

PSYCHOEDUCATION FAMILY PATIENTS MENTAL DISORDERS (A SYSTEMATIC REVIEW)

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Abstract: WHO mentions the main problems of mental disorders in the world are schizophrenia, unipolar depression, alcohol use, bipolar disorder, obsessive compulsive disorder (Stuart & Laraia, 2005). Schizophrenia is a problem with the highest prevalence with some symptoms of psychotic disorder. Prevalence is around seven in a thousand adults. And the eight highest causes of mental disorders in adolescents and adults (WHO, 2013 in M-S. Ran, 2015). Schizophrenia is a group of psychotic reactions that affect the function of individuals, among others, the function of thinking and communicating, receiving and interpreting reality, feel and show emotions and behave (Stuart & Laraia, 2013). We reviewed 25 literatures to identify family psychoeducation interventions in family members of mental disorders. The literature used is published until 2017, with 7 qualitative research literature and 18 quantitative research literature. The smallest sample size was 3 focus groups on qualitative studies, and the largest number of samples was 2060 in quantitative studies. The results showed that 5 studies of family psychoeducation can improve the quality of life of patients and families, reduce patient limitations, improve cognitive abilities and psychomotor families and improve patient life expectancy. 2 studies have found out that family psychoeducation can reduce the burden of families and nurses in treating psychiatric patients. 3 studies have resulted in improved family coping, and 10 studies resulted in improved quality of life for patients and families, prevention of recurrence, accelerated healing, and there was an increase in family positive support for psychiatric patients. Psychoeducation to families of mental disorders proved to increase independence and family ability in daily care, reducing dependence on medication and hospital care. The study of family psychoeducation of mental disorders is highly heterogeneous, both statistically, population, intervention methods, and outcomes. Therefore, meta-analysis can not be performed in most of the literature included. Further research is expected to develop more to obtain results that can increase knowledge and can be applied in other settings. The results of these interventions will vary depending on the factors influencing, for example, sex, education level, age, socioeconomic status, and so on.

1 INTRODUCTION

Mental disorders are maladaptive responses of internal and external environments, evidenced through thoughts, feelings and behaviors that are not in accordance with local or local cultural norms and disrupt social, work and or physical functions. The problem of health, especially mental disorder of the incident is still quite high. Data of the American Psychiatric Association (APA) in 1995 mentions 1% of the world population will suffer from schizophrenia (4). It is estimated that 50 to 80% of people with schizophrenia and psychotic disorders stay with or have a constant relationship with the family or with a member of the nuclear

family (3). Family members are a factor for mental health because family relationships are the primary source of care and motivation (5). Treatment in people with mental disorders can reduce family burden and prevent recurrence (6).

2 METHOD

We review the literature published until 2017 to identify family psycho-education interventions. The family in question is a family that has one family member suffering from mental disorders, disabilities or problems. We do not limit geographical or residential areas. We consider that

in all areas of psychoeducation of the family it is important to do so. A literature search strategy by entering and combining keywords and text titles. Journal search is done through the account of Science Direct, Proquest, Springer, Cambridge University Press, Journal of Nursing Soedirman. Key words used are "family therapy", "Psychoeducation", "family psychoeducation", "family therapy", "family psychoeducation". From several journals that came out then selected the journal in accordance with the topic of research. The selected journal or literature is then reviewed and studied about: 1) research characteristics, 2) description of methods, participants, interventions and research results, 3) discussion.

3 RESULTS

We studied 25 literatures to identify family psychoeducation interventions in family members of mental disorder. The literature used is published until 2017, with 7 qualitative research literature and 18 quantitative research literature. The smallest sample size was 3 focus groups in qualitative research, and the largest number of samples was 2060 in quantitative studies. The results showed 5 studies of family psychoeducation can improve the quality of life of patients and families, reduce patient limitations, improve cognitive abilities and psychomotor families in caring for family members and improve patient life expectancy. With family intervention, they are able to improve awareness of their problems, acquiring efficient education strategies, initiating new friendships, improving conflict resolution, and so on. Therefore, rather than focusing on losses, these families can do so, achieving a series of highly developed skills such as communication, self-esteem, sense of humor, endurance. This is its own potential. This family should be strengthened, not only to improve the quality of family life, but also for the widespread benefit to society.

3 family psychoeducation studies have found out that family psychoeducation can reduce the burden of families and nurses in treating psychiatric patients. The results of correlational analysis to obtain results there is a high association between the variable burden of care and psychological health of caregivers, both family and nurses. 4 family psychoeducation studies have resulted in improved family coping. The results of data analysis that Africans (black people) have stronger coping and have the skills to care for

family members better than white people. And 13 studies resulted in improved quality of life for patients and families, prevention of recurrence, accelerated healing, and there was an increase in positive family support for mental patients. The family psychoeducation intervention group had significantly higher rates of antipsychotics on medication adherence and higher levels of work ability. The control group had a much higher rate of non-adherence (26.0%) than the family psychoeducation intervention group (6.5%). Family psychoeducation interventions are effective in 14-year follow-up, especially in Indonesia with patient treatment and social functional compliance. Family psychoeducation interventions are more effective in places where family members often participate in patient care and have a lower level of knowledge on mental illness. Family interventions should be considered when making mental health policy and planning on health services.

4 DISCUSSION

We studied 25 literatures on family psychoeducation interventions with family members for mental disorders. The results obtained are positive, that family psychoeducation significantly affects patients, families, live loads, and motivation and coping.

Family psychoeducation trains the family to be skilled at caring for family members. So that after intervention, the family's ability to care for family members increases, both cognitively / psychologically improved and psychomotor / behavioral. With the ability of the family to be better, the patient will become more care both more attention psychologically and physically. Psychologically the patient feels the family is more attentive, closer, and motivating the patient. In addition, increased family attention gives the patient a chance to share his heart or the problem with the family. Families will be able to provide solutions, hope, entertainment and megahasi to patients.

Psychoeducation interventions can reduce the burden on families and nurses. This is because families who are given intervention become more skilled and better able to care for family members. A good family's perspective is impacting on increasingly independent patients. The independence of the patient makes the family burden becomes lighter. Both maintenance burden,

burden of supervision, and burden of treatment and control to health service.

Qualified families and self-sufficient patients automatically create the burden of nurses to care for patients to become lighter.

With family psychoeducation intervention, family coping will be better. Because the education provided will increase the knowledge and ability to care for the patient. Good knowledge can minimize the stigma that comes from the family. This good coping affects the patient's coping will increase, because the patient feels the same family attention between the patient and other family members, and the family does not behave negatively about the illness. If the patient and family are in good condition, the stigma of society will be minimized. Families can motivate patients to continue living and reaching goals. The encouragement / motivation given by the family will foster the spirit of life, the spirit of work and the spirit of working for the patient. The drive / motivation given by the family will foster the spirit of life, the spirit of work and the spirit of working for the patient

Authenticity of research

No	Judul	Desain Penelitian	Sampel & Teknik Sampling	Variabel	Instrument	Analisis	Hasil
1	<i>Families with a disabled member: impact and family education.</i> Elena Benito Lara & Carmen Carpio de los Pinos. 2017	Kualitatif, Literatur Review	Sample: 4 + 41 participants, sampling technique: purposive sampling	Families with family members with disabilities, impact, family education			Strengthening / empowerment can improve the quality of family life
2	<i>Family psychoeducation and schizophrenia: A review of the literature.</i> William R.McFarlane, Lisa Dixon, Ellen Lukens, Alicia Lucksted, 2003	Literature review	Sample: 895, sampling technique: random sampling	Family psychoeducation, schizophrenia			Giving FPE can reduce the patient's limitations
3	<i>Burden in schizophrenia caregivers: Impact of family psychoeducation and awareness of patient suicidality.</i> Michael G. Mc.Donell, Robert A.Short, Christoper M. Berry, Dennis G.Dyck. 2003	corelation	Sampel: 90, cohorts of a randomized clinical trial	Family psychoeducation, family burden	BPRS, mSANS	Regresi linear ANCOVA	MFGT does not significantly affect the family caregiver burden
4	The influence of family psychoeducation on family ability In caring for social isolation clients. Ruti Wiyati, Dyah Wahyuningsih, Esti Dwi Widayanti. 2010	Quasi eksperimen	Sample: 48, sampling technique: random sampling	Family psychoeducation, family ability to care for social isoalsi client	questionnaire	Test univariate by using c-square and bivariate test using analysis of Independent Sample t-test and paired t-test	Psychoeducation of Family Therapy improve cognitive abilities and psychomotor significantly
5	<i>From support to overload: Patterns of positive and negative family</i>	Quasy eksperiment	Sampel: 60, sampling technique :	Patterns of care, psychological health	family network method (FNM) questionnaire,	validated multivariate statistical, Pearson	Parenting is related to psychological health

	<i>relationships of adults with mental illness over time.</i> Marlene Sapine, Eric D. Widmer, Katia Iglesias. 2016		Purposive sampling.		an egocentric network collection tool, Symptom Check-List-90-R (SCL-90-R)	correlations, STATA's mixed command	
6	<i>Strengths of families to limit relapse in mentally ill family members.</i> Tlalefi T. Tlhowe, Emmerentia du Plessis, Magdalene P. Koen. 2017	phenomenological design	Sample : 15 family members , sampling technique: Purposive sampling	Support family members, relapse of people with mental disorders	The interview is unstructured	Theme analysis	Four main themes identified: patient condition, trust / confidence, involvement of the patient in daily activities, openness among family members.
7	<i>“Family Education and Support” program for families at Psychosocial risk: The role of implementation process.</i> Maria Victoria Hidalgo, Lucia Jimenez, Isabel Lopez, Barbara. L, Jose. S. 2016	Crossectional	Sample: 155 participant, sampling technique : purposive sampling.	Family education and support, the risk of psychosocial disorders.	questionnaires about family dynamics.	Cluster analyses, parametric (Student t test) and nonparametric (Mann–Whitney test)	There is a significant relationship between education and family support with the risk of psychosocial disorders .
8	<i>Childhood family wealth and mental health in a national cohort of young adults.</i> Felice. LS, Allison. BB, Robert. FS. 2016	Cohort study	Sample: 2060 remaja, sampling technique: purposive sampling.	Patterns of foster children rich families and mental health, adolescents	K-6 nonspecific psychological distress scale (range 0–24)	R version 3.1.2	Socioeconomic status affects mental health
9	<i>Race-Related Differences in the Experiences of Family members of Persons with Mental Illness Participating in the NAMI Family to Family Education Program.</i> Melissa. ES, Michael. AL, Crystal. DW. 2014	Quasy experiment	Sample : 293 white families and 107 families of Africa America, sampling technique: random sampling.	Participation of family members of mental disorders, Family education programs	interview	t tests and Chi square tests, linear regression models (SAS, version 9.2, PROC MIXED procedure)	There is a connection to the problem solving coping. African American families have higher levels in empowerment systems with positive coping methods .
10	<i>Family Influence in</i>	qualitative	Sample: 54	Family influence in	semi-structured	Atlas-ti qualitative	Family psycho-education is

	<i>Recovery from Severe Mental Illness.</i> Heather Michelle. A, Rob Witley. 2015		people, sampling technique: purposive sampling	healing, severe mental disorder	interviews	data analysis software.	very important to improve the cure of patients
11	<i>Towards a Cultural Adaptation of Family Psychoeducation: Findings from Three Latino Focus Groups.</i> Veronica. H, Scott. S, Roberto. LF, Edith. K, Anthony. S, Molly. F. 2013	Qualitative, Focus Group Procedures	Sample: 3 focus group, sampling technique: purposive sampling	Cultural adaptation to family psychoeducation	protocol summary consent form.	qualitative content analysis,	Analysis of transcripts revealed specific subthemes for each category
12	<i>Burdens and Psychological Health of family Caregivers of People with Schizophrenia in Two Chinese Metropolitan Cities: Hong Kong and Guangzhou.</i> Paul. CWL, Petrus. Ng, Chistoper. T. 2013	croosectioal	Sampel: 39 caregiver di Hong Kong dan 70 caregiver di Guangzhou, teknik sampling: convenience sampling stratagem	Burdens and Psychological Health of family Caregivers	Involvement Evaluation Questionnaire and the General Health Questionnaire.	MANOVA, ANOVA	There is a relationship between caring burden and caregiver psychological health
13	<i>Social Support and Religion: Mental Health Service Use and Treatment of Schizophrenia.</i> A. Surolk, RE. Geating, D. Alonso. S. Baldwin, S.Harmon, K. McHugh. 2013	Sistematyc review	43 original research	Social and religious support of mental health services	review paper		Religion / religion affects the treatment / therapy of schizophrenia
14	<i>Searching for a normal life : Personal Accounts of adult with Schizophrenia, their parents an well-sibling.</i> Catherine. HS, Virginia. AW. 2001	qualitative	Sample: 22 individuals from 6 families, sampling technique: purposive sampling	Normal life, schizophrenia, parents and differences with siblings	Interview	analisis of personal account	Schizophrenia affects life expectancy, activity, and plan
15	<i>Effectiveness of psychoeducational</i>	crosssectiona l	Sample: 326, sampling	Psychoeducation intervention, rural	medical records, the Present	Nonparametric statistical test (χ^2),	Family psychoeducation interventions are effective

	<i>intervention for rural Chinese families experiencing schizophrenia.</i> Mao. SR, Meng. ZX, Cecillia. LWC. Julian Leff. 2003		technique: cluster randomized. (3 groups)	Chinese family	State Examination (PSE-9, Chinese translation), the General Psychiatric Interview Schedule and Summary Form, the Social Disability Screening Schedule (SDSS), Relatives Investigation Scale and the Relatives' Beliefs Scale	analysis of variance, ANOVA, Pearson's correlation coefficient and multiple regression	and appropriate for psychiatric rehabilitation in rural China communities.
16	<i>Mental Health Professionals' Social Constructions of Families of People with Serious Mental illness.</i> Joanne Riebschleger. 2001	qualitative	Sample: 73 participants, sampling technique: purposive sampling	Families with severe mental disorders	most frequently reported social constructions		Recommendations: development scale, family model development, implementation of family psychoeducation programs, recommendations including training mental health professionals, enhancing teamwork of professional and family services.
17	<i>The effectiveness of psychoeducational family intervention for patients with schizophrenia in a 14-year follow-up study in a Chinese rural area.</i> MS. Ran, CLW. Chan, SM. Ng, LT. Guo, MZ. Xiang. 2015	Quasy experiment	Sample: 326, sampling technique: cluster randomized control trial (CRCT)	Family psychoeducation intervention, schizophrenia	The Patients Follow-up Scale, the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning	ANOVA, Cox hazard regression analyses (survival analyses).	Effective family psychoeducation is provided, especially for patient compliance and social functioning.
18	<i>Family Network Support And Mental Health Recovery.</i> Francesca Pernice. D. 2010	crosssectional	Sample: 169, sampling technique: purposive	Family support and healing for people with mental disorders.	Interview, The Recovery Assesment Scale	MANOVA	Support and reciprocity with family members is important for patient support and cure.

			sampling				
19	<i>Collaboration and congruence between family member and case manager perceptions in the treatment of individuals with Schizophrenia.</i> Susan Bischel. 2001	Quantitative -correlation	Sample: 49 case manager-family member	Family members and case management, individual care with schizophrenia.	Caregiver Burden Scale, the Client Satisfaction Questionnaire, the Family/Professional Collaboration Scale	paired sample t-tests	There is a strong relationship between family-professional collaboration and service providers. Significant relationship between two groups of respondents
20	<i>Mental health practitioners' views of barriers to collaboration with the families of individuals with schizophrenia.</i> Blake Charles. B. 2006	quantitative (cross-sectional) dan qualitative	Sample: 150, sampling technique: purposive sampling	Practitioners of mental health, individuals with schizophrenia	(1) quantitative questionnaire administered to practitioners, (2) secondary data analysis on VMH database information (3) qualitative question	Independent samples t-test and one-way analysis, A multiple regression, Pearson's correlation and ANOVA, Nonparametric tests, deductive and inductive methods from the grounded. theory approach	Individuals with schizophrenia cause the workload of practitioners to be higher. The use of hospitalization and length of hospital day was significantly higher than that of patients with other diagnoses.
21	<i>The effect of family functioning and family sense of competence on people with mental illness.</i> Eric. D Johnson. 1998	Quasy experiment	Sample: 180, sampling technique: purposive sampling	Family functions, family feelings, people with mental disorders	Semi-structured interview, the clinical rating scale, The Family Functional Scale, Family members Sense of Competence	Multiple regression analisis	Significant relationship between variables with the level of adaptation of family of mental disorders
22	<i>Boundaries between parent and family education and family therapy: The levels of family involvement model.</i> Doherty, Willia.. J. 1995	Qualitative		Parents, family education, family therapy: the stage model of family involvement	LFI Model		5 levels of models related to family relationships, education and therapy.
23	<i>Exploring the stigma</i>	descriptive	Sample: 6 family	Stigma, the	Semi-structured	Creswell's	The majority of participants

	<i>related experiences of family members of persons with mental illness in a selected community in the iLembe district, KwaZulu-Natal. Celenkosini. TN, Gugu. GM. 2017</i>	qualitative study	members, sampling technique: purposive sampling	experience of family members with mental disorders .	interview questions	method	reported using emotion-focused coping mechanisms to cope with the stigma they face.
24	<i>Social Capital, Family Supports and Mental Health among a Female Group in Tehran. Ehsaneh. BN. 2011</i>	descriptive correlation	Sample: 200 women, sampling technique: purposive sampling	Socio-economic, family support, mental health, and counseling	Social Capital and Family Supports Questionnaire, Mental Health Questionnaire	Multiple Regression	Family and socioeconomic support is important in the level of the mental health of women
25	<i>Mental Health Problems in Young Children: the Role of Mothers' Coping and Parenting Styles and Characteristics of Family Functioning. Evgeni. LN, Elvira. AB, Svetlana. AP. 2016</i>	correlations	Sample: 194 adolescent and mother, sampling technique: purposive sampling	Problems of mental health, mother's coping and parenting function of the family .	a standardized socio-cultural interview, a coping mode inventory, a coping strategy indicator, an inventory for analyzing family relationships	MHP	Maternal coping dysfunction and parenting affect the mental health of the child.

REFERENCES

- American Psychological Association.(2001). Publication manual of the American Psychological Association. Washington, DC.American Psychological Association.
- Bagheri, E. (2011) 'Social Capital , Family Supports and Mental Health among a Female Group in Tehran'.SciVerse Science Direct.Procedia-Social and Behavioral Science,3 0, pp. 2449–2451. doi: 10.1016/j.sbspro.2011.10.477.
- Bichsel, Susan.L.(1991) Collaboration and Congruence Between Family Member and Case Manager Perceptions in the Treatment of Individuals with Schizophrenia. Dissertation. Cleveland State University
- Carson, V.B. (2000). Mental Health Nursing : The Nurse – patient Journey. Philadelphia. W.B. Saunders Company
- Chang & Johnson. (2008). Chronik illness & disability: Principles for nursing practice. Australia: Elsevier Australia.
- Charles Beecher,Blake.(2006) Mental Health Practitioners Views of Barriers to Collaboration with the Families of Individuals with Schizophrenia. Dissertation. The University of Utah
- Cw, P., Petrus, L. and Christopher, N. (2013) 'Burdens and Psychological Health of Family Caregivers of People with Schizophrenia in Two Chinese Metropolitan Cities : Hong Kong and Guangzhou', Community Mental Health Journal.pp. 841–846. doi: 10.1007/s10597-013-9622-6.
- Doherty,William,J. (1995) 'Boundaries between parent and family education and family therapy: The levels of family involvement model', Family Relations;Minneapolis 44.4 Oct 1995.ProQuest, pp. 1–10.
- Edmondson, M. Lindsey, MA. William, CD. Medoff, DR. Lucksted, Alicia. Fang, LJ. Sciffman, J. Fernandez, RL. Dixon, LB (2014) 'Race-Related Differences in the Experiences of Family Members of Persons with Mental Illness Participating in the NAMI Family to Family Education Program', pp. 316–327. doi: 10.1007/s10464-014-9674-y.
- Fortinash, K.M &Worret, P.A.H. (2004). Psychiatric mental health nursing (3rd ed). St.Louis, Missouri: Mosby Elsevier.
- Hackethal, V. Spiegel, S. Fernandez, RL. Kealey, E. Salerno, A. Finnerty, M. (2013) 'Towards a Cultural Adaptation of Family Psychoeducation : Findings from Three Latino Focus Groups'. Community Mental Health Journal, pp. 587–598. doi: 10.1007/s10597-012-9559-1.
- Hidalgo, M. V. Jimenez, L. Verdugo, IL. Lorence, B. Sanchez, J(2016) 'Psychosocial Intervention', Psychosocial Intervention. Colegio Oficial de Psicólogos de Madrid, 25(2), pp. 79–85. doi: 10.1016/j.psi.2016.03.002.
- Johnson, Eric, D. (1998) 'The effect of family functioning and family sense of competence on people with mental illness'.Family Relation;Oct 1998; 47;ProQuest.pg.443
- Kalpan & Saddock . (2005), Synopsis of Pshyciatry Science Clinical Psychiatry . Baltimore: Williams & Wilkins.
- Lara, E. B. and Pinos, C. C. D. L. (2017) 'Families with a disabled member : impact and family education', Procedia - Social and Behavioral Sciences. Elsevier B.V., 237(June 2016), pp. 418–425. doi: 10.1016/j.sbspro.2017.02.084.
- Lawrence & Veronika. (2002).Understanding families in their in their own context:schizophrenia and structural family therapy in Beijing. Journal of family therapy 24: 233-257
- Lê-scherban, F., Brenner, A. B. and Schoeni, R. F. (2016) 'SSM - Population Health Childhood family wealth and mental health in a national cohort of young adults', SSM - Population Health. Elsevier, 2(August), pp. 798–806. doi: 10.1016/j.ssmph.2016.10.008.
- Lemeshow S, Hosmer DW, Klar J, Lwanga SK. (1997). Adequacy of sample size in health studies. Edisi terjemahan. Yogyakarta: Gadjah Mada University Press.
- McDonell, Michael G;Short, Robert A;Berry, Christopher M;Dyck, Dennis G (2003)Burden in schizophrenia caregivers: Impact of family psychoeducation and awareness of patient suicidality. Family Process; Spring 2003; 42, 1; ProQuest pg. 91
- McFarlane,William, R.Dixon,Lisa.Lukens,Ellen.Lucksted,Alicia (2003) 'Family psychoeducation and schizophrenia: A review of the literature'.Journal of Marital and Family Therapy;Apr 2003;29,2;ProQuest.pg.223
- Michelle, H. and Rob, A. (2015) 'Family Influence in Recovery from Severe Mental Illness', Community Mental Health Journal. Springer US, pp. 467–476. doi: 10.1007/s10597-014-9783-y.
- Nikolaev,EL.Baranova,EA.Petunova,SA. (2016) Mental Health Problems in Young Children: the Role of Mothers' Coping and Parenting Styles and Characteristics of Family Functioning. Science Direct.Procedia-Social and Behavioral Science 233.pg.94-99
- Patricia A. Potter & Anne Griffin Perry.(2009). Buku Ajar Fundamental Keperawatan Potter-Perry, Edisi 4, Volume 2. Jakarta: EGC
- Pernice-Duca, Francesca.(2010) Family Network Support And Mental Health Recovery.Journal of Marital and Family Therapy; Jan 2010; 36, 1; ProQuest.vol 36. pg. 13-27.doi: 10.1111/j.1752-0606.2009.00182.x
- Porath, N. (2008) 'The naturalization of psychiatry in Indonesia and its interaction with indigenous therapeutics', Bijdragen tot de Taal-, Land- en

- Volkenkunde, 164(4), pp. 500–528. doi: 10.1163/22134379-90003653.
- Ran, M. Chan, CLW. Ng, SM. Guo, LT. Xiang, MZ.(2015) ‘The effectiveness of psychoeducational family intervention for patients with schizophrenia in a 14-year follow-up study in a Chinese rural area’, *Psychological Medicine* (2015), 45, © Cambridge University Press pp. 2197–2204. doi: 10.1017/S0033291715000197.
- Riebcshleger, Joanne.(2001) *Mental Health Professionals Social Constructions of Families of People With Serious Mental Illness*. Dissertation. Mandel School of Applied Social Sciences Case Western Reserve University Cleveland Ohio
- Smolak, A. Gearing, RE. Alonzo, D. Baldwin, S. Harmon, S. McHugh. K. (2013) ‘Social Support and Religion: Mental Health Service Use and Treatment of Schizophrenia’, *Community Mental Health Journal* .pp. 444–450. doi: 10.1007/s10597-012-9536-8.
- Stein, Catherine H;Wemmerus, Virginia A.(2001). ‘Searching for a normal life : Personal accounts of adults with schizophrenia, their parents, and well-siblings’ .*American Journal of Community Psychology*; Oct 2001; 29, 5; Public Health Database pg. 725
- Stuart, G., and Laraia, M., (2005) *The Principle and Practise of Psychiatric Nursing* . Elsevier Mosby, St Louis Missouri.
- Stuart, G.W. (2009). *Priciples and practice of psychiatric nursing* (9th ed). St. Louis, Missouri: Mosby Elsevier.
- Thembenkosini, C. and Gladness, G. (2017) ‘ScienceDirect Exploring the stigma related experiences of family members of persons with mental illness in a selected community in the iLembe district ’, *Health SA Gesondheid*. Elsevier Ltd, 22, pp. 202–212. doi: 10.1016/j.hsag.2017.02.002.
- Tlhowe, T. T. and Koen, M. P. (2016) ‘ScienceDirect Strengths of families to limit relapse in mentally ill family members’, *Health SA Gesondheid*. Elsevier Ltd, 22, pp. 28–35. doi: 10.1016/j.hsag.2016.09.003.
- Townsend, CM. (2005). *Esesential of Psychiatric Mental Health Nursing*. Ed.3. Philadelphia : F.A.Davis Company.
- Townsend, M.C. (2009). *Psychiatric mental health nursing* (6th ed). Philadelphia: F.A. Davis Company.
- Wiyati, Ruti. Wahyuningsih, Diah. Dwi Widayanti, Esti. (2010). Pengaruh psikoedukasi keluarga terhadap kemampuan keluarga Dalam merawat klien isolasi sosial. *Jurnal Keperawatan Soedirman* (The Soedirman Journal of Nursing), Volume 5, No.2, Juli 2010 pp. 85–94.. Diunduh tanggal 5 April 2017.
- Xiang, M. R. M. Ran, SM. Wan Chan, CL. Leff, J. Peggy, Sympson. Huang, MS. Shan, YH. Gan Li, S. (2003) ‘Effectiveness of psychoeducational intervention for rural Chinese families experiencing schizophrenia A randomised controlled trial’. *Social Pshyciatry Epidemiology*, pp. 69–75. doi: 10.1007/s00127-003-0601-z.