



The Effect of Triangle Family Therapy on the Stress of Families Caring for Schizophrenic Clients at Especially Mental Hospital

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<p>Track Record Article</p> <p>Accepted: 06 August 2024 Revised: 01 July 2024 Published: 17 August 2024</p> <p>How to cite : Siahaan, S. A. A., Nasution, S. S., & Daulay, W. (2024). The Effect of Triangle Family Therapy on the Stress of Families Caring for Schizophrenic Clients at Especially Mental Hospital Prof. Dr. Muhammad Ildrem. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 6(2), 867–877.</p>	<p style="text-align: center;">Abstract</p> <p><i>The family's understanding of fulfilling the patient's needs and patient behaviour that is difficult to understand results in problems in the relationship between the family and the patient, which can ultimately cause stress in the family. This stressful condition can affect the attitudes, behaviour and interpersonal relationships of family members who care for scozyprenia patients. This study aims to examine the effect of triangle family therapy on family stress caring for schizophrenic clients at the Special Prof.Dr.M. Ildrem Mental Hospital. The research method uses a quasi-experimental method with a pretest and post-test non-equivalent control group design. The sampling technique is a non-probability sampling technique, namely the purposive sampling method. The population in this study were all families who had family members who have schizophrenia. The respondents of this study were families who had family members who have schizophrenia in the Technical Implementing Service Unit (UPTD) Special Outpatient Room at the Mental Hospital Prof. Dr. Muhammad Ildrem Medan, consisting of 30 intervention group respondents and 30 control group respondents. The fatigue measurement instrument uses the Perceived Stress Questionnaire (PSQ). Data were analyzed using independent t-tests and paired t-tests. The research results found that triangle family therapy significantly reduced family stress caring for schizophrenia patients with a p-value <0.05. The conclusion is that triangle family therapy is effective in reducing family stress in caring for schizophrenia patients and is recommended as a nursing intervention to reduce family stress caring for schizophrenia patients.</i></p> <p>Keywords: <i>Schizophrenia, Stress, Triangle family therapy</i></p>
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INTRODUCTION

Schizophrenia is the most common psychotic mental disorder, and those affected have a mortality rate two to four times higher than the general population. Family and social support are crucial to improving outcomes (Crawford, 2022). Schizophrenia is a severe and common mental illness that most physicians encounter during their practice (Yildiz M, 2021). Schizophrenia has a complex picture with multifactorial causes (McCutcheon et al. T, 2020). Schizophrenia is a condition characterized by severe mental disorders such as hallucinations. These delusions can affect an individual's thoughts, feelings and behaviour, causing a loss of understanding of reality and a loss of self-awareness. Schizophrenia is also often associated with disorders in personal, family, social, educational, work and other vital areas of life (Anggraini & Sukihananto, 2022; Hadiansyah & Sriati, 2014).

Schizophrenia can increase family stress because of the costs that families have to pay for patient treatment and the existence of false stigma from society so that families assume that a family member who has schizophrenia is a disgrace (Kitu et al., 2019). Factors that trigger

the risk of mental disorders include genetics, environment, childhood trauma, experiencing stress, negative thoughts, unhealthy habits, drugs and alcohol, and experiencing brain damage (Fitri et al., 2023; Makarim, 2021).

The prevalence of schizophrenia cases in Indonesia in 2019 for Southeast Asia is in first place, followed by Vietnam, the Philippines, Thailand, Myanmar, Malaysia, Cambodia and finally East Leste. According to WHO (2019), the prevalence of schizophrenia patients is 20 million people worldwide, while based on 2018 Riskesdas data shows that around 236 million have schizophrenia, meaning 1.8% of the 1000 population of Indonesia (Dwi et al., 2022; Pardede & Hasibuan, 2020).

The role of the family is vital for the care and recovery of schizophrenia (Saifah & Febriyanti, 2021). The family as the party responsible for patients with severe mental disorders includes increased family stress and anxiety due to the burden of care. Caregivers of schizophrenia patients are also vulnerable to stress and depression (Nur et al., 2022). Families with a family member who suffers from severe mental disorders/schizophrenia can experience a particular psychological burden for the family of the schizophrenic sufferer. Feelings of anxiety, guilt, confusion, stress, and even depression will be felt by families whose family members have schizophrenia. This happens because the family does not have an understanding of the patient's needs, and the patient's behaviour is difficult to understand, making it difficult to establish a relationship between the family and the patient. ultimately causing stress in the family (Utama et al., 2021; Janah M, 2021).

Stress is a condition that occurs as a result of a collection of several causal factors that have an impact on the family caregiver that can influence the caregiver's attitudes, behaviour and interpersonal relationships. Family function is also disrupted as a result of pressure that causes stress on the family (Apriyanto et al., 2020). Family therapy for schizophrenia Family therapy is a type of therapeutic modality that focuses on treating all family members as a unit, and the form of intervention provided is to help the family identify and change maladaptive problems, self-blame, and repetitive relationship patterns. A review of family therapy research concludes that interventions can prevent disease relapse when symptoms have been reduced by psychotropic medication by reducing family factors associated with relapse (EI Aivalioti et al., 2023).

Triangle Therapy is a fundamental social unit, and triangulation (involvement of third parties) is a social process that can occur anywhere. Triangle family therapy is a therapy that can influence or improve the family's coping response in making decisions to resolve problems

felt by the family. This triangle therapy is carried out to help couples and individuals anticipate various ways of solving problems that arise (Pardede & Hasibuan, 2020; Rosnawaty et al., 2022). In line with the characteristics of families where the majority are married, angel therapy is needed in decision-making in the treatment of family members who have schizophrenia.

METHODS

This type of research is Quasi-Experimental quantitative research. Non-equivalent pretest-posttest design. This study aims to determine the effect of triangle family therapy on the stress of families caring for patients with schizophrenia. The research location is in the Technical Implementing Service Unit (UPTD) Special Outpatient Room at the Mental Hospital Prof. Dr. Muhammad Ildrem Medan on 18 March - 11 May 2024. The population in this study consisted of 60 families with family members suffering from schizophrenia. Convenience sampling was used in this research. The number of respondents was determined using the g power application. The power size and effect size method was based on Cohen with a power size of 0.80 and an effect size of 0.80, so the sample was determined to be 28 intervention groups and 28 control groups. And considering the exclusion criteria, the number of samples in this study was added by 10%, so the number of samples in this study was 30 people per group.

The inclusion criteria established in this study include being a member of the nuclear family of a schizophrenia patient; respondents aged 25-65 years; able to communicate well, read and write; and living in the same house as the patient for at least the last five months. The research instrument consists of 2 parts, namely demographic data and stress questionnaire. Demographic data includes respondents, age, gender, level and marital status. The tool for measuring stress levels uses a modification of the PSQ (Perceived Stress Questionnaire) questionnaire. This research variable consists of two variables, namely the independent variable and the dependent variable. The independent variable in this study is the influence of Triangle family therapy, while the dependent variable in this study is the stress level of the patient's family who cares for schizophrenia patients. The inferential analysis that will be used in this research is the parametric independent t-test and the paired t-test.

RESULTS

An overview of the characteristics of the respondents in this study can be seen in Table 1 below.

Table 1. Frequency Distribution, Percentage and Average Characteristics of Respondents

Characteristics	Control		Intervention	
	n (30)	%	n(30)	%
Age				
25-40 years	7	23,3	13	43,3
41-65 years	23	76,7	17	56,7
Sex				
Male	14	46,7	7	23,3
Female	16	53,3	23	76,7
Ethnic group				
Jawa	2	6,7	4	16,7
Batak Toba	4	16,7	6	20,0
Mandailing	7	23,3	7	23,3
Melayu	11	26,7	6	20,0
Batak Karo	6	20,0	7	23,3
Education				
No school	4	13,3	2	6,7
Elementary school	7	23,3	5	16,7
Secondary school	6	20,0	5	16,7
Upper School	8	26,7	13	43,3
Bachelor	6	20,0	5	16,7
Work				
Self-employed	3	10,0	8	26,7
Trader	8	26,7	7	23,3
Farmer	7	23,3	3	10,0
Government employees	4	13,3	4	13,3
Other	8	26,7	8	26,7
Marital				
Not married	5	16,7	4	13,3
Single	7	23,3	5	16,7
Married	18	60,0	21	70,0
Residence				
Urban	18	60,0	19	63,3
Rural	12	40,0	11	36,7
Family relation				
Main family	17	56,7	19	63,3
Closest family	13	43,3	11	36,7

Based on Table 1 above, it is known that the characteristics of respondents based on age; the majority in the control group were 41-65 years old, as many as 23 people (76.7%) and in the intervention group, as many as 17 people (56.7%). When viewed based on gender, respondents in the control group were dominated by 16 people (53.3%) and in the intervention group there were 23 people (76.7%).

The majority of respondents came from the Malay tribe, namely 11 people (26.7%) in the control group and seven people each from the Karo and Mandailing Batak tribes (23.3%).

The highest education level of respondents was high school, namely eight people (26.7%) in the control group and 13 people (43.3%) in the intervention group. The majority of respondents were traders (8 people (26.7%) in the control group, and eight people (26.7%) were self-employed in the intervention group. Most respondents lived in urban areas, namely 18 people (60.0%) in the control group and 19 (63.3%) in the intervention group. The marital status of respondents was dominated by married status, 18 people (60.0%) in the control group and 21 people (70.0%) in the intervention group. The majority of familial relationships with patients were nuclear families, namely 17 people (56.7%) in the control group and 19 people (63.3%) in the intervention group.

The stress of families caring for patients with schizophrenia before and after being given intervention according to hospital standards can be seen in Table 2 below.

Table 2. Frequency and Percentage Distribution of Control Group Family Stress Descriptions

Group	Family stress	Light		Currently		Heavy	
		n(30)	%	n(30)	%	n(30)	%
	Pretest	0	0	19	63,3	11	36,7
	Post-test	0	0	21	70,0	9	30,0

Based on Table 2 above, it is known that the picture of family stress before taking action according to hospital standards is moderate stress with a frequency of 19 (63.3%) and after standard hospital action, it also remains in the moderate stress category with 21 (70.0) in the group. Control.

The stress of families caring for patients with schizophrenia before and after receiving triangle family therapy intervention can be seen in Table 3 below.

Table 3. Frequency Distribution and Percentage of Family Stress Descriptions in the Intervention Group

Group	Family stress	Light		Currently		Heavy	
		n(30)	%	n(30)	%	n(30)	%
	Pretest	0	0	17	56,7	13	43,3
	Post-test	9	30,0	20	66,7	1	3,3

Family stress before triangle family therapy was moderate stress, namely 17 people (56.7%) and severe stress, namely 13 people (43.3%). After implementing triangle family therapy, the results obtained were that the majority had moderate stress, 20 people (66.7%) and nine people (30%) with mild stress, in the intervention group.

Stress analysis of families caring for schizophrenic patients before and after intervention at the Special Technical Implementing Service Unit (UPTD) Mental Hospital Prof. Dr. M. Ildrem.

Table 4 Pre and Analysis Results (Dependent) In The Control Group And Intervention Group

Variable	Mean	Std. Deviation	t	Sig. (2-tailed)
Pre-post control group	1,00	5,60	0,98	0,34
Pre-post intervention group	21,40	3,60	5,93	0,00

Based on Table 4, it is known that the results of statistical tests in the control group obtained $p\text{-value} = 0.34 (>0.05)$, meaning that H_0 failed to be rejected, and it can be concluded that there was no change in the level of stress in families caring for schizophrenic patients at the Special Technical Implementing Service Unit (UPTD) Prof. Mental Hospital Dr. M. Ildrem before and after being given treatment according to hospital standards in the control group. Meanwhile, in the intervention group, the $p\text{-value} = 0.00 (<0.05)$, meaning that H_0 was rejected, and it was concluded that there was a decrease in stress levels in families caring for schizophrenia patients at the Special Technical Implementing Service Unit (UPTD) of the Mental Hospital Prof. Dr. M. Ildrem before and after receiving triangle family therapy treatment in the intervention group.

The difference in the average level of stress in the control group and the intervention group of families who care for schizophrenia patients at the Special Technical Implementing Service Unit (UPTD) Mental Hospital Prof. Dr. M. Ildrem

Table 5. Analysis Results (Independent) In The Control Group And Intervention Group

	Group	Mean	Mean Difference	Sig. (2-tailed)
Skor PSQ	Pretest control group	68,77	0,63	0,85
	Pretest intervention group	69,40		
	Post-test control group	67,76	19,77	0,00
	Post-test intervention group	48,00		

Based on Table 5, the results of statistical tests before the action was carried out according to hospital standards showed that the average PSQ score was 68.77 in the control group, and before the triangle family therapy was carried out, it was known that the average PSQ score was 69.40 in the intervention group. With Sig value. (2-tailed) = 0.85 or $p\text{-value} > 0.05$, then H_0 fails to be rejected, and it can be concluded that there is no difference in the

average PSQ score before the intervention in both the control and intervention groups. Meanwhile, after carrying out actions according to hospital standards, it was found that the average PSQ score was 67.76 in the control group, and after carrying out triangle family therapy, it was known that the average PSQ score was 48.00 in the intervention group with a value of Sig. (2-tailed) = 0.00 or p-value < 0.05, then H_0 is rejected, and it can be concluded that there is a difference in the average PSQ score before the intervention in both the control group and the intervention group.

DISCUSSION

Based on the research results, it is known that families who care for family members with schizophrenia experience stress. In the control group (table 2), the majority of family stress was experienced before the intervention was carried out; 19 people (63.3%) experienced moderate stress, and 11 people (36.7%) experienced severe stress. The description of family stress in the intervention group (table 3) showed that the majority of 17 people (56.7%) experienced moderate stress, and 13 people (43.3%) experienced severe stress. Contrary to the results of research conducted by Kurniawan & Mirza (2019), the aim was to see the relationship between the length of treatment for schizophrenia patients and stress levels through an analytical approach with a cross-sectional survey design at the Aceh Mental Hospital using the accidental sampling method of 34 people using the Depression, Anxiety and Stress Scale (DASS) questionnaire. It was described that the majority of respondents had cared for schizophrenic patients for more than ten years, namely 25 people, of which 22 people did not experience stress/normal (88.0%) and three others experienced mild levels of stress (12.0%). This is related to the passage of time that families have become adaptive to mental health problems experienced by family members.

Another research on the relationship between stress levels and coping strategies for families who are caregivers of schizophrenia patients in the work area of the North Purwokerto II Community Health Center. Type with a correlative descriptive approach. The most dominant level of stress with coping strategies for families who are caregivers of schizophrenic patients are families with moderate stress, 18 respondents (78.3%). The results of the study show that the respondents are family members who care for families with schizophrenic mental disorders at home and experience high levels of stress. Currently, the effects on the family can take the form of physical stress, such as headaches and digestive problems, and emotional stress, such as anger, depression and fatigue (Sugiarti et al., 2022).

This research involved 60 family members who cared for schizophrenia patients. The control group only received measures according to hospital standards and was measured again after six weeks from the first measurement, while the intervention group received treatment in the form of triangle family therapy. Family stress assessments in the intervention group were measured after the sixth session or in the sixth week after the first measurement. Before the intervention begins, the respondent's stress is first measured using the PSQ instrument. The questionnaire PSQ was developed for clinical psychosomatic research, with particular emphasis on developmentally related stress disorders.

Based on the results of research using paired sample t-test analysis, it is known that in the intervention group, the $p\text{-value} = 0.00 (<0.05)$ means that H_0 is rejected, and it is concluded that there is a decrease in stress levels in families who care for schizophrenia patients at the Special Technical Implementing Service Unit (UPTD) Mental Hospital Prof. Dr. M. Ildrem before and after receiving triangle family therapy treatment in the intervention group. The results of statistical tests before intervention was carried out in both groups revealed the Sig value (2-tailed) = 0.85 or $p\text{-value} > 0.05$, meaning that there is no difference in the average PSQ score before the intervention in either the control group or the intervention group. Meanwhile, after the intervention was carried out, the Sig value was known (2-tailed) = 0.00 or $p\text{-value} < 0.05$, meaning there was a difference in the average PSQ score before the intervention in both the control group and the intervention group. It was concluded that triangle family therapy had a significant effect compared to actions in accordance with hospital standards at the Special Technical Implementing Service Unit (UPTD) Mental Hospital Prof. Dr. M. Ildrem.

A case study conducted by Efendi et al. (2020) on families who cared for diabetes mellitus sufferers in the last six years who experienced stress and headaches because they experienced difficulties in caring for the patient. Management of family burdens using a triangle family therapy approach results in an agreement that the family holds discussions to resolve misunderstandings. The study results show that triangle family therapy is proven to overcome the family's subjective burden so that family care for diabetes mellitus patients can be more optimal.

Schizophrenia is a psychological problem experienced by people both in the world and in Indonesia. Schizophrenia that is not treated correctly will reduce the patient's quality of life. The role and support of the family in treating schizophrenic patients is an essential asset in the patient's recovery (Kustiawan et al., 2023). People with mental disorders may not be able to overcome their mental problems on their own. People with mental disorders need support from

other people, especially family, as people who care for people with mental disorders (Darmawan & Sudiro, 2020).

Family roles consist of formal and informal roles (Hendrawati et al., 2023). The formal role of the family in treating mental disorders, namely as a provider, household organizer, child care, child socialization, recreation, brotherhood, therapeutic, and sexual roles. The informal role of the family in treating mental disorders, namely as a driver, guardian of harmony, initiator-contributor, peacemaker, family pioneer, entertainer, caregiver and intermediary between family members and other families (Yuslinawati et al., 2023; Blandina & Atanilla, 2019).

A family with one of their family members experiencing a severe mental disorder means that when one of the family members experiences a schizophrenic mental disorder will have a negative impact on the entire family. Feelings of anxiety, guilt, confusion, stress, and even depression will be felt by families caring for schizophrenia/schizophrenia and can experience a psychological burden for the family. Stress occurs in the families of schizophrenic patients in the form of feelings of pressure because they are tired of the patient's condition requiring care in the family, feelings of boredom, feelings of shame about the situation that occurs in the patient, feeling discriminated against in the community, and feeling isolated from the environment because of the public stigma about schizophrenia. Which is still wrong (Utama et al., 2021). Bowen (1978) in Efendi (2020) explains that triangle family therapy prioritizes skills and cooperation aimed at solving problems faced by families by involving therapists, clients and families.

According to family theory, the triangle describes a three-person relationship that allows for less anxiety and tension than a two-person system, i.e. the tension in a triangle has room to shift between three people versus two people. When tension in a triangle can reduce its capacity, tension will be transferred to the third person. The limitation of this research is assessing the family stress of outpatients at the Special UPTD Polyclinic Mental Hospital Prof. Dr. M. Ildrem, who has a family without controlling the length of time family members have been diagnosed with schizophrenia. The stress in a family that has just had a family member diagnosed with a mental disorder is undoubtedly different from the stress in a family that has a family member who has had a mental disorder for a long time. Future research is expected to control the time/length of time sufferers are diagnosed with mental disorders.

CONCLUSIONS

Based on the results of research on the effect of applying triangle family therapy on the stress of families caring for schizophrenic patients at the Technical Implementing Service Unit (UPTD) Mental Hospital Prof. Dr. M. Ildrem the majority of families caring for patients with schizophrenia experienced moderate stress before and after triangle family therapy in the intervention group; Providing triangle family therapy has a significant effect on reducing stress for families caring for schizophrenia patients with a significance value of $p\text{-value} = <0.05$. The recommendation from the research results is that triangle family therapy can be used as a specialist therapy for families who have family members who experience mental disorders like low self-esteem disorder.

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