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THE RELATIONSHIP BETWEEN FAMILY STRESS, DEPRESSION, AND COPING MECHANISMS IN SCHIZOPHRENIA FAMILIES

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Original Research

A B S T R A C T

***Introduction**: Families play a crucial role in caring for members with schizophrenia, but the stress and depression resulting from caregiving often overshadow the coping mechanisms used. This study aims to analyze the relationship between stress, depression, and coping mechanisms in families caring for individuals with schizophrenia. **Methods**: A quantitative approach with a cross-sectional design was used. The sample included 59 families with members suffering from schizophrenia who were receiving treatment at the Outpatient Clinic of dr. Samsi Jacobalis Mental Hospital in Bangka Belitung Islands Province in 2024. Stress and depression were measured using the Depression Anxiety Stress Scales (DASS-42), with Cronbach's alpha values of 0.8806 for stress and 0.9053 for depression. Coping mechanisms were measured using the Brief COPE, with a reliability coefficient of 0.952. Data were analyzed using the chi-square test with SPSS software. **Results**: The study found that 31 individuals (52.5%) experienced severe stress, and 38 individuals (64.4%) experienced moderate depression. Additionally, 39 individuals (66.1%) exhibited maladaptive coping mechanisms. Statistical analysis revealed a significant relationship between stress and coping mechanisms (p = 0.000), and between depression and coping mechanisms (p = 0.000). **Conclusions**: The study concludes that there is a relationship between stress and depression with family coping mechanisms in schizophrenia patients. It is recommended that families be provided with clear information about schizophrenia, its impact, and how to care for affected members. Additionally, offering training on adaptive coping strategies, such as relaxation, mindfulness, and acceptance, may help families better manage stress and depression.*

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INTRODUCTION

Schizophrenia is a mental health condition characterized by persistent cognitive difficulties, including problems with memory, attention, and problem-solving. It also leads to psychosis and is associated with significant disability, which affects many aspects of life, including personal, family, social, educational, and work contexts (World Health Organization, 2020).

According to data from the World Health Organization (2019), schizophrenia affects 24 million individuals worldwide, or 1 in every 300 people (0.32%). Approximately 50% of patients in psychiatric hospitals are diagnosed with schizophrenia. In Indonesia, the Riskesdas 2018 survey showed that around 400,000 people (1.7 per 1,000 residents) were suffering from schizophrenia, highlighting the significant challenges it poses to mental health services in the country.

Schizophrenia patients require intensive, long-term care and support from their families. Often, families take on the role of primary caregivers, managing a variety of psychotic symptoms, social impairments, and unpredictable behaviors. This caregiving role also impacts family dynamics, roles, and interactions (Wan & Wong, 2019). Families face numerous burdens, including the emotional strain of caring for a loved one with schizophrenia, fear and shame related to the symptoms, uncertainty about the disease's progression, lack of social support, and stigma. The overall burden is the negative impact the illness has on the entire family (Meilani et al., 2019).

When families feel overwhelmed by the responsibility of providing care, they may struggle to offer adequate support, leading them to make extreme decisions that can harm both themselves and the person with schizophrenia, such as restraining the patient. This practice, known as shackling, can further worsen the mental health of the individual (Damayanti et al., 2020).

In Indonesia, shackling continues to be a method used to manage schizophrenia patients. Contributing factors include social burdens like rejection, discrimination, ostracism, and stigma, as well as economic challenges such as the high cost of care. These pressures prevent families from effectively coping with their situation, thereby increasing the likelihood of resorting to extreme measures like shackling (Mata et al., 2023).

To manage the challenges they face, families of schizophrenia patients need effective coping mechanisms to handle the stress and emotional burdens of caregiving. These mechanisms can range from seeking social support and practicing relaxation techniques to engaging in denial or avoidance (Putri et al., 2022). Coping mechanisms are generally classified into two types: adaptive and maladaptive. Adaptive coping mechanisms, such as seeking social support or engaging in therapy, tend to result in better mental health outcomes, whereas maladaptive coping strategies can exacerbate stress and depression (Niman, 2019).

When families first learn that a member has schizophrenia, they may often enter the emotional-focused or maladaptive coping stage. This stage can lead to emotional stress, including anxiety, stress, and depression, as they process the reality of the diagnosis (Mashudi et al., 2021).

Stress, in itself, is a natural response to daily pressures. However, it becomes problematic when it interferes with daily functioning (American Psychiatric Association, 2019). Families caring for individuals with mental disorders like schizophrenia often experience stress due to the long-term nature of care required. This extended caregiving can significantly affect the mental health of family members, especially when they lack sufficient psychological and social support. Families without such support are more vulnerable to psychological stress, which negatively impacts both the caregivers and their loved ones (Kirana et al., 2023).

In addition to stress, depression is another major psychological issue on families of schizophrenia patients. Depression is characterized by a prolonged loss of interest in activities that once brought pleasure (World Health Organization, 2023). The level of depression in family members is strongly correlated with a decline in their quality of life. Long-term caregiving can lead to mental exhaustion, making it difficult for families to function optimally in their daily lives. The combination of stress and depression reduces the family's ability to manage the pressures associated with caregiving (Prasad et al., 2024). Therefore, this study aims to analyze the relationship between family stress and depression with coping mechanisms in families of schizophrenia patients.

MATERIALS AND METHODS

The research design used in this study was quantitative with a chi-square test approach. The researcher obtained a research ethics certificate from the Rector of the International Citra Institute, letter number 2833/UM-B/ICI/X/2024. The population in this study comprised all schizophrenia patients receiving outpatient care at the Polyclinic of dr. Samsi Jacobalis Mental Hospital, Bangka Belitung Islands Province, during December 2023, totaling 112 outpatient visits. The sample in this study consisted of 59 individuals, selected using a non-probability sampling technique. Specifically, the non-probability sampling method used was purposive sampling. The sample was required to meet certain inclusion and exclusion criteria.

Inclusion criteria were as follows: family members of patients who were willing to participate as respondents, family members who provided care for the patient, and those aged ≥ 17 years. Exclusion criteria were as follows: family members who were unwilling to participate as respondents, family members who did not complete the distributed questionnaire, and family members who did not provide care for the patient.

n this study, the independent variables were stress and depression. The tool used to assess stress and depression levels was the Depression Anxiety Stress Scales (DASS-42) questionnaire, which was modified and tested by Sari in 2023. The DASS-42 consists of three subscales, each with 14 items: Depression, Anxiety, and Stress. The scoring for this questionnaire was defined as follows: 3 points for always, 2 points for often, 1 point for rarely, and 0 points for never.

The interpretation of depression levels was defined as follows: scores between 0–9 were considered normal, 10–13 mild, 14–20 moderate, 21–27 severe, and ≥ 28 very severe. For stress, the interpretation was as follows: scores between 0–14 were normal, 15–18 mild, 19–25 moderate, 26–33 severe, and ≥ 34 very severe.

The DASS-42 underwent validity and reliability testing, with Cronbach's alpha values of 0.8806 for the stress scale and 0.9053 for the depression scale, indicating that the instrument was reliable and met the required standards.

The dependent variable in this study was the coping mechanisms of the families of schizophrenia patients. The Brief Coping Orientation to Problems Experienced (Brief COPE) inventory was used to measure coping mechanisms and consisted of 28 closed-ended questions. This tool was adapted by Hidayanti in 2019 and demonstrated a reliability coefficient of 0.952 for the coping mechanism questionnaire. The questionnaire included both favorable and unfavorable items. The interpretation of results was as follows: scores between 63–100 were considered adaptive, while scores between 25–62 were considered maladaptive. Finally, data were analyzed using the chi-square test with SPSS software.

RESULTS

Table 1. Frequency distribution based on age, gender, stress, depression, and coping mechanisms of families of schizophrenia patients 2024

Gender	Frequency (F)	Percentage (%)
Man	28	47.5
woman	31	52.5
Age		
Young age	16	27.1
Middle age	33	56.0
Elderly age	10	16.9
Stress		
Mild	21	35.6
Moderat	7	11.9
severe	31	52.5
Depression		
Normal	15	25.4
Mild	6	10.2
Moderat	38	64.4
Coping Mechanism		
Maladaptive	39	66.1
Adaptive	20	33.9
Total	**59**	**100.0**

Out of a total of 59 respondents, 31 were women (52.5%), with the majority being middle-aged (33 respondents, 56.0%). A total of 31 respondents (52.5%) experienced severe stress, and 38 respondents (64.4%) experienced moderate depression. In terms of coping mechanisms, 39 respondents (66.1%) demonstrated maladaptive coping styles (Table 1).

Table 2. The relationship between family stress and coping mechanisms in families of schizophrenia patients

Stress Level	Coping mechanism			
	Maladaptive		Adaptive	
	F	%	F	%
Mild	1	4.8%	20	952%
Moderat	7	100.0%	0	0.0%
Severe	31	100.0%	0	0.0%
	p= 0,000;		**p<0,05**	

Based on Table 2, which presents the relationship between family stress and coping mechanisms in families of schizophrenia patients, most respondents displayed maladaptive coping mechanisms with severe stress levels (31 respondents; 100.0%). The results of the Chi-square test, performed using SPSS software, showed a p-value of 0.000 (< 0.05). Thus, it was concluded that there is a significant relationship between family stress and coping mechanisms in families of schizophrenia patients.

Table 3. The relationship between family depression and coping mechanisms in families of schizophrenia patients

Depression	Coping mechanism			
	Maladaptive		Adaptive	
	F	%	F	%
Mild	1	4.8%	20	95.2%
Moderat	7	100.0%	0	0.0%
Severe	31	100.0%	0	0.0%
	p= 0,000;		**p<0,05**	

Based on Table 3, which presents the relationship between family depression and coping mechanisms in families of schizophrenia patients, most respondents exhibited maladaptive coping mechanisms with moderate levels of depression (38 respondents; 100.0%). The results of the Chi-square test, conducted using SPSS, produced a p-value of 0.000 (< 0.05). Therefore, it was concluded that there is a significant relationship between family depression and coping mechanisms in families of schizophrenia patients.

DISCUSSION

The Relationship Between Family Stress and Coping Mechanisms in Families of Schizophrenia Patients

Conceptually, stress is defined as a condition in which a person feels excessively pressured, usually caused by unmet needs and desires that are difficult to fulfill. Stress can be experienced by anyone, including families caring for members with mental disorders. In such families, stress is often manifested through changes in sleep patterns, appetite disturbances, loss of interest in previously enjoyable activities, and difficulties in performing religious practices. Therefore, assistance is crucial for families to prevent the stress they are experiencing from becoming chronic (Tololiu et al., 2019).

Coping mechanisms are the primary methods individuals use to deal with situations they perceive as threatening. These mechanisms can be classified into two types: adaptive and maladaptive. Individuals with adaptive coping mechanisms tend to manage stress more effectively, while those with maladaptive coping mechanisms are at a higher risk of experiencing stress (Stuart & Sundeen, 1995; Hidayat & Kusumaningtyas, 2022).

Based on the statistical test results using the Chi-square test and data processing software, the p-value (0.000) was less than α (0.05), indicating a significant relationship between family stress and coping mechanisms among families of schizophrenia patients at the outpatient clinic of dr. Samsi Jacobalis Mental Hospital, Bangka Belitung Islands Province.

This finding aligns with the research conducted by Sugiarti et al. (2022), which showed that out of 27 respondents, 23 respondents (62.2%) who used maladaptive coping mechanisms experienced stress. The statistical test results produced a p-value of 0.001 and a correlation coefficient (r) of 0.675, indicating a significant relationship between coping mechanisms and stress levels in families caring for schizophrenia patients.

Based on the above explanation, the researcher argues that the stress experienced by families arises from changes in family dynamics that force them to adapt to new conditions. Furthermore, the coping mechanisms used by families have a significant impact on the level of stress experienced. Adaptive coping mechanisms help families adapt more easily and reduce the negative effects of stress, whereas maladaptive coping mechanisms can worsen existing stress levels.

Therefore, it is essential to implement various interventions to assist families in managing the stress and depression they experience, especially those caring for family members with mental disorders such as schizophrenia. One important intervention is providing thorough and clear psychoeducation about schizophrenia. This education should include information about the nature of schizophrenia, its symptoms, its effects on family dynamics, and the challenges faced in caregiving. With a better understanding, families will be more prepared to handle difficult situations and respond constructively.

Additionally, it is crucial to involve families in training on adaptive coping strategies. These strategies are designed to help individuals or families manage stress in healthier and more effective ways. Techniques such as relaxation, mindfulness, and acceptance can be taught. Relaxation techniques relieve physical and mental tension, mindfulness allows families to remain present and aware of their feelings without being overwhelmed, and acceptance encourages families to embrace their circumstances without excessive frustration or rejection. These strategies can help families adapt more effectively and maintain emotional stability.

The application of these strategies will not only help families reduce the stress and depression they experience but also enhance their ability to function better in caring for their loved ones. With proper support and adequate knowledge, families will be better equipped to overcome emotional challenges and improve their mental well-being.

The Relationship Between Family Depression and Coping Mechanisms in Families of Schizophrenia Patients

Depression is a mood disorder that leads to persistent feelings of sadness and loss of interest (Salik, 2022). Families caring for members with mental disorders such as schizophrenia often face various social challenges that lead them to withdraw from society. Additionally, they may experience feelings of anger, sadness, decreased sexual desire, reduced appetite, and other depressive symptoms. Feelings of fear, guilt, and social stigma further contribute to their emotional burden, while the financial responsibility of caring for a family member with a mental disorder adds additional pressure (Nasriati, 2020).

Coping mechanisms refer to the strategies individuals use to deal with problems, adjust to changing dynamics, and respond to threatening situations (Nasir, 2011; Ardyani et al., 2021). These mechanisms can be classified into two types: adaptive and maladaptive. Adaptive coping results in positive responses that allow individuals to maintain balance and support their physical and psychological health. Conversely, maladaptive coping refers to patterns that may disrupt an individual's functioning, such as difficulty thinking rationally, controlling emotions, or maintaining social relationships (Stuart, 2013; Ardyani et al., 2021).

Based on the statistical test results using the Chi-square test and data processing software, the p-value (0.000) was less than α (0.05), indicating a significant relationship between family depression and coping mechanisms among families of schizophrenia patients at the outpatient clinic of dr. Samsi Jacobalis Mental Hospital, Bangka Belitung Islands Province.

This finding is consistent with research conducted by Prawestri (2019) involving 37 families of schizophrenia patients as respondents. The statistical calculations produced a p-value of 0.004 ($p < 0.05$), indicating a correlation between depression levels and coping strategies in these families.

The researcher concludes that depression experienced by families of schizophrenia patients often arises from prolonged distress and the heavy responsibility of caregiving. This is frequently accompanied by feelings of despair, emotional exhaustion, and the inability to meet the needs of the sick family member. Moreover, social stigma can intensify feelings of shame, isolation, and guilt. Financial pressures, lifestyle changes, and disruptions in social interactions further exacerbate depression within the family. Overall, feelings of helplessness and the inability to change the situation are major triggers of depression in families caring for members with mental disorders.

In such circumstances, the coping mechanisms used by families play a crucial role. Maladaptive coping mechanisms, such as denial, avoidance, or withdrawal, can worsen stress conditions and deepen feelings of helplessness. Conversely, adaptive coping mechanisms, such as seeking social support, practicing acceptance, and applying effective care strategies, can help families manage depression more constructively. Therefore, it is important to provide families with the knowledge and skills to develop adaptive coping mechanisms. Social support and education about schizophrenia and caregiving are also essential in helping families reduce depression levels and improve psychological well-being.

CONCLUSION

The findings of this study demonstrate a significant relationship between stress and depression and family coping mechanisms in schizophrenia patients. Families experiencing higher levels of stress and depression tend to use maladaptive coping strategies, which can worsen their emotional well-being. Therefore, it is important to implement interventions that help families manage stress and depression effectively. Providing psychoeducation with clear information about schizophrenia, its impact, and caregiving methods is crucial. Offering training on adaptive coping strategies—such as relaxation, mindfulness, and acceptance—can help families better manage stress and depression. This study may serve as preliminary research for future studies. Further research is needed to develop interventions that reduce stress and depression among families of schizophrenia patients.

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AUTHORS' CONTRIBUTIONS

All authors were actively involved in conceptualizing the study, designing the methodology, and conducting data analysis and interpretation. The authors also collaborated in writing and revising the manuscript and have collectively reviewed and approved the final version submitted for publication.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest. This research was conducted independently and was not influenced by any commercial or financial relationships that could be perceived as potential conflicts.

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