



THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND MEDICATION COMPLIANCE IN MENTAL DISORDER PATIENTS

Endah Sri Wijayanti^{1*}, Doni Karisma Mukti², Iswatun Iswatun¹, Lailatul Fadliyah¹, Khotibul Umam¹, Joko Susanto¹

Original Research

¹Faculty of Vocational Studies, Universitas Airlangga Surabaya, Indonesia

²Hospital Prima Husada Waru, Sidoarjo, Indonesia

ABSTRACT

Introduction: Patients with mental disorders who receive rehabilitation at home or as outpatients require support to comply with their treatment programs. One of the significant barriers to improving the health status of these patients is non-compliance with prescribed medications. This study aims to determine the relationship between family support and medication compliance in patients with mental disorders within the working area of the Turi Lamongan Health Center. **Methods:** This is an analytical study with a cross-sectional approach. The study population consisted of 90 families of patients with mental disorders, with a sample size of 73 respondents. Simple Random Sampling was used as the sampling technique. Data were collected using a questionnaire. The statistical test applied was Spearman's Rank correlation, with $\alpha = 0.05$. **Results:** Among the 73 respondents, most reported moderate family support, with 38 respondents (52.1%), while a smaller proportion reported poor support, with 12 respondents (16.4%). Regarding medication compliance, most respondents showed moderate compliance, with 36 respondents (49.3%), and a smaller proportion exhibited good compliance, with 10 respondents (13.7%). The results of the Spearman Rank test revealed a p -value of $0.000 < \alpha = 0.05$, and the calculated r -value was 0.671. **Conclusions:** There is a significant relationship between family support and medication compliance in patients with mental disorders in the Turi Lamongan Health Center work area, with a strong degree of association.

ARTICLE INFO

Received March 12, 2025

Accepted April 22, 2025

Online May 31, 2025

*Correspondence:
Endah Sri Wijayanti

*Email:
endahsri@vokasi.unair.ac.id

Keywords:
Family Support, Medication Compliance, Mental Disorders

INTRODUCTION

People with mental disorders are often perceived as having problems that do not directly cause death but can significantly affect physical health over time. These conditions may prevent individuals from performing self-care, increase the risk of suicide, and heighten the likelihood of self-harm and harm to others. Symptoms of mental disorders are characterized by changes in thinking, emotions, language, and an impaired ability to communicate and adapt to the environment. Health issues related to mental disorders are caused by a combination of biological, social, psychological, and genetic factors, along with physical disorders, and the number of affected individuals continues to rise (Wardani, 2017).

Family roles can be categorized into formal and informal roles. Formal roles are structured and explicit, such as the breadwinner or caregiver. Informal roles are less visible but play an essential part in maintaining emotional balance and

cohesion within the family. If these roles are not fulfilled, various problems may arise, such as unstable emotions, frequent conflicts, or rebellious children. Family support is critical in the care of patients with mental disorders, as it helps remind and guide individuals to take medication regularly and on time. Families with mentally ill members may face stigma, and if they are not resilient in handling the situation, it can lead to problems within the family itself, including hindered recovery and insufficient supervision of medication adherence (Yunita et al., 2020).

In 2018, the incidence of mental disorders in households in Indonesia was 7 cases per thousand population, which is higher than the 2013 rate of 1.7 per thousand population. The proportion of cases in East Java remains below the national average. According to data from the Ministry of Health of the Republic of Indonesia (2018), 84.9% of mentally ill patients were treated, and 48.9% of



them took their medication regularly. In 2020, the East Java Provincial Government reported an increase in the number of mental disorder patients, rising from 75,427 in 2019 to 75,998 in 2020, an increase of 571 cases (East Java Health Office, 2020). According to the Turi Lamongan Health Center in 2022, there were 90 patients with mental disorders (Lamongan Health Office, 2021).

Compliance with medication is influenced by several factors, one of which is family support. Family support plays a significant role in preventing relapse in mentally ill patients by ensuring they follow through with routine treatments or check-ups. While medication adherence cannot completely cure or prevent relapses, it can significantly extend the remission period and reduce the severity of psychotic symptoms. Compliance is influenced not only by the patient but also by family support, social support, and the guidance of healthcare professionals (Yusuf et al., 2015).

Patients who do not comply with their medication regimen are at increased risk of relapse. The rehabilitation period for mentally ill patients treated by their families, whether as outpatients or at home, requires continuous support to ensure adherence to the treatment program. Family support is particularly effective in the recovery of mental patients, as they may struggle to manage or fully understand their medication schedules or types. Families are essential in guiding and supporting patients to take their medication correctly (Fitriani et al., 2021). This study aims to explore the relationship

between family support and medication compliance in patients with mental disorders.

MATERIALS AND METHODS

This study used an analytical design of quantitative research to examine the relationship between family support and medication adherence. The independent variable in this study is family support, while the dependent variable is medication adherence. A correlational analytical study with a cross-sectional approach was conducted to determine the relationship between the variables without researcher intervention. Data collection for each research subject was observed simultaneously and only once (Sugiono, 2013).

The population for this study consisted of all mental health patients at the Turi Lamongan Health Center from March to May 2023, totaling 90 patients. The research sample included 73 respondents. The sampling technique used was simple random sampling. To measure the dependent variable, a family support questionnaire that had been tested for validity and reliability was employed. The dependent variable, medication adherence, was measured using the MMAS-8 Questionnaire (Morisky Medication Adherence Scale). The statistical test used was the Spearman rank correlation test. Ethical approval for this study was granted by the Muhammadiyah University of Lamongan, with approval number 265/EC/KEPK-SI/05/2023.

RESULTS

Table 1. Characteristics of Respondents Based on Age, Gender, Education, and Occupation in the Turi Lamongan Health Center Work Area, March – May 2023.

Age (Years)	Frequency (f)	Percentage (%)
17-25	1	1.4
26-35	6	8.
36-45	10	13.9
46-55	19	26.0
56-65	24	32.9
> 66	13	17.8
Gender	Frequency (f)	Percentage (%)
Man	24	32.9
Female	49	67.1
Education	Frequency (f)	Percentage (%)
Elementary School	26	35.6
Junior High School	13	17.8
High School	18	24.7
University	2	2.7
Others	14	19.2
Occupation	Frequency (f)	Percentage (%)
Farmer	33	45.5
Tni/Polri	0	0

Occupation	Frequency (f)	Percentage (%)
Civil Servant	2	2.8
Self-employed	17	23
Private	10	13.7
Others	11	15.0
Total	73	100

Based on table 1, it can be seen that, of the 73 respondents, the majority were aged 56-65 years, with 24 respondents (32.9%), while a small portion were aged 17-25 years, with 1 respondent (1.4%). Most of the respondents were female, totaling 49 respondents (67.1%). The majority had an elementary school education, with 26 respondents (35.6%), and a small portion had a college education, with 2 respondents (2.7%). Most respondents worked as farmers, with 33 respondents (45.2%), while a small number worked as civil servants, with 2 respondents (2.8%).

Table 2. Characteristics of Respondents Based on Family Support in the Turi Lamongan Health Center Work Area, March – May 2023.

Family Support	Frequency (f)	Percentage (%)
Less	12	16,4
Enough	38	52,1
Good	23	31,5
Total	73	100

Based on table 2, it can be seen that, out of 73 respondents, family support for mental disorder patients in the Turi Lamongan Health Center work area was categorized as sufficient for 38 respondents (52.1%) and inadequate for 12 respondents (16.4%).

Table 3. Characteristics of Respondents Based on Relationships Status in the Turi Lamongan Health Center Work Area, March – May 2023.

Relationship Status	Frequency (f)	Percentage (%)
Parents	29	39,7
Children	6	8,2
Husband/Wife	14	19,2
Siblings	24	32,9
Total	73	100

Based on table 3 it can be seen that, out of 73 respondents, the majority of family relationships with patients were with parents, accounting for 29 respondents (39.7%). A small number of respondents had other types of family relationships with the patients.

Table 4. Characteristics of Respondents Based on Medication Compliance in the Turi Lamongan Health Center Work Area, March – May 2023.

Medication Compliance	Frequency (f)	Percentage (%)
Less	27	37,0
Enough	36	49,3
Good	10	13,7
Total	73	100

Based on table 4, it can be seen that, out of 73 respondents, medication compliance among mentally disturbed patients in the Turi Lamongan Health Center work area was categorized as sufficient for 36 respondents (49.3%), while 10 respondents (13.7%) were categorized as having high medication compliance.

Table 5. Characteristics of Respondents Based on Relationship Between Family Support And Medication Compliance in the Turi Lamongan Health Center Work Area, March – May 2023.

		Medication Compliance						Total	
		Low	%	Medium	%	High	%		
Family Support	Poor	10	13,7	1	1,4	0	0	11	15,1
	Sufficient	16	21,9	22	30,1	0	0	38	52
	Good	1	1,4	13	17,8	10	13,7	24	32,9
Total		27	37,0	36	49,3	10	13,7	73	100.0

Spearman rho Results Nilai rho = 0,671 α = 0,05 *p* value = 0,000

Based on the analysis using the Spearman rank statistical test with the SPSS version 16.0 program, a p-value of $0.000 < \alpha = 0.05$ was obtained, indicating that H_1 is accepted. This means there is a significant relationship between family support and medication compliance in patients with mental disorders in the Turi Lamongan Health Center work area. The results of the Spearman rank test showed that the calculated r-value was 0.671,

which is categorized as strong (0.60-0.799). This indicates a strong relationship between family support and medication compliance in patients with mental disorders in the Turi Lamongan Health Center work area.

DISCUSSION

Family Support for Mentally Ill Patients in the Turi Lamongan Health Center Work Area

The results of the study in **Table 5** show that the majority of family support for individuals with mental disorders in the Turi Lamongan Health Center Work Area falls into the "sufficient support" category, with 38 respondents (52%). In accordance with the research instrument used by the researcher, the highest score was obtained from the four indicators of the family support questionnaire, specifically the assessment support indicator. This indicates that the majority of respondents felt that families of mentally ill patients cared for each other. The researcher argues that family support for mentally ill patients is reflected in actions, attitudes, motivations, and daily activities.

The assessment support in this study achieved the highest score of 1153. Assessment or appreciation support can be understood as the actions of the family in guiding and mediating problem-solving, as well as being a source and validator of family member identity, including providing support, appreciation, and attention (Friedman, 2003). This finding is consistent with research by Asyari & Anna (2024) Asyari & Anna (2024), which found that, out of 59 respondents, the majority received a high assessment support score of 790, while the emotional support category received a lower score of 479.

The second indicator in the family support questionnaire is information support, with a score of 1139. In line with the questionnaire items, the researcher argues that families frequently help individuals with mental disorders follow medical instructions to maintain their health, but they rarely seek information about mental health issues. Many families still lack understanding of mental health problems. Information support can be interpreted as the support provided by the family to its members through available information. When someone is unable to solve their problems, this support is given through the provision of information, advice, and guidance on how to address the issue (Friedman, 2003).

The third indicator in the family support questionnaire is instrumental support, which received a score of 1066. According to the researcher, families are actively involved in maintaining and caring for individuals with mental disorders, but they seldom assist them when difficulties arise in performing daily activities. Instrumental support from the family provides

practical and tangible assistance, including in areas such as financial needs, meals, rest, and daily activities (Marilyn M Friedman, 2010).

The first indicator in the family support questionnaire relates to emotional support, which received a score of 724. Based on the data in the questionnaire, the researcher believes that respondents are attentive by creating a comfortable home environment for individuals with mental disorders. However, they rarely listen to the complaints of those individuals when they feel sad. Emotionally, family support reflects positive and caring behaviors. Families offer support that ensures the mental health patient feels cared for, and they make efforts to do their best to help their family members recover (Rahayu et al., 2024).

Based on the respondents' characteristics, 32.9% were aged 56-65 years, 35.6% had elementary school education, and 45.2% worked as farmers. Data on factors influencing family support suggest that the lower the level of knowledge and experience regarding the care of individuals with mental disorders, the less support is provided. This is further supported by the study location, where the majority of families had only elementary school education, minimal knowledge, and worked as farmers. These families, though often at home with mentally ill patients, lack the necessary knowledge and experience to provide sufficient support. However, families can now access counseling provided by hospitals or health centers, and they can also search for information through platforms like YouTube about how to care for patients with mental disorders. This way, families with limited knowledge can better understand how to care for mentally ill patients properly, thereby increasing the support they provide (Isnenia, 2021).

Education can influence a person's knowledge, including their behaviors and attitudes towards lifestyle, particularly in motivating positive attitudes (Notoatmodjo, 2012). The findings of a study by Marlita et al. (2020) emphasize that families must provide full support, attention, and affection to patients, including regular visits to the hospital and supervision of medication intake.

The family is the closest and most supportive environment for individuals with mental disorders. Family support is manifested through actions, attitudes, and acceptance of the patients, and is expressed in forms of affection, trust,

warmth, attention, mutual support, and respect within the family (Friedman, 2003).

Compliance with Medication in Mentally Ill Patients in the Turi Lamongan Health Center Work Area

Based on Table 5, it can be seen that, out of 73 respondents, medication compliance among mental disorder patients in the Turi Lamongan Health Center work area was categorized as moderate for 36 respondents (49.3%), high for 10 respondents (13.7%), and low for 27 respondents (37.0%). According to the medication adherence questionnaire used in the study, the majority of responses to the three indicators of the questionnaire focused on the discipline of taking medication, with a score of 80. Most respondents reported that they were not disciplined in taking their medication due to feelings of boredom. This finding is supported by Rahayu et al. (2024), who stated that the most frequent response to the first indicator—discipline in taking medication—had a score of 45. Interviews revealed that many respondents were not disciplined in taking their medication because they felt bored. The researcher argues that the large number of medications prescribed often leads to side effects, making patients uncomfortable and reluctant to take their medication. The long duration of treatment also contributes to the disturbance patients feel with their prescribed treatment plans. According to Rahayu et al. (2024), the benchmark for discipline in taking medication on schedule is characterized by a sense of obedience and compliance with established values or actions.

Based on the medication adherence questionnaire, the second indicator— independence in taking medication—had a score of 68. The majority of respondents reported that they did not take their medication unless it was prepared for them. The researcher argues that most respondents lacked independence in taking their medication, as they largely depended on their families. If the family did not prepare the medication, the patient did not take it (Isnénia, 2021).

Regarding the third indicator, awareness of taking medication, the score on the indicator was 19. Most respondents did not demonstrate conscious behavior in taking their medication, as they still relied on their families. The researcher argues that when family members provide good support by supervising patients with their medication regimens, it serves as a mood booster within the family environment. This is because the family is one of the closest partners to patients with mental disorders (Isnénia, 2021).

The Relationship Between Family Support and Medication Adherence in Patients with Mental Disorders in the Turi Lamongan Health Center Work Area

The results of the Spearman rank test yielded a p-value of $0.000 < \alpha = 0.05$, meaning H_1 is accepted. This indicates a significant relationship between family support and medication adherence in patients with mental disorders in the Turi Lamongan Health Center Work Area. The Spearman rank statistical test showed a calculated r-value of 0.671, which is positive, meaning that the better the family support provided, the higher the medication adherence in patients with mental disorders. An r-value of 0.671, categorized as strong (0.60-0.799), indicates a strong relationship between family support and medication adherence in patients with mental disorders at the Turi Lamongan Health Center. This finding is consistent with research by Refnandes (2019), which found a significant relationship between family support and medication adherence at the Prof. HB. Saanin Padang Mental Hospital Polyclinic, with a p-value of 0.000 (< 0.05).

Medication adherence in patients with mental disorders is closely linked to family support. Patients who adhere to their medication regimen tend to have a lower relapse rate. Although mental disorders cannot be cured completely, they can be controlled with pharmacological therapy. Family support plays a critical role in ensuring compliance with medication and psychotherapy for patients with mental disorders. Regular therapy and treatment can significantly reduce the relapse rate in patients within 1-2 years (Marlita et al., (2020).

The researcher argues that patients who do not follow treatment recommendations, particularly regarding medication adherence, often fail to take their medication properly. Medication independence for mentally ill patients can be achieved through attitudes and behaviors motivated by self-drive. Therefore, to increase the independence of medication adherence in mentally ill patients, family support is crucial. Family support can take various forms, including informational support, assessment support, emotional support, and instrumental support. Good family support can lead to higher medication adherence, thereby decreasing the relapse rate. This is supported by research from Rahayu et al. (2024), which states that increasing medication adherence in mentally ill patients can be achieved through family motivation. Additionally, health education for both patients and families is essential to help them understand the benefits and importance of proper medication adherence.

This study found that, out of 73 respondents, 38 (52%) provided sufficient support to patients with mental disorders, resulting in 22 (30.1%) respondents having moderate medication compliance and 16 (21.9%) having low medication compliance. Additionally, 24 (32.9%) respondents provided good support, leading to 13 (17.8%) having moderate medication compliance and only 1 (1.4%) having low medication compliance. On the other hand, 11 (15.1%) respondents provided insufficient support, resulting in 10 (13.7%) respondents exhibiting low medication compliance, and 1 (1.4%) had moderate compliance. These results suggest that better family support is associated with higher medication adherence among patients with mental disorders. Family support is crucial for guiding patients to take their medication correctly and regularly. Family support plays a significant role in the treatment of patients with mental disorders, as these patients often cannot manage their medication types or schedules on their own. As the closest unit to the patient, the family must guide, teach, and help the patient reintegrate into society, create a supportive environment, show respect, and assist in problem-solving. This aligns with research by Asyari & Anna (2024), which shows a significant influence of family support on medication adherence in patients with mental disorders.

Based on the study results, respondents who provided sufficient support still had 21.9% of patients with low medication adherence. This suggests that even when families provide substantial support, some patients still fail to comply with their therapy regimens. The results are consistent with the theory that mental disorders are chronic and persistent, with the potential for relapse and the occurrence of atypical psychotic symptoms. Medication adherence does not guarantee a cure but can reduce relapse and rehospitalization in patients with mental disorders (Prabowo, 2014). According to this theory, patients with mental disorders may experience psychotic episodes at any time, during which they may exhibit disordered behavior. During such episodes, patients may not follow the therapy regimen and may not perceive themselves as being unwell.

The researcher notes that many patients in this study frequently forgot to take their medication, reduced or stopped their medication without informing their family, felt burdened by the treatment regimen, and occasionally forgot to bring their medication when traveling. In fact, if patients adhered to their medication regimen and followed the therapy plan recommended by their

doctor, it could significantly reduce the relapse rate among individuals with mental disorders.

CONCLUSIONS

There is a significant relationship between family support and medication compliance in patients with mental disorders in the Turi Lamongan Health Center work area. It is recommended that families provide support and guidance to their family members experiencing mental disorders. Additionally, families can participate in counseling sessions offered by hospitals or health centers, and they can also seek information through social media platforms such as YouTube.

ACKNOWLEDGEMENTS

The author would like to express sincere gratitude to the Head of Turi Health Center, the respondents, the mental health program coordinators at Turi Health Center, and the staff who provided significant assistance during the research process. There were no conflicts of interest during the research.

AUTHORS' CONTRIBUTIONS

ESW is the author of the manuscript. DK was responsible for data collection. IS and JS contributed to data processing, while LF and KU assisted with the translation.

CONFLICT OF INTEREST

This research does not have any commercial relationships or financial conflicts of interest.

FUNDING

This study did not receive any funding.

REFERENCES

- Asyari, Wahid Hasyim & Anna Wahyuni Widayanti. (2024). Hubungan Dukungan Keluarga Terhadap Kepatuhan Minum Obat Pasien dengan Gangguan Jiwa: Studi Literature Review. *Majalah Farmaseutik*, 20(3), 404–411. <https://doi.org/10.22146/farmaseutik.v20i3.96306>
- Dinas Kesehatan Lamongan. (2021). Dinas kesehatan Kabupaten lamongan. *Profil Kesehatan Kabupaten Lamongan*. <https://lamongankab.go.id/beranda/dinkes/post/1872>
- Dinkes Jawa Timur. (2020). Buku Data Menurut Provinsi dan Kabupaten. *Profil Kesehatan Provinsi Jawa Timur*, 25–26.
- Fitriani, R., Azzahri, L. M., Nurman, M., Hamidi, M. N. S. (2021). Hubungan Pola Makan Dengan Kadar Asam Urat (Gout Arthritis) Pada Usia

- Dewasa 35-49 Tahun. *Jurnal Ners*, 5(1), 20–27.
<http://journal.universitaspahlawan.ac.id/index.php/ners>
- Friedman, B. & J. (2003). *Family Nursing Research, Theory and Practice* (5th ed.). Prentice Hall.
- Isnenia, I. (2021). Hubungan Pengetahuan Informasi Obat Dengan Kepatuhan Minum Obat Pasien Gangguan Jiwa Di Provinsi Lampung. *Media Farmasi: Jurnal Ilmu Farmasi*, 18(1), 28.
<https://doi.org/10.12928/mf.v18i1.19221>
- Kemenkes RI. (2018). Laporan_Nasional_RKD2018_Final.pdf. In *Badan Penelitian dan Pengembangan Kesehatan* (p. 198).
- Marilyn M. Friedman. (2010). *Buku Ajar keperawatan keluarga* (5th ed.). Jakarta: EGC.
- Marlita, L., Oktavia, V., & Wulandini, P. (2020). Hubungan Dukungan Keluarga Terhadap Kekambuhan Pasien Skizofrenia Di Rumah Sakit Jiwa Tampan Pekanbaru Tahun 2020. *Jurnal Keperawatan Abdurrah*, 4(1), 77–83.
<https://doi.org/10.36341/jka.v4i1.1338>
- Notoatmodjo s. (2012). *Metode Penelitian Kesehatan*. Jakarta: PT Rineka Cipta.
- Prabowo, E. (2014). *Buku ajar keperawatan Jiwa* (Pertama). Yogyakarta : Nuha Medika.
- Rahayu, P. E., Kurniawan, H., & Syntia, S. (2024). Dukungan Keluarga Dengan Kepatuhan Minum Obat Pada Pasien Skizofrenia di Puskesmas KOta X. *Jurnal Ilmu Sosial, Humaniora dan Seni*, 2(2), 184–189.
<https://doi.org/10.62379/jishs.v2i3.1497>
- Sugiono. (2013). *Metode Penelitian kualitatif dan R&D*. Bandung: Bandung Alfa Beta.
- Wardani, E. (2017). *Mengalami Halusinasi Di Rumah Sakit Jiwa Islam Klender Tahun 2017*.
- Yunita, F. C., Yusuf, A., Nihayati, H. E., & Hilfida, N. H. (2020). Coping strategies used by families in Indonesia when caring for patients with mental disorders post - pasung, based on a case study approach. *General Psychiatry*, 33(1), 1–8.
<https://doi.org/10.1136/gpsych-2018-100035>
- Yusuf, A., Fitryasari, R., & Endang Nihayati, H. (2015). *Buku Ajar Keperawatan Kesehatan Jiwa*. Jakarta: Penerbit Salemba Medika