have low family support (51%), and have low social support (53%). Based on the p-value (<0.05), which means the role of health workers, family support, social support has a relationship with family caregivers in caring for people with mental disorders. In terms of the OR value, it can be concluded that health workers' role has the highest relationship for family caregivers in caring for sufferers compared to other variables.

IV. DISCUSSION

The role of health workers has a positive relationship with family caregivers. Health services provided by health workers have an essential role in the care of people with mental disorders through caregivers. Health workers must dedicate their time to providing mental health services to listen to caregiver concerns to treat and improve the condition of people with mental disorders [3]. This result is in line with Cheng *et al.*'s [7] statement that health services' provision requires a therapeutic relationship between health workers and caregivers and sufferers. This relationship can develop trust so that it fosters a good relationship, a sense of belonging. Then health workers can motivate the caregiver to carry out their role in caring for people with mental disorders. Therefore, health workers are vital in caring for people with mental disorders because they can manage and control people with mental disorders.

Family support has a positive relationship with family caregivers. Family is the most critical source of assistance for sick family members and caregivers. The family's role from the start will increase the caregiver's ability to care for sufferers at home so that the possibility of relapse can be prevented. It is in line with Basogul *et al.*'s [8] statement; family support can support the healing process and relapse prevention, including in the form of hope, information, and emotion.

Social support has a positive relationship with family caregivers. Social support can weaken the impact of stress and directly strengthen individuals, families, and caregivers' mental health. It is also an essential coping strategy for families/caregivers to have when experiencing stress in caring for sufferers. Social support to families, especially caregivers, can serve as a preventive strategy to reduce stress and its negative consequences [9]. This result is in line with the statement by Oktaviani (2013), who also states that in facing difficulties, caregivers need support from the surrounding environment, both from family, friends, neighbors, and the surrounding community.

V. CONCLUSION

Based on the research data analysis results, it was found that the family caregiver in caring for ODGJ could be influenced by the role of health workers, family support, and social support. Therefore, it is recommended that health workers be able to provide psychoeducation to both families and communities.

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