

# **Family Support Synergy for Optimizing Medication Adherence in ODGJ Patients at the Johan Pahlawan Community Health Center in West Aceh Regency**

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## **Abstract**

People with Mental Disorders (ODGJ) are individuals who experience disorders in cognitive, affective, and behavioral functions, characterized by significant behavioral changes and the emergence of certain symptoms. Data from the Indonesian Ministry of Health in 2021 shows that mental health problems in Indonesia are still at a fairly high level, with approximately one in five residents or  $\pm 20\%$  of the population at risk of mental disorders. Locally, in 2024, the Johan Pahlawan Community Health Center in West Aceh Regency reported 148 diagnosed cases of mental disorders. Adherence to treatment among ODGJ patients remains a critical issue in mental health services. In this context, the role of the family has a strategic contribution in improving the success of therapy through continuous support. This study aims to analyze the relationship between family support synergy and medication adherence among ODGJ patients at the Johan Pahlawan Community Health Center, West Aceh Regency. This study applied a quantitative approach with a cross-sectional design. Sampling was determined using purposive sampling techniques, involving 60 patients with mental disorders (ODGJ) who were registered and undergoing treatment at the Johan Pahlawan Community Health Center. Data collection was conducted using a structured questionnaire that had been tested for validity and reliability, supplemented by in-depth interviews with patients' family members. Data analysis was then performed using Spearman's rank correlation test to determine the strength and direction of the relationship between family support synergy and medication adherence. The results of the bivariate analysis showed a correlation coefficient of  $r = 0.508$  with a  $p$ -value  $= 0.000$  ( $p < 0.001$ ), which is below the significance threshold of  $\alpha = 0.05$ . These findings indicate that the null hypothesis is rejected and the alternative hypothesis is accepted, so it can be concluded that there is a statistically significant relationship between family support synergy and medication adherence in patients with mental disorders (ODGJ). The correlation coefficient value obtained reflects a moderate strength and positive direction relationship, indicating that the better the family support synergy, the higher the level of medication adherence among ODGJ patients at the Johan Pahlawan Community Health Center.

**Keywords:** Support, family, compliance, medication, ODGJ

## **Introduction**

Mental health is defined as a condition in which individuals are able to achieve physical, psychological, spiritual, and social well-being, enabling them to recognize their potential, manage daily activities, work effectively, and play an active role in society (Peraturan Menteri Kesehatan Republik Indonesia, 2017). Mental disorders are a global health

issue that requires a comprehensive and continuous approach. In the context of mental health services, adherence to pharmacological therapy is an essential component to support the success of treatment and reduce the risk of recurrence in people with mental disorders (ODGJ).

The latest data shows a significant increase in the prevalence of mental disorders, reinforcing the urgency of conducting research in this field. Globally, the World Health Organization's 2024 report through the Mental Health Atlas 2024 and World Mental Health Today Report states that more than one billion people worldwide live with mental health disorders, which means that approximately one in eight people experience mental health problems (World Health Organization, 2024). At the national level, Indonesia also faces a similar situation with a fairly high prevalence rate. The Ministry of Health of the Republic of Indonesia reports that approximately one in five people, or approximately 20% of the population, has the potential to experience mental disorders, placing people with mental disorders as a vulnerable group that requires special attention and intervention (Kementrian Kesehatan Republik Indonesia, 2021).

One of the main problems in the care of people with mental disorders (ODGJ) is the low level of compliance in taking medication, which increases the risk of recurrence and worsens the clinical condition of patients. Compliance with treatment is influenced by various factors, one of which is the role of family support. Common problems include low family involvement in monitoring and assisting patients, a lack of understanding of the importance of long-term treatment, and social stigma that leads to a lack of attention to the patient's condition. In addition, economic constraints and barriers to accessing health services are also factors that prevent patients from undergoing regular and continuous treatment.

Based on data from the West Aceh District Health Office, the number of people with mental disorders (ODGJ) has shown an upward trend from year to year. In 2021, there were 706 ODGJ, increasing to 719 people in 2022, then 727 people in 2023, and increasing again to 747 people in 2024 (Dinas Kesehatan Aceh Barat, 2024). This upward trend confirms that mental health issues in West Aceh remain a strategic issue that requires serious attention from the local government and relevant health agencies.

In line with this data, the Johan Pahlawan Community Health Center is recorded as the health facility with the highest number of ODGJ patients in West Aceh Regency. In 2021, the number of ODGJ patients at this health center reached 131 people, increasing to 138 people in 2022, then 140 people in 2023, and increasing to 148 people in 2024 (Puskesmas Johan Pahlawan, 2024). This condition indicates that the working area of the Johan Pahlawan Community Health Center has a relatively higher burden of mental disorders compared to other community health centers, thus requiring a more optimal and sustainable management strategy.

Various recent studies reveal that family support plays a central role in improving medication adherence among patients with mental disorders. Family involvement is needed to ensure that patients take their medication regularly, remind them of their treatment schedule, and monitor the possibility of side effects. Studies show a significant relationship between family support and medication adherence, where increased family support is directly proportional to patient adherence to pharmacological therapy (Asyari & Widayanti, 2024).

These findings are in line with the theory proposed by Friedman, Bowden, and Jones (2014), which emphasizes that families play an important role in providing various forms of support, including informational, evaluative, instrumental, and emotional support. These four forms of support contribute significantly to improving the well-being and stability of patients. In addition, other studies have also shown a meaningful relationship between family support



and medication adherence in patients with mental disorders (ODGJ) after undergoing treatment at the Tatakarya Community Health Center. Family support has been shown to help ensure regular medication intake, speed up the recovery process, and reduce the risk of relapse. In the treatment process, which generally takes place over the long term, the family acts as a guide, supervisor, and motivator for the patient. Therefore, patience, consistency, and cooperation from the family are key factors in the care of patients with mental disorders so that the results of therapy are optimal and patients are able to return to their daily activities more independently (Rina Mariani & Hasti Primadilla K., 2025).

Previous studies have confirmed that family support plays a crucial role in improving medication adherence among patients with mental disorders. However, there are still limitations in the development of structured, integrated, and synergistic intervention models among family members. Most previous studies used descriptive and cross-sectional designs, thus failing to explain in depth the causal relationship between family support synergy and medication adherence levels in ODGJ patients. In addition, research in Indonesia generally focuses on hospital services, while most ODGJ in rural and semi-urban areas actually receive mental health services at community health centers (puskesmas), which have different characteristics, resources, and service challenges.

Another scientific gap lies in the lack of conceptual models capable of explaining how various dimensions of family support can work together to improve medication adherence. The synergistic elements of family support—which include coordination among family members, effective communication, and the empowerment of families as active partners in the care process—have received relatively little attention in the scientific literature. This situation highlights the need for research that not only confirms the relationship between family support and medication adherence, but also explores the synergistic mechanisms that enable such support to contribute sustainably to the success of therapy.

The main issue underlying this study is the low level of medication adherence among ODGJ patients, which implies an increased risk of recurrence and potential worsening of clinical conditions. This low compliance is influenced by various factors, including the limited role of families in monitoring patients, a lack of understanding of the urgency of long-term treatment, and barriers to accessing medication due to cost and distance to health care facilities.

Based on the above description, this study aims to analyze the relationship between family support synergy and optimization of medication adherence in ODGJ patients at the Johan Pahlawan Community Health Center, West Aceh Regency. The novelty of this study lies in its focus on the context of primary health care and its synergistic approach to empowering families as the main pillar of treatment support. It is hoped that the results of this study can serve as a basis for developing practical guidelines for families in improving the quality of care for ODGJ patients in a sustainable and contextual manner.

## Methods

This study used a quantitative approach with a cross-sectional design, which aimed to analyze the relationship between family support synergy and medication adherence in patients with mental disorders (ODGJ) at the Johan Pahlawan Community Health Center. The study population consisted of all ODGJ patients who were registered and undergoing treatment at the Johan Pahlawan Community Health Center, with a total of 148 people. The sample size was determined using the Slovin formula with a 5% margin of error, resulting in a sample of 60 ODGJ patients.

The sampling technique used was purposive sampling, which is the selection of respondents based on specific



inclusion criteria. These criteria included ODGJ patients who received family support, had undergone treatment for at least one month, and were willing to participate as respondents in the study. This study was conducted at the Johan Pahlawan Community Health Center, West Aceh Regency, with the data collection period running from July to August 2025.

The independent variable in this study was family support synergy, while the dependent variable was medication adherence in patients with mental disorders. Data collection was conducted using a structured questionnaire. Family support was measured using The Family APGAR instrument adapted from Gabriel Smilkstein, MD. The instrument consists of five Likert scale questions, where each item has answer options of almost always (score 2), sometimes (score 1), and almost never (score 0). The total score ranged from 0 to 10, which was classified into categories of low (0–3), moderate (4–6), and high (7–10) family support. This instrument has a reliability value of 0.80–0.86 and a validity of 0.62–0.74, indicating that the questionnaire is valid and reliable in measuring family function and support.

Medication adherence was measured using the Medication Adherence Rating Scale (MARS) adapted from K. Thompson, J. Kulkarni, and A. A. Sergejew. This instrument consists of ten questions with a nominal scale of yes and no answers. Items 1 to 8 are negative, so a yes answer is scored as 0 and a no answer is scored as 1. Conversely, items 9 and 10 are positive, so a yes answer is scored as 1 and a no answer is scored as 0. The total score ranges from 0 to 10, which is then classified into low adherence (0–5) and high adherence (6–10) categories. The test results showed reliability values ranging from 0.74 to 0.80, while the validity test reached 0.90, indicating that the MARS instrument is valid and reliable for measuring medication adherence.

Meanwhile, family support synergy was measured using the Social Provisions Scale (SPS) developed by Cutrona and Russell. This instrument consists of 12 statements with a four-point Likert scale, namely disagree (1), somewhat disagree (2), agree (3), and strongly agree (4). The total score ranges from 12 to 48 and is grouped into categories of low (1–16), moderate (17–32), and high (33–48) family support synergy. The reliability value of the instrument ranges from 0.80 to 0.89. The construct validity test using confirmatory factor analysis (CFA) shows that the SPS is in accordance with the one-factor model and its six dimensions are valid in measuring social support comprehensively. Thus, the SPS questionnaire is deemed feasible and consistent for use in research related to family support synergy.

The collected data were analyzed using Spearman's rank correlation test to assess the strength and direction of the relationship, both positive and negative, between family support synergy and medication adherence in patients with mental disorders. The Spearman's rank test was chosen based on the ordinal scale characteristics of the research data, making it suitable for use in nonparametric relationship analysis.

The strength of the relationship between variables is determined based on the value of the correlation coefficient ( $r$ ) with certain criteria, namely an  $r$  value of 0.00–0.199 indicates a very weak relationship, 0.20–0.399 indicates a weak relationship, 0.40–0.599 indicates a moderate relationship, 0.60–0.799 indicates a strong relationship, while a value of 0.80–1.00 reflects a very strong relationship.

Hypothesis testing is conducted by comparing the null hypothesis ( $H_0$ ), which states that there is no significant relationship between variables, with the alternative hypothesis ( $H_a$ ), which states that there is a significant relationship. The decision is based on the significance value ( $p$ -value). If the  $p$ -value is less than 0.05 ( $\alpha = 5\%$ ), the null hypothesis is rejected and the alternative hypothesis is accepted, indicating that there is a statistically significant relationship between the variables studied. Conversely, if the  $p$ -value is equal to or greater than 0.05 ( $\alpha = 5\%$ ), the null hypothesis



is accepted and the alternative hypothesis is rejected, meaning that no significant relationship was found between family support synergy and medication adherence in patients with mental disorders (ODGJ).

## Results

Respondent characteristics included gender, age, education level, occupation, relationship status, history of mental illness, and duration of treatment, as presented in Table 1.

**Table 1.** Characteristics of Respondents Regarding Family Support and Medication Adherence in Patients with Mental Disorders

No	Variabel	Variable categories	Frequency (F)	Percentage %
1	Gender	Male	24	40.0
		Female	36	60.0
		<b>Total</b>	<b>60</b>	<b>100.0</b>
2	Age	17-32 year	11	18.3
		33-47 year	24	40.0
		48-62 year	22	36.7
		63-77 year	3	5.0
		<b>Total</b>	<b>60</b>	<b>100.0</b>
3	Education	Elementary School	5	8.3
		Junior High School	17	28.3
		High School	22	36.7
		Diploma	4	6.7
		Bachelor's Degree	12	20.0
		<b>Total</b>	<b>60</b>	<b>100.0</b>
4	Work	Not working	21	35.0
		Laborer	2	3.3
		Private sector	6	10.0
		Civil servant	5	8.3
		Other	26	43.3
		<b>Total</b>	<b>60</b>	<b>100.0</b>
5	Relationship Status	Parents	13	21.7
		Spouse	10	16.7
		Children	19	31.7
		Siblings	16	26.7
		Others	2	3.3
		<b>Total</b>	<b>60</b>	<b>100.0</b>
6	ODGJ history (year/month)	1-10 month	10	16.7
		1-10 year	38	63.3
		11-20 year	8	13.3
		21-30 year	4	6.7
		<b>Total</b>	<b>60</b>	<b>100.0</b>
7	Duration of Treatment (years/months)	1-10 month	12	20.0
		1-10 year	36	60.0
		11-20 year	12	20.0
		<b>Total</b>	<b>60</b>	<b>100.0</b>

Based on the results of data processing in the table, out of a total of 60 respondents, it was found that most respondents were female, namely 36 people (60.0%), while male respondents numbered 24 people (40.0%). In terms of age, the largest group of respondents was in the 33–47 age range, with 24 people (40.0%). Meanwhile, the age group with the fewest respondents was in the 63–77 age range, with 3 people (5.0%).

Based on educational level, the majority of respondents had a high school education background, totaling 22 people

(36.7%), while the smallest number of respondents came from the diploma education group, totaling 4 people (6.7%). In terms of occupation, respondents showed a fairly diverse range of occupations, with the “other occupations” category dominating with 26 people (43.3%), while the “laborer” category was the smallest, with 2 people (3.3%).

Based on the relationship status with ODGJ patients, most respondents were children of patients, namely 19 people (31.7%), while the other relationship categories only consisted of 2 respondents (3.3%). In terms of mental disorder history, the majority of patients had a history of ODGJ for 1–10 years, namely 38 people (63.3%), while the longest history of 21–30 years was recorded in 4 respondents (6.7%).

In addition, based on the duration of treatment, most patients had undergone treatment for 1–10 years, with a total of 36 respondents (60.0%). Meanwhile, patients with a treatment duration of 11–20 years and 1–10 months numbered 12 respondents each, with an equal percentage of 20.0%.

Family support for medication adherence among ODGJ patients at the Johan Pahlawan Community Health Center, West Aceh Regency (Table 2).

**Table 2.** Family Support for Medication Adherence in Patients with Mental Disorders

No	Family Support	Frequency (F)	Percentage %
1	Low family support	3	5.0
2	Moderate family support	4	6.7
3	High family support	53	88.3
<b>Total</b>		<b>60</b>	<b>100.0</b>

Based on the results presented in the table, out of a total of 60 respondents, the majority showed a high level of family support, namely 53 respondents (88.3%). Meanwhile, respondents with a moderate level of family support numbered 4 (6.7%), and respondents with low family support numbered 3 (5.0%).

Medication adherence among ODGJ patients at the Johan Pahlawan Community Health Center, West Aceh Regency (Table 3)

**Table 3.** Medication Adherence Among ODGJ Patients

No	Medication Adherence	Frequency (F)	Percentage %
1	Low compliance	13	21.7
2	High compliance	47	78.3
<b>Total</b>		<b>60</b>	<b>100.0</b>

Based on the data listed in the table, out of a total of 60 respondents, it was found that the majority of respondents had a high level of medication adherence, namely 47 people (78.3%). Conversely, there were 13 respondents (21.7%) with low medication adherence.

Synergy of family support for ODGJ patients at the Johan Pahlawan Community Health Center, West Aceh Regency (Table 4)

**Table 4.** Synergy of family support for patients with mental disorders

No	Family Support Synergy	Frequency (F)	Percentage %
1	Low family support synergy	1	1.7
2	Moderate family support synergy	3	5.0
3	High family support synergy	56	93.3
<b>Total</b>		<b>60</b>	<b>100.0</b>



Based on the results shown in the table, the majority of respondents showed a high level of family support synergy, namely 56 respondents (93.3%). Meanwhile, respondents with a moderate level of family support synergy numbered 3 (5.0%), and only 1 respondent (1.7%) was in the low family support synergy category.

Next, the analysis of the relationship between family support synergy and medication adherence in patients with mental disorders at the Johan Pahlawan Community Health Center, West Aceh Regency, is presented in Table 5.

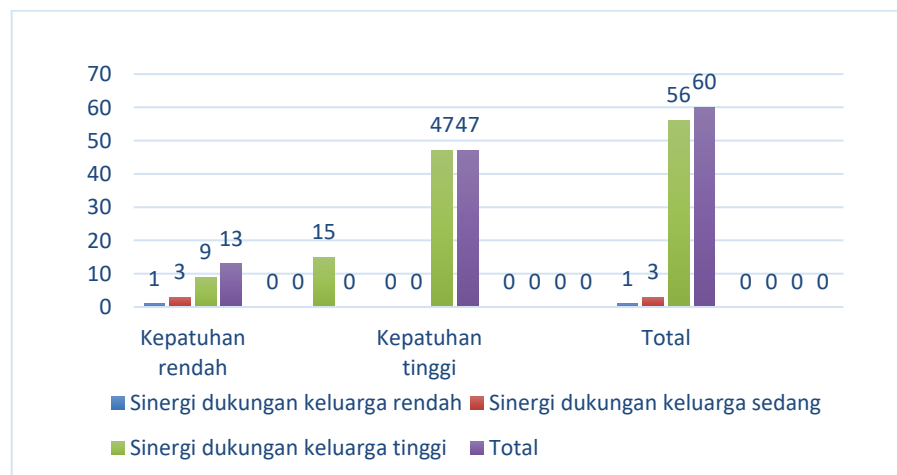
### Bivariate Analysis

**Table 5.** Synergistic Relationship Between Family Support and Medication Adherence in Patients with Mental Disorders

Synergy of family support	Medication Adherence			Description
	N	P-Value	r value	
	60	0.000	0.508	Significant (p < 0.01)

Based on the results of bivariate analysis using Spearman's correlation test, a correlation coefficient of  $r = 0.508$  with a  $p\text{-value} = 0.000$  ( $p < 0.001$ ) was obtained. This significance value is smaller than the  $\alpha = 0.05$  threshold, so the null hypothesis ( $H_0$ ) is rejected and the alternative hypothesis ( $H_a$ ) is accepted. These results indicate that there is a statistically significant relationship between family support synergy and medication adherence in patients with mental disorders (ODGJ) at the Johan Pahlawan Community Health Center.

A correlation coefficient value of 0.508 indicates that the relationship formed is in the moderate category with a positive direction. Thus, it can be interpreted that the better the synergy of family support provided, the higher the level of compliance of ODGJ patients in taking medication at the Johan Pahlawan Community Health Center.



**Figure 1.** Bar Chart

The bar chart shows that out of a total of 60 respondents, 47 patients showed a high level of medication adherence, while 13 patients were in the low adherence category. In general, these findings illustrate that the majority of patients with mental disorders at the Johan Pahlawan Community Health Center have shown good adherence to their treatment.

Based on the level of family support synergy, there was one respondent with low family support synergy who showed low medication adherence, with no patients showing high adherence. This condition indicates that limited family support synergy tends to be associated with low patient adherence to medication. In the group with moderate

family support synergy, three respondents were also all in the low compliance category, indicating that moderate family support is not yet effective enough in promoting optimal medication adherence.

Conversely, in the group of respondents with high family support synergy, which consisted of 56 people, the majority of patients showed high medication adherence, namely 47 respondents, while the other 9 respondents were still in the low adherence category. These findings confirm that strong and integrated family support synergy contributes positively to improving medication adherence in ODGJ patients.

## Discussion

### Respondent Characteristics

Based on Table 1, the distribution of respondents by gender shows that of the total 60 respondents, 24 (40.0%) were male, while 36 (60.0%) were female. The predominance of female respondents indicates that women tend to play a greater role in the family in accompanying and meeting the daily needs of ODGJ patients, while men generally play a role in decision-making and control. These gender-based differences in roles are related to family support in encouraging patient compliance with treatment.

In terms of age, most respondents were between 33 and 47 years old, accounting for 40.0%. Education was also an important determinant of the quality of family support, as higher levels of education contributed to the ability to think, understand health information, and make appropriate decisions regarding patient care. In this study, the majority of respondents had a high school education background, totaling 22 people (36.7%). Based on interviews with the Johan Pahlawan Community Health Center, the patients' families had received education on the importance of family support in maintaining medication adherence to prevent recurrence in people with mental disorders. This education contributed to an increased understanding among families of the urgency of regular medication consumption. These findings are in line with the research by Lumeohe et al. (2025), which states that family knowledge about mental disorders is related to the family's ability to care for ODGJ patients, where families with good understanding tend to be able to provide more optimal care.

In addition, the economic condition of the family is also a factor that influences the care of ODGJ patients. Limited income is often an obstacle for families to undergo independent treatment due to the relatively high costs. Therefore, the use of primary health care facilities, such as community health centers that provide free medical services, is the main choice for many families. Free treatment programs provided by the government will yield more optimal results if supported by active family involvement and cross-sector cooperation between the Health Office, Social Office, and village government (Ratnawati & Oktaviana, 2022). In this study, the respondents' occupations varied considerably, with other occupations dominating with 26 respondents (43.3%), reflecting the heterogeneity of the patients' families' socioeconomic conditions.

Research conducted by Aprilia Sapitri et al. (2024) explains that the existence of mental health problems within the family environment can trigger increased attention and involvement from the family in caring for family members with mental disorders (ODGJ), especially those with genetic links. These findings are in line with the results of this study, in which the majority of respondents were children of ODGJ patients, accounting for 31.7%. This condition shows that close family relationships, especially blood ties, play a role in increasing family concern and involvement in the patient care process.





The results of this study are in line with the findings of Mustakima et al. (2023), who studied 77 families of ODGJ patients at Depok Regional General Hospital and concluded that there is a correlation between genetic factors and the role of the family in the treatment process of ODGJ patients. The similarity of these findings reinforces the assumption that close biological family relationships can encourage families to be more active in supporting the treatment and care of patients.

In addition, the results of the study show that most patients had a history of mental disorders lasting 1–10 years, namely 38 respondents (63.3%), with the duration of treatment also predominantly in the range of 1–10 years for 36 respondents (60.0%). This relatively long duration of disorder and treatment illustrates that mental disorders are chronic conditions that require long-term management. If patients with mental disorders do not undergo continuous treatment, there is a risk of worsening conditions, recurrent relapses, and a decline in the individual's ability to perform daily life functions, as reported by the World Health Organization (2022).

### **Family Support for Medication Adherence in Patients with Mental Disorders**

Family support plays an important role in improving medication adherence among patients with mental disorders. Based on the results presented in Table 2, it is known that most respondents, namely 88.3%, have a high level of family support at the Johan Pahlawan Community Health Center. This finding confirms that family is a key element in supporting the success of therapy for patients with mental disorders. Family support can be understood as a form of interpersonal interaction that includes the family's attitudes, actions, and acceptance of members with mental disorders. In this context, the family acts as the main support system that provides a sense of security, acceptance, and humane treatment to patients, so that patients feel cared for and valued (Subardjo & Nurmaguphita, 2021).

Friedman (2014) identified four main dimensions of family support that contribute to increased treatment adherence in patients with mental disorders. The first dimension is informational support, which includes providing information, guidance, advice, and suggestions that help patients and families understand their health condition and treatment process. In this study, families who received education from the Johan Pahlawan Community Health Center demonstrated a better level of understanding regarding the importance of continuous treatment, the types of medication taken, potential side effects, and strategies for managing the patient's condition in daily life. These findings are in line with the research by Lumeohe et al. (2025), which states that family knowledge about mental disorders is significantly related to the family's ability to care for ODGJ, where families with a good understanding tend to be more active in ensuring patient compliance with treatment.

The second dimension is assessment support, which is support provided through positive reinforcement, constructive feedback, and social assessment that encourages adaptive behavior. This form of support plays an important role in increasing patient motivation and self-confidence. Family appreciation of the patient's efforts to comply with treatment, praise for consistent medication intake, and continuous motivation can reinforce such compliance behavior.

The third dimension is instrumental support, which is the tangible assistance that families provide directly to patients. This support includes providing medication on a regular basis, reminding patients to take their medication, accompanying them to health facility appointments, assisting with the cost of treatment, and providing transportation. The fourth dimension is emotional support, which is expressed through empathy, attention, care, and affection for patients. This emotional support can take the form of the family's willingness to listen to the patient's complaints without judgment, creating a safe and comfortable family atmosphere, showing unconditional acceptance, and providing



encouragement when the patient experiences psychological fatigue or despair.

The results of this study are in line with the findings of Santosa et al. (2020), which state that one of the main tasks of families in the context of health is to care for sick family members, including family members with mental disorders. In order to be able to carry out this role optimally, families need to have adequate knowledge and understanding so that their attitudes and motivation in caring for people with mental disorders can improve. This increase in knowledge requires interventions tailored to the conditions of the community, one of which is through health education programs. In addition, Zwide's (2025) research reveals that a lack of family support is one of the main factors contributing to non-compliance with medication among ODGJ patients. Thus, increasing the strength of family support will be followed by an increase in the level of patient compliance in undergoing treatment therapy.

### **Medication Adherence in Patients with Mental Disorders**

The results of the analysis in Table 3 show that most patients with mental disorders (ODGJ) have a high level of medication adherence, namely 78.3%. This finding indicates that the majority of ODGJ patients at the Johan Pahlawan Community Health Center have followed the prescribed treatment, although there are still a small number of patients who have not shown optimal adherence. This achievement reflects the success of the treatment program at the Johan Pahlawan Community Health Center, particularly in terms of educating families and assisting patients during the treatment process. The high level of compliance also reflects the commitment of families in supporting patient therapy, as well as the support of a health care system that is relatively accessible to the community. The results of this study are in line with the findings of Butarbutar et al. (2022), who reported that of 54 respondents with mental disorders, 29 respondents (53.7%) showed medication compliance, while 25 respondents (46.3%) were classified as non-compliant.

Adherence to treatment can be defined as the patient's behavior in taking medication according to the recommended schedule, dosage, and conditions. Non-adherence occurs when patients do not consistently follow these rules or do not complete treatment within the specified time (Karmila et al., 2017). In patients with mental disorders, medication adherence can be evaluated through several key indicators, namely the timeliness of medication consumption according to schedule, the accuracy of dosage according to the doctor's prescription, and the correctness of medication use, for example, consumption before or after meals according to medical instructions. In addition, treatment continuity is also an important indicator, where patients are expected not to stop treatment unilaterally even if their condition improves, and to continue taking medication regularly and undergoing check-ups at health facilities. These five indicators are interrelated and play an important role in achieving optimal treatment outcomes.

Non-compliance with medication among ODGJ patients can have serious consequences, including an increased risk of relapse, the need for readmission, a decline in quality of life, and the potential for risky behavior. In some cases, patients who experience a relapse may exhibit behavior that is harmful to themselves or others, such as aggressive acts. Therefore, support and motivation from family members are very important factors in maintaining consistency in treatment. Lani and Septiana (2022) state that active family involvement acts as a reinforcing factor for ODGJ patients to remain compliant in taking their medication according to the prescribed dosage and schedule, even when patients face challenges such as medication side effects or pressure due to social stigma.

### **Family Support Synergy for Patients with Mental Disorders**

The results of the study show that most respondents at the Johan Pahlawan Community Health Center had a high level of family support synergy, namely 56 people (93.3%). This finding is significant because it indicates that an



integrated and synergistic family support approach has the potential to be a key factor in improving treatment compliance in patients with mental disorders (ODGJ). In the context of this study, family support synergy is understood as a form of coordination and integration of various types of support provided by family members in a planned, consistent, and sustainable manner.

This study refers to four forms of family support as described by Friedman (2014), namely informational support, evaluative support, instrumental support, and emotional support. These four forms of support complement each other in supporting the care process for patients with mental disorders. These findings are in line with the opinion of Sulistyorini and Harianto (2023), who stated that emotional support is reflected through empathy, concern, and attention from the family towards members experiencing health problems; informational support includes providing advice, guidance, and feedback; instrumental support takes the form of tangible and material assistance to ease the patient's burden; and appreciation support is manifested through expressions of positive evaluation of the patient.

The results of this study are also consistent with the findings of Putri et al. (2022), which reveal that families' limited understanding of ODGJ care can lead to negative attitudes towards patients. However, after families received psychoeducation, there was an increase in knowledge, understanding, and skills in caring for ODGJ. This reinforces the findings of this study that high family support synergy has a positive impact on ODGJ patients' medication adherence. When all family members have an adequate understanding of mental disorders and appropriate care strategies, coordination in providing support can be more optimal.

Recent research also shows a significant relationship between high family motivation and optimal caregiving, which ultimately forms a synergy of continuous family support for patients (Yunere, 2025). With good synergy, the burden of care can be shared more proportionally, patients feel comprehensive attention, and cooperation between families and health workers can be more effective, thereby supporting the success of therapy. However, a small number of respondents were still found to be in the moderate and low categories of family support synergy. This indicates challenges in optimizing family support synergy, which may be influenced by various factors such as ineffective family communication, unbalanced role distribution, stigma surrounding mental disorders, economic limitations, and insufficient social support from environments outside the family.

### **The Synergistic Relationship Between Family Support and Medication Adherence in Patients with Mental Disorders**

The results of the study show a statistically significant moderate correlation between family support synergy and medication adherence in patients with mental disorders (ODGJ) at the Johan Pahlawan Community Health Center. This is reflected in the correlation coefficient value of  $r = 0.508$  with a  $p\text{-value} = 0.000$  ( $p < 0.001$ ), which is well below the significance threshold of  $\alpha = 0.05$ . Therefore, the null hypothesis ( $H_0$ ) was rejected and the alternative hypothesis ( $H_a$ ) was accepted, so it can be concluded that there is a meaningful relationship between the two variables. These findings indicate that synergistic and integrated family support is more effective than partial or uncoordinated support. The better the synergy of family support, the higher the compliance of ODGJ patients in undergoing treatment.

These findings are in line with Ekayanti's (2021) opinion that family support covering emotional, informational, instrumental, and assessment aspects plays an important role in reducing the risk of recurrence in ODGJ patients. Through synergistic support, families can improve supervision and assistance for patients, so that treatment can be carried out consistently and continuously. Various other studies also show that synergistic family support contributes to



a reduction in recurrence rates, an improvement in patients' quality of life, and ease in monitoring patients' conditions at home. Therefore, strengthening synergistic family support can be seen as an effective strategy in overcoming medication adherence issues in ODGJ patients.

In addition, family motivation plays a role in determining patient compliance. The higher the motivation provided by the family, the greater the likelihood of patient compliance in taking medication, while weak family motivation tends to be associated with low treatment compliance (Nur Azizah & Uly, 2023). In practical terms, strong family support can be fostered through ongoing education for the patient's family, active family involvement in the care process, and the creation of effective communication between the family and healthcare providers. These efforts have the potential to improve the quality of family support, which ultimately has a positive impact on medication adherence and reduces the risk of relapse in patients with ODGJ.

## Conclusion

The results of this study indicate a statistically significant moderate correlation between family support synergy and medication adherence among patients with mental disorders at the Johan Pahlawan Community Health Center. This is indicated by a correlation coefficient value of  $r = 0.508$  with a  $p\text{-value} = 0.000$  ( $p < 0.001$ ), which is below the significance level of  $\alpha = 0.05$ . Thus, the null hypothesis ( $H_0$ ) was rejected and the alternative hypothesis ( $H_a$ ) was accepted, indicating a meaningful relationship between the two variables. This finding reinforces that a synergistic and coordinated family support approach is more effective than separate support. The more optimal the synergy of family support received by patients, the higher the level of medication adherence among ODGJ patients at the Johan Pahlawan Community Health Center. To obtain a more comprehensive picture, further research is recommended using different methodological approaches or adding other relevant variables.

This study also has several limitations that need to be considered when interpreting the results. The relatively limited sample size and the use of purposive sampling techniques meant that the sample was not optimally representative of the population and did not provide equal opportunities for all members of the population to be selected as respondents. In addition, the cross-sectional design used only described conditions at a specific point in time, so it was not able to explain the cause-and-effect relationship in depth. This study also did not control for other variables that could potentially affect medication adherence. Therefore, future studies are recommended to involve a larger sample size, use a more representative sampling method, apply a longitudinal research design, and include additional control variables so that the research results are more comprehensive and in-depth.

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