

Original Research

## The Correlation Between Family Support and Family Self-Efficacy with Relapse in Individuals with Schizophrenia



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Article Info	Abstract
Article history: Received: 30 July 2024 Accepted: 21 October 2024	<p><i>Introduction:</i> Schizophrenia is a common illness in mental hospitals, often leading to recurrent relapses. These relapses can be influenced by both internal and external factors, including family support and self-efficacy in caring for individuals with schizophrenia (IWS). Good family support benefits IWS, whereas poor support can worsen their condition. High self-efficacy in families is essential for providing optimal care. This study examines the correlation between family support and family self-efficacy with relapse in IWS in the Puskesmas (Community Health Centre) III North Denpasar area.</p> <p><i>Methods:</i> A quantitative descriptive correlational study with a cross-sectional approach was conducted. The research instruments included a family support questionnaire and the General Self-Efficacy Scale (GSES). Data were collected through door-to-door surveys from May to June 2024, involving 68 respondents who were family members of IWS.</p> <p><i>Results:</i> Many respondents were aged 46-55, had a high school education, and earned below the minimum wage. The Pearson correlation test showed a strong negative correlation between family support and relapse (<math>p = 0.00</math>, <math>r = -0.62</math>) and between family self-efficacy and relapse (<math>p = 0.00</math>, <math>r = -0.61</math>). Multivariate analysis using multiple linear regression indicated that family support (<math>\beta = -0.37</math>) had a slightly stronger influence on relapse occurrences in IWS compared to family self-efficacy (<math>\beta = -0.36</math>).</p> <p><i>Conclusion:</i> Enhancing family support and self-efficacy is crucial in minimising relapse in IWS. Families should be encouraged to strengthen their role in providing support and improving their self-efficacy in caregiving.</p>
Keywords: family support, relapse, self-efficacy, schizophrenia	

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## INTRODUCTION

Individuals in certain conditions may experience health problems, including mental health issues. Mental disorders are categorised as either mild or severe. Schizophrenia is a prevalent severe mental disorder, characterised by fundamental distortions in perception and thinking, often accompanied by blunted and inappropriate affects such as delusions and hallucinations [1]–[3].

Approximately 24 million people worldwide suffer from schizophrenia, an increase of 3 million cases since 2016 [4]. Results from the 2018 Basic Health Research indicate that the number of individuals with schizophrenia (IWS) in Indonesia increased by 5.3 per thousand over the past five years. The research also highlights that Bali has experienced the highest increase in IWS cases, at 8.7 per thousand [5]. The highest rates are in Denpasar City, followed by Buleleng, and then Badung [6].

Schizophrenia is a disease that frequently experiences relapses [7]. A relapse is a condition where the symptoms of a disease reappear after having subsided or improved. Various factors contribute to relapses in IWS, both internal and external, including family support and family self-efficacy [8], [9].

Schizophrenia requires long-term treatment, and relapses can have a significant impact on IWS and their surrounding environment, particularly their families. For IWS, relapses can prolong the time required to return to their previous state [10]. Families, as the primary support system, may experience

stress due to the prolonged economic, time, and psychological burdens of care [11], [12].

Families are a crucial factor in the recovery of IWS. They provide attention, understanding, support, love, and affection [13]. Family support can be provided to IWS through attitudes, actions, and acceptance of their condition. According to Friedman's (2010) theory, family support comprises emotional, informational, instrumental, and appraisal aspects [14].

Family members need good self-efficacy to provide optimal support to IWS. Self-efficacy, a theory proposed by Bandura, refers to an individual's belief in their ability to perform tasks and achieve positive outcomes [15]. Family self-efficacy in caring for IWS includes high confidence in managing schizophrenia symptoms, controlling medication, and addressing societal stigma [16].

Preliminary studies have found that North Denpasar has the highest number of IWS among the districts in Denpasar, with 379 individuals as of November 2023. Puskesmas III North Denpasar has the highest number of IWS, with 229 individuals, among the three Puskesmas in the North Denpasar District. Interviews with five families caring for IWS revealed that three of the five IWS were not involved in social interactions, families faced difficulties in communication and care, and one IWS had developed decubitus ulcers due to prolonged bed rest.

Based on this background, the correlation between family support and family self-efficacy with relapse in IWS in the Puskesmas III North Denpasar area needs to be investigated.

## **METHODS**

### ***Study Design***

This study employed a quantitative descriptive correlational design with a cross-sectional approach. The purpose was to examine the relationship between family support, family self-efficacy, and relapse occurrences among individuals with schizophrenia (IWS) in the Puskesmas III North Denpasar area. Family support and family self-efficacy were the independent variables, while relapse in IWS was the dependent variable.

### ***Setting and sample***

The research was conducted in the Puskesmas III North Denpasar area, which comprises three villages and one sub-district. The population for the study included families caring for IWS in this region, with a total of 229 individuals identified as primary caregivers. From this population, a sample of 68 respondents was selected using a probability sampling method, specifically proportionate stratified random sampling, to ensure representative coverage across demographic subgroups. The sample size was determined using G\*Power analysis to achieve adequate statistical power.

Inclusion criteria for the study required that participants be primary family caregivers of an IWS, reside in the North Denpasar area, and be at least 17 years old. Families of IWS who declined participation were excluded from the study.

### ***Instruments***

Data collection was carried out using several instruments. Demographic data sheets were

used to gather background information such as age, education level, and income. A relapse observation sheet was developed to record the frequency of relapse events in IWS over a one-year period, focusing on five key indicators: sleep disturbances, poor personal appearance, inadequate self-care, unclear speech, and episodes of restlessness. Family support was assessed using an 18-item questionnaire based on Friedman's theory, covering four dimensions: informational support, appraisal support, instrumental support, and emotional support. To measure family self-efficacy, the General Self-Efficacy Scale (GSES) was used, evaluating self-efficacy across the dimensions of magnitude, strength, and generality in caring for IWS.

### ***Data Collection***

Data collection was carried out from May to June 2024 through a series of interview surveys. Trained enumerators conducted door-to-door visits to administer the surveys and assist participants in completing the questionnaires. This method ensured accurate data collection and enabled the respondents to clarify any doubts they had during the process. Respondents were asked to complete the demographic data sheets, relapse observation sheets, family support questionnaires, and the GSES questionnaire. The data collection process lasted for one week.

### ***Data Analysis***

For data analysis, both univariate and bivariate statistical methods were employed. Univariate analysis was used to describe demographic characteristics, relapse frequency, family support, and family self-

efficacy, with descriptive statistics such as means, standard deviations, and frequencies. Bivariate analysis, using Pearson Product-Moment correlation, was conducted to test the relationship between family support, family self-efficacy, and relapse in IWS. All tests were performed with a 95% confidence level. Additionally, multivariate analysis using multiple linear regression was carried out to determine which factors most significantly influenced relapse occurrences and the percentage of the influence of each factor.

### **Ethical Considerations**

Ethical approval for the study was obtained from the Ethics Committee of the Faculty of Medicine, Udayana University (letter number B/1890/UN14.2.2.V.4/PT.01.04/2024).

Informed consent was obtained from all participants, who were fully informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any time. Participant confidentiality and anonymity were maintained throughout the research process.

## **RESULTS**

**Table 1**  
Characteristics of the IWS according to Age, Last Education, and Monthly Income ( $n=68$ )

<b>Demographic Characteristics</b>	<b>Frequency (<i>f</i>)</b>	<b>Percentage (%)</b>
<b>Age</b>		
17-25 years	3	4,41
26-35 years	7	10,29
36-45 years	18	26,47
46-55 years	29	42,65
56-65 years	8	11,76
>65 years	3	4,41
<b>Last Education</b>		
No School	1	1,47
Elementary School	3	4,41
Junior High School	5	7,35
Senior High School	53	77,94
Diploma	4	5,88
Bachelor's Degree	2	2,94
<b>Monthly Income</b>		
< Rp 2.994.000	46	67,65
> Rp 2.994.000	22	32,35
<b>Total</b>	<b>68</b>	<b>100,00</b>

**Table 2**  
Overview of Relapse, Family Support, and Family Self-Efficacy in IWS ( $n=68$ )

<b>Variable Characteristics</b>	<b>Category</b>	<b>Frequency (<i>f</i>)</b>	<b>Percentage (%)</b>
<b>Relapse</b>	Mild Relapse	48	70,59
	Moderate Relapse	15	22,06
	Severe Relapse	5	7,35
<b>Family Support</b>	Low Support	-	-
	Moderate Support	22	32,35
	High Support	46	67,65
<b>Family Self-Efficacy</b>	Low Self-Efficacy	12	17,65
	High Self-Efficacy	56	82,35
<b>Total</b>		<b>68</b>	<b>100,00</b>

**Table 3**

The Correlation Between Family Support and Family Self-Efficacy with Relapse of IWS in the Puskesmas III North Denpasar area ( $n=68$ )

Variable	Relapse	
	<i>r</i>	<i>p value</i>
<b>Family Support</b>	-0,62	0,00*
<b>Family Self-Efficacy</b>	-0,61	0,00*

**Table 4**

Results of Multiple Linear Regression Analysis of the Correlation Between Family Support and Self-Efficacy with Relapse of IWS in the Puskesmas III North Denpasar area ( $n=68$ )

Variable	<i>b</i>	<i>S.Eb</i>	$\beta$	<i>t</i>	<i>p-value</i>
<b>Family Support</b>	-0,03	0,01	-0,37	-2,91	0,00
<b>Family Self-Efficacy</b>	-0,03	0,01	-0,36	-2,78	0,00

$R = 0,67; R^2 = 0,45; F = 26,44; p = 0,00$

The research was conducted from May to June 2024, with a total of 68 respondents. According to Table 1, most respondents were aged 46-55 years, comprising 29 individuals (42.65%). The majority had a high school education, totalling 53 individuals (77.94%). Additionally, 46 individuals (67.65%) earned less than Rp 2,994,000 out of the 68 respondents. As shown in Table 2, the majority of individuals with schizophrenia (IWS) in the Puskesmas III North Denpasar area were classified as experiencing mild relapses, with 48 individuals (70.59%). Furthermore, most IWS received high levels of family support, with 46 individuals (67.65%), and the majority of IWS families exhibited high self-efficacy, comprising 56 individuals (82.35%).

The correlation results presented in Table 3 indicate a significant relationship between family support and relapse in IWS, with a *p*-value of 0.00 and a correlation coefficient (*r*) of -0.62, indicating a strong negative correlation. This finding suggests that higher levels of family support are associated with lower relapse rates in IWS. Similarly, the correlation between family self-

efficacy and relapse in IWS yielded a *p*-value of 0.00 and a correlation coefficient (*r*) of -0.61, also showing a strong negative correlation. This implies that higher family self-efficacy is linked to lower relapse rates in IWS.

Based on the values of the correlation coefficients in Table 4, family support and self-efficacy together significantly predict 45% of the variance in relapse rates in IWS ( $R^2 = 0.45; F = 26.44; p = 0.00$ ). The beta values indicate that family support ( $\beta = -0.37$ ) has a slightly greater impact than self-efficacy ( $\beta = -0.36$ ) on relapse rates in IWS. This suggests that family support is the most influential factor affecting relapse rates in IWS in the Puskesmas III North Denpasar area.

## DISCUSSION

The study was conducted from May to June 2024, with a total of 68 respondents. According to the Ministry of Health in Indonesia, individuals aged 46-55 years fall into the early elderly category, a life stage characterized by significant experience [17]. Cognitive maturity and intellectual strength

generally increase with age, leading to improved attitudes and decision-making [18]. Additionally, individuals with illnesses often require care from close, healthy relatives, such as family members or parents, who are typically older adults [19].

The Puskesmas III North Denpasar area is an urban community where the population is generally well-educated, with most individuals having completed high school. Education is a key factor in an individual's ability to absorb information and solve problems. Higher education levels are linked to better comprehension of health information, which supports the treatment of individuals with schizophrenia (IWS) [3], [20]. However, the economic condition of the family often plays a role in IWS relapse, especially as schizophrenia requires long-term treatment and regular medical expenses [3]. Staff interviews at Puskesmas III North Denpasar indicated that most IWS have health insurance (BPJS/KIS), which covers their treatment costs through the government's health insurance program.

A relapse is defined as the reappearance of disease symptoms after they have subsided. The study found that most IWS experienced mild relapses, with contributing factors including high family support, strong family self-efficacy, high education levels, and support from healthcare workers through the "Simak Sejiwa" program at Puskesmas III North Denpasar. Additionally, community support, through the formation of mental health cadres, plays a role [12], [19], [21]–[23].

Family support is essential in improving an individual's motivation and positively impacts physiological health. The study

revealed that most families in the Puskesmas III North Denpasar area provide a high level of support for IWS. This high family support is attributed to the respondents' age and education levels. As people age, emotional maturity improves, enhancing family support [18]. Additionally, higher education levels increase knowledge, allowing individuals to make better decisions when providing support to IWS. The questionnaire data indicated that emotional support was the highest-rated aspect of family support. Emotional support strengthens IWS by increasing their self-confidence, independence, and overall quality of life [22].

Self-efficacy also plays a crucial role in families' ability to provide effective care for IWS. As families gain more experience caring for IWS, their ability to manage environmental situations improves [24]. Furthermore, higher education levels are often linked to higher self-efficacy, as individuals have more opportunities to learn how to manage life's challenges [25]. The study found that the magnitude aspect of self-efficacy—confidence in one's ability to complete caregiving tasks—was the highest-rated dimension among respondents [15].

The research demonstrated a significant negative correlation between family support and IWS relapse in the Puskesmas III North Denpasar area, consistent with findings from similar studies [8], [9], [14], [17], [22], [26]. Strong family support helps IWS face their illness with more confidence, reducing the likelihood of relapse. Family members serve as key sources of motivational support, offering both formal assistance, such as informational and instrumental support, and

informal encouragement through emotional and appraisal support [14], [22].

The study also identified a significant correlation between family self-efficacy and IWS relapse. This finding aligns with other research, which has also shown that family self-efficacy is crucial in managing schizophrenia and reducing relapse rates [7], [16], [27]. Families with high self-efficacy are better equipped to handle stressful situations and provide care for IWS. In contrast, low self-efficacy can lead to increased family stress, resulting in inadequate care [27].

Based on the beta values, family support had a greater influence on IWS relapse than self-efficacy, making it the strongest predictor of relapse in the Puskesmas III North Denpasar area. Family support plays a fundamental role in IWS recovery by ensuring medication adherence and providing motivation for continued treatment [28]. This finding is consistent with other studies, which have also identified family support as a key factor in preventing relapse [9]. The study suggests that family support and self-efficacy together account for 45% of the factors influencing IWS relapse in the Puskesmas III North Denpasar area, leaving 55% attributable to other factors. Other research also highlights the dominant role of family factors in affecting relapse rates [29].

### **LIMITATIONS**

The variables in the study account for only 45% of the causes of relapse in IWS, with 55% of other factors contributing to relapse that remain unexplained.

### **IMPLICATIONS**

Families are expected to participate in all activities recommended by healthcare workers to improve knowledge, family support, and self-efficacy in caring for IWS. Puskesmas is expected to create education or psychoeducation programs related to increasing family support and self-efficacy in caring for IWS and establish support groups for IWS families to share experiences and provide mutual support. Therefore, the role of nurses in providing care should focus on educating families, developing psychosocial support programs, and ensuring active family involvement in patient care.

### **CONCLUSION**

Overall, this study shows that family support and family self-efficacy have a significant positive impact on IWS relapse. Caring for IWS at home requires strong family support. Families play a crucial role in managing activities, treatment, and meeting the needs of IWS. Good support can be enhanced with high family self-efficacy in facing difficult situations during care, making these two variables essential and mutually supportive in alleviating IWS relapse.

Future researchers are encouraged to develop other variables that may influence IWS relapse, use different methods with a broader research population, and develop intervention studies such as education or psychoeducation to enhance family support and family self-efficacy in caring for IWS.

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## CONFLICT OF INTEREST

The authors declared no potential conflicts of interest in this study.

## REFERENCES

- [1] D. M. A. D. Jayanti, N. M. N. Wati, T. R. Lestari, K. Y. Lestari, and I. G. Juanamasta, "Peningkatan kesehatan jiwa melalui peran kader kesehatan jiwa," *J. DIFUSI*, vol. 2, no. 1, pp. 33–40, 2019, doi: 10.35313/difusi.v2i1.1817.
- [2] Menkes RI, Keputusan Menteri Kesehatan Republik Indonesia nomor Hk.02.02/Menkes/73/2015 tentang pedoman nasional pelayanan kedokteran jiwa, 3 Menteri Kesehatan Republik Indonesia (2015), vol. 3, no. 1. 2015.
- [3] N. M. C. Prabhawidiaswari et al., "Hubungan karakteristik keluarga terhadap frekuensi kekambuhan pada pasien dengan skizofrenia," *J. Ber. Ilmu Keperawatan*, vol. 15, no. 1, pp. 15–26, 2022, [Online]. Available: <https://journals.ums.ac.id/index.php/BIK/article/view/16947/pdf>
- [4] WHO, "Skizofrenia," World Health Organization, 2022. <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>
- [5] Kemenkes RI, "Hasil riset kesehatan dasar tahun 2018," Kementrian Kesehat. RI, vol. 53, no. 9, pp. 1689–1699, 2018.
- [6] Riskesdas Bali, Laporan provinsi Bali RISKESDAS 2018. 2018.
- [7] J. A. Pardede, Harjuliska, and A. Ramadia, "Self-efficacy dan peran keluarga berhubungan dengan frekuensi kekambuhan pasien skizofrenia," *J. Ilmu Keperawatan Jiwa*, vol. 4, no. 1, pp. 57–66, 2021, [Online]. Available: <https://journal.ppnijateng.org/index.php/jikj%0ASELF-EFF>
- [8] N. P. G. Antari and N. L. P. Suariyani, "Faktor-faktor yang berhubungan dengan kekambuhan pada pasien skizofrenia di kabupaten badung," *Arch. Community Heal.*, vol. 8, no. 2, pp. 304–324, 2021, doi: 10.24843/ach.2021.v08.i02.p08.
- [9] A. I. Tanjung, M. Neherta, and R. Sarfika, "Faktor-faktor yang berhubungan dengan kekambuhan orang dengan skizofrenia yang berobat di poli-klinik Rumah Sakit Jiwa prof. dr. Muhammad Ildrem Medan tahun 2021," *J. Ilm. Univ. Batanghari Jambi*, vol. 22, no. 1, pp. 432–440, 2022, doi: 10.33087/jiubj.v22i1.2170.
- [10] E. Ekayamti, "Analisis dukungan keluarga terhadap tingkat kekambuhan orang dengan gangguan jiwa (ODGJ) di wilayah kerja puskesmas Geneng kabupaten Ngawi," *J. Ilm. Keperawatan (Scientific J. Nursing)*, vol. 7, no. 2, pp. 144–155, 2021, doi: 10.33023/jikep.v7i2.728.
- [11] B. M. Manao and J. A. Pardede, "Beban keluarga berhubungan dengan pencegahan kekambuhan pasien skizofrenia," *J. Keperawatan Jiwa*, vol. 12, no. 3, 2019, [Online]. Available: <https://www.academia.edu>

- [12] E. F. Fajriah, "Kekambuhan pada pasien skizofrenia: literature review," Universitas Aisyiyah Yogyakarta, 2021.
- [13] A. Waluyo, "Hubungan dukungan keluarga dengan tingkat kekambuhan pasien skizofrenia," *J. Keperawatan Bunda Delima*, vol. 4, no. 1, pp. 47-51, 2022, doi: 10.59030/jkbd.v4i1.31.
- [14] G. H. Wardana, A. L. Kio, and A. A. G. R. Arimbawa, "Hubungan dukungan keluarga terhadap tingkat kekambuhan klien dengan resiko perilaku kekerasan," *J. Keperawatan*, vol. 9, no. 1, pp. 69-72, 2020, doi: 10.29238/caring.v9i1.592.
- [15] S. Rachmawati, D. R. Hidayat, and A. Badrujaman, "Self-efficacy: literatur review," in *Prosiding Seminar Nasional Bimbingan dan Konseling Universitas Negeri Malang*, 2021, pp. 90-99. doi: 10.47560/kep.v8i2.211.
- [16] N. N. P. Diastuti, K. E. Swedarma, and G. A. A. Antari, "Hubungan efikasi diri keluarga dengan frekuensi kekambuhan pasien skizofrenia selama pandemi Covid-19 di RSJ provinsi Bali," *Community Publ. Nurs.*, vol. 11, no. 6, pp. 496-504, 2023.
- [17] F. P. Damayanti, "hubungan antara dukungan keluarga dengan kekambuhan pada pasien skizofrenia di wilayah kerja puskesmas Geger kabupaten Madiun," 2020. [Online]. Available: <https://www.e-ir.info/2018/01/14/securitisation-theory-an-introduction/>
- [18] F. Yudin and C. F. Agustina, "Beban pelaku rawat orang dengan skizofrenia di Kabupaten Sidoarjo," *Jr. Med. J.*, vol. 1, no. 5, pp. 544-551, 2023.
- [19] Y. Agustia, T. H. Putri, and F. K. Fahdi, "The Correlation of Family Support and Relapse Prevention in Patients with Schizophrenia in Out-Patients Unit of Sungai Bangkong Psychiatric Hospital Pontianak," *J. ProNers*, vol. 5, no. 1, 2020.
- [20] M. Hidayat and H. Nafiah, "Gambaran dukungan keluarga sebagai caregiver pada pasien skizofrenia di wilayah kerja Puskesmas Wonopringgo Kabupaten Pekalongan," *Pros. Univ. Res. Colloq.*, pp. 1038-1043, 2022.
- [21] T. P. K. Marbun and I. Santoso, "Pentingnya motivasi keluarga dalam menangani orang dengan gangguan jiwa (ODGJ)," *Pendidik. Kewarganegaraan Undiksha*, vol. 9, no. 3, pp. 1131-1141, 2021, [Online]. Available: <https://ejournal.undiksha.ac.id/index.php/JJPP>
- [22] D. Rohmayanti, M. Sukandarno, and D. Sutiniangsih, "Hubungan dukungan keluarga dengan kekambuhan pasien skizofrenia di wilayah UPT Puskesmas Carita," *Heal. Tadulako J. (Jurnal Kesehat. Tadulako)*, vol. 9, no. 3, pp. 354-362, 2023.
- [23] N. Aliyudin, "Faktor-faktor yang berhubungan dengan kejadian kekambuhan pasien dengan gangguan jiwa (ODGJ) di Desa Kebonjati Sumedang Utara," *J. Ilmu Keperawatan Sebel. April*, vol. 4, no. 1, pp. 24-30, 2022.
- [24] L. A. F. Fani and H. Nafiah, "Gambaran self efficacy pada keluarga sebagai caregiver pasien skizofrenia di puskesmas Wonopringgo Kabupaten Pekalongan," *16th Univ. Res. Colloquium 2022 Univ. Muhammadiyah Pekajangan Pekalongan*, pp. 936-942, 2022.

- [25] R. Jannah, J. Haryanto, and Y. Kartini, "Hubungan antara self efficacy dengan kesejahteraan psikologis caregiver dalam merawat lansia skizofrenia di rsj dr. Radjiman Wediodiningrat Lawang Malang," *J. Ilm. Keperawatan (Scientific J. Nursing)*, vol. 6, no. 1, pp. 1-5, 2020, doi: 10.33023/jikep.v6i1.330.
- [26] Mariani, K. Napolion, and W. Sia'tang, "Faktor yang berhubungan dengan kekambuhan penyakit skizofrenia di poli Jiwa Rumah Sakit Husus Daerah Dadi Provinsi Sulawesi Selatan," 2019.
- [27] J. A. Pardede, Ariyo, and J. M. Purba, "Self efficacy berhubungan dengan stres keluarga pasien skizofrenia," *J. Keperawatan*, vol. 12, no. 4, pp. 831-838, 2020.
- [28] R. Wulandari, V. D. Herawati, and Sutrisno, "Hubungan dukungan keluarga dan kepatuhan minum obat dengan tingkat kekambuhan pada orang dengan skizofrenia (ODS) di RSJD Surakarta," *J. Sendiabdi*, vol. 3, pp. 247-266, 2023, [Online]. Available: <https://www.jurnal.usahidsolo.ac.id/index.php/SENRIABDI/article/view/1604>
- [29] M. Camacho-Gomez and P. Castellvi, "Effectiveness of family intervention for preventing relapse in first-episode psychosis until 24 months of follow-up: a systematic review with meta-analysis of randomized controlled trials," *Schizophr. Bull.*, vol. 46, no. 1, pp. 98-109, 2019, doi: 10.1093/schbul/sbz038.