

## Prevention of Mental Disorder Recurrence Using Patient Education Program (PEP) Therapy and Family Psycho-education (FPE) Therapy

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**Abstract.** People with severe mental disorders or schizophrenia often have recurrence episodes. If the clients have undergone treatment in the hospital, the treatment process can continue at home. However, clients often cannot stay home for a long time and experience recurrence episodes. This study aimed to determine the effect of giving Patient Education Program (PEP) therapy and Family Psycho-Education (FPE) therapy on reducing the recurrence of mental disorders. This study was a quantitative study using a quasi-experimental design pre and post-test non-equivalent control group. The results of the study using the Paired T-test in the intervention group had different mean scores of mental disorders recurrence before and after giving PEP and FPE therapy with a p-value of 0.000 ( $p < \alpha$ ; 0.005). In addition, in the control group using the independent T-test, the results showed no difference in the mean score of mental disorders recurrence before and after giving PEP therapy with a p-value of 0.604 ( $p > \alpha$ ; 0.005). Giving PEP therapy and FPE therapy to people with mental disorders in the community impacts reducing symptoms of recurrence so that it can be used as an alternative solution to mental health problems in the community.

**Keywords:** Therapy; Patient Education Program; Family Psycho-education

### 1. Introduction

Mental health is when individuals realize their abilities, cope with stress, work productively, and contribute to social life [1]. The Ministry of Health defines mental health as a prosperous mental condition that allows one to live harmoniously and productively as part of one's quality of life by paying attention to all aspects of life [2]. Mental health problems in the community require comprehensive treatment because they can be chronic, thus requiring treatment and care throughout the client's life [3].

In Indonesia, the prevalence of mental disorders is quite large. Riskesdas 2018 showed the number 7 per mile, which means that out of 1000 Indonesia's population, seven people suffer from severe mental disorders. Bali Province had the highest prevalence of people with severe mental disorders (11 per mile). The prevalence of people with mental illnesses in Southeast Sulawesi Province was 6 percent [4]. If calculated, the estimation of mental disorders based on data from the Central Bureau of Statistics (BPS) of Southeast Sulawesi Province with a population of 2,602,389 people [5] are 15,615 people with mental disorders spread across regencies/cities in Southeast Sulawesi Province.

The efforts made to overcome mental health problems, especially mental disorders, are provided by health workers in medical care and nursing care for essential health services. As one of the health service providers, the nurse manifests in mental health nursing service activities in the community or CMHN (Community Mental Health Nursing). CMHN is carried out comprehensively, covering three prevention levels, namely primary, secondary, and tertiary prevention [6].

Primary prevention is given to members of the mentally healthy community through health education, social support programs, drug abuse programs, and suicide prevention programs. The focus of this service includes early detection and management of psychosocial problems and mental disorders. This service aims to reduce the incidence of mental disorders in the community. The effort of secondary prevention is carried out by providing nursing care. The form of nursing care provided has cared for clients, families, and communities, namely providing generalist and specialist therapy. Tertiary prevention is the focus of nursing services on improving function and socialization and prevention of relapse. Tertiary prevention is provided through social support programs through empowering families, clients, and communities [7].

Several studies have been conducted regarding administering FPE therapy to families on medication adherence to patients with mental disorders. The study's results showed that the administration of FPE therapy significantly increased medication adherence in mental disorders patients [8]. The difference in previous studies' results made researchers interested in measuring the recurrence of mental disorders patients from medication adherence variables and other variables such as family support. One of the activities of the program was the provision of generalist therapy in the Patient Education Program (PEP) and specialist therapy (Family Psycho-Education (FPE)). Through research using a novice lecturer research scheme, it is hoped that nursing actions in the form of PEP and FPE therapy will be aimed at clients and families to reduce the recurrence of mental disorders in the community.

Based on the description above, the research problem can be formulated as "Is there any significant effect of giving Patient Education Program (PEP) therapy in clients and Family Psycho-Education (FPE) therapy in families on mental disorders recurrence? This was a secondary prevention effort to determine the recurrence picture of mental disorders.

## 2. Research Methods

This study aimed to determine the effect of PEP therapy and FPE therapy on the recurrence of mental disorders. The research location was in the working area of Poasia Public Health Center and Mekar Public Health Center, Kendari City, Southeast Sulawesi Province. This study was a quantitative study using a quasi-experimental design with a pre and post-test nonequivalent control group. The population was 56 patients with mental disorders in the working area of Poasia Public Health Center and Mekar Public Health Center and their families who cared for mental illness patients at home. The sample of this study used a purposive sampling technique of 15 people for the intervention group and 22 people for the control group. The data collection was carried out from 29 June - 29 August 2020.

In collecting the data, this study used a questionnaire as an instrument developed and made by the researcher consisting of a respondent characteristics instrument and a mental disorder recurrence instrument. The validity test results on all question items regarding the recurrence of mental disorders obtained a value of  $r_{count} > 0.514$  ( $r_{table}$ ). Thus it can be concluded that all question items were declared valid. Meanwhile, to measure the reliability using the Cronbach alpha test, the alpha value for 13 questions about the recurrence of mental disorders was obtained at 0.856 (Cronbach alpha  $> 0.6$ ). Thus it can be concluded that all questions were declared reliable.

This study was conducted on 15 respondents for the intervention group and 22 for the control group. Before giving Patient Education Program (PEP) therapy and Family Psycho-Education (FPE) therapy, the recurrence scores of mental disorders in the intervention and control groups were measured. After knowing the intervention group's mental disorder recurrence score, PEP therapy was given to the client, and FPE therapy to the caring family. PEP therapy in clients consisted of 4 (four sessions) with 5 (five) meetings and an average length of activity of 30 minutes per session and 1 (one) time of mentoring activities to respondents. Besides, FPE therapy in the caring family consists of 5 (five) sessions, is given within 5 (five) meetings and an average of 30 minutes of activity per session, and is given one mentoring time. The therapy was given to the intervention group from 29 June 2020 to 1 August 2020. The assistance activities in the intervention group were carried out on 3-19 August 2020. The mental disorders recurrence scores in the control and intervention groups were measured on 20-22 August 2020. Then, the control group was given family psycho-education after measuring mental disorders' recurrence on August 24-29, 2020.

## 3. Results and Discussion

The results of measuring the recurrence of mental disorders in the intervention and control groups before and after giving PEP therapy and FPE therapy can be seen in the following table:

**Table 1.** The results of measuring patient recurrence before and after giving patient education program (PEP) therapy and family psycho-education (FPE) therapy

Group	Variable	Sample	Mean	SD	SE	p-value
Intervention	<b>Recurrence</b>					
	a. Before	15	8.27	1.223	0.316	0.000
b. After	15	5.93	1.438	0.371		
Control	<b>Recurrence</b>					
	a. Before	22	8.45	1.101	0.235	0.604
b. After	22	6.18	1.402	0.299		

The table above shows the results of the analysis for the intervention group. Before giving PEP therapy and FPE therapy, the average recurrence score was 8.27, while the average recurrence score after giving PEP therapy and FPE therapy decreased by 5.93. These results show that the difference in mean recurrence scores before and after giving PEP and FPE therapy is 2.34. The bivariate analysis results using paired T-test obtain a p-value of 0.000 ( $p < \alpha; 0.005$ ). It can be concluded that there is a difference in the average recurrence score before and after giving PEP therapy and FPE therapy in the intervention group.

Moreover, the table above shows the analysis results for the control group. Before giving PEP therapy and without giving FPE therapy, the average recurrence score is 8.45, while the average recurrence score after giving PEP therapy decreases by 6.18. These results show that the difference in mean recurrence score before and after giving PEP therapy and without FPE therapy is 2.27. The bivariate analysis results using the independent T-test obtain a p-value of 0.604 ( $p > \alpha; 0.005$ ). It can be concluded that there is no difference in the average recurrence score before and after giving PEP therapy in the control group. The Patient Education Program (PEP) therapy is a program that contains five elements of education, namely informing patients about the disease, instructing patients to do exercises at home, providing advice and information about behavior-related diseases, providing general health education, and counseling patients about stress management related to the health problems faced [9].

The Patient Education Program aims to maintain and improve health and slow disability. Another purpose is to change the patient's behavior, mental attitude, or both toward the disease. This program's ultimate purposes are increased medication adherence, relapse can be avoided, length of stay is shortened, and there is a decrease in depression [9, 10]. The implementation of the Patient Education Program (PEP) therapy consists of four sessions. The first session discusses understanding the disease and the treatment efforts undertaken. The second session discusses the patient's disease. The third session discusses the treatment and care of schizophrenia, and the fourth session evaluates the understanding of the disease and the treatment plan [11].

The results showed a mean difference between the recurrence scores in the intervention group before and after giving PEP and FPE therapy. The results of this study were in line with research related to PEP therapy. The result showed that PEP therapy increased knowledge and skills to deal with various stresses in the recovery process, thereby reducing the recurrence rate [11]. Similar studies have shown an increase in patient's ability to adhere to medication and an improvement in the quality of life for patients with mental disorders [9].

The results of this study were also relevant to previous studies, namely research related to the administration of FPE therapy to families on medication adherence to patients with mental disorders. The results indicated that FPE significantly increased medication adherence in mental-health patients [12]. This FPE therapy was used to provide information about mental health and skills in the form of expressing emotions and avoiding mistreatment of ODGJ to improve the ability of caregivers to care for ODGJ [8]. This therapy can also help families take medical treatment for family members with mental health problems so that the family's ability to access health services increases [3]. In addition, FPE also improves family skills and knowledge in caring for members with mental disorders [13].

Family Psycho-Education (FPE) therapy is an element of the family mental health program by providing information and education through therapeutic communication. The Family Psycho-Education Program is an educational and pragmatic approach [12]. Family Psycho-Education is based on clinical findings of family training in collaboration with professional mental nursing personnel as part of an overall clinical intervention for family members with disabilities [11].

Providing this therapy aims to reduce the recurrence of mental disorders in clients and improve clients' and families' function to make it easier for clients to return to the family and community environment by giving appreciation. This therapy is intended for family members with psychosocial aspects and mental disorders. This therapy has five sessions; the first session discusses family issues in caring for clients and the caregiver's problems, the second session discusses client care by the family, the third session discusses stress management by families, the fourth session discusses how family burden management and the last session is about empowerment community helps families in caring for clients [11, 13, 15].

The study results also found no difference in the mean recurrence score before and after giving PEP therapy and without FPE therapy in the control group ( $p = 0.604 > \alpha; 0.005$ ). This study's results aligned with previous studies that the recurrence rate in clients with mental disorders who were not given FPE was 25-50%, while in clients who were given FPE therapy was 5-10%. This study indicated that it was essential to give therapy to the family, namely FPE therapy, because the client's closest person was the family and a support system for the client with mental disorders. The administration of FPE therapy can increase knowledge about how to treat, especially in the medication adherence program [15].

The results of this study were in line with the theory, which stated that there were several factors of mental disorder recurrence, such as the factor of the caregiver. This factor states that after the patient goes home, the person in charge of the patient has more opportunities to meet the patient to identify the patient's early symptoms and take immediate action [6]. In addition, family factors, in which the family's high emotional expression was thought to cause high recurrence in patients. This was because patients were easily affected by fun and sad stress. Families have responsibility for the treatment process at Psychiatric Hospital, preparation for discharge, and home care so that the client's adaptation runs well. The quality and effectiveness of family behavior will help the patient's recovery process so that their health status improves [15, 16]. Related research that supports the theory states that family has a vital role in the recurrence of mental disorders in patients, and the results are very significant. There is a relationship between family support as a factor that can cause the recurrence of mental disorders in patients [13, 15].

#### 4. Conclusions

The results showed differences in the intervention group's mean recurrence scores of mental disorders before and after giving PEP therapy and FPE therapy. Then, there was no difference in the mean recurrence score of mental disorders in the control group before and after giving PEP therapy.

#### 5. References

- [1] T. A. Ghebreyesus, "The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health," *World Health Organization*, 2019.
- [2] Kemenkes, "Mental Health Situation in Indonesia," *Pusdatin*, 2019. [Online]. Available: <https://www.pusdatin.kemkes.go.id>
- [3] L. Kembaren, "Family psychoeducation in schizophrenic patients," *lahargokembaren*, 2011. [Online]. Available: <https://www.lahargokembaren.com>
- [4] Kemenkes, "RISKESDAS National Report 2018," *Litbang*, 2019. [Online]. Available: <https://www.litbang.kemkes.go.id>

- [5] BPS, "Southeast Sulawesi Province in 2020 figures," *BPS Provinsi Sulawesi Tenggara*, 2020. [Online]. Available: <https://www.ultra.bps.go.id>
- [6] G. W. Stuart, *Principles and Practice of Psychiatric Nursing*. Elsevier Health Sciences, 2012.
- [7] B. A. Keliat and S. Akemat, *Manajemen Keperawatan Jiwa Komunitas Desa Siaga: CMHN (Intermediate Course)*. 2011.
- [8] F. Pharoah, J. Rathbone, J. Mari, and D. Streiner, "Family intervention for schizophrenia," in *Cochrane Database of Systematic Reviews*, F. Pharoah, Ed. Chichester, UK: John Wiley & Sons, Ltd, 2003. doi: 10.1002/14651858.CD000088.
- [9] A. Pitkänen *et al.*, "Patient education methods to support quality of life and functional ability among patients with schizophrenia: a randomised clinical trial," *Qual. Life Res.*, vol. 21, no. 2, pp. 247–256, Mar. 2012, doi: 10.1007/s11136-011-9944-1.
- [10] U. Stenberg, M. Haaland-Øverby, K. Fredriksen, K. F. Westermann, and T. Kvisvik, "A scoping review of the literature on benefits and challenges of participating in patient education programs aimed at promoting self-management for people living with chronic illness," *Patient Educ. Couns.*, vol. 99, no. 11, pp. 1759–1771, Nov. 2016, doi: 10.1016/j.pec.2016.07.027.
- [11] B. A. Keliat, *Buku Saku Terapi Keperawatan Jiwa*. Depok: Fakultas Ilmu Keperawatan Universitas Indonesia, 2014.
- [12] Kusumawaty, Yunike, M. Pastari, L. Harmiyati, "Family Empowerment through Nursing Psychoeducation," *ejournal ft unsri*, 2019.
- [13] R.G. Liza, B. Loebis, V. Camellia, "The effectiveness of family psychoeducation interventions on recurrence of schizophrenic patients," *Jurnal Majalah Kedokteran Andalas*, 2019.
- [14] N. Sulung, N. Foresa "The effectiveness of psychoeducation intervention towards compliance with skizofrenia patients," *Real in Nursing Jurnal*, 2018.
- [15] Y.P. Sari, V.N. Sapitri, Y. Yaslina, "Factors related with recurrence in mental disorders in the Work Area of Public Health Center Sungai Dareh Dharmasraya Regency," *Perintis's Health Journal*, 2018.
- [16] U. Rachmawati, B.A. Keliat and I.Y. Wardhani, "Nursing intervention on clients, families, and mental health cadres with social isolation nursing diagnosis in the community" *Jurnal Keperawatan Jiwa*, 2015.