# FAMILY STRATEGY IN GIVING ANTIPSYCHOTIC MEDICATIONS TO FAMILY MEMBERS WITH MENTAL DISORDERS

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## Abstract

***Introduction:*** *Recurrence in people with mental disorders is often due to medication withdrawal. The primary supporter of giving medications at home is the family. The purpose of this study was to identify the family strategy for treating family members who have mental disorders with antipsychotic medications.*
***Methods:*** *The method used in this study is survey-based descriptive quantitative research with 100 samples that are representative of families with mental disorders and using accidental sampling technique. The inclusion criteria were family accompanying them with mental disorders control to a mental hospital who had difficulty taking medicine. The researcher's questionnaire is based on a literature review. The analysis and presenting of data use frequency distribution.*
***Results:*** *The survey showed that the strategy most often used was to involve patients in the decision to get medicine (100%). The most frequently successful families were to understand patients' importance and remind them when to take medicine (93%), but most often, it didn't work. Instead, what is done is to involve the patient in the decision to get the medications (16%), and the most that has never been done is to change the oral to injection medication (65%).*
***Conclusions:*** *A family responsibility to reduce the rate of recurrence should be to remind the patient to take their medications.*

***Keywords:*** *family strategy, giving medication, mental disorders*

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## INTRODUCTION

Sectio Mental disorders are included in four diseases worldwide, including cancer, accidents, degenerative diseases, and mental disorders (Nasriati, 2017). Mental illness is not a direct cause of death, but it can cause mental and material suffering for individuals suffering from mental disorders and their families (Oruh, Agustang and Asrifan, 2022). The world's prevalence of mental disorders in 2017 was around 450 million (Kemenkes RI, 2019). According to the Baseline Health Research 2018 statistics, individuals suffering from mental disorders in 2018 experienced an increase of 282,654 cases compared to 2013 with only 1,728 patients, where people with mental illnesses in 2018 were 7 per mile, while in 2013 only 1.7 per mile (Kemenkes RI, 2019).

Riau is a province in Indonesia with mental disorders ranked 22 out of 34 regions (Kemenkes RI, 2018). In 2018, there were around 273,519 cases of mental disorders in the province of Riau (Profil Kesehatan Riau, 2019). According to data from the Pekanbaru City Health Office 2021, there will be around 715 cases of mental disorders in the Pekanbaru City Health Center area, out of a total population of 983,356 people. According to these statistics, Pekanbaru City still has a significant number of mental disorders, but the service completion percentage is still around 50%. This achievement level falls short of the strategic plan's 2017–2022 target of 100% (Dinas Kesehatan Kota Pekanbaru, 2017).

Due to their high prevalence, mental disorders are still associated with low service achievement rates, which suggests that they are a serious condition. Growing numbers of people with mental disorders can be brought on by precipitating and predisposing causes. According to Mawaddah et al (2020) research, the biological aspect namely, the patient's previous history of mental disorders, the psychological aspect namely, unachieved goals and aspirations and the social aspect namely, conflict between families, school/work colleagues, and the environment are the most predisposing factors. The precipitation factors on the biological aspect are not routinely taking medication/dropping out of medicine, the psychological aspect is the lack of support and motivation from the environment, and the social aspect is an economic problem. According to these factors, medicine withdrawal is the main reason for recurrence in patients, accounting for 96% of cases (Mawaddah, Sari, and Prasetya, 2020). The incidence of relapse in people with mental disorders is estimated to be around between 60 and 75 percent after experiencing psychotic symptoms. If not treated and medication regularly, relapse is 74% (Mubin and Livana, 2019).

Factors that prevent recurrence in mental disorders include regular treatment programs, namely patient compliance in regularly taking medication according to the doctor's directions (Sari, Sapitri and Yaslina, 2018). However, the research results show that around 25-50% of mental disorders who have been allowed to return home after being treated in a mental hospital don’t want to take their medicine, so the role of the family is needed (Pelealu, Bidjuni and Wowiling, 2018). Additionally, according to Fahmawati et al (2019) research, patients with mental disorders don’t want to take medications because they feel better after taking them and feel bored with medicines. As a reason, medications administration calls for a family strategy. If the patient has trouble taking medication, the family should use strategies or techniques to provide the

medication. Making good relationship with patients to increase communication, effectively communicating with patients about goals, and creating a schedule for taking medication are some strategies/methods that families should do (McCaslin, 2016). Safitri (2019) research shows that there are a number of ways for families to administer medication, including by secretly adding the medication in the patient's food or drink. Additionally, the family helps the patient to understand the importance of taking medicine, and will keep reminding the patient to take it.

Based on the results of pre-research conducted on April 2-8, 2022, at mental hospital Riau Province, to 5 family members it was found that two families said the patient had control at the time of recurrence. When the medications ran out and the patient didn't want to take medication, the family communicated well while persuading the medication to be eaten until the patient himself sought the cure. On the other hand, one family said the patient had frequent relapses due to drugs being rarely taken, the family's way of administering medication was forced, and two families said the patient was sometimes aware of his illness and wanted to take medication. Still, sometimes he also didn't want to take medication because he felt bored, so the family's way to maintain order, the patient continue to take the medications, namely by inserting the medications into the people with mental disorders food without his awareness.

Based on the high number of mental disorders and the limited information related to family strategies in administering drugs to people with mental illnesses at home, researchers are interested in researching family strategies in helping medications at home to family members with mental disorders.

## METHODS

### Study Design

This research is a survey research category using quantitative methods with a descriptive design. This study described family strategies in administering antipsychotic medications to family members with mental disorders.

### Population, Samples, and Sampling

The population in this research is families who have family members with mental disorders who are controlled in the mental hospital in Riau Province. This study's sample number was 100 respondents with an accidental sampling technique. The inclusion criteria of this study were families accompanying family members with mental disorders who had difficulty taking medication.

### Instruments

A questionnaire was used as the measurement instrument in this study. The characteristics of the research respondents are described in question section A. This information, that includes the respondent's age, gender, educational levels, relationship with patients, duration of care for family with mental disorders, and family knowledge of family members diseases. Respondents can choose one of the suitable responses by putting a check mark (√) on one of the answers that have been provided.

Nine family medications administration strategies are included in Questionnaire B. Respondents can choose the appropriate answer by putting a tick (√) on one of the answers provided and filling in when other ways/strategies are used to administer medications.

**Procedure**

In order to identify phenomena and create research proposals, the researchers first did pre-research and requested information on mental hospital. The researcher took care of the ethical tests after the proposal was better, and on July 6, 2022 the researcher was approved. After that, the researcher took care of the research permit following the applicable procedures. Then, the researcher conducted the research from July 20 to August 1, 2022. First, the researcher met the respondents and gave a statement sheet on which the researcher was conducting research. If the respondent agrees to fill out the questionnaire, the researcher first gives an informed consent form to become a respondent. After that, the researchers distributed questionnaires to be filled in by the respondents. After completing filling out, the researcher checked the completeness of the questions from the questionnaire sheet.

**Data Analysis**

Analysis of the data used in this study is the frequency distribution with a descriptive type of analysis using computer software program.

**Ethical Clearance**

Data were collected after obtaining an ethical permit from the Faculty of Nursing, University of Riau Ethics Committee, with Number: 455/IJN.95.5.1.8/KEPK.FKp/2022.

Table 1. Characteristics of Respondents (n=100)

| Characteristics of Respondents | n | % |
|---|---|---|
| **Age (years old)** | | |
| Late teen (16-25) | 2 | 2 |
| Early adulthood (26-35) | 19 | 19 |
| Late adult (36-45) | 61 | 61 |
| Old age (46-55) | 12 | 12 |
| Late old age (56-65) | 5 | 5 |
| The older man (>65) | 1 | 1 |
| **Gender** | | |
| Man | 31 | 31 |
| Women | 69 | 69 |
| **Education** | | |
| No school | 6 | 6 |
| Primary school | 5 | 5 |
| Junior high school | 16 | 16 |
| Senior High School | 51 | 51 |
| Diploma/Bachelor | 22 | 22 |
| **Relationship with Sufferers** | | |
| Children | | |
| Parents | 58 | 58 |
| Siblings | 22 | 22 |
| Others (Husband/Wife) | 5 | 5 |
| | 15 | 15 |
| **Length of Care for People with Mental Disorders** | | |
| One year | 15 | 15 |
| Two years | 2 | 2 |
| Three years | 10 | 10 |
| Four years or more | 73 | 73 |
| **Family Knowledge about Types of Diseases of Family Members** | | |
| Know | 87 | 87 |
| Don't Know | 13 | 13 |

## RESULTS

Table 1 shows that, out of 100 respondents, 61 respondents (61%) the late adulthood (aged 36 to 45), were the majority. According to gender, it was found that some of the respondents were female (69 people, or 69%); according to the most recent level of education, it was found that most respondents were senior high school graduates (51 people, or 51%); according to the relationship respondents with the sufferer, it was found that most respondents had children (58 people, or 58%); and according to the duration of care for family with mental disorders, which was at most four years, respondents had 73 people, or 73%. According to the family's knowledge of the patient's illness, 87 members (87%) of the family were aware of the patient's condition.

Table 2 shows that the most widely used medications administration strategy involves patients deciding to get medications, namely 100 people (100%). The most successful strategy carried out by families in administering medications is the strategy by providing understanding to patients about the importance of taking medication and reminding patients when taking medication schedules, namely 93 people (93%). The strategy that didn't succeed was dominant in involving the patient in the decision to get medication, namely 16 people (16%), while the strategy that most families never did in administering medications was changing oral medicine into injection medicine with a total of 65 people (65%).

## DISCUSSION

Characteristics of Respondents

Age

According to the results, 61 (61%) of the respondents were aged between the ages of 36 and 45. The late adulthood category includes the respondents' age range from this research (Depkes RI, 2009). According to the researcher's assumptions, middle age is late adulthood (not too old and not so young). The registration process, initial assessment, and wait time to take medication for the control family take a lot of time. To handle individuals who have mental disorders so they can receive treatment, one must be able to make

Table 2. Family Strategy in Medications Administration

| Medications Administration Strategy | Ever done | | | | | | Never Done | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Succeed | | Not succeed | | Total | | | | | |
| | n | % | n | % | n | % | n | % | n | % |
| Entering the medicine into the patient's food/drink without his awareness | 55 | 55 | 11 | 11 | 66 | 66 | 34 | 34 | 34 | 34 |
| Monitor the patient regularly when taking the medication | 91 | 91 | 4 | 4 | 95 | 95 | 5 | 5 | 5 | 5 |
| Establish trusting relationships to communicate better | 92 | 92 | 2 | 2 | 94 | 94 | 6 | 6 | 6 | 6 |
| Communicate well with patients about what to expect | 92 | 92 | 2 | 2 | 94 | 94 | 6 | 6 | 6 | 6 |
| Explain to patients the importance of taking their medication | 93 | 93 | 1 | 1 | 94 | 94 | 6 | 6 | 6 | 6 |
| Set a time to taking medication | 82 | 82 | 2 | 2 | 84 | 84 | 16 | 16 | 16 | 16 |
| Remind patients to take medications as directed | 93 | 93 | 1 | 1 | 94 | 94 | 6 | 6 | 6 | 6 |
| Changing from oral to injection form of a medications | 23 | 23 | 12 | 12 | 35 | 35 | 65 | 65 | 65 | 65 |
| Involving the patient in the decision to get medication | 84 | 84 | 16 | 16 | 100 | 100 | 0 | 0 | 0 | 0 |

procedure decisions. Age is one aspect that affects a person's health behavior. Namely, the longer one lives, the more experience, the wider the insight, the deeper the skills, and the more positive decision making (Livana, Daulina and Mustikasari, 2017).

Gender

The majority of individuals who accompanied individuals with mental disorders to control counseling, 69 were female family members (69%). This is similar to the results of Livana et al (2017), that family respondents who take people with mental disorders to seek treatment are women, with 54 family (56.25%). The researcher made the assumption that women can multitasking well and are more caring about their family and healthcare. This follows Octavia's (2017) statement that women can multitasking with managing their families and providing care for unwell family members.

Education

Senior High School was the last educational experience for 51 (51%) of the respondents in this research. The researcher's assumptions state that educated people are more responsible for making treatment decisions, easier to understand information and instructions, and easier to accept conditions that occurs, such as accepting the condition of family members who have mental disorders. Individuals who lack knowledge are not trained how to handle difficult conditions, and they usually deny what is actually occurring. According to Notoatmodjo (2012) statements, a person's education is similar to their knowledge; the more knowledgeable they are, the easier it is for them to think rationally and retain the information. It can affect how they behave and help them make the best decisions. According to Hidayati (2012) research, respondents with higher education are more able than respondents with lower education to overcome the attitudes of people with mental disorders.

Relationship with Sufferers

In terms of bringing people with mental problems to receive medical treatment, 58 respondents or 58% have the status of children. According to the researcher's assumption, states that one of children's responsibility should be to contribute to caring for their unwell parents. Based on the results of research by Setiawati (2009), children are the second derivative after the father and mother, who take care of the parents. Children who caring for their parents must therefore be able to maintain a strong relation with parents, especially when they are ill. However, building a relationship takes effort as the child must conform to the parent's condition. Parents who are ill have identical wants to healthy persons, but because of their physical and mental disabilities, people are struggling greatly. Children should therefore be prepared to deal with the situation of having unwell parents.

Length of Care for People with Mental Disorders

The duration of family care for people with mental disorders in this study was the majority of four years or more, namely 73 (73%) people. This is similar to the research conducted by Livana et al (2017), in which the family has cared for 46 (47.3%) people for four years. According to the researcher's assumptions, Considering that mental problems are frequently referred to as chronic diseases, it is not surprising that families care for their family members who have had mental disorders for years. This is supported by the reality that schizophrenia is a chronic disease that

affects a large percentage of patients. The ten most significant diagnoses in the Mental Hospital's Riau Province in 2021, according to research from the medical records of the Mental Hospital Riau Province, are schizophrenia (67.26%).

Family Knowledge about Types of Diseases of Family Members

There are 87 (87%) families who are know of the condition types their family members have. These results showed that 13 family members were unaware of the family members' conditions. Five family members have been interviewed, and it was found that three of them said they weren't the patient's primary caregivers. They only took the patient for control. Two families were observed concealing family members' illnesses and said they were ashamed to tell others. According to the researcher's assumption, to handle symptoms calmly and reduce biases during treating them, the family must be aware of the type of condition that occurs in the family. According to Sari's (2019) statement, in order for family members who have mental disorders to identify their health problems to medical professionals during the treatment regimen, knowledge concerning how to care for them is important.

Family Strategy in Medications Administration

Strategy 1: Entering the medicine into the patient's food/drink without his awareness

According to the results of a study, 55 out of the 66 respondents who attempted this strategy were successful. According to the researcher's assumption, this strategy is a creative thing for families to give medicine by incorporating it into food. This follows Fakih's (2021) research; respondents said that medications are often mixed into food so that the medications blends with food so that patients don't see the form of the medicine directly. This method is an alternative strategy if the patient is having difficulty eating treatment.

Strategy 2: Monitor the patient regularly when taking the medication

The results showed that out of 95 people who had done it, 91 people managed to do it this way. According to the researcher's assumptions, another step the patient's family must do to make sure that the patient takes the medication should be to monitor the patient's medication intakes. It's possible that the patient takes away the medication when the family is not here. This follows Hasanah et al (2021) research, medications that can be used to ensure the patient's condition and composure in completing medical therapy, one of which is taking medication.

Strategies 3 and 4: Establish trusting relationships to communicate better and communicate well with patients about what to expect

Based on the study's results, of the 94 family who had done it, 92 family were successful in carrying out this strategy. According to Sulastri and Kartika (2016) statements, people with mental disorders are more likely to take their medicine as advised when they have relationships and engage in therapeutic communication. If the caregiver gives and instructs the patient to take medicine in a positive way, patients are more responsive. If the caregiver and patient have a good relationship, the patient will follow the instructions.

Strategies 5 and 7: Explain to patients the importance of taking their medication and remind patients to take medications as directed

Strategies 5 and 7 are the most successful in administering medications,

with 93 family (93%). According to the researcher's assumption, If the patient has difficulty taking their medication, this strategy is ideal. To ensure that there is no recurrence, the symptoms that occur may be minimized, and the patient can be reminded when it is time to take medication, the family must be able to explain to the patient the importance of taking medications. Individuals who have mental disorders might not be aware of when and what medications they should be taking. This is similar to Khamida's (2018) research, which found that 69% of families reminded people with mental disorders to take medication. Families always remind clients to take medication on time so that people with mental disorders always remember when and how many pills to take (Khamida, Muhith and Safitri, 2018).

Strategy 6: Set a time to taking medication

The strategy of making an appointment schedule for taking medication was obtained from 84 people who had done it, and 82 people managed to do it this way. According to the researcher's assumption, the patient's family must schedule the patient's medication intake previously to the medication be given; for example, if the medication is to be taken at 1 p.m. after a mealtime, the family must schedule the patient's medication intake prior to 1 p.m. so that the patient will remember to take it. This follows the nursing plan by Andriyani (2019), on the patient's non-compliance to take medication, which involves individuals and families making a schedule for taking medicines according to the hour.

Strategy 8: Changing from oral to injection form of a medications.

Families mainly do not carry this strategy in administering drugs, namely 65 people (65%). According to the researcher's assumption, Families rarely provide this to individuals with mental disorders because they lack the knowledge necessary, and physicians must also provide guidance and information how to take medication. This follows Irwan et al., (2008) statement that administering injection medications must be for specific reasons and strict supervision by health workers. For example, it is administered by injection if the patient needs to enough and when finishing oral medication because they are unable to consume.

Strategy 9: Involving the patient in the decision to get medication

Strategy has been used the most in administering medications, namely 100 people (100%). However, this strategy is also what most families fail to do in helping drugs, namely 16 people (16%). According to the researcher's assumption, Families and medical professionals must involve patients in the decision of their medications. Since medical professionals administer the medication till the patient takes it, patients need to be aware. The patient must receive clear information about the medication they will take in order for him to believe that it will reduce the symptoms. However, it won't work if you simply inform the patient that he is receiving the medication without communicating why it is important for him to take.

Moreover, the patient also refuses to take medicine first because he knows he will take a lot of it. This follows Sirait's (2020) statement that patients are at the center of service recipients, so nurses must tell them about their medication. However, a lot of facts from other study results show that patients continue to have uncomfortable medication administration

experiences because of the patient's lack of knowledge about the significance of using prescription medications.

Research Limitations

The researcher is aware that this study is lacking of information. For example, many multiple responses affect the study results in the patient relationship questionnaire. Additionally, a lot of responders still have feelings of embarrassment and denial, so their responses usually may not reflect reality

## CONCLUSIONS

The majority of families—100 people (100%)—have used the strategy of involving the patient in the decision to obtain medication. The most effective strategy taken by the family in administering medication is the strategy of educating the patient about the importance of the medication and reminding the patient when taking a schedule medication, which was used by 93 people (93%). The strategy that most families never used to administer medication was changing oral to injection medications, with a total of 65 people (65%). On the other hand, the strategy that did not succeed was dominant in involving the patient in the decision to get medication, namely 16 people (16%).

It is hoped that future researchers will be able to learn more about important family medication administration strategies so that they can be applied as new information in psychiatric nursing.

## CONFLICT OF INTEREST

There is no conflict of interest in this study.

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