

Coping Strategies in Patients with Schizophrenia at Naimata Mental Hospital

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ABSTRACT

Schizophrenia is one of the most common medical diagnoses of mental disorders and is a severe mental disorder that is influenced by biological, psychological and environmental factors. Schizophrenics have cognitive and behavioral disorders, so they have difficulty in determining appropriate coping. Coping is meant a process in order to change the cognitive domain and or behavior constantly to regulate and control external and internal demands and pressures. The purpose of this study was to determine coping strategies in schizophrenic patients in the inpatient ward of the Naimata mental hospital. This type of research is descriptive research with a quantitative approach. The populations in this study were 70 patients with schizophrenia. The samples in this study were 30 patients with schizophrenia. The results obtained are that there is no impact from physical health and education on the application of coping strategies to Schizophrenia patients. There were an impact of positive beliefs (Emotion Focused Coping), problem solving skills (Problem Focused Coping), social and occupational support or socioeconomic status on the application of coping strategies to schizophrenia patients. The most used type of Emotion Focused coping are distancing and the escape-avoidance. Problem Focused coping used are confrontation, solution planning and seeking social support. Hospitals and families are expected to always provide support to patients both in the form of verbal and non verbal, material, and motivational support to be able to support the healing process of schizophrenic patients.

Keywords: Schizophrenia, Strategy, Coping, Physical, Education, Belief, Skills and Support

INTRODUCTION

Mental health is a condition of subjective feeling of well-being, a self-assessment of feelings includes aspects of self-concept, fitness and self-control abilities (Purwanto and Riyadi, 2010). Mental health is a condition in which a person is free from mental disorders and has a positive attitude to describe his maturity and personality (World Health Organization, 2013).

Mental disorders are behavioral or psychological patterns shown by individuals that cause distress, dysfunction, and reduce the quality of life (Stuart, 2016). Mental disorder, is a health condition, where there is a disturbance in the process of emotions, behavior, thought processes, resulting in disruption of functions in life such as in socialization and activities (Ahyar, 2010).

Coping / to cope literally mean "overcoming". Coping is how a person reacts when facing stress or pressure (Ahyar, 2010). In the coping strategy itself is defined as a certain process accompanied by an attempt to change the cognitive and / or behavioral domains constantly to regulate and control external and internal demands and pressures that are predicted to overload and exceed the abilities and resilience of the individual concerned (Lazarus and Folkman, 2013). In schizophrenic patients, the inability to handle and control stress is believed to be the main cause of relapse and reduce quality of life.

Schizophrenia is one of the most common medical diagnoses of mental disorders and is a serious mental disorder. Schizophrenia is a clinical syndrome or disease process that affects cognition, perception, emotions, behavior and social functions, but schizophrenia affects each individual in

different ways. Schizophrenia can cause life damage to sufferers, families and communities. The cause of schizophrenia is not known with certainty, but there are several factors that are thought to be the cause of the condition schizophrenia. These factors are biological, psychological and environmental factors (Sarni, 2017).

According to data on the number of patient visits at the Naimata Mental Hospital in Kupang since emergency services, outpatient and inpatient services were opened in 2018; there were 3,581 outpatients, with 3,509 BPJS participants, 131 BPJS participants, and 158 BPJS participants. Patient; BPJS 155, the total 2018 was 3,870 patients, while in 2019 the total number of inpatients was 70 patients.

The rate of recurrence in schizophrenic patients reaches 50 - 92% and is due to non-adherence to treatment, lack of support and vulnerable living conditions with increased stress (Eti Setiati, Sumarni DW, 2017). Schizophrenic patients need long-term management strategies and coping skills. This study aims to determine coping strategies in schizophrenic patients at the Naimata Mental Hospital in Kupang.

METHOD

This research uses descriptive research type with a quantitative approach. The research location was conducted at the Naimata Mental Hospital in Kupang for three months, March - May 2020. The population in this study were Schizophrenia patients in the inpatient room of the Naimata Mental Hospital, Kupang in 2019, namely 70 schizophrenic patients, the sample size is 30 people with criteria.

In this study the criteria used were inclusion criteria: 1) Schizophrenic patients diagnosed based on schizophrenia diagnostic criteria. Schizophrenic patients in the maintenance phase in the inpatient room of Naimata Mental Hospital, Kupang. 2) Schizophrenic patients who are cooperative in communicating, can follow the direction of the officer, and are willing to become research respondents. 3) Schizophrenic patient taking antipsychotics.

While the exclusion criteria in this study were: 1) Schizophrenic patient with congenital physical disability and severe physical illness. 2) Schizophrenic patient with organic mental disorders. 3) Schizophrenic patient with symptoms of severe mental disorders. 4) Schizophrenic patients who filled out an incomplete questionnaire.

From the existing inclusion criteria, a sample of 30 patients was obtained. The method of analysis used in this research is descriptive analysis and univariate analysis.

RESULTS AND DISCUSSION

Overview of Univariate Results in Schizophrenia Patients in the Inpatient Room of the Naimata Mental Hospital, Kupang

1. Age

Table 1. Distribution of Schizophrenic Patients by Age

No.	Age	Frequency	%
1	0-20	2	6,7
2	21-40	22	73.3
3	> 41	6	20
Total		30	100

Based on table 1 above, it is known that the respondents for the highest age are respondents aged 21-40 years with a total of 22 (73.3%) people.

2. Gender

Table 2. Distribution of Schizophrenic Patients by Gender

No.	Gender	Frequency	%
1	Male	18	60
2	Women	12	40
Total		30	100

Based on table 2 above, it is known that the respondents for the highest gender were male respondents with a total of 18 (60%) people.

3. Physical Health

Table 3. Distribution of Schizophrenic Patients by Health

No.	Physical Health	Frequency	%
1	Healthy	27	90
2	Not healthy	3	10
Total		30	100

Based on Table 3, it is known that the respondents for the highest physical health were in the healthy category with 27 respondents (90%).

4. Positive Beliefs or Views (Emotion Focused Coping)

Table 4. Distribution of Schizophrenic Patients by Positive Beliefs

No.	Confidence / Positive	Frequency	%
1	Not sure	23	76.7
2	Sure	7	23.3
Total		30	100

Based on Table 4, it is known that the respondents for the highest positive belief or view were in the unsure category of respondents with 23 (76.7%) people.

5. Based on the Type of Emotion Focused Coping Usage

Table 5. Distribution of Schizophrenic Patients by Emotional Focused Coping

No.	Emotion Focused Coping	Frequency	%
1	Distancing	8	26.7

2	Escape-Avoidance	6	20
3	Self-controlling, Accepting-responsibility, Positive-reappraisal	16	53.3
	Total	30	100

Based on Table 5, it is known that respondents for the highest type of emotion focused coping use are self-controlling, accepting-responsibility, positive-reappraisal) with a total of 16 (53.3%) people.

6. Problem Solving Skills (Problem Focused Coping)

Table 6. Distribution of Schizophrenic Patients by Problem Focused Coping Skill

No.	Solve the problem	Frequency	%
1	Unskilled	26	86.7
2	Skilled	4	13.3
	Total	30	100

Based on Table 6, it is known that the respondents for the highest problem-solving skills were in the unskilled category of respondents with a total of 26 (86.7%) people.

7. Type of problem focused coping

Table 7. Distribution of Schizophrenic Patients by Problem Focused Coping

No.	Problem Focused Coping	Frequency	%
1	Confrontative-Coping	4	13.3
2	Planful Problem Solving	3	10
3	Seeking Social Support	4	13.3
4	Do not use	19	63.4
	Total	30	100

Based on Table 7, it is known that respondents for the highest type of problem focused coping use were in the non-using type with a total of 19 (63.4%) people.

8. Social Support

Table 8. Distribution of Schizophrenic Patients by Social Support

No.	Social Support	Frequency	%
1	No Support	27	90
2	Get Support	3	10
	Total	30	100

Based on Table 8, it is known that respondents for the highest social support were in the unsupported category respondents with a total of 27 (90%) people.

9. Education

Table 9. Distribution of Schizophrenic Patients by Education

No.	Education	Frequency	%
1	Junior High	11	36.7
2	High school	14	46.7
3	College	5	16.6

Total	30	100
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Based on Table 9, it is known that the respondents for the highest education were 14 respondents (46.7%) people.

10. Occupation or Social Status

Table 10. Distribution of Schizophrenic Patients by Occupation

No.	Occupation	Frequency	%
1	Does not work	18	60
2	Housewife	3	10
3	Farmers / Laborers	5	16.7
4	PNS / POLRI / TNI / Private	4	13.3
	Total	30	100

Based on table 10 above, it is known that the respondents for the highest occupation are 18 (60%) people who do not work.

DISCUSSION

Description of Physical Health in Schizophrenia Patients

Health is a dynamic balanced state, influenced by genetic factors, the environment and patterns of daily life such as eating, drinking, sex, work, rest, and managing emotional life. The health status is damaged when the state of balance is disturbed, but most of the damage in the early periods is not serious damage if one is aware of it. According to (Santoso, 2012) Health is one of the main factors that can affect fitness and body appearance, as well as the most valuable asset that can never be exchanged for anything.

The results showed that the respondents studied were physically in good health (healthy), while only a few other respondents had physical health that was categorized as unhealthy, in this case the fitness and appearance were less healthy. The physical health conditions possessed by Schizophrenia Patients in the Inpatient Room of the Naimata Mental Hospital, Kupang are on average in good and healthy health conditions ranging from activities carried out, maintaining personal health and hygiene and having no difficulty in carrying out activities in daily activities.

The results of the study are not in line with the research conducted by (Dewi, 2018) explaining that the average length of illness in schizophrenia patients is 13.6 years, the duration of illness shows a picture of the acute phase of the disease, relapse, stable to mental health conditions of schizophrenia patients from the results. This study found that the physical health of schizophrenic patients was 18.89%. The fact is found in the field about 56.0% found that patients with unhealthy physical health that affect the quality of life of people with schizophrenia, are caused by one thing such as being influenced by a medical therapy program that must be carried out by patients not regularly and will

cause recurrence in schizophrenic patients will have an impact on physical health, which can affect the patient's uncontrolled emotions can hurt the patient.

Stress is a human psychological reaction or response when faced with things that are felt to have exceeded limits or are considered difficult to deal with. With physical health, the state of the body organs can function properly without feeling pain or complaints and objectively does not look sick and all body organs can work normally. The quality of maintaining health while maintaining physical health such as the food we consume should be of high quality for the body, because all the food consumed is a requirement for sustaining life. But actually it's not that simple, because as research has found that food has three functions for the body. Food as a source of energy, by having a source of energy and good physical condition, it will be very helpful in maintaining good and positive patterns of thought and habit. From the research results obtained are not in line with the results of other studies related to physical health, of course people with schizophrenia need to get moral support, both from family / community as well as medical and other health personnel to be able to improve physical and psychological health in schizophrenia patients.

Beliefs or Positive Views in Schizophrenia Patients

According to (Najati, 2013), the thinking skills possessed by humans will assist them in studying and researching various events, drawing conclusions inductively, and making deductive conclusions. With this ability to think, Allah entrusted humans to carry out the mandate of the Caliphate on earth. The purpose of thinking is to solve the problems at hand. Everything that exists in this universe begins with thought, becomes possibility, becomes goal, gives birth to action, and becomes reality.

The results of the study provide an overview of the aspects of belief or a positive outlook, from the results of interviews with respondents or schizophrenia patients in the Inpatient Room of the Naimata Mental Hospital in Kupang from the respondents studied showed that the positive beliefs or views of respondents in the unsure category were more than the number of respondents in the sure category. From the results of this interview, it gives an idea that the patient feels less confident or unable to manage the level of positive views in this case related to the problem at hand, most patients are more likely to avoid, are more resigned to the existing situation and feel difficult with the existing situation.

From the results of research, the emotion focused coping method studied in schizophrenic patients; patients had difficulty in thinking logically and trying to solve problems positively. From the classification of coping behavior oriented to emotion focused coping, the results of the study show that most patients are unable to deal with stressful situations by controlling or regulating emotional responses that arise so that patients are unable to positively assess the situation.

Research conducted by (Sarni, 2017) found that there was no positive belief because 23.5% of schizophrenic patients did not agree that negative thoughts could damage concentration and as many as 31.9% of schizophrenic patients agreed that lack of confidence could damage their attitudes. Most

schizophrenic patients have negative views about themselves. This negative value comes from their lack of confidence about the positive things that exist in them.

The results of the study are in line with other studies, therefore the support for increasing aspects of religiosity, self-confidence and social support will be able to help individuals get healing from diseases of the mind, heart, soul, and body. Religion can get rid of fear, hatred, pain, moral defeat, so that it can give strength, health, happiness and goodness.

Problem Solving Skills in Schizophrenia Patients

Problem Solving (problem solving) can be defined as involvement in finding solutions whose methods were not known at the beginning. In other words, to find a solution, everyone must assemble it based on their knowledge and thought process, they will often develop new understandings on the problems they face. Another opinion about problem solving was expressed by (Mayer, 2018) which defines "problem solving as a multi-step process in which the problem solver must find a relationship between his past experiences (schemes) with the problem he is currently facing and then act to solve it". The results showed that of the total respondents studied for the category of problem solving skills, more respondents were unable to solve every problem they faced in carrying out their activities. The results of the interview showed that they had difficulty being able to solve a problem they were facing, one of which was difficulty socializing and difficulty doing something when there was a problem. It is difficult for them when they have serious problems to solve so they feel stressed to find a way out. This condition proves that people with thinking disorders will have difficulty being able to solve the problems they face both from within and from their social side.

From the results of the research, the problem focused coping method studied in schizophrenic patients; patients had difficulty in thinking logically and trying to solve problems positively. From the classification of forms of coping behavior (confrontative coping), the patient did not make any attempt to change the situation that was considered a source of pressure. Meanwhile (planful problem solving) the patient cannot think and consider carefully several alternative solutions to problems that might be done, such as asking other people's opinions. Meanwhile (seeking social support) most of the patients studied did not get support from family, friends, or the surrounding environment in the form of information, real help, sympathy, or attention so that patients had difficulty in dealing with problems.

A research conducted by (Anggoro, 2018) with the title Description of the Thinking Process of Schizophrenics in the Getasan Euphrates Recovery Home. The results of the research showed that based on the problem solving aspect for the respondents studied, the three respondents generally experienced difficulties in facing and solving the problems they experienced. They face the problem of not being able to solve it alone; they have to ask for help from other people to help solve the problem.

Apart from medication and family support, good coping strategies are also most often used in treating patients with schizophrenic mental disorders. Medical officers and families need to plan what

must be done in caring, provide motivational support, provide for patient needs and help and supervise patients taking medication regularly. In this case the family will strive to be able to recognize health problems, make appropriate health action decisions, provide care to patients and modify a good environment for patients. Therefore, it is necessary to improve health services, especially the provision of consultation and counselling on psycho educators for families who care for family members who experience schizophrenic mental disorders. Providing counselling to families can improve skills to be able to understand coping due to mental disorders that cause problems in family relationships, especially applying coping strategies, namely problem focused coping.

Social Support for Schizophrenia Patients

According to (Sarafino, 2015) social support is the degree of support provided to individuals, especially when needed by people who have a close emotional relationship with that person, social support can refer to comfort, care, self-esteem or any form of assistance that individuals receive from another person or group.

The results of interviews conducted with respondents for the aspect of social support, more respondents did not get social support, both from close relatives and family. Patients only depend on health personnel in the hospital. And only a few respondents get good support. The support that patients lack is a lack of communication with their families and a lack of emotional support from their own families. They find it difficult to tell the problems they face to their relatives or family. They say that they do not have a special person to share their likes and likes even as friends to share their problems.

Research conducted by (Dwijayanti, 2018) on the Relationship between Family Social Support and Independence in Mental Disorder Patients at the Outpatient Clinic of Regional Mental Hospital Dr. Rm. Soedjarwadi. The results of the study illustrate that the family's social support for mental patients is mostly moderate. Research shows that most of the respondents are husbands or wives of mental patients. The role of husband or wife is as a motivator, which is the encouragement or support given to husbands and wives to raise, build quality, shape and achieve better life goals. The results of the Chi-Square test were obtained with a significance level (p-value) of $0.012 < \alpha (0.05)$ so that it was concluded that there was a relationship between family social support and independence in mental disorders patients at the outpatient clinic of RSJD Dr. RM. Soedjarwadi Klaten, that is, the higher the family support, the better the level of independence for mental patients.

The assumption of researchers is based on the results of the study that schizophrenic patients really need emotional support. Emotional support, which consists of expressions such as concern, empathy and compassion for someone, will cause the recipient of support to feel comfortable, at ease again, to feel owned and loved when he experiences stress, to provide assistance in the form of enthusiasm, personal warmth, and love. The conclusion is that schizophrenic patients have difficulty

dealing with stressful situations because they are unable to control and regulate emotional responses that arise so they are unable to positively assess the situation that occurs.

Education Level of Schizophrenia Patients

Education is an effort to foster and develop the human personality both in the spiritual and in the physical part. There are also some experts who define education as a process of changing the attitude and behavior of a person or group of people in maturing through teaching and training. With education we can be more mature because it has a very positive impact on us, and it can also eradicate illiteracy and will provide skills, mental abilities, and so on.

The results showed that the education of the respondents was high school, junior high school, and some had tertiary education (Bachelor and diploma). With good education, it will make the process of forming a more mature person in deciding and solving a problem that occurs. Research conducted by (Setiawan, 2018) where the results of the study illustrate that stress levels are not measured at a person's education level but how the conditions at hand and the environment at that time. The results showed that as many as 79.0% of regular students of the nurse profession at the USU Faculty of Nursing had moderate stress levels. This is in line with the statement that these students also experience more moderate stress levels.

Higher education does not necessarily guarantee a person how to manage stress or disturbances at the level he can control emotions well. Every individual cannot be measured that with higher education, they are able to avoid stress problems depending on their health condition and how they can respond. This condition occurs in patients who were conducted in the research at the Naimata Mental Hospital in Kupang, the average stress that occurs is due to factors of demands both from the individual itself and from the environment which makes them disturbed by their thought patterns and difficulty being able to control their emotions. As a process of personal formation, education is defined as a systematic and systemic activity directed towards the formation of a personality for each person. When a person is able to be in control and always be able to think positively about an event or problem, he will be able to use coping strategies well.

Occupation and Social Status of Schizophrenia Patients

It can be interpreted that workers are everyone who does work and gets wages or other benefits. Work is generally defined as an active activity carried out by humans. The term work is used for a task or work that earns wages that is valued for compensation in the form of money or other forms. The results showed that there were more respondents who did not work, some respondents were housewives, and there were also respondents who were farmers or laborers, and civil servants / police / private. The occupation or socioeconomic status of the average patient is in a low condition, in this case from a family that is economically mediocre so that the patient feels enough impact in meeting their daily needs and of course it can make it difficult for them to be able to control. stress level so it is difficult to implement coping strategies for himself. The lower a person's socioeconomic status, the more stress a person will experience.

Research conducted by (Cahyati, 2018) on the Relationship between Family Economic Status and Recurrence Frequency in Schizophrenia Patients at the Grhasia Mental Hospital Yogyakarta, where the results of the study describe the families of patients who visit the Grhasia Mental Hospital, the majority of which have low economic status. or about 63.3% and patients who have sufficient economic status are about 40 people or 36.7%. Low economic status greatly affects a person's life, some experts often do not consider low economic status as a risk factor, but as a contributing factor or a factor responsible for the emergence of a health problem. Based on the results of the study, a correlation test was obtained with a p-value of $0.007 < \alpha (0.05)$ so that it can be concluded that there is a relationship between family economic status and the frequency of recurrence in schizophrenic patients at Grhasia Mental Hospital Yogyakarta, with a closeness of the relationship of -0.257 indicating a closeness relationship, which means that the economic status of the family is low, the frequency of recurrence is high and if the economic status is high, the frequency of recurrence is low.

The research results obtained are the same or consistent with other research related to socioeconomic status showing that economic status is a description of the situation or condition of an individual, family and a society seen from the point of view of the level of education, employment, income and expenditure where the four components can be benchmarks of an individual, family or society are said to be high or low. Every individual or society would want a better socioeconomic status, but in reality there are still many individuals or communities with low socioeconomic status. Therefore it is necessary to have support from the government (across sectors), and activeness from the family, the community in order to improve a good socio-economic status.

Coping with Psychotics Symptoms

Prevention of patient recurrence can be achieved if the intervention is carried out by involving the family and focusing on family functions (Wuryaningsih, Hamid and CD, 2013). One of the keys to preventing recurrence is identifying the triggering factors of the symptoms and strategies for dealing with them (Stuart, 2016). Family knowledge is awareness of the patient's behavior and behavior patterns that threaten the patient and others, including knowledge of the patient's behavior patterns, the family also recognize signs that the patient will engage in violent or other unusual behavior. Family insensitivity in recognizing triggers for patient behavior, provocation and unfulfilled desires are trigger factors that can lead to patient recurrence. Family assessed that non-adherence to treatment is at risk of triggering recurrence for the patient. Efforts to control the emotions of patient participants expressed their opinions related to their attitudes and behaviors to control patient emotions to prevent recurrence of violent behavior.

This patient was shown by their family through a permissive attitude, avoiding sources of relapse, using a calm approach, and behaving non-threatening to the patient. Efforts to control patient

emotions are carried out through a permissive attitude towards patients such as indulging their wishes and allowing them to do whatever the patient wants. Another effort to control the patient's emotions is avoid things that can offend and try not to be rude to the patient.

Family caregiving as an effort to prevent recurrence of this care is manifested in how to improve this affective function by motivating, being a good listener, create fun atmosphere, providing recreational opportunities, giving responsibility, and having the role of the family as a provider of care. This concern is also through improving the health care function in the form of providing commitment to support and adherence to medications.

Family acceptance of the patient's condition; the meaning for the family in preventing patient relapse is manifested by the participants as a belief as a decree from God and positive acceptance of the patient in all his conditions. Destiny and fate must fulfil their roles. The family return matters to God because they believe that something God gives is the best thing for participants, mentioned this experience as fate and a test of life. Participants also showed the meaning of surrender through accepting the patient's condition by expressing gratitude and sincerity even in the worst condition.

Based on the description of the phenomenon of participants in preventing recurrence in patients with mental disorders, it is important for nurses to increase family knowledge to recognize behavior history pattern, signs and schizophrenics symptoms such as withdrawal, violence, lack of self-care, hallucinations, and delusions. It is also important behavior management by the family. The results of this study, insensitivity of the family caregiver can lead to recurrence of patient schizophrenics' behavior. Factors that can trigger the relapse are provocations, unfulfilled wishes, and non-compliance with medical treatment.

CONCLUSION

The results of this study indicate that most patients have not been able to have positive beliefs or views, are not skilled in problem solving, do not receive decent social support, and do not work or have no occupations.

CONFLICT OF INTEREST

This article does not contain a conflict of interest, collaborative, or any other interest to any party. The study has obtained a letter of ethics from the area where the research is conducted and verified by letter number: 070/1080/DPMPSTSP/2020 East Nusa Tenggara Provincial Government (One-Stop Investment And Integrated Services).

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