

## Research Article

### Perception of Families With Family Attitudes About Mental Disorders in Family Members That Experience Mental Disorders in The Mental Hospital

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#### ABSTRACT

Mental disorders are considered as incurable diseases and are related to sin or crime, so that sometimes the treatment is brutal and inhumane. Wrong perceptions or myths related to mental disorders (schizophrenia) still exist in Indonesia; some cultural societies always link the cause of mental disorders caused by the occult. This perception causes them to come to health or mental health services if the mental disorder they experience is severe or even disturbs others. This study aims to determine the perception of families with family attitudes about mental disorders in family members that experience mental disorders in the mental hospital. Analytical research with cross sectional approach. Using 67 respondents with consecutive sampling probability sampling technique. Spearman rank's analysis results obtained  $p(0.00) < 0.05 (0.000)$  with a correlation coefficient of 0.752, which shows the closeness of the relationship between the variable perception with attitude is strong. The conclusion of the study, there is a relationship between the perception of families with family attitudes about mental disorders in family members that experience mental disorders in the mental hospital.

*Keywords: Perception; Attitude; Family Members; Mental Disorders*

#### Introduction

Mental disorders are considered as incurable diseases and are debated with sin or committed by brutal and inhumane acts. Thus, it requires individuals who move in chaos faster and harder to cure [1]. Wrong perceptions or myths related to schizophrenic mental diseases still exist in Indonesia; some cultural societies always link the cause of mental disorders caused by occult powers. This perception causes them to come to health or mental health

services if the mental disorder they experience is severe or even disturbs others. The perception of mental disorders caused by spirits is one aspect that plays a role in the family's attitude not to bring family members to medical personnel [2]. The family is the most important source of treatment for family members who experience mental disorders [3]. Poor attitude by the family can worsen the mental health of individuals. The opinion is one aspect that plays a role in one's actions, and negative attitudes will

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have an impact on the efforts that will be made [2].

People with Mental illness in Indonesia increase based on the main results of Basic Health Research [4] in 2018. This increase is from an increase in the prevalence of households with people with mental disorders (ODJG) in Indonesia. Increase in number to 7 per household mile. It means that per 1,000 homes, there are seven households with ODGJ, so the total is estimated to be around 450 thousand ODGJ. At Riskesdas 2013, the prevalence of severe mental disorders for the Indonesian population was 1.7 per mile. It showed the prevalence of people with severe mental disorders when it was only around 400 thousand people [4]. While the incidence of psychiatric disorders at the Mental Hospital dr. Radjiman Widiadinigrat Lawang Malang became the most cases recorded 2,618 of the total number of patients in 2016. From 2016 to 2017, there was an increase in recorded 2,981 of the total number of patients in 2017 [5]. The number of families visiting patients at the Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang in February 2018 as many as 1344 people.

These family and community views lately, about people with mental disorders, are always identified with crazy people and because of things that are like possessed by spirits. These family and community views lately, about people with mental disorders, are always identified with crazy people and because of things that are like possessed by spirits [6]. These family and community views lately, about people with mental disorders, are always identified with crazy people and because of things that are like possessed by spirits. The cause of illness and mentally disturbed individuals are associated with subtle or supernatural spirits. Unconsciously this is an incorrect mindset of us so that people see people with mental disorders as a costly problem and always threatening. Negative labels such as the mention of a madman are what unconsciously is a negative stigma that we create ourselves. As a result, families and the environment around people with mental disorders do not want to take care of families or other people who have mental disorders [7].

The stigma created by the community towards people with mental disorders, indirectly causes families and communities around people with mental disorders to be reluctant to provide appropriate treatment for families or their neighbors who have mental disorders. So it is not uncommon to cause this person with untreated mental disease to commit violent behavior or uncontrolled actions that disturb the family, community, and the environment [8]. The public perception that people with mental disorders is something that threatens must also be corrected. Providing information about mental disorders needs to be socialized so that the general public and families understand that psychiatric disorders are not a disorder caused by spirits. Health education by providing information about mental disorders is one aspect that plays a role in the perception and attitude of families about mental disorders [8]. Psychological health problems in the community are complex and require synergistic and sustainable handling of cross-sectoral and cross-program. The government has paid attention to handling mental health problems in the city. One of the government's efforts marked by the existence of several policies in Indonesia that focus on mental health issues, including Law of the Republic of Indonesia Number 18 of 2014 concerning mental health; the Minister of Health Regulation (PMK) Republic of Indonesia, Number 39 of 2016 concerning guidelines for implementing a healthy Indonesia program, an indicator of a sturdy family marker, is that people with mental disorders receive treatment and not neglected. PMK of the Republic of Indonesia Number 54 of 2017 concerning prevention of saving in people with mental disabilities (ODGJ) in Indonesia; Memorandum of understanding of three ministries (Ministry of Social Affairs, Ministry of Health, Ministry of Home Affairs) and two state institutions (Police and Health Social Security Administration or BPJS) on prevention and handling of retention for ODGJ [3].

Based on the description above, the researchers wanted to know the relationship between the perception of families with family attitudes about mental disorders in family members that experience mental disorders in the

mental hospital, dr. Radjiman Wediodiningrat Lawang Malang.

### Materials and Methods

This research uses quantitative research methods with an analytic research design cross-sectional approach. The population in this study were all families who drove their family members with mental illness and examined their health at the Mental Health Polyclinic dr. Radjiman Wediodiningrat Lawang Malang, with a total of 1,344 people. Sampling techniques using consecutive sampling, so that obtained a sample of 67 respondents who met the inclusion criteria as follows: willing to be respondents, able to read and write, as well as cooperative families. This research is feasible by-passing Ethical Clearance test number 194/EC/KEPK-S2/V/2018 from the Research Ethics Commission, Faculty of Medicine, Universitas Brawijaya.

The instrument used to measure the family's perception of mental disorders using a questionnaire, and family attitudes to family members who experience mental disorders using a Likert scale questionnaire. The questionnaire is a list of questions that are given to other people who are willing to respond according to user requests. The purpose of dis-

tributing questionnaires is to find complete information about a problem and respondents do not feel worried if respondents give answers that are not in accordance with reality in filling out the questionnaire. The questionnaire was prepared by the researcher himself. The validity test was carried out with the formula r Product moment, namely by correlating the scores of the instrument items with the formula. To determine the reliability of the questionnaire, this study used an internal consistency reliability measurement approach by calculating the alpha coefficient. This alpha coefficient ranges from 0 to 1. A construct or variable is said to be reliable if it gives a Cronbach Alpha value > 0.6.

Researchers conducted the process of recruiting respondents in this study after obtaining permission from the head of education and training (Diklit), and after providing an explanation to the respondent regarding the research and its benefits and explaining the research procedures and willingness to become a respondent, then proceed to fill in the consent form being the respondent. Researchers conducted this research in May 2018. To analyze the relationship between family perceptions about mental disorders and family attitudes in family members that experience mental disorders using Spearman's rank with a significance level of  $p < 0.05$ .

## Results and Discussion

### Family Perceptions about Mental Disorders

Percentage of Family Perceptions about Mental Disorders

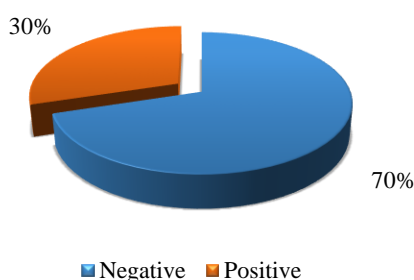


Figure 1.1 Family perceptions of mental disorders in the Mental Health Clinic of the Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang 2018

Based on Figure 1.1 shows that most of the 47 respondents or 70% had a negative

perception, and 20 respondents or 20% had a positive perception.

**Characteristics of respondents about family perceptions about mental disorders**

Table 1.1 Cross-tabulation based on age, education, work and information with family perceptions about mental disorders in mental health clinic dr. Radjiman Wediodiningrat Lawang Malang 2018

Group	Perceptions				Total	
	Positive		Negative		f	%
	f	%	f	%		
<b>Age</b>						
20-35	0	0	12	100	12	100
36-45	6	42,9	8	57,1	14	100
46-59	41	100	0	0	41	100
<b>Education</b>						
Elementary School	0	0	6	100	6	100
Junior High School	0	0	14	100	14	100
Senior High School	44	100	0	0	44	100
University	3	100	0	0	3	100
<b>Work</b>						
Work	47	85,5	8	14,5	55	100
Unworked	0	0,0	12	100,0	12	100
<b>Information</b>						
Family	0	0	20	100	20	100
Print media	4	100	0	0	4	100
Health workers	30	100	0	0	30	100
Friend	13	100	0	0	13	100

Based on table 1.1 shows that respondents aged 20-35 years as many as 12 respondents or 100% who have family perceptions about negative mental disorders, while respondents aged 36-45 years some eight respondents or 57.1% have family perceptions about negative mental disorders. Respondents aged 46-59 years were 41 respondents or 100% who have family perceptions about positive mental disorders. The number of respondents in the age group 46-59 years is due to respondents being parents of people with a mental health condition.

Based on table 1.1 shows that respondents who have elementary school education levels are six respondents or 100% who have family perceptions about negative mental disorders. Respondents with junior high school education are entirely 14 respondents, or 100% have family perceptions about negative mental disorders. Educated Senior High School (SMA) as many as 44 respondents or 100% have family perceptions about positive mental disorders. One of the factors that make respondents in high school education is the socioeconomic of

parents in funding school. At least there are respondents with the university education as many as 3 respondents or 100% have family perceptions about positive mental disorders.

Based on table 1.1 shows that most respondents who work are 47 respondents or 85.5% who have family perceptions about positive mental disorders, while total respondents who do not work are 12 respondents or 100% who have family perceptions about negative mental disorders.

Based on table 1.1 shows information from families as many as 20 respondents or 100% who have family perceptions about negative mental disorders, information from print media as many as 4 respondents or 100% have family perceptions about positive mental disorders, information from health workers altogether totaling 30 respondents or 100% who have family perceptions about positive mental disorders, and information from friends as many as 13 respondents or 100% have family perceptions about positive mental disorders.

**Attitudes about Mental Disorders**

**Percentage of Attitudes about Mental Disorders**

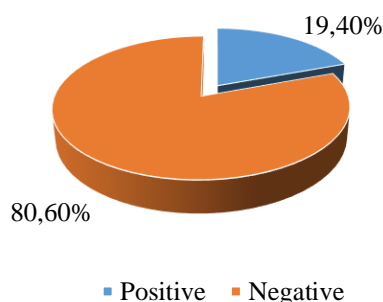


Figure 1.2 Attitudes about mental disorders in the Mental Health Clinic Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang 2018

Based on Figure 1.2 shows that the majority of 54 respondents or 80.60% have attitudes about negative mental disorders, and 13 respondents or 19,40% had a positive attitudes.

**Characteristics of Respondents' Attitudes about Mental Disorders**

Table 1.2 Cross-tabulation based on age, education, work and information with family attitudes about mental disorders in the Mental Health Clinic of the Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang 2018

Group	Perceptions				Total	
	Positive		Negative		f	%
	f	%	f	%		
<b>Age</b>						
20-35	4	33,3	8	66,7	12	100
36-45	9	64,3	5	35,7	14	100
46-59	41	100	0	0	41	100
<b>Education</b>						
Elementary School	2	33,3	4	66,7	6	100
Junior High School	5	36	9	64	14	100
Senior High School	44	100	0	0	44	100
University	3	100	0	0	3	100
<b>Work</b>						
Work	50	90,9	5	9,1	55	100
Unworked	4	33,3	8	66,7	12	100
<b>Information</b>						
Family	7	35	13	65	20	100
Print media	4	100	0	0	4	100
Health workers	30	100	0	0	30	100
Friend	13	100	0	0	13	100

Based on table 1.2 shows that respondents aged 20-35 years as many as eight respondents or 66.7% who have attitudes about negative mental disorders, respondents aged 36-45 years as many as nine respondents or 64.3% have attitudes about positive mental disorders,

and most many respondents aged 46-59 years as many as 41 respondents or 100% who have an attitude about positive mental disorders.

Based on table 1.2 shows that the characteristics of elementary school education as

many as four respondents or 66.7% have attitudes about negative mental disorders, junior high school education as many as nine respondents or 64% have attitudes about negative mental disorders, most respondents with the characteristics of senior high school education as many as 44 respondents or 100% have attitudes about positive mental disorders, and university education as many as three respondents or 100% have attitudes about positive mental disorders.

Based on table 1.2 shows that respondents with the status of working as many as 50 respondents or 90.9% have attitudes about positive mental disorders, while respondents

who are not working are mostly eight respondents or 66.7% who have beliefs about adverse mental diseases.

Based on table 1.2 shows that information received from families as many as 13 respondents or 65% have attitudes about negative mental disorders, information received from print media as many as four respondents or 100% have attitudes about positive mental disorders, information received from health workers as much as 30 respondents or 100% have attitudes about positive mental disorders, while information received from friends as many as 13 respondents or 100% have attitudes about positive mental disorders.

**Cross-tabulation of family perceptions about mental disorders with family attitudes on family members that experience mental disorders**

Table 1.2 Cross tabulation of family perceptions about mental disorders with family attitudes on family members that experience mental the Mental Health Clinic of the Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang 2018

No.	Perceptions	Attitudes				Total	
		Positive		Negative		f	%
		F	%	f	%		
1	Positive	47	78,3	13	21,7	60	100
2	Negative	0	0	7	100	7	100

Based on table 1.9, cross-tabulation shows that family attitudes about positive mental disorders as many as 47 respondents or 78.3% have positive perceptions, family perceptions about negative mental disorders as many as seven respondents or 100% have negative attitudes.

**Bivariate Analysis**

The results of the research hypothesis test using the Spearman rank test obtained a correlation coefficient of 0.752, and this shows

that the closeness of the relationship between the variables of perception with attitude is secure because it lies in the correlation value of 0.600 to 0.799, and the value of  $p(0,000) < \alpha(0.005)$ . These results indicate the hypothesis of the study is H1 accepted which means there is a relationship between family perceptions about mental disorders with family attitudes on family members that experience mental disorders in the Mental Hospital Dr. Radjiman Wediodiningrat Lawang Malang.

Table 1.10 Spearman rank's test results

Correlations			
Spearman's rho	persepsi	Correlation Coefficient	persepsi
			Sikap
			1.000
		Sig. (2-tailed)	.000
		N	67
			.752**
			.000
			67

Spearman's rho	Sikap	Correlation Coefficient	.752**	1.000
		Sig. (2-tailed)	.000	.
		N	67	67

**Discussion**

**Family Perceptions about Mental Disorders**

The results showed that there is a relationship between family perceptions about mental disorders with family attitudes in family members that experience mental disorders in the Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang. The results of research on the perception of mental disorders obtained 70.1% value of favorable mental disorders and a small percentage with an amount of 29.9% perception of adverse mental diseases. The results of this study support the research of Lestari [9] with the title of the relationship of family perceptions about mental disorders with family attitudes on family members who experience mental disorders in mental hospitals in Surakarta. The results showed that there was a correlation between perceptions about mental disorders with the approach of families who have family members of mental disorders in psychiatric hospitals Surakarta.

The results of this study differ from research conducted by Puspitasari [10] which examines the relationship between the level of family knowledge about people with mental disorders at home and the level of family acceptance of the frequency of recurrence in Lawang Malang Mental Hospital and Surabaya Mental Hospital. The results of this study, there is no relationship between the level of family knowledge and the level of family acceptance of people with mental disorders with the frequency of recurrence. Differences in research results can occur due to differences in the number of respondents, which have implications for the study results statistically.

The conclusion is that respondents' perceptions can influence the attitudes of families who have family members with mental disorders. The results of research on perceptions about mental disorders indicate that many respondents have positive and negative opinions; one of them from the level of education, age, and occupation. Based on table 1.2, the majority of respondents have a high school education. One of

the factors that make respondents in high school education is the socioeconomic of parents in funding school. High school education level is considered as an aspect that plays a role in the formation of perception. The higher the education, the more positive the opinion. High school education has a better understanding so that in viewing mental disorders is a disease, where mental disorders are not a result of the disturbance of spirits. Notoatmojo [11] states that education is an attempt to provide knowledge so that changes in positive behavior occur, while the form factor for learning is perception. Poor perception can lead to a lack of knowledge about mental illness correctly.

Perception is the final process of observation through the senses which is transmitted to the brain. The positive opinion is caused by the stimulus given received and approved by the individual, so that the perception formed is positive, while the negative perception is because the incentive provided is not appropriate so that the negative perception is formed [12]. Opinions about favorable mental disorders show that respondents understand that mental illness is a disease that requires actions taken by health workers, while negative perceptions due to the belief that psychiatric disorders are not due to disease but due to the disturbance of spirits, so they sometimes treat through alternative medicine (shaman).

Judging from the age characteristics of table 1.1 shows that the majority of respondents aged 46-59 years or 61.1%. Age 46-59 years is an adult who already has the maturity of the soul, where at that age individuals already have a broader insight [13]. Age 46-59 years is an age that already has a maturity, so that they can understand the condition of mental disorders, at that age respondents usually understand that psychiatric disorders are not due to spirits, but are caused by an illness that causes frustration, conflict, and crisis pressure due to psychosocial stressor [14].

Table 1.3 shows that 82.1% of respondents were employed. Work is one of the aspects that

play a role in interactions with other individuals, where the more extensive the interaction with individuals, the better the perspective of an object [15]. Respondents who work have broad insights, where these insights are formed from the results of communicating with friends so that the aspect of mental illness is a disease and not a result of the disturbance of spirits.

Judging from the information about mental disorders in Table 1.4 shows that 44.8% of information about mental disorders from health workers. Data is one aspect that plays a role in the formation of perception, the more extensive the information provided, the better the impression it has. Information provided by health workers is following health principles so that the formation of opinions is positive [16]. Health workers who have scientific disciplines in the field of health are very appropriate in providing information to respondents so that respondents understand mental disorders caused by an illness.

#### **Family Attitudes About Mental Disorders**

The results of the study of family attitudes about mental disorders show that the majority of 54 respondents or 80.60% have opinions about adverse mental diseases, and 13 respondents or 19.40% have beliefs about favorable mental disorders. Its due to respondents with low education and not having a job, thus making perceptions about mental illnesses incurable. Thus creating an impression of mental illness that can not appropriately cure, respondents are positive, where the respondent is willing to accept the condition of his family member who is mentally ill.

Attitude is the mental and nervous awareness of readiness arranged through experience that gives a dynamic or directed influence on an individual's response to an object and situation related to it [17]. Attitude is a readiness to react to an object in a certain way. Readiness referred to here is a potential tendency to respond in a certain way if the individual faced with a stimulus that requires a response [18]. Attitudes are views or feelings accompanied by a tendency to act [19]. Belief is an interaction of the components of cognition, affection, and behavior. Attitude interpreted as the readiness of individuals to respond to act or

behave according to specific ways. Psychological aspects about the object influence this readiness, so approach is not the same as behavior; attitude is only a tendency to behave. The human perspective influence by factors of age, education, employment, and sources of information.

Age is an aspect that plays a role in maturity, where the more age increases, the more mature the level of maturity [13]. Age 45-59 years is one of adulthood, where at that age already has a good understanding of mental disorders so that the formation of attitudes about mental disorders becomes positive. Education is one of the means to shape personality and thinking patterns, the higher the level of knowledge, the better the attitude [16]. High school education is secondary education, wherein this education respondents already understand about mental disorders, so that the formation of reactions that psychiatric disorders are not caused by spirits but by an illness where the mental state is disturbed.

According to Notoadmojo [19] that one of the factors that influence knowledge is perception. A good impression will increase one's experience. With a good education, one can expect a good attitude in dealing with schizophrenia. Conversely, a negative or negative perception can lead to a lack of knowledge and negative attitudes towards family members suffering from mental disorders. Notoatmodjo [11] states that attitudes and actions are innate responses after the existence of thoughts, reactions, personal opinions, and knowledge. These human actions or behaviors influenced by heredity, environment, and expertise. In the stage of the activation process, after the individual searches and processes information, the next step is addressing the information received, whether the individual will believe the information received, this is related to the knowledge possessed. Information collected by respondents regarding mental illness can come from various sources [19].

Apart from a formal educational background, other information can come from newspapers, television, health magazines, or respondents get health information from health workers, which in turn will affect respondents' knowledge about mental disorders.



A good perception will change the level of attitude of family members who have schizophrenia. However, this level of belief is also influenced by other factors that influence it, namely how long has family members had schizophrenia, and how is the relationship between family status and schizophrenics [20].

### **Perceptions about Mental Disorders with Attitudes About Mental Disorders**

In the cross-tabulation table, 1.9 shows that family attitudes about mental disorders as many as 47 respondents or 78.3% have positive perceptions, while family perceptions about mental disorders are as much as seven respondents or 100%. The results of this study indicate a relationship between family perceptions about mental disorders with family attitudes in family members who experience mental disorders in the Mental Hospital dr. Radjiman Wediodiningrat Lawang Malang, with a correlation coefficient of 0.752 this shows that the close relationship between the perception variable and attitude is strong.

Perception is a process when individuals organize and interpret their sensory impressions to give meaning to the environment. Individual behavior is often based on their perception of reality, not on reality itself [21]. Attitude is a response to an object, and family attitude plays a role in one's actions. The attitude is formed by the perception that begins from the process of how family members select, organize and interpret the input of information and experiences they have and then understand that mental disorders are not due to spirits [18].

Nursing implications in family perceptions about mental disorders are obtained from information in the community that spirits cause mental disorders, and this condition affects the formation of family perceptions. Mental disorders experienced by family members cause the family's knowledge of mental disorders is caused by witchcraft or because of spirits. Everyone certainly does not want to experience mental disorders. However, certain circumstances are sometimes unable to make healthy people to avoid psychiatric disorders. Percep-

tions of mental disorders make families prevent family members who experience psychiatric disorders.

In mental health nursing, a nurse looks at humans holistically and uses themselves therapeutically. The methodology in mental health nursing is to apply oneself therapeutically and interpersonal interactions by being aware of oneself, the environment, and its interactions with the environment. This awareness is the basis for change. Family members become more aware of themselves and their situation, so that they more accurately identify their needs and problems and choose healthy ways to deal with them. A nurse provides a constructive stimulus so that eventually, family members learn how to handle issues that are the basis for dealing with various problems.

Mental Health is a good and happy feeling and can overcome life's challenges, be able to accept others as they are and have a positive attitude towards themselves and others. Its generally known that a disturbance causes mental disorders in the brain, but the exact trigger factors are not known. Stress is thought to trigger mental illness, but stress can also be a result of developing mental illness in a person.

### **Conclusion**

Most respondents have positive perceptions of mental disorders.

Most respondents have negative attitudes about mental disorders.

There is a relationship of perception of families with family attitudes about mental disorders in family members that experience mental disorders in the Mental Hospital dr. Radjiman Wediodiningrat Lawang, Malang.

Nurses and further researchers should provide counseling to families about mental disorders so that people understand about mental disorders. Future researchers are required to conduct further research by using the results of this study as a reference.

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