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The Effectiveness of Support Group Therapy in Improving the Quality of Life of Family Caregivers in People with Mental Disorders (ODGJ)

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Abstract: A person who has a mental disorder will experience a decrease in productivity so that they will experience obstacles in carrying out daily activities, social relationships, and get rejection from their surroundings. The family will become the primary caregiver who will play a role in preventing, overcoming, and restoring the condition of the ODGJ family. The role of family caregivers has many burdens that are felt such as stress and feelings of shame with negative stigma about ODGJ so that it will cause physical, emotional, and psychological disorders, one of which is their quality of life. The purpose of the study was to determine the effectiveness of support group therapy to improve the quality of life of family caregivers in ODGJ. This study used a one group before - after (pretest - posttest) design, with five participants. The intervention given was Support Group Therapy which consisted of six intervention sessions. Support Group Therapy is able to overcome and provide emotional support between its members so that it will reduce the burden felt by caregivers and improve the quality of life as family caregivers. The measuring instrument used was the AC-Qol (Adult Carer Quality of life Questionnaire) from Joseph et al. (2017) which has been adapted into Indonesian by Ligina Ayudia in 2020. The results obtained were analyzed using the Wilcoxon Signed Rank Test and obtained an asymp value of $0.043 < 0.05$ and N-Gain of 60.26% and the highest changes were in the aspects of personal growth and caring stress. So it can be said that Support Group Therapy is quite effective in improving the quality of life of family caregivers in People with Mental Disorders (ODGJ).

Keywords: Support Group, quality of life, caregiver, ODGJ

INTRODUCTION

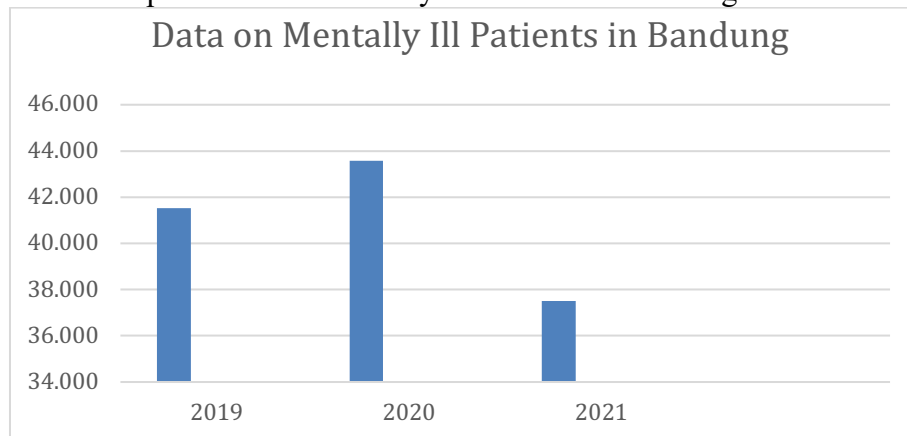
Mental disorders are complex individual conditions characterized by numerous problems and symptoms caused by significant changes in an individual's thinking, emotions, and behavior. These conditions often result in psychological distress and significant interference with a person's ability to function effectively in daily life (Arhan & As, 2023). According to the

Indonesian Ministry of Health, mental disorders are changes in mental function that cause disruptions in mental function, which can cause suffering to individuals or hinder them from carrying out their social roles (Indonesian Ministry of Health, 2000). People with Mental Disorders (ODGJ) is a term commonly used for people experiencing mental health disorders.

The factors that cause a person to experience mental disorders are not influenced by age, gender, cultural background, and other factors. The World Health Organization (WHO) categorizes several conditions that are included in mental disorders, including depression, which is a common mental disorder and is one of the main causes of disability in the world and an estimated 350 million people experience depression, bipolar disorder experienced by more than 60 million people in the world which consists of two episodes, namely manic and depressive episodes, schizophrenia is characterized by distortions of thoughts, perceptions, emotions, language, and behavior and suffered by more than 21 million people in the world, dementia is characterized by a decline in cognitive function (the ability to process thoughts) which will affect memory, thought processes, learning capacity, language and decision making and more than 47.5 million people experience dementia, as well as developmental disorders that usually occur in young children but can persist into adulthood, causing damage or delays in functions related to the central nervous system.

Data from the 2018 Basic Health Research (Riskesdas) conducted by the Research and Development Agency of the Ministry of Health (Kemenkes) in 300,000 household samples (1.2 million people) in 34 provinces, 416 districts, and 98 cities showed that points related to mental disorders experienced a significant increase in proportion. When compared to 2013, there was an increase from 1.7 percent to 7 percent, so that per 1,000 households there were 8 households with People with Mental Disorders (ODGJ) with an estimated total of around 450,000 People with Severe Mental Disorders (ODGJ). Data obtained from bandung.go.id shows that the number of visits by mental disorder patients at a number of health facilities in Bandung City reached 37,497 people in 2021, where the number of patients with mental disorders at Bandung City Hospital was 5,250, and at Sentosa Hospital Bandung recorded the highest number at 4,082 people.

Graph 1. Data on Mentally Ill Patients in Bandung



Based on research data obtained from the Health Office in Bandung City in data.bandung.go.id, the Arcamanik Community Health Center recorded the number of people with mental disorders in East Bandung as many as 167 people, Antapani 105 people, Ahmad Yani 15 people based on data obtained from the Arcamanik Community Health Center with the last update date on September 1, 2022.

Mental health problems can occur from childhood, adolescence, adulthood to old age, if not handled properly and correctly it will cause someone to lose or decrease in terms of productivity carried out daily. People with Mental Disorders (ODGJ) will have several impacts on themselves and their families where they will have obstacles in their daily activities, social

relationships with others, and lose their social roles and families will experience the effects of rejection from the surrounding environment, bad stigma towards family circumstances, helplessness, excessive anxiety, physical and emotional exhaustion, and excessive burdens for their families to be able to care for their family members who experience mental disorders.

People experiencing mental health problems require adherence to medication to prevent relapse. Family members are key contributors to patient compliance. Adherence to check-ups allows patients to assess and understand their health progress and continue treatment. The downside of not attending regular check-ups is the risk of relapse, which requires ongoing treatment to ensure patient outcomes are evaluated and future plans are determined (Saputra, 2019). This is consistent with the National Health Research (2018), which categorizes factors influencing non-adherence into four categories: the patient themselves, social support, support from healthcare providers, and family support.

In addition to pharmacological treatment, treatment for People with Mental Disorders (ODGJ) also requires environmental treatment, where the closest environment is the family. Therefore, it can be said that the family can be the front guard in maintaining the mental health of its members and be the party that provides psychological first aid if symptoms appear that point to mental health. The role of the family in increasing the productivity of People with Mental Disorders (ODGJ) is very large, so that efforts to empower families in supporting the recovery of People with Mental Disorders (ODGJ) are very necessary and carried out continuously which will ultimately be able to restore their quality of life and become productive and independent people (Mityasari, in Feri, 2022). As stated by Keliat (1996) that families have the ability to overcome problems, prevent, overcome, and restore maladaptive behavior (in Ulum, 2017).

A caregiver is a person, whether family, friend, or other relative, who provides physical, practical, and emotional care and support to a client (Mamie L Kramer-Kile et al., 2014). According to the Family Caregiver Alliance (2020), caregivers are divided into two types: formal caregivers and informal caregivers. A formal caregiver is a professional who provides paid care, or a professional such as a psychiatrist, psychologist, or social worker. Informal caregivers are family members who live with the patient, such as parents, children, spouses, nieces, nephews, grandchildren, or close friends, and do not incur any costs. Three distinct groups receive informal care based on the age of the care recipient: children with chronic illnesses and disabilities, typically cared for by young adult parents; adult children with conditions such as mental illness, typically cared for by middle-aged parents; and elderly individuals, typically cared for by their spouses or middle-aged children (Schulz, 2020). According to Allender & Spradley (2001), a family consists of two or more individuals who share a residence or are close to each other, have emotional ties, are involved in social positions, play related roles and tasks, and have a sense of mutual love and belonging. The emotional support felt by the person being cared for will create a natural feeling of affection from the family that makes the patient feel comfortable and loved even when they are sick.

According to Allender & Spradley (2001), a family consists of two or more individuals who share a residence or are close to each other, have emotional ties, are involved in social positions, play roles and tasks that are interconnected, and have a sense of mutual love and belonging. With the emotional support felt by the person being cared for, it will create a natural feeling of affection from the family that makes the patient feel comfortable and loved even when they are sick. According to (Fridman in Niman, 2019), a family that can help the healing process well is a family that is able to understand the client in interacting, meeting needs, supervising treatment, and the process of fostering in adapting back to the community environment. Supported by research conducted by (Fadli in Niman, 2019) which states that the better the attitude and high support of family caregivers, the less relapse the client has and there is a relationship where the increasing emotional expression of family caregivers will increase the frequency of relapse the client is determined by the support of family caregivers.

The task and role of a family caregiver is to be able to help family members who have mental disorders so that they can carry out daily activities such as bathing, eating, cooking, dressing, taking medication, and other activities and longer time will result in the family caregiver having a burden that causes negative effects (Caqueo-Urizar & Gutierrez-Maldonado, 2006; Grandon, Jenaro, & Lemos, 2008; Roick et al., 2007; Shu-Ying, Chiao-Li, Yi-Ching, For-Wey, & Chun-Jen, 2008, in Rafiyah, 2011). The many and heavy tasks and roles as a family caregiver are not easy conditions for family members of People with Mental Disorders (ODGJ) where many problems will be experienced by family caregivers as stated by (Farkhah, L., et al., 2017, in Muryani) caring for mental patients requires dedication, knowledge, willingness, and patience in caring for them. A caregiver is a person who has the responsibility to care for patients when their condition relapses or does not relapse.

METHOD

The research design used was a pre-experimental design, namely a design that includes only one group given pre- and post-treatment. This one-group pretest and post-test design was carried out on one group without a control or comparison group (Sugiyono, 2014:109).

Research Subject

The study subjects were determined using purposive sampling, a method of selecting subjects based on specific considerations (Sahir, 2022), ensuring that the selected subjects were those who possessed predetermined characteristics. The sample selection process was conducted between May and July 2024, involving initial interviews, visits, and administering a quality-of-life questionnaire. Subjects were identified through recommendations from the Rusunawa Community Health Center (Puskesmas). Subjects were assessed for cooperativeness, willingness to participate, and low quality of life based on the WHOQOL-BREF questionnaire administered in the preliminary study. This resulted in five subjects agreeing to participate. The following general criteria were considered by the researchers:

1. Acting as a Family Caregiver
2. Living in the same household as a Person with Mental Disorders (ODGJ).
3. Having more than five years of experience caring for a family member with a mental disorder.
4. Having a low quality of life based on the WHOQOL-BREF measurement.
5. The condition of the family member requiring intensive attention.

Caregiver Quality of Life Measurement Tool

The measuring instrument used is the AC-Qol (Adult Carer Quality of life Questionnaire) measuring instrument from Joseph et al (2017) which has been adapted into Indonesian by Liginia Ayudia in 2020. AC-Qol aims to measure the quality of life of caregivers which has 40 items consisting of 8 domains Support for caring, Caring choice, Caring stress, Money matters, Personal growth, Sense of value, Ability to care, Carer satisfaction using a Likert scale.

Data collection technique

In this study, a questionnaire instrument was used, namely a measuring tool consisting of statements and response options that had been prepared and arranged so that the subject only chose one of the available answers (Hadi, 2000).

Data Analysis Techniques

a. Normality Test

Sugiyono (2013) explains that a normality test is a prerequisite for data analysis. It is performed before data is processed based on the proposed research models. The purpose of a normality test is to detect the distribution of data within a single variable to be used in the

research. Good data suitable for proving these research models is normally distributed data. The normality test used is the Kolmogorov-Smirnov test. Data are considered normal if the significance value is greater than 0.05 ($P > 0.05$). Conversely, if the significance value is less than 0.05 ($P < 0.05$), the data are considered abnormal.

b. Descriptive Test

Data analysis involves analyzing the processed data, grouping the results, and summarizing the data to form a conclusion in Sahir's (2022) research. The analytical technique used is descriptive statistics, as mentioned by (Sugiyono, 2012, in Sahir 2022). This analysis technique provides an initial overview of each variable in the study. Each variable can be viewed through its mean, minimum-maximum, and standard deviation values, which are presented in diagrams, tables, frequencies, averages, and medians. Therefore, in calculating the research data, analysis will be performed using SPSS Statistics 25 to assess the effectiveness of Support Group Therapy in improving the quality of life of family caregivers of people with mental disorders (ODGJ). This analysis is carried out by observing and comparing changes in scores before and after the intervention, measured using the AC-Qol measurement tool.

c. Hypothesis Testing

The first statistical test conducted was a non-parametric test to test the research hypothesis by observing changes in the scores being compared, namely the quality of life of family caregivers. The Wilcoxon Signed Ranks Test was used to assess changes after treatment in a small sample (Gravetter & Forzano, 2016, as cited in Sahir 2022).

d. Effectiveness Test (N-Gain)

The N-Gain Test is used to determine the effectiveness of Support Group Therapy in improving the quality of life of family caregivers of people with mental disorders (ODGJ). It also calculates and compares the percentage difference between pre-test and post-test quality of life scores, as well as the scores for each aspect.

Implementation of Intervention

This research will utilize a Support Group Therapy intervention. The researcher will act as a group facilitator, guiding and facilitating the formation of a support group. The intervention will be conducted once a week, with each session designed to last approximately 90 to 120 minutes. Each intervention session will be conducted using the Caregiver Support Group Procedure Manual (CSGPM) Chou (2002).

The discussion components used in the CSGPM module include several components: information, problem-solving, coping, and support, with the following explanations:

- a. Information is designed to help caregivers gain knowledge about the disease process and patient behavior.
- b. Problem-solving focuses on what caregivers can do to reduce or eliminate disruptive behaviors and how caregivers can meet their personal needs.
- c. Coping is aimed at manipulating stressful situations by changing one's own behavior or regulating the emotions evoked by the situation.
- d. Support involves sharing feelings, exchanging problem-solving strategies, or validating experiences among group members.

RESULTS AND DISCUSSION

Research Results

Based on data processing using the Wilcoxon Signed Rank Test and the N-Gain Test, which aimed to compare pre-test and post-test scores and assess the effectiveness of the

intervention, the results showed that Support Group Therapy is effective in improving the quality of life of family caregivers of people with mental disorders (ODGJ).

Research Subjects

The subjects in this study were five family caregivers, who acted as mothers caring for their children with mental health issues. They had been caregivers for more than five years and met the criteria established by the researcher. The following is a description of the five research subjects:

Table 1. Research Subject Data

No	Name	Gender	Age	Job	last education	long time care	child's age	Patient Disorders
1	LN	P	57	IRT	SMA	15 years	36	Bipolar
2	N	P	57	Sales	SMA	7,5 years	34	Severe Depressive
3	YR	P	60	IRT	SMA	6 years	39	Depressive Episode
4	S	P	65	IRT	SD	20 years	36	Skizofrenia
5	ID	P	54	IRT	SMA	10 years	35	Bipolar

Based on the table above, the data obtained shows that all subjects were female, aged between 50-65 years, the majority of whom worked as housewives, with an average education of high school, and had been caring for more than 5 years according to the criteria set by the researcher.

Intervention Schedule

The Support Group Therapy program was conducted over six weeks, with one session per week lasting 90–120 minutes each. The day was determined by agreement of all participants, namely Saturdays from 10:00 AM to 12:00 PM WIB. The pre-test questionnaire was administered one week before the intervention and after the issuance of the research ethics approval on July 19, 2024. The post-test questionnaire was administered one day after the intervention.

Measurement results

a. Normality Test Results

Table 2. Test of Normality
Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre	.399	5	.009	.741	5	.025
Post	.383	5	.016	.797	5	.077

Based on the results of the normality test, if the P value > 0.05 is said to be a normal distribution and if P < 0.05 is said to be a non-normal distribution. When looking at the results of the data obtained, the results showed that the pre-test value was 0.025 and the post-test value was 0.077, so it can be said that the data was not normally distributed.

b. Statistical Test Results

Table 3. Wilcoxon Signed Rank Test Results Test Statistics^a

	<i>Post-test - Pre-test</i>
Z	-2.023 ^b
Asymp. Sig. (2-tailed)	.043

a. Wilcoxon Signed Ranks Test

b. Based on negatif ranks.

Based on the results of the Wilcoxon Signed Ranks Test, the p-value was 0.043 with a confidence level of $\alpha = 0.05$. Based on the asymp sig. (2-tailed) value of $0.043 < 0.05$, H0 is rejected and H1 is accepted. So it can be concluded that Support Group Therapy is effective in improving the quality of life of family caregivers in People with Mental Disorders (ODGJ).

c. N-Gain Test Results

Table 4. Research Subject Measurement Results

Subjek	<i>Pre-test</i>	<i>Post-test</i>	N-Gain Skor	N-Gain (%)	Category
	Skor	Skor			
LN	35	78	0,661538	66,15%	Moderate / Fairly Effective
N	33	75	0,626866	62,68%	Moderate / Fairly Effective
YR	33	74	0,61194	61,19%	Moderate / Fairly Effective
S	25	63	0,506667	50,66%	Moderate / Fairly Effective
ID	34	74	0,606061	60,60%	Moderate / Fairly Effective
Average			0,602614	60,26%	Moderate / Fairly Effective

Based on the results of the pre- and post-tests, the quality of life of family caregivers of people with mental disorders (ODGJ) was categorized as moderate or quite effective, with an overall average of 60.26%, indicating an improvement in the quality of life of family caregivers after receiving Support Group Therapy.

The results of the measurements for each aspect of quality of life administered to the five subjects are as follows:

Table 5. Results of Quality of Life Aspect Measurement

Aspect	<i>Pre-test</i>	<i>Post-test</i>	N-Gain Skor	N-Gain (%)	Category
<i>Support Caring</i>	26	54	0,378378	37,83%	Low
<i>Caring Choice</i>	32	53	0,308824	30,88%	Low
<i>Caring Stress</i>	22	67	0,576923	57,69%	Currently
<i>Personal Growth</i>	18	59	0,5	50,00%	Currently
<i>Sense of Value</i>	16	41	0,297619	29,76%	Low
<i>Ability to Care</i>	18	45	0,329268	32,92%	Low
<i>Carer Satisfaction</i>	28	45	0,236111	23,61%	Low
Average			0,32839	32,83%	Low

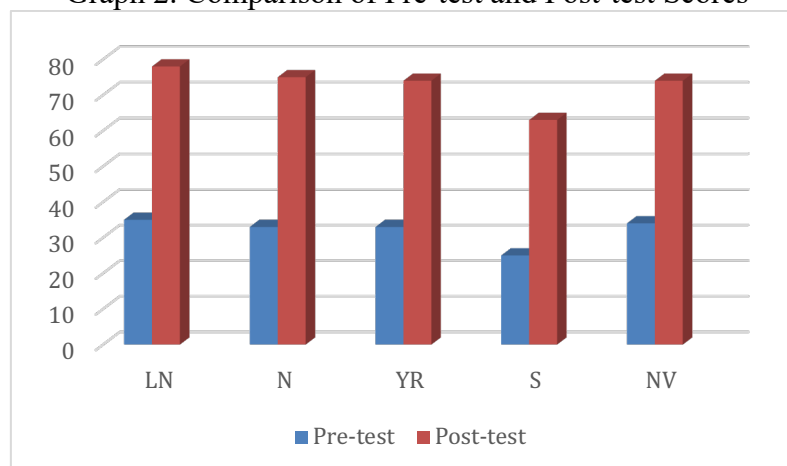
Based on the results of the N-Gain percent measurement on the seven aspects of quality of life, it was found that the caring stress aspect had the largest increase, namely 57.69% in the moderate category, followed by personal growth of 50.00% in the moderate category, then aspects that were in the low category with the order of support caring 37.83%, ability to care 32.92%, caring choice 30.88%, sense of value 29.76%, and finally carer satisfaction 23.61%. So from the data, it was found that caring stress was the N-Gain with the highest aspect while the lowest aspect was in the carer satisfaction aspect.

Quality of Life Score Comparison Results

Table 6. Comparison and Percentage of Scores

Subject	Pre-test	Category	Post Test	Category	Difference	Percentage
LN	35	Low	78	Medium	43	55,12%
N	33	Low	75	Medium	42	56%
YR	33	Low	74	Medium	41	55,40%
S	25	Low	63	Medium	38	60,32%
ID	34	Low	74	Medium	40	54,05%
Average	32		72,8		40,8	56,04%

Graph 2. Comparison of Pre-test and Post-test Scores



Based on the table above, the results obtained show that there was an increase in the quality of life score of family caregivers from the five subjects with an average pre-test score of 32 and a post-test score of 78.2, so that the difference between the pre-test and post-test was 40.8 with a percentage of 56%.

Discussion

Based on the quality of life measurements of family caregivers of people with mental disorders (ODGJ), an improvement in quality of life scores was observed. The Wilcoxon Signed Rank Test yielded a negative rank of 0, a positive rank of 3, and a score of 78 for each subject: LN from 35 to 78, N from 33 to 75, YR from 33 to 74, S from 25 to 63, and ID from 34 to 74. Therefore, it can be concluded that there was an improvement between pre-test and post-test scores before and after the Support Group Therapy intervention.

If we look at the results of the hypothesis test, a score of 0.043 is obtained, which indicates significance because it is smaller than 0.05. So based on this score, it can be said that there is a difference between the pre-test and post-test scores after being given the Support Group Therapy intervention, which means that the null hypothesis (H0) is rejected, and the first hypothesis (H1) is accepted. Likewise, the results of the N-gain measurement obtained an N-gain percent score of 60.26% in the moderate category, so it can be said that Support Group

Therapy is quite effective in improving the quality of life of family caregivers in People with Mental Disorders (ODGJ). In line with what was said by Aulia (2024) that Support Groups can help group members to get emotional support, express negative feelings, develop helper-therapy, and help group members in social comparisons.

Based on demographic data, it was obtained that the sample was homogeneous with female gender and played the role of mother in the role of family caregiver with an age range of 50-65 years and had been a caregiver for more than five years. The average age range of the subjects can be said to be elderly, where according to the World Health Organization (2018) elderly is someone who is more than or equal to 55 years old and Law No. 13 of 1998 concerning the welfare of the elderly in article 1 paragraph 2 which states that the age of 60 years is the starting age. As research conducted by Widyastuti et al. (2020) that Support Group Therapy can reduce stress levels in the elderly.

Parents who have children with health problems will usually act as primary caregivers, especially mothers, where there will be a natural emotional bond with their children so that they will provide the best care for their child's condition, as well as closely related to Indonesian culture where a mother will usually give all her time to take care of the household such as cooking, washing, and giving attention and care to her family members. Supported by research conducted by Brank & Wylie (1992) A female caregiver will be more emotionally connected to the patient than men so that they will sacrifice their social life and only ask for a little help from others, even if they are willing. Women tend to choose to stay at home to provide time-consuming care to a family member or friend who has a chronic illness or disability, while men prefer to meet their needs by bearing the financial burden associated with all forms of long-term care (Family Caregiver Alliance, 2020). What differentiates between female and male caregivers is the duration in which women will provide care longer because they rarely work for long hours in providing care, especially women have an emotional nature that has an attachment to their sick family members, which will give rise to a sense of responsibility, especially in a mother Sharma et al., (2016).

Based on the overall score per aspect, namely Support for Caring, Caring Choice, Caring Stress, Personal Growth, Personal Value, Ability to care, Carer Satisfaction, the highest change in all subjects is personal growth where personal growth itself is a positive perception and personal growth where he can develop his understanding, potential, and well-being for the better. In line with the results of research conducted by (Salsabila, 2023) that there are changes in personal growth experienced by subjects as caregivers, namely they will feel a change in ability, a change in attitude, and awareness of potential that was previously not realized. Being a caregiver is not an easy thing so individuals must have the ability to continue to want to develop themselves both as individuals and as caregivers, a person's ability to want to continue to develop will produce skills in carrying out care. As Lamont et al. (2019) stated, for a caregiver, having self-confidence and self-efficacy is crucial because it allows them to be optimistic about their efforts. Similarly, D. Ryff (1989) stated that individuals need personal growth to optimize their psychological functioning and achieve their self-actualization needs. The results obtained when someone has good personal growth will easily increase their productivity, improve and hone existing or new skills, and experience a more positive state. In addition, having the skill to regulate emotions is very important in facing stressful situations as stated by Goleman (1995) that there is a relationship between emotional intelligence and personal growth where this emotional intelligence is found within the individual which consists of various abilities to be able to get self-motivation, survive a frustrating situation, control impulsive needs or impulses, do not exaggerate pleasure or hardship, be able to regulate reactive needs, maintain stress-free and not paralyze the ability to think and the ability to empathize with others, as well as the principle of trying while praying.

This was followed by the caring stress aspect, which encompasses physical and mental health. All subjects received training in mindfulness meditation to enable them to consciously

focus and pay attention to themselves in their role as caregivers, enabling them to manage their emotions and reduce the burden they feel. According to Churnawan (2022), caregivers who received training in Individual Mindfulness-based Cognitive Therapy were able to reduce stress levels in family caregivers of mental health patients at a mental hospital in West Java Province. Furthermore, quality of life can improve due to an increased ability to accept the problems that befall them and a reduction in life's burden through mindfulness interventions (Garcia, et al., 2021). One of the techniques taught to the subjects is relaxation techniques that can help regulate their emotions, so that they will later display effective coping. This is supported by the results of Sandani's (2020) research that relaxation techniques can help caregivers reduce stress in caregivers of People with Mental Disorders (ODGJ). Relaxation techniques not only help reduce physical and mental tension but also improve the overall emotional well-being of the subjects. The improvements that occur can be influenced by therapeutic factors according to Yalom (1985), such as raising hope where all subjects have better hopes for themselves as individuals and their role as caregivers in caring for their children with mental disorders. Supported by what Yalom said that another therapeutic factor that can be influential is the importance of interpersonal relationships, Yalom explained that when group therapy focuses on the here and now, its effectiveness will increase.

Furthermore, in the pre-test and post-test results, the highest changes occurred in subject LN, then N, YR, ID, and the lowest was S. This research can be based on educational factors where S himself has the lowest level of education, namely elementary school. It seems that research conducted by Gelaye (2020) that a person's quality of life will be 6x worse if they cannot write and read and 3x higher with an educational background up to elementary school only. This will have an impact on the way the care is carried out where caregivers who have higher education will usually have better knowledge in dealing with stressful situations in their lives and better coping mechanisms. A lower level of education will usually have an impact on low socioeconomic status.

Research by Gelaye (2020) found that in Sub-Saharan Africa, approximately 71% of caregivers with severe mental illness suffer from economic burdens. Not only do the individuals with mental health problems experience economic burdens, but their families and communities also experience significant social and economic burdens. However, research by Ayudia (2020) suggests that those who act as family caregivers will indeed face financial challenges in covering hospital care and other expenses. However, due to their low socioeconomic status, being unemployed or working as casual laborers before becoming caregivers, they are already accustomed to low financial conditions. Likewise, caregivers who are unemployed or housewives are at greater risk of experiencing emotional burdens due to their limited activities and daily activities at home, leaving them with no other distractions and relying more on providing care to their family members with mental health problems (Maulida, 2022).

The burden felt by all subjects on average felt a physical and emotional burden where they felt ashamed of having a child with a mental disorder, especially when the patient relapsed they more often did things that disturbed and harmed the surrounding environment, the age was no longer young to be a caregiver so they felt tired and stressed, or they had experienced unpleasant responses or words from their neighbors. As a result of this incident, the five subjects chose to distance themselves from the social environment and limit interactions with the surrounding environment. Family caregiver Alliance (2020) said that being a caregiver has a negative impact on the relationships and social networks of caregivers because their ability to participate in activities outside of the caregiving role is reduced so that they can cause caregivers to experience social isolation, which will later affect their psychological well-being.

Caregivers who have a negative stigma regarding their surroundings will feel that they will face a situation that is considered social discrimination, which will later lead to ineffective coping. Coping is a process of how individuals respond and act when the surrounding circumstances do not meet expectations, which can cause stress (Rahmani, 2019). According

to Lyu (2019), one of the factors that cause ineffective family coping is the lack of family knowledge about the patient's illness and its treatment, stressors faced by the family, and the costs of treatment that must be incurred. Because these problems are in line with the components contained in Support Group Therapy, where family caregivers will be able to obtain information about the condition of their family members who have mental health problems, so they can obtain new information that was previously unknown, which will later create a coping to manipulate situations that are considered stressors by regulating emotions when faced with the situation.

Based on the calculation of the quality of life that has been done, the results obtained are an increase that occurred in all subjects in the quality of life of family caregivers in People with Mental Disorders (ODGJ) using the reference module from the Caregiver Support Group Procedure Manual (CSGPM) which has been developed by Chou et al (2002) and in accordance with the results of their research where the results confirm the hypothesis that caregivers who participate in the intervention get benefits for their lives and have been adjusted by researchers with the aim of improving the quality of life of family caregivers.

Support Group Therapy is conducted 6 times a week, each session lasting approximately 90-120 minutes with different topics and objectives. Session one focuses on understanding the role of a caregiver, session two on building a social support network, session three on managing physical health, session four on addressing psychological well-being, session five on managing emotions, and session six on reviewing and setting goals. Support Group Therapy focuses on providing emotional support among its members with the goal of successfully overcoming perceived emotional problems. The process within the Support Group is able to address and provide support regarding emotional and practical issues of care (Dewi, 2019). One factor that makes the intervention successful is group dynamics, where group dynamics themselves, according to (Yalom, 1985), are interactions between group members that can encourage change and growth within a group with the use of achieving higher goals. Supported by what Hasan & Rasyid (2016) said that the basis of therapeutic communication as certainty in treatment is the existence of positive health outcomes, patient compliance, and most importantly the overall quality of care.

In the family caregiver group, the most visible and influential factor is group cohesiveness, where later within the group, a positive situation will be created where all members can feel a bond and attachment to one another, so that they can feel the existence of a forum that can be used as a place to tell stories and gain empathy from someone who feels the same without feeling intimidated. As stated by Yalom, the cohesiveness of the group that is built will result in better group attendance, greater member participation, greater member influence, and many other positive effects that can be felt by each member.

So, if we look at the overall score of the subject that there is an increase in the pre-test and post-test scores after being given the intervention, it can be said that Support Group Therapy is quite effective in the form of a support group to reduce the burden on caregivers in the role of mothers who have children with mental disorders and there are changes in thoughts that become more positive, can control negative emotions, and the emergence of hope about the future. (Dewi, 2019).

In this study, in order to achieve the objectives for each subject, among other things, it can provide knowledge and information to increase knowledge and understanding of mental disorders, create and provide an atmosphere of emotional support between subjects, can explore problems as a caregiver, and seek social support and can maintain existing social support.

CONCLUSION

Based on the results of the research that has been conducted, there is an increase in the quality of life score before and after the intervention with an N-Gain value of 60.26%, so it can be concluded that providing intervention in the form of Support Group Therapy is effective in

improving the quality of life of family caregivers in people with mental disorders and among all aspects of quality of life, the personal growth and caring stress aspects have a high increase value among other aspects.

For future researchers, it is hoped that they can use other methods to develop long-term evaluation studies or use mixed methods to describe a more holistic understanding of the experience of being a caregiver.

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