Original Research

Analysis Of Factors Affecting Recurrence People With Mental Disorders

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ABSTRACT

Background: *Currently, there is no main factor of recurrence in patients with mental disorders. This study aims to analyze which factors most determine recurrence in patients with mental disorders.*

Methods: *A quantitative study included 143 respondents who were selected using random sampling at the Public Health Center Surakarta. The research instruments were the Relapse Symptom Questionnaire, General Self-Efficacy Scale (GSES), Social Support Questioner, Satisfaction With Life Scale (SWLS), Dysfunctional Attitude Scale (DAS), and Drug Attitude Inventory (DAI). The analyses used were Spearmen's rank (rho) to analyze factors that influence the recurrence of people with mental disorders and multiple logistic regression tests to analyze predictors of relapse.*

Results: *There was a critical negative connection between self-efficacy and relapse in people with mental disorders (Rs = -0.414, p = 0.000). A positive connection between dysfunctional attitudes and relapse of people with mental disorders (Rs = 0.343, p = 0.000), a significant positive relationship between life satisfaction and symptoms of recurrence in patients with mental disorders (Rs = 0.346, p = 0.000), a significant positive relationship between social support and symptoms of mental disorder recurrence (Rs = 0.753, p = 0.000), and a significant positive relationship between medication adherence and relapse in patients with mental disorders (Rs = 0.294, p = 0.000) were also proved. Adherence to taking medication was an indicator of recurrence in patients (p = 0.000, OR = 22).*

Conclusion: *Medication adherence was the main factor in the recurrence of mental disorders in people. Medication adherence must be improved to prevent a recurrence.*

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INTRODUCTION

The expansion in the extent of mental issues in the information acquired from Riset Kesehatan Dasar (Riskesdas) 2018 is critical when contrasted with Riskesdas 2013, up from 1.7% to 7% (Badan Penelitian dan Pengembangan Kesehatan, 2018). The duration of untreated psychosis and being treated as an inpatient can have an impact on

the achievement of a poor quality of life (Renwick et al., 2017). There are several trigger factors that cause patients to relapse with their mental illness. The first factor is patient compliance with taking medication.

Most of them do not take medication regularly. These cases are evidenced by the fact that 58% of them throw the medicine around the house or keep it in their pockets. The percentage of patients who regularly took medication was 56%. 49% of them rarely use health care facilities, while the rest (24%) refuse to use them. The third cause is family support, 31% of families lock patients at home. Furthermore, most of them do not take the time to communicate with patients.

From community factors, 42% of people prefer to avoid patients when they pass each other, and 38% of people also feel that patients are disturbing the community (Andriyani, Oktarisa, and Pratiwi, 2019). Relapse and stigma are separate stressors for families, so families must find appropriate service sources. Mental health nursing must pay attention to stigma and low knowledge as considerations in providing care for mental disorders (Fitryasari et al., 2018) (Alhadidi, Abdullah, Tang, Danaee, & Al Hadid, 2021).

There is a critical connection between drug adherence and patient repeats (p value = 0.022) with an opposite relationship, and that implies that the more obedient the patient is to taking medication, the lower the patient's recurrence (Mubin et al., 2019). A past report showed that there was a genuinely certain and solid relationship between loneliness and internalized stigma (P = 0.001, r = 0.854). It was observed that the schizophrenic patients had elevated degrees of internalized stigma and loneliness (Yildirim and Kavak Budak, 2020).

Schizophrenia patients need time to work on their mental side effects and to forestall a backslide, but those who lived in the public arena were regularly brought back to the emergency clinic promptly in light of the fact that the patients were indisciplined in taking the medication, there was an absence of family support, they had terrible relational relationships, and unpleasant occurrences occurred in their lives (Xiao et al., 2015). Early recurrence is closely related to clinical factors and how patients take advantage of existing health services. The sooner the patient and family recognize early symptoms and seek help, the more severe the patient's relapse can be prevented. Improvement of symptoms in first-episode patients occurs when the patient adheres to taking medication (Gentil et al., 2021) (Kaysen, 2019).

Mental prosperity specialists can lead patients to really check out various activities, advance their elevating standpoints in life to face and deal with issues, ask patients to set targets for themselves, and try to seek after their ideal life. This is the self-actualization (SA) practice of health-propelling ways of life (Chang et al., 2018). For mental patients with schizophrenia, the speed of readmission to the crisis center can be high, and the necessity for the continuation of significant care after hospitalization is huge, and a gigantic part of helping patients remain stable to thwart readmission is expected.

Regardless, such resources for continuing with care are consistently difficult to gain, especially in provincial organizations where induction to such organizations is limited and the heaviness of care is frequently as conceivable put-on family members who don't have formal training in zeroing in on patients with such mental afflictions. In such organizations, it is important to underline tutoring for the gatekeepers and developing a game plan of help from the neighborhood for both the patient and their parental figures to diminish parental figure burnout similarly as hinder rehospitalization

for the patient (Trang, 2018). There is a gap in previous studies related to factors that cause relapse in patients.

Patient recurrence can be influenced by individual factors internally, including adaptability, adherence to treatment. External factors, both those that give effect without conditioning or factors in the form of interventions for the purpose of reducing the occurrence of recurrences. The purpose of this study is to conduct research that can predict the incidence of recurrence so that appropriate interventions can be found to prevent recurrence.

MATERIALS AND METHOD

This research is a cross-sectional study to identify the factors associated with the recurrence of mental disorders in patients. The population in this study were individuals with mental issues in the functioning region of the Public Health Center in Surakarta City. This study's target population was 143 people. The sampling technique utilized by the researchers in this study was quota random sampling, where the researcher determined the number of respondents from each region, then representatives from each region were taken randomly. The inclusion criteria for the sample in this study are: being willing to be a respondent, having a history of mental disorders, having close family relations, or living at home with people with mental disorders.

This study identified factors associated with relapse in mental patients, including self-efficacy, social support, life satisfaction, dysfunctional attitudes, and medication adherence. The data collection tool in this study was a questionnaire containing questions about demographics consisting of age, sex, marital status, education level, and work status. The questionnaire also contains questions regarding recurrence symptoms as measured by a questionnaire developed by Rathod et al., (2015) and Velligan et al., (2018).

Furthermore, a questionnaire to measure the factors that influence the recurrence of people with mental disorders was developed, among others, the General Self-Efficacy Scale (GSES), developed by Schwarzer, R., and Jerusalem, M, (1995) and measuring social support using a social support questionnaire (Procidano & Heller, 1983). The Satisfaction with Life Scale (SWLS) from Diener, E., Emmons, RA, Larsen, RJ, and Griffin S, (1985) was used to estimate life satisfaction. The Dysfunctional Attitude Scale (DAS) (Hautzinger, Luka, & Trautmann, 1985) was used to measure dysfunctional attitudes; and the Drug Attitude Inventory (DAI) (Kane, Kissling, Lambert, & Parellada.

After obtaining permission from the health office, the researcher entered into a contract with the Community Health Center, nurses, volunteer health workers, families, and people with mental disorders. Data was collected on patients who visited community health centers in collaboration with nurses. When the survey is not completed, it is taken to the patient's home with the help of volunteer health workers to ensure that the patient continues to feel comfortable filling out the questionnaire. This research started from May to September 2021 in the Surakarta Health Center area. This study was followed by patients with mental disorders who met the inclusion criteria and obtained a sample of 143 people spread over 7 Public Health Centers in Surakarta City.

The data were analyzed using univariate, bivariate, and multivariate methods using SPSS for Windows version 25. The univariate analysis presented the demographic characteristics of people with mental disorders (gender, age, education level, occupation, and marital status), and recurrences were shown in the frequency

distribution. An analysis of bivariate test data with the Spearmen rank (rho) test was used to analyze the relationship between internal factors (self-efficacy, life satisfaction, dysfunctional attitudes) and external factors (social support, medication adherence) with the recurrence of mental disorders. Meanwhile, multivariate test data analysis with multiple logistic regression was used to analyze the recurrence predictors.

This research has been registered with the Health Research Ethics Commission of the Health Polytechnic of the Ministry of Health of Surakarta with the Ethical Clearance number: No.LB.02.02/1.1/6924.1/2021.

RESULTS

Table 1 shows that the mean age of the respondents is 44.08±13.903. The majority of respondents were male, with as many as 87 (60%) and 56 females (39.2 %). The percentage of respondents who graduated from elementary school and below was 69 (48.3%), while 24 graduated from junior high school and 50 graduated from senior high school (16.7% and 50%, respectively), and no respondent graduated from university. A total of 91 (63.6%) respondents are unemployed; only 52 (36.4%) have a job. As many as 89 (62.2%) are single.

Most of the respondents have a low level of self-efficacy, as much as 74 (51.7%). Respondents' life satisfaction at a high level was 85 (59.4%), while the respondent's dysfunctional attitude was at a low level of as much as 76 (53.1%). Most respondents have high social support, as many as 63 (44.0%), while adherence to taking medicine is also higher among respondents who adhere to taking medicine than among those who do not comply, namely 74 (51.7%) and 69 (48.3%).

Table 1. Frequency distribution based on respondents' demographics (N=143)

Demographic Characteristics of Respondents		N	%
Age (M, SD)	44.08±13.903		
Gender	Female	56	39.2
	Male	87	60.8
Education level	Elementary school and below	69	48.3
	Junior High School	24	16.7
	Senior High School and Above	50	35
Work Status	Unemployed	91	63.6
	Employed	52	36.4
Marital Status	Not married	89	62.2
	Divorce	4	2.8
	Married	50	35.0
Self-efficacy	High	69	48.3
	Low	74	51.7
Life satisfaction	High	85	59.4
	Moderate	47	32.9
	Low	11	7.7
Dysfunctional attitude	High	67	46.9
	Low	76	53.1
Social support	High	63	44.0
	Moderate	52	36.4
	Low	28	19.6

Demographic Characteristics of Respondents		N	%
Adherence to take medicine	Adhere	74	51.7
	No adhere	69	48.3

Table 2 showed that there is a relationship between internal factors (self-efficacy, life satisfaction, and dysfunctional attitudes) and the recurrence of mental disorders (p = 0.000). Self-efficacy showed that the Spearman coefficient (Rs) = -0.414 for 143 samples, which means a negative correlation, which means that there is a significant negative relationship between self-efficacy and the recurrence of people with mental disorders, and the higher the self-efficacy, the lower the recurrence of patients with mental disorders. In terms of life satisfaction and relapse among people with mental disorders, the result showed that Rs = 0.346.

This means that there is a positive correlation between variables. The significance test of the relationship shows that the probability of Sig. (2-tailed) is 0.000; there is a significant positive relationship between life satisfaction and symptom recurrence. The increasing need for life satisfaction increases the recurrence of patients with mental disorders. There is a significant positive relationship between dysfunctional attitudes and the relapse of people with mental disorders (Rs = 0.343, P = 0.000).

The relationship between external factors (social support and medication adherence) and the recurrence of mental disorders (table 2) showed that the Rs = 0.753 for 143 samples. This means that there is a positive correlation between variables. The significance test of the relationship shows that the probability of sig. (2-tailed) is 0.000. There is a significant positive relationship between social support and relapse symptoms. The relationship between medication adherence and recurrence in people with mental disorders. The results also showed that the Spearman coefficient (Rs) = 0.294, p = 0.000, which means that there is a significant positive relationship between medication adherence and relapse in people with mental disorders.

Table 2. The relationship between internal factors (self-efficacy, life satisfaction, dysfunctional attitudes) and external factors (social support, medication adherence) with the recurrence of mental disorders (N=143)

Internal and External Factors		N	Correlation Coefficient	Sig. (2-tailed)
Internal Factors	Self-efficacy	143	- 0.414	0.000
	Life satisfaction	143	.346**	0.000
	Dysfunctional attitude	143	.343**	0.000
Ekternal Factors	Social support	143	.753**	0.000
	Adherence to take medicine	143	.294**	0.000

Based on the multiple logistic regression test (table 3), it was shown that dysfunctional attitude and social support cannot predict recurrence in mental disorders (p > 0.05). Medication adherence is a predictor of recurrence in patients with mental disorders, with p = 0.000 and OR = 22.32. This means that patients who do not adhere to medication have a 22 times higher risk of recurrence than patients who adhere to medication after controlling for dysfunctional attitudes and social support variables.

Table 3. Predictive factors of recurrence of people with mental disorders

Predictive factors of recurrence		B	S.E.	Sig.	Exp(B)
Step 1[a]	Social support	21.104	4119.271	.996	1463385231.158
	Constant	-42.844	8238.542	.996	.000
Step 2[b]	Social support	21.950	3759.572	.995	3410387177.741
	Adherence to take medicine	3.624	.827	.000	37.500
	Constant	-49.827	7519.144	.995	.000
Step 3[c]	Dysfunctional attitude	1.861	.961	.053	6.428
	Social support	22.188	3687.855	.995	4326321249.204
	Adherence to take medicine	3.106	.870	.000	22.323
	Constant	-51.959	7375.710	.994	.000

DISCUSSION

There is a relationship between internal factors (self-efficacy, life satisfaction, and dysfunctional attitudes) with the recurrence of mental disorders.

A study by Chan et al., (2019) showed that the experience of self-stigmatization seemed to disable self-viability, which could adversely affect their nurturing confidence, inclination to look for proficient assistance, and capacity to deal with their own emotional well-being. The number of relapses and the severity of burdensome side effects were all associated with shame toward psychological maladjustment (Rayan et al., 2018). Self-criticism is a risk factor for the onset of depressive episodes. The primary change is in people's capacity to quiet and console themselves in tough spots, which can be thought of as something contrary to self-analysis, and this capacity seems to have recently discouraged people from relapsing into depression (Schanche et al., 2021).

The results of this study are in line with previous research. It was found that there was a significant relationship between dysfunctional beliefs about high goal achievement and higher symptoms of mania. This, however, did not last long. Dysfunctional beliefs related to increased dependence and lower self-esteem were associated with higher depressive symptoms, and these relationships persisted over time. There was no effect of accomplishment-related broken convictions on temperament.

Outrageous evaluations were associated with more burdensome side effects at pattern, yet this didn't endure over the long haul. Lack of self-confidence and dependence on others will have a negative impact on the likelihood of relapse. Relapse planning and nursing interventions that pay attention to the psychological aspects of the patient will help prevent a recurrence of depression. People who have a history of hospitalization due to heroin dependence also have a high potential for relapsing (Atuk & Richardson, 2021) (Vuong et al., 2021).

Higher Dysfunctional Attitude Scale scores predict a higher risk of recurrence. Ezawa et al., (2020). Relapses in young ladies were anticipated by two negative mental elements: high neuroticism and various useless mentalities. Psychotherapy tailored to the attributes and ways of behaving of masochist patients might be valuable. Mediations

ought to likewise zero in on dealing with and changing dysfunctional attitudes (Lukat et al., 2017).

Life satisfaction is low in the elderly and adolescents with bulimia nervosa. This can happen because of long periods of solitude. Health workers must be provided with adequate provisions to facilitate the possibility of preventing a decrease in quality of life by providing the availability to communicate and interact with other people (Arpacıoğlu et al., 2021) (van Doornik et al., 2021).

There is a relationship between external factors (social support, medication adherence) and the recurrence of mental disorders.

Previous studies are in line with the results of this study. Patients who do not have a family history of mental illness and feel a moderate level of family support have a 0.23-fold decreased risk of recurrence compared to those who have a high family history and support (Pothimas et al., 2020). The results of the same study found by M Dasril Samura, (2019) that there was a significant influence of social support on the recurrence of mental patients.

A higher level of social help in marriage was related to a decreased probability of any frequency of psychological maladjustment (a chance proportion (OR) of 0.78). Be that as it may, this relationship was contrasted by orientation (association test t = 2.13, df = 29, p = 0.042). Specifically, the relationship between conjugal assistance and the frequency of psychological maladjustment was statistically significant among women (aOR 0.74) but not among men (aOR 0.98) (Feder et al., 2019).

Early onset of the disease shows a lower outcome in terms of real social support than late onset (Studart-Bottó et al., 2021). Schizophrenia and bipolar disorder have fundamentally the same constructions, yet they contrast to some degree concerning hair cortisol focus (HCC), psychosocial stress, social help, clinical elements, clinical course, and results. Abnormal HCC adds to the intricacy of clinical attributes, particularly in schizophrenia (Yang et al., 2021).

According to previous research, there is a significant relationship between medication adherence and the occurrence of relapse in mental patients (M. Dasril Samura, 2019). Furthermore, previous research explains that medicine adherence is important for clinical and monetary results in full of feeling issues and psychosis. Information on the infection and its treatment can impact the patient's eagerness to follow the proposals of medical service suppliers and joint independent directions (Zavorotnyy, Ehrlich, & Nenadic, 2020).

Poorer adherence meant that symptoms were more severe, but in most cases only at the trend level (p > 0.05), with the exception of the correlation between the baseline Tablets Routine Questionnaire (TRQ) and the Montgomery Asberg Depression Rating Scale (MADRS) and Brief Psychiatric Rating Scale (BPRS), which was positive (r = 0.20 and r = 0.21, respectively) and significant (p = 0.05) (Sajatovic et al., 2015).

Medication adherence is a predictor of recurrence in patients with mental disorders.

Patients with a high level of medication adherence have a lower risk of recurrence than patients with moderate medication adherence (Pothimas et al., 2020). Many factors influence medication adherence in people with schizophrenia. These factors include social factors, drug side effects, the complexity of the treatment regimen, the

organization of the health care system, and factors related to the clinical team (Barnes & Haddad, 2020).

CONCLUSION

There is a connection between inward factors (self-viability, life fulfillment, useless mentalities) and outside factors (social help, prescription adherence) with the repeated occurrence of mental disorders (p = 0.000). Psychotherapy tending to the qualities and ways of behaving of masochist patients might be advantageous. Intercessions ought to likewise zero in on taking care of and changing broken perspectives.

The multiple logistic regression test showed that medication adherence is a predictor of recurrence in patients with mental disorders, with p = 0.000 and OR = 22.32. This means that patients who do not adhere to medication have a 22 times higher risk of recurrence than patients who adhere to medication after controlling for dysfunctional attitudes and social support variables. The existence of a relationship between internal and external factors and the recurrence of mental patients is a consideration for families and nurses in optimizing matters related to these internal and external factors.

Patient adherence to taking medication must be continuously improved through monitoring the patient's condition and conducting interventions that can improve medication adherence so that patient relapse can be prevented. Further research is recommended for intervention research for patients and families that can improve adherence to taking medication.

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