

# Family Social Support Relationship with Risk of Recurrence of Paranoid Schizophrenic Patients in Polyclinic Mental Hospital of North Sumatra Province in 2019

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## ABSTRACT

Social support is one of the important sources of stress management and has an influence on a person's health condition. This study aims to find out the relationship of family social support with the risk of recurrence of paranoid schizophrenic patients in the Polyclinic Mental Hospital of North Sumatra Province Medan. The type of research used in this research is descriptive correlation, quantitative research design. Sampling technique is purposive sampling as many as 81 respondents from a population of 323 patient families. By disseminating a questionnaire sheet about family social support and the risk of recurrence. And analyzed univariately and bivariately with spearman correlation. The results showed that the majority of family social support and relapse risk is enough as many as 55 people (67.8%). Spearman Test results value  $p = 0.000$ , then  $H_0$  rejected and  $H_a$  received, meaning there is a relationship of family social support with the risk of recurrence of paranoid schizophrenic patients in the Polyclinic Mental Hospital North Sumatra Province Medan. It is recommended to the nurse to involve the family in the care of paranoid schizophrenia patients so that the family is able to properly care for paranoid schizophrenic patients at home and advise subsequent researchers to conduct research on factors related to the frequency of relapse so that the treatment program can run integrated and systemic.

**Keywords:** Social Support, Relapse Risk, Paranoid Schizophrenia

## INTRODUCTION

Advances in science and technology in the field of health lately become one of the factors of increasing physical and mental health problems/spritual (Witojo & Widodo, 2013). War, conflict and prolonged economic crisis are also among the triggers that can cause stress, depression and various mental health disorders in humans (Yosep, 2011). According to World health Organization (2009) data on mental health disorders around the world has become a very serious problem, there is one in four people in the world with mental health disorders. Who estimates that there are around 450 million people in the world who have mental health disorders and almost one-third of the population in the region has experienced neuropsychiatric disorders, in Indonesia an estimated 264 out of 1,000 household members suffer from mental health disorders (Yosep, 2011).

Riskesdas (2011), in the province of DIY the number of people with severe mental disorders is 0.4% to 0.5%. Basic Health Research (Riskesdas) in 2013 stated that 14.1% of Indonesians have mental disorders from mild to severe. Data on the number of mentally ill patients in Indonesia continues to grow. From 33 mental hospitals throughout Indonesia obtained data that until now the number of people with severe mental disorders reached 2.5 million people. The increase in the number of people with mental disorders occurred in a number of

major cities. In Central Jakarta Mental Hospital, there were 10,074 mental patient visits in 2016, increasing to 17,124 patients in 2017 (Arif, 2016). A 2013 World Health Organization (WHO) study, said that the prevalence of schizophrenia in society ranges from one to three per mile of the population and in the United States schizophrenia sufferers more than two million people. Schizophrenia is more common in urban populations and in low socioeconomic groups (Tomb, 2014).

The results of a survey in Indonesia show that about 1-2% of the population who suffer from schizophrenia this means that about 2-4 million people of this number are estimated to be active sufferers of about 700,000-1.4 million people. Similarly, Irmansyah (2015), that patients treated in the psychiatric section in Indonesia almost 70% because of paranoid schizophrenia (Chandra, 2016).

According to the Ministry of Health of the Republic of Indonesia (DEPKES RI, 2013) mental disorders have now become a global health problem for every country not only in Indonesia. Mental disorders in question are not only psychotic mental disorders/schizophrenia, but anxiety, depression and the use of Narcotics, Psychotropics, and Addictive Substances (NAPZA) is also a mental health problem at the age of about 18-45 years, there are also some sufferers who experience at the age of 11-12 years. If the population of Indonesia is 200 million people, then about 2 million people who suffer from Paranoid Schizophrenia (Arif, 2016).

Paranoid schizophrenia is one of several types of schizophrenia, a chronic mental illness in which a person loses contact with reality. The general description of paranoid schizophrenia is the presence of delusions (waham) and hearing things that are not real (hallucinations) (Puspitasari, 2013). Paranoid schizophrenics, their ability to think and function in their daily lives, may be better than other types of schizophrenia. They may not have much trouble with emotions, memories,

concentration. In fact, paranoid schizophrenia is a very serious condition, often for life that can lead to complications, including suicidal behavior. Paranoid schizophrenia will be affected by mood problems (feelings) or problems in thought, concentration and attention (Gunawan, 2014).

Some diagnoses of paranoid schizophrenia are chronic and require long-term treatment (more than 1 year). However, due to lack of compliance, the relapse rate of mentally ill patients is high. The relapse rate can be significantly lowered by family empowerment. Research conducted by Keliat, B (2011) found that with the training in the family on how to control the violent behavior of mentally ill patients resulted in shorter hospital stays and longer recurrence duration. Families as the smallest unit of society should provide vital support in the prevention, early introduction, and care of mentally ill patients, including providing emotional support and motivation for loyalty to therapy. Therefore, family empowerment in mental health efforts above is very necessary (Keliat, 2013).

Recurrence in patients will certainly harm and harm patients, families, and society. When signs of relapse or relapse appear, the patient may behave deviantly such as raging, acting anarchist or worse the patient will injure or even kill others or himself. If it happens the public will assume that the disorder suffered by the patient is no longer curable even though the occurrence of mental disorders is not only caused by the individual itself but also caused by the social environment in which the patient is located. This kind of situation will cause burdens and suffering for the family. Families often experience mental distress due to the symptoms displayed by the sufferer and also the ignorance of the family facing these symptoms. This condition will give birth to wrong attitudes and emotions and negatively affect the sufferer. Usually the family becomes emotional, critical and

even hostile away from the warm attitude required by the sufferer (Irmansyah, 2015).

This family turmoil and dynamics play an important role in causing a relapse. Patients who were discharged home were more likely to relapse the following year compared to patients placed in residential environments. The patients most at risk for relapse are those from families with animosity, families who show excessive anxiety, are too protective of the sufferer (Tomb, 2014). Social support is a family way to deal with paranoid schizophrenics so that there is no recurrence. In addition, family social support is also a positive, affective, perceptive and behavioral response used by families to solve problems and reduce stress caused by paranoid schizophrenics. Relapse in paranoid schizophrenics in the middle of the family is a sign that the family is failing to do social support properly (Irmansyah, 2015). Research on families in America, proves that good family support will reduce hospital care rates, relapses, and prolong the time between relapses.

North Sumatra Provincial Mental Hospital is the only Government Mental Hospital in North Sumatra Province type A. North Sumatra Provincial Mental Hospital is also a referral Mental Hospital for other hospitals in North Sumatra Province and for Public Hospitals in North Sumatra. Based on data obtained by the Author in Polyclinic HOSPITAL. The soul of North Sumatra Province, Medan, that the number of mentally ill patients who came to visit polyclinics in 2016 as many as 13,823 people, of which 12,183 paranoid schizophrenics (88.1%). In 2017, there were 15,876 mentally ill patients, of which 14,543 were paranoid schizophrenics (91.6%). And in 2018 from January to November 2018 the number of mental patients who came to visit as many as 15,724 people from that number of paranoid schizophrenia patients as many as 15,210 people (96.7%). The data above shows an increase in paranoid schizophrenia patients from year to year in the Mental Hospital of

North Sumatra Province Medan and also shows high rates of relapse in paranoid schizophrenics (Polyclinic Data, 2018).

Based on the initial survey conducted by the author on November 23, 2018 in polyclinic HOSPITAL. The number of patients who have been hospitalized and come to hospital in October 2018 as many as 1,295 people and the results of interviews conducted by the authors of 10 families of paranoid schizophrenic patients hospital. The soul of North Sumatra Province Medan, found 5 people said do not know how to handle paranoid schizophrenic patients after the patient came home, 2 people said the family felt very burdened with the presence of sick family members, 2 people said the patient did not want to take medication after the patient arrived home, 1 person said the lack of support / attention of the family to the patient due to busyness. Environmental support around where clients don't support can also increase relapses, such as people who regard clients as useless individuals, alienate clients, taunt clients and families unable to accept mentally ill patients. Based on the above phenomenon, the author is interested in conducting research on the relationship of family social support with the risk of recurrence of paranoid schizophrenic patients in the Polyclinic Mental Hospital of North Sumatra Province.

## **METHODOLOGY**

### **Types and Design Research**

This type of research is a descriptive correlation study, because researchers want to know the relationship of family social support with the risk of recurrence of paranoid schizophrenic patients in the Polyclinic Mental Hospital of North Sumatra Province Medan. Descriptive research type of correlation aims to establish the amount of relationship between the variables studied. The method used in this research is Quantitative method, which aims to create descriptive or systematic, factual and accurate description of the facts, properties and relationships between the phenomena investigated, through a cross

sectional approach where data related to free and bound variables will be collected at the same time (Notoatmodjo, 2011).

### **Research Instruments**

The instruments used in the study were made in the form of questionnaires compiled based on library reviews (Kunjuro, 2012). This research instrument consists of three parts. The first section contains demographic data, the second contains about family social support and the third contains about the risk of recurrence of paranoid schizophrenic patients.

#### **1) Demographic Data Questionnaire**

Used to review respondents' demographic data that included respondent code numbers, age, gender, family relationships with patients, and long-time family members suffering from paranoid schizophrenia.

#### **2) Family Social Support Questionnaire**

Researchers compiled a family social support questionnaire based on a library review of the concept of family social support, with the assessment of the questionnaire using a Likert scale.

#### **3) Relapse Risk**

Data collection of variable relapse rates of paranaoid schizophrenic patients was obtained by looking at secondary data reports from families treating paranaoid schizophrenic patients or looking at check lists of data from outpatient medical records.

### **Validity Test and Reliability Test**

Research instruments must meet two requirements by conducting validity and reliability tests. Validity test where to know the extent to which research instruments are used as measuring instruments so as to produce accurate data. The validity test is performed by comparing Pearson product moment values. Then each item statement is declared valid and vice versa. If Pearson Product Moment then each of the statements is declared invalid (Sugiyono, 2013).

A reliability test is an index showing the extent to which an instrument can be

trusted or consistency as a measuring instrument. Rehabilitatability test by calculating the reliability index that is by using Alpha Cronbach that is with the provision if the value of  $r$  Alpha Cronbach's -  $r$  table, then the research insrumen is declared valid (Sugiono 2012).

The questionnaire in this study was modified from Seprian's research in 2011 with the title of family social support relationship with the frequency of recurrence of schizophrenic patients in polyclinic Mental Hospital of North Sumatra Province Medan in 2011.

The family social support questionnaire was tested for validity to 10 respondents in the polyclinic of North Sumatra Regional Mental Hospital on July 5, 2011. The result of validity test analysis of family social support questionnaire with  $n = 18$  and  $r$  table = 0.444 aborted 1 item with calculated value  $r < r$  table and significance value ( $p$ ) above 0.05. Then 1 valid item in indicator 4 is reduced so that the distribution of items of each indicator becomes proportional. Thus, the remaining 16 items are valid with a person correlation value ranging from 0.445 to 0.940. The reality test was conducted on 10 subjects that matched the criteria that had been determined according to the study subject. The family social support test was conducted using the SPSS program computerization technique for analysis of Cronbach's alpha on periodic items (Arikunto, 2010). The test result of eligibility for family social support is  $r = 0.839$  or greater than 0.6. This indicates that all scale instruments in this study have qualified reliability and are declared reliable. (Sunyoto, 2010).

### **Data Processing and Data Analysis Techniques**

#### **Data Processing**

In this research data processing is carried out with the following steps

##### **1) Editing Process**

Editing is an attempt to re-examine the correctness of data obtained or collected.

Editing can be done at the data collection stage or after the data collected (Sugiyono, 2013). Data obtained in the form of a list of questions, in this activity researchers examined the data by collecting / summing and making corrections to the results of the questionnaire and if there are errors or shortcomings in the collection of such data, the researchers will recharge the data until the data collected accordingly.

## 2) Coding

It is an activity of sharing numeric codes against data consisting of several categories. Give a mark / code in the form of a number to each data collected successfully.

## 3) Data Entry

Analyze the data that has been obtained and then entered and processed using statistical tests with the SPSS program. The questionnaire data will be converted into numbers (numerical) in order to be processed so as to produce categoric values, namely family social support and the frequency of recurrence of paranoid schizophrenic patients

## 4) Tabulating

Entering data into frequency distribution tables as well as descriptive statistical tables for data processing and analysis and making decisions on whether there is a family social support relationship with the frequency of recurrence of paranoid schizophrenic patients

## Data Analysis

The data analysis is as follows:

### 1) Univariate Analysis

Univariate analysis was conducted to see the data presented in the form of frequency distribution or proportion based on variables studied i.e. independent variables of family social support) and dependent variables (recurrence frequency).

### 2) Bivariate Analysis

Bivariate analysis was conducted to see the relationship between independent variables and dependent variables used spearman rank test with a confidence level of 95% ( $\alpha = 0.05$ ). Spearman rank test is used to test the relationship between independent variable and ordinal periodic frontdent variable.

## RESULTS

### Overview of North Sumatra Provincial Mental Hospital

Medan North Sumatra Provincial Mental Hospital is located on Jl. Jamin Ginting / Tali Air No.21 District Medan Tuntungan Services provided in mental hospitals include mental health services and is an educational hospital, in accordance with the ability of services owned today, The Mental Hospital of North Sumatra Province Medan is also a referral Mental Hospital for other hospitals in north Sumatra province and for public hospitals in North Sumatra.

Vision and Mission of the Hospital. The soul of North Sumatra Province of Medan is used as a guideline in providing health services in accordance with the decree of the Director of Mental Hospital of North Sumatra Province Medan. Vision, Mission, Hospital. Soul of North Sumatra Province Medan. The vision of The Mental Hospital of North Sumatra Province is to make the best mental and physical health services professionally for public satisfaction, and its mission is to carry out integrated mental and physical health services, improve efforts to prevent and combat mental and psychosocial problems of the community, provide and develop educational facilities, training in the field of mental health services and improve professionalism efforts, and human resources through the development of philosophy, skills and professional ethics.

## Demographic Data

Table 1: Family Demographic Data of Paranoid Schizophrenic Patients at the polyclinic hospital. Soul of North Sumatra Province in 2019

Demographic Data	Frequency (F)	Percentage (%)
<b>Age</b>		
31 - 40 Years old	20	24,7
41 - 50 Years old	10	12,3
51 - 60 Years old	22	27,1
61 - 70 Years old	29	35,9
<b>Amount</b>	<b>81</b>	<b>100</b>
<b>Gender</b>		
Man	27	33,3
Woman	54	66,7
<b>Amount</b>	<b>81</b>	<b>100</b>
<b>Family Relationships With Patients</b>		
Father	11	13,6
Mother	26	32,1
Old Sister/Old Brother	11	13,6
Young Sister/Young Brother	11	13,6
Husband/Wife	22	27,1
<b>Amount</b>	<b>81</b>	<b>100</b>
<b>Old Sick Family Members</b>		
< 5 Years	18	22,2
> 5 Years	63	77,8
<b>Amount</b>	<b>81</b>	<b>100</b>

Based on the table above, the majority of respondents aged between 60-70 years old as many as 29 people (35.9%), with the sex of respondents are women as many as 54 people (66.7%). The relationship between respondents and patients was 26 mothers (32.1%), and long-time sick family members  $\geq 5$  years as many as 63 people (77.8%).

## Family Social Support

Table 2: Family Social Support Frequency Distribution In Polyclinic Mental Hospital North Sumatra Province In 2019

Social Support	Frequency (F)	Percentage (%)
Good	26	32,1
Enough	55	67,9
Less	0	0
<b>Total</b>	<b>81</b>	<b>100</b>

Based on the table above, it can be seen that the majority of family social support is enough of 55 people (67.9%). The family social support includes emotional social support, hope social support, real social support and informational social support, can be seen in the table below:

### a. Family Emotional Social Support

Table 3: Distribution of Family Emotional Social Support Frequency in Polyclinic Mental Hospital North Sumatra Province Medan Year 2019

Emotional Social Support	Frequency (F)	Percentage (%)
Good	49	60,5
Enough	32	39,5
Less	0	0
<b>Total</b>	<b>81</b>	<b>100</b>

Based on the table above, it can be seen that the majority of emotional social support for families is good, namely as many as 49 people (60.5%).

### b. Social Support for Family Expectations

Table 4: Distribution of Social Support Frequency of Family Expectations in Polyclinic Mental Hospital North Sumatra Province In 2019

Social Support Expectations	Frequency (F)	Percentage (%)
Good	54	66,7
Enough	27	33,3
Less	0	0
<b>Total</b>	<b>81</b>	<b>100</b>

Based on the table above, it can be seen that the majority of social support for family expectations is good, namely as many as 54 people (66.7%).

### c. Real Family Social Support

Table 5: Distribution of Real Family Social Support Frequency in Polyclinic Mental Hospital North Sumatra Province In 2019

Real Social Support	Frequency (F)	Percentage (%)
Good	27	33,3
Enough	54	66,7
Less	0	0
<b>Total</b>	<b>81</b>	<b>100</b>

Based on the table above, it can be seen that the majority of real family social support is enough which is as many as 54 people (66.7%).

#### d. Social Support for Family Information

Table 6: Distribution of Social Support Frequency of Family Information in Polyclinic Mental Hospital North Sumatra Province Medan Year 2019

Social Information Support	Frequency (F)	Percentage (%)
Good	36	44,4
Enough	26	32,1
Less	19	23,5
<b>Total</b>	<b>81</b>	<b>100</b>

Based on the table above, it can be seen that the majority of social support for family information is good, namely as many as 36 people (44.4%).

#### Risk of Recurrence

Table 7: Frequency Distribution of Recurrence Risk in Polyclinic Mental Hospital North Sumatra Province In 2019

Risk of Recurrence	Frequency (F)	Percentage (%)
Light	26	32,1
Medium	55	67,9
High	0	0
<b>Total</b>	<b>81</b>	<b>100</b>

Based on the table above, it can be seen that the majority of patients' risk of recurrence is moderate as much as 55 people (67.9%)

#### Family Social Support Relationships with the Risk of Recurrence

Table 8: Social Support Relationships with the Risk of Recurrence in Polyclinic Mental Hospital North Sumatra Province

Social Support Relationships	Risk of Recurrence			Total	P
	Light	Medium	High		
	f	F	f	f	
Good	18	8	0	26	0,000
Enough	8	47	0	55	
Less	0	0	0	0	
<b>Total</b>	<b>26</b>	<b>55</b>	<b>0</b>	<b>81</b>	

Based on the table above can be seen the results of statistical tests with Spearman rank test shows that the value of  $p = 0.000$  with a significant level of 1 % that is  $p$  value  $< 0.05$ , then  $H_0$  rejected  $H_a$  diteriama, which shows that there is a relationship between social support and the risk of relapse in the Polyclinic Mental Hospital North Sumatra Province Medan. And based on correlation test where the coefficient correlation value is 0.660 means the relationship of social support with the risk of recurrence in the Polyclinic Mental

Hospital of North Sumatra Province Medan has a strong correlation.

Data used in partial correlations typically has a scale of intervals or ratios. The following guidelines provide interpretation and analysis for correlation coefficients according to Sugiyono (2013): 0.00 - 0.199 = very low, 0.20 - 0.3999 = low, 0.40 - 0.5999 = medium, 0.60 - 0.799 = strong and 0.80 - 1.000 = very strong.

#### DISCUSSION

##### Social Support for Families of Paranoid Schizophrenic Patients in Polyclinic Mental Hospital of North Sumatra Province Medan

Based on the results of a study conducted by researchers at the Polyclinic Mental Hospital of North Sumatra Province Medan in May 2019 showed that families provide support in a good category to paranoid schizophrenic patients. This indicates that family members have not been optimal in providing social support to prevent the risk of recurrence of paranoid schizophrenic patients. Family support is strongly influenced by gender, family relationships and long-time sick family members. Judging from the characteristics of the respondents the most gender is women with family relationships is the mother, where the role of the mother is needed in the recovery of the patient compared to the role of the father who makes a living,

Patients who get family support have a chance to develop in a positive direction so that schizophrenia sufferers will be positive, both towards themselves and their environment (Puspitasari, 2015). Who studies show better outcomes in traditionally paranoid schizophrenic patients, in non-western countries, where families are more tolerant. Based on the length of time a family member suffers from paranoid schizophrenia is more than 5 years. The length of time members suffer from paranoid schizophrenia causes the family to become bored so that family support is also reduced.

Family support for treatment therapy may decrease or at least slow the recurrence in patients. In addition, experimental social support studies in families with paranoid schizophrenia with treatment resulted in a low relapse rate compared to using only treatment (Ayuso, 2017). Family support for schizophrenic patients is very important in the healing process in addition to medicines (Fahanani, 2015).

#### **a. Emotional Social Support for Families of Paranoid Schizophrenic Patients**

Based on the results of the study the emotional social support of the family of paranoid schizophrenic patients is good, this is because the family treats the patient with love and affection, does not discriminate against the patient with other family members and the family helps increase the patient's self-esteem during treatment so that the patient still feels useful and valuable. But some families do not include patients in their daily activities.

According to Niven (2010), Emotional support gives the patient comfort, feeling loved even when experiencing a problem, help in the form of spirit, empathy, trust, attention so that the individual who receives it feels valuable. In this emotional support the family provides a place of rest and encouragement to patients who are treated at home or in a mental hospital. This type of support is emotional or maintains an emotional state or expression. What includes this emotional support is an expression of empathy, caring, and concern for the individual. It gives individuals a comfortable feeling, a sense of having and feeling loved when experiencing problems, help in the form of passion, personal warmth, love, and emotion. If stress reduces a person's feelings about what they have and love then support can replace them so that it will be able to re-strengthen those feelings of love. If left continuously and uncontrolled, it will result in loss of self-esteem.

#### **b. Social Support For Families of Paranoid Schizophrenic Patients**

Based on the results of social support research the hope of families of paranoid schizophrenic patients is good. It can be seen that the family always tries to take the time to listen to the problem experienced by the patient, keluarga motivates the patient to take medication regularly, the family also often provides encouragement / support to the patient when facing problems, the family also often motivates the patient to follow ongoing treatment programs such as hospital control.

According to Niven (2010), hope support is a support in the form of encouragement and motivation provided by the family to patients. This support is a support that occurs when there is an expression of positive judgment towards the individual. Patients have someone they can talk to about their problems, through expressions of positive family appreciation to the patient, encouragement, approval of the patient's ideas or feelings. This family support can help improve patient coping strategies with alternative strategies based on experience that focuses on positive aspects. In the support of hope, support groups can influence a patient's perception of a threat. Family support can help patients overcome problems and redefine the situation as a minor threat and families act as mentors by providing feedback and being able to build patient self-esteem.

#### **c. Real Social Support for Families of Paranoid Schizophrenic Patients**

Based on the results of real social support research the families of paranoid schizophrenic patients are sufficient, this is because families rarely guide patients to work and activities as usual, families also rarely provide time to accompany patients to the hospital because of the busyness of the patient's family members, there are also families who feel objections in providing funds for the treatment of patients and facilitating the transportation needed by the patient during pain control.



According to Niven (2010), this support includes physical support providers such as services, financial assistance by providing funds for medical expenses, and materials in the form of real assistance (Instrumental Support/ Material Support), a condition in which objects or services will help solve critical problems, including direct assistance such as when someone helps with daily work, provides information and facilities, maintains and cares for the sick and can help solve problems. On real support, the family as a source to achieve practical goals. Although in fact, anyone with sufficient resources can provide support in the form of money or attention aimed at the treatment process. However, real support will be more effective when appropriately appreciated by the recipient. Providing real support that results in feelings of indebtedness and feelings of debt, will instead add to the stress of the individual.

#### **d. Social Support Family Information of Paranoid Schizophrenic Patients**

Based on the results of social support research The family information of paranoid schizophrenic patients is good, this is because families often help patients in providing precise information about everything a patient needs in treatment, families often remind patients of drugs and drinking, families are also frequent, but there are also families who rarely give praise to the patient if the patient can perform activities appropriately.

According to Niven (2010), this support includes a network of communication and shared responsibilities, including providing solutions to problems faced by patients in a home or mental hospital, providing advice, direction, advice, or feedback on what a person is doing. The family can provide information by suggesting a place, a doctor, and a good therapy for him and specific actions for the individual to fight stressors. On information support, families as information gatherers and informers.

### **Risk of Recurrence of Paranoid Schizophrenic Patients in Polyclinic Mental Hospital of North Sumatra Province Medan**

The results showed that the majority of paranoid schizophrenic patients are at risk of recurrence in the moderate category. In chronic patients, it begins with the patient showing signs and symptoms of psychotic continuous for more than 5 years. The risk of recurrence of paranoid schizophrenic patients is part of an active phase marked by at least 2 psychotic symptoms (Kaplan, 2014).

The risk of recurrence of paranoid schizophrenia patients usually begins with signs such as being hesitant or there is fear, no appetite, difficulty concentrating, difficulty sleeping, deptsesi, no interest and withdrawing. (Daley,2017). Patients discharged home had a tendency to relapse the following year compared to patients placed in residential environments (Tomb, 2014). Most paranoid schizophrenic patients experience chronic disease journeys with various forms of recurrence characteristics with exacerbation of psychosis and increased rehospitalization rates (Sena, 2008). A conclusion from clinical research states that several factors that contribute to the recurrence are non-compliance with treatment, pharmacological factors (drug dosage), psychosocial factors (including family social support), alcohol and drug abuse (Ayuso, 2017).

### **Family Social Support Relationships with the Risk of Recurrence of Paranoid Schizophrenia Patients**

The results showed that there was a meaningful and significant link between family social support to the risk of recurrence of paranoid schizophrenic patients. Obtained correlation coefficient value ( $\rho$ ) = 0.606 and significance value ( $P$ ) = 0.000, where the value  $p > \alpha = 0.05$ , it can be concluded that there is a relationship of family social support with the risk of recurrence of paranoid schizophrenic patients in the Polyclinic Mental Hospital

Medan of North Sumatra Province. The results of this study showed that there is a link between family social support and the risk of recurrence of paranoid schizophrenic patients in the Mental Hospital of North Sumatra Province Medan.

Based on Septian's research (2011) on the relationship of family social support and the risk of recurrence of schizophrenic patients in the Polyclinics of North Sumatra Mental Hospital Medan, obtained hail research shows that there is a significant relationship between family social support and the frequency of recurrence of paranoid schizophrenic patients. The interaction between the family and the patient to the symptomatic process can be known. Therefore, families, especially the core family, should be able to provide support to paranoid schizophrenic patients and be able to recognize the disease they suffer from, as well as create a healthy psychic environment in the family.

The results of the study can be concluded that with the social support of families of paranoid schizophrenic patients in the Polyclinic Mental Hospital of North Sumatra Province Medan is good and the risk of recurrence of schizophrenia patients is also not high and also low that is moderate, this happens because of good family support factors, so the ability to seek treatment and they are also routine for control and taking drugs.

According to Sarlito Wirawan (2014), that in providing support to someone who is sick, economic problems are very important issues needed to help that healing take place quickly and well. This is supported by the results of a study by Samuel (2015) which stated that low family income causes high rates of relapse in schizophrenic patients because the family does not seek to find costs for the recovery of patients, and even if the family seeks to find medical expenses remain insufficient because the income obtained by the family is used for daily needs.

Social support is a family way to deal with paranoid schizophrenia so there is

no risk of recurrence. In addition, family social support is also a positive, affective, perceptive and behavioral response used by families to solve problems and reduce stress caused by paranoid schizophrenics. The relapse of paranoid schizophrenics in the middle of the family is a sign that the family is failing to do social support properly.

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