

Original Research Article

Relationship of family support with client's capability in controlling hallucination in clients of soul disorders

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ABSTRACT

Background: Hallucinations are sensory experience errors that have no basis in reality, occurring sensory perception disturbances about external stimuli without external stimuli that have no basis in reality. Distribution of inpatient nursing diagnoses Mental Hospital of Prof. HB. Saanin Padang has increased with a hallucination of 1823 people (12%). This study aims to determine the relationship of family support to the client's ability to control hallucinations on mental disorders clients at Mental Hospital Polyclinic of Prof HB Saanin, Padang.

Methods: This type of research is a cross-sectional study. The study was conducted at the Mental Hospital Polyclinic of Prof HB Saanin, Padang. The population in the study was 912 people, with a sample of 90 people. Sampling used simple random sampling. Data were analyzed by Chi-Square test.

Results: The results of the study, 55.6% of respondents were unable to control hallucinations, 60% of respondents had deficient family support. There is a relationship of family support with the ability to control hallucinations on people with a mental health condition with a p value of 0.016.

Conclusions: Family support and the ability to control hallucinations on clients are the most influential factors in controlling hallucinations on schizophrenic clients.

Keywords: Family support, Hallucinations, Mental disorders

INTRODUCTION

Schizophrenia is a severe mental disorder characterized by disturbances of reality (hallucinations and delusions), inability to communicate, unnatural or blunted effect, cognitive impairment (unable to think abstractly), and experiencing difficulties in carrying out daily activities.¹ It is estimated that more than 90% of clients schizophrenia experience hallucinations.² Hallucinations are a form of sensory perception or experience without stimulation of receptors.³ The Ministry of Health and WHO estimate that no less than 530 million people with mental disorders are found worldwide. World Bank studies in several countries show that 9.1% of global

public health (global burden disease) suffer from mental disorders. According to the National Institute of Mental Health, mental disorders account for 15% of overall illnesses and will develop to 25% by 2030.⁴ In Indonesia, it is estimated that around 50 million or 25% of 220 million people have mental disorders.

The prevalence of severe mental disorders in Indonesia in 2013 was 1.7% per population and increased to 7% per year in 2018. The most severe mental disorders were Bali by 11%, special district of Yogyakarta by 10%, while Aceh, Central Java, South Sulawesi, and West Sumatra with 9% each and the lowest in Riau Islands with 3%. West Sumatra is ranked 3rd with the highest number of people with mental disorders.⁵

Hallucination sufferers are no more than 1% compared to the general population, due to world economic pressure pushing sufferers to experience hallucinations to be increased from 10,000 people who have been found 37.7%. About 50% of Indonesia's 220 million population experienced hallucinations.⁶ In West Sumatra, hallucinations also increased from 2.8% to 3.9%.⁷

Mental Hospital of Prof Dr HB Saanin, Padang is a Mental Hospital which is a referral center for people with a mental health condition in West Sumatra. Based on client medical record visit data, hallucinations are the most diagnoses. They prove that the number of hallucinatory clients' outpatient visits is very high, and of course, this is inseparable from family support in treating clients with hallucinations.

The purpose of this study is to look at the relationship between family support and the client's ability to control hallucinations on people with a mental health condition at the Mental Hospital of Prof Dr HB Saanin, Padang.

METHODS

This study used quantitative research with a cross-sectional study approach. The study was conducted at the Mental Hospital Polyclinic of Prof Dr HB Saanin, Padang for one week. Data collection up to the research was conducted from November 2018 to April 2019. The population in the study were all clients and families of mental disorders with hallucinations diagnosis in the last six months, totaling 912 people. A sample of 90 people was taken by using a simple random sampling technique with inclusion criteria. It means that clients who came to the Mental Hospital of Prof Dr HB Saanin, Padang were accompanied by their family as well as they were diagnosed as hallucination's clients. Besides, the clients have more than once visitation. On the other hand, the exclusion criteria mean that the clients diagnosed other than hallucinations, and they have just been there for a medical visit.

Data were collected by using a questionnaire with interview techniques. Before completing the questionnaire, respondents filled out the Informed Consent by applying anonymity, autonomy, and confidentiality research ethics. The questionnaire contained questions consisting of respondent characteristics (initials name, age, type of hallucinations, hallucinations content, and time of hallucinations). The dependent variable was the client's ability to control hallucinations collected by using observation sheets of implementation strategy communication. The independent variables are family support covering four dimensions (informational support, information, instrumental, and assessment support).

RESULTS

Table 1 explains that more than half (55.6%) of respondents aged 36 to 45 years, more than half (52.2%)

of respondents were male, more than half (65.6%) of respondents experienced hearing hallucinations. Then Table 2 explains that more than half (55.6%) were unable to control their hallucinations at RSJ Polyclinic of Prof Dr HB Saanin, Padang.

Table 1: Frequency distribution of respondent characteristics by gender at RSJ Polyclinic of Prof HB. Saanin, Padang.

Characteristics	f	%
Age (in years)		
18-35	26	28.9
36-45	50	55.6
45-60	10	11.1
>60	4	4.4
Total	90	100
Gender		
Male	47	52.2
Female	43	47.8
Total	90	100
Hallucination types		
Hearing hallucination	59	65.6
Vision hallucination	24	26.7
Smell hallucination	7	7.8
Total	90	100

Table 2: Frequency distribution of respondents based on the ability to control hallucinations on mental disorders clients at RSJ Polyclinics of Prof HB, Saanin, Padang.

Ability to control hallucinations	f	%
Not capable	50	55.6
Capable	40	44.4
Total	90	100

Table 3: Frequency distribution of respondents based on the family support to control hallucinations on mental disorders clients at RSJ polyclinics of Prof HB, Saanin, Padang.

Family support	f	%
Deficient	54	60.0
Well	36	40.0
Total	90	100

Table 3 explains that more than half (59.3%) of respondents who had deficient family support were unable to control their hallucinations. Chi-Square test results show there is a relationship of family support with the ability of clients in controlling hallucinations in people with a mental health condition at RSJ Polyclinic of Prof. HB. Padang Saanin with p value of 0.016.

Table 4: Relationship between family support and ability to control hallucinations in mental disorders clients at Mental Hospital Polyclinic of Prof HB, Saanin, Padang.

Family support	Ability to control hallucinations				Total	P value	
	Not capable		Capable				
	f	%	f	%	f		%
Deficient	32	59.3	22	40.7	54	100	0.016
Well	18	50.0	18	50.0	36	100	
Total	50	55.6	40	44.4	90	100	

Table 4 explains that more than half (59.3%) of respondents who had deficient family support were unable to control their hallucinations. Based on the Chi-Square test results showed a p value of 0.016 ($p \leq 0.05$), this means there is a relationship of family support with the ability of patients to control hallucinations in psychiatric patients at RSJ Polyclinic of Prof Dr HB Saanin, Padang.

DISCUSSION

The results showed that more than half (55.6%) of respondents were unable to control hallucinations at the Mental Hospital Polyclinic of Prof. Saanin Padang. This study is in line with Trisno's research (2012) with the title factors associated with the ability to control hallucinations of mental disorders in the Surakarta Regional Mental Hospital. It was found that respondents were able to control hallucinations namely (49.2%) of respondents compared to respondents who were not able to control hallucinations namely (50.8%) of respondents.⁸

Hallucination is an individual condition that considers the amount and pattern of stimuli coming both from inside and outside are not in accordance with reality, accompanied by distortion and disturbance of the response to the stimulus both excessive and inadequate response.⁹ Recurrence of mental illness clients is a term that relatively reflects worsening symptoms or behaviors that endanger the client and the environment. The recurrence rate is often measured by assessing the time between discharge from the last treatment to the next treatment and the number of hospitalizations in a certain period.¹⁰

Based on the theory, it is found that the client has difficulty controlling his hallucination because in stage 1 (comforting), the client feels that hallucination is a pleasant thing, so the client has difficulty exiting the hallucination. At this stage, the client will enjoy the hallucination that arises, because it is considered pleasant and exciting. However, in stage 2 (condemning) the new client feels that hallucination is frightening and not fun, so the client tries to get out of the hallucination, but it is difficult to control.¹ Efforts must be made by health workers, especially nurses so that clients can control hallucinations, namely providing regular and routine nursing interventions, such as implementation strategies, group activity therapy, and beneficial activities, and can

distract clients from their hallucinations. As for home services, visits by health workers, especially nurses, provide counseling about how to care for family members with mental disorders and provide information about the importance of routine control.

The results showed more than half (60%) of respondents had deficient family support for mental disorders clients with hallucinations at Mental Hospital Polyclinic of Prof Dr HB Saanin, Padang. This study is in accordance with the research conducted by Ulfa (2015) with the title. The relationship between the level of knowledge and family support and the ability of clients to control hallucinations in Makassar Dadi Hospital. It was found that respondents who had poor family support were 59.8% of respondents, more than respondents who had good family support that was 41.2% of respondents.¹¹

Family support is one of the essential factors in efforts to increase motivation so that it can have a positive effect on psychological health. According to WHO the concept of psychological health has several factors, including coping strategies, language skills, experience, self-concept, and motivation.¹² People sometimes misinterpret their support for patients. The support that should be given by the family is the support that can make patients more independent, disciplined, and not much dependent on others. Nevertheless, not all families are so, some families provide excessive support, thus making patients very dependent on the family, especially caregivers.

The family is seen as a system with uniquely functioning relations Arif, the definition of the family confirms that the nature of the family is a relationship that exists between individuals who are part of it. For this reason, regardless of the circumstances in a family member, they still have a relationship and there are relationships involved in it.¹³ It includes schizophrenic patients who are also members of a family. According to Jungbauer et al, stated in his findings that many patients tend to live dependently on their parents both emotionally and materially.¹⁴

Appreciation support is also still lacking given by the family to the client, such as giving praise from each work done by the client or giving the confidence to carry out simple activities that can still be done by the client.

Meanwhile, for intra-mental support such as giving money, helping with medical expenses and accompanying clients for treatment to health services, is far from a right word, because families often say that there is much work and do not have free time to accompany clients for treatment or re-control of health services. As for information support, the family also still lacks an understanding of how to treat mental illness clients, as well as how to help clients not easily return to hallucination. It happens because the family rarely gives advice or even suggestions for the healing of the clients themselves.

It shows that the better the family support they have, it will significantly help the client in controlling his hallucinations. It is in line with Friedman et al that the primary role of the family towards hallucinatory mental disorder clients is changing the pattern of client behavior in terms of controlling their hallucinations and helping to accelerate healing or health promotion and client outreach. As part of its duty to look after the health of its members, the family needs to arrange and carry out health maintenance activities based on what is needed by the family.¹⁵

Family understanding of mental health still low is a significant obstacle in the involvement of client services at home. The role of family is crucial because the family is the beginning of interaction of each individual, where the process of growth and development occurs. The family is a system that is interdependent because each change in the function of one family member will have an impact on all family members. The family is the principal place of learning for individuals to develop values, beliefs, and attitudes that will be brought in the community.¹³

Family support can affect a client's ability to control hallucinations. The results showed that family factors are the most important thing for the client, such as emotional support and appreciation, which is very important for the healing of the client. It means that individuals with excellent family support can control hallucinations, build confidence, and be able to communicate well with the surrounding environment.

Efforts that can be made by health workers, especially nurses, are to provide counseling to families about how to care for clients at home with hallucinations. Besides, they can give families motivation and direction on how to care for and pay attention to hallucinatory clients and teach families about implementation strategies to care for clients at home.

The results showed that of the 36 respondents who had excellent support, 50% of them were unable to control hallucinations. While of the 54 respondents with deficient family support, 59.3% of them were unable to control hallucinations compared to people with a mental health condition who were able to control hallucinations (40.7%). Based on the results of the Chi-Square test, it

showed the value of p value of 0.016 ($p \leq 0.05$), which means there is a relationship of family support with the ability of clients to control hallucinations on mental disorders clients at Mental Hospital Polyclinic of Prof Dr HB Saanin, Padang.

The results of this study are in line with the research conducted by Trisno (2012) with the title Factors Associated with the Ability to Control Hallucinations of Mental Disorders clients in the Surakarta Mental Hospital. There can be a meaningful and significant relationship between family support for the ability to control hallucinations on mental disorders clients. It was obtained significance value $p=0.018$ family support for the ability to control hallucinations, meaning that the higher the social support given by the family, the lower the level of recurrence of clients to experience hallucinations again, and vice versa. It shows that social support is still not optimal in treating mental disorder clients because there are still many clients who often experience hallucinations.¹⁶

The results of this study are also supported by the results of Nanda study which states that psychiatric clients living with families with high emotional expressions (confused, angry, uncomprehending, hostile and overprotective) have a higher risk of hallucinations.¹⁷

The family should have a positive attitude, such as accepting the reality of the client's condition, respecting the client, fostering an attitude of responsibility, and not hostile to the client.¹ Families with high emotional expressions (hostile and critical) will make the recurrence faster within nine months. The result was that 57% of the clients were treated again from families with high emotional expression, and 17% of them were treated again from families with low emotional expression.

The results of the study are in line with the research conducted by Ambari with the title Factors influencing the client's ability to control hallucinations in RSUD Surakarta which states that the higher the family support, the higher the social functioning of the client. Conversely, the lower the family support, the lower the social functioning of people with a mental health condition of post-treatment at the Hospital.¹⁸

According to researchers of emotional support, hope, and real support from families are lack. Time limitations sometimes also make the family unable to accompany the client for medical treatment on an ongoing basis until the client is completely recovered from his illness. Many problems occur in the family, such as divorce cases and unfulfilled client needs due to limited attention and distrust or stigma owned by a family who used to consider clients different and unable to act like people in general. Besides, the family also plays a role in determining the way or nursing care needed by people with mental disorders at home to prevent the recurrence of hallucinations. Therefore, family knowledge or stigma against disease must be understood in order to support the

client's healing and minimize recurrence. Accurate information, symptoms of the disease, the possible course of the disease, and various medical and psychological assistance can relieve symptoms of mental illness in which its information is needed by the family to treat mental disorders clients with hallucinations.

According to researchers, 50% of clients with excellent family support are still unable to control hallucinations. It can occur because the client does not undergo regular treatment and does not routinely undergo control according to the advice given by the doctor. The client's factor also influences the difficulty of controlling hallucinations because, in the initial phase, the client feels comfortable with the hallucinations he is suffering from, so the client feels challenging to control the hallucinations. While the results of the study also found that 40.7% of clients with deficient family support were able to control their hallucinations well. It can occur because the client routinely consumes drugs even though he is not reminded by the family and is diligent in carrying out activities that become the client's hobby so that hallucinations are distracted, and the client can get out of unrealistic fantasies.

The results of this study are in line with the theory revealed by Yosep, that clients are cooler in their hallucinations because in their imagination it can meet the need for social interaction, self-control and social interaction which will not be found in the real world.¹⁹

CONCLUSION

This study concludes that there is a relationship between family support and the ability to control hallucinations in psychiatric clients with a p-value of 0.016 in the Mental Hospital Polyclinic of Prof Dr HB Saanin, Padang.

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