STRESS MANAGEMENT TRAINING TOWARDS STRESS LEVEL REDUCTION IN FAMILIES OF SCHIZOPHRENIA PATIENTS

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ABSTRACT

Introduction: Families are individuals who are close to the patient and are considered to have the greatest influence on the patient's life at home. One of the causes of stress in families is caring for patients with schizophrenia at home. During care, families who lack information on how to cope with stress are at greater risk of experiencing burden during care. One of the causes of stress is the length of care for the patient and the patient's behavior due to relapse. Stress management is one way to reduce stress in families at home. Objective: This community service activity is to increase family knowledge in coping with stress in caring for people with schizophrenia at home. Method: The service was carried out through an initial survey, *pre-test, interactive lecture, demonstration of deep breathing techniques and five-finger hypnosis, discussion and question and answer, and post-test*. Samples were obtained from families with schizophrenia patients at home, with as many as 25 people in the Joyontakan Village area. Results: There was a decrease in stress levels in families with schizophrenia patients at home. The number of respondents with moderate and severe stress decreased from 18 (72%) to 6 (24%), while respondents with normal and mild stress levels increased from 7 (28%) to 19 (76%). Conclusion: Deep breathing and five-finger hypnosis training have been shown to reduce stress levels in families with schizophrenia patients at home.

Keywords: Stress Management, Stress Levels, Families of Schizophrenia Patients.

1. INTRODUCTION

The prevalence of severe mental disorders in Indonesia is 1.7 per thousand. The highest prevalence of severe mental disorders is in DI Yogyakarta, Aceh, South Sulawesi, Bali, and Central Java. [1] Patients with mental disorders have a significant disability in their daily functional abilities, so they need help and assistance in meeting their living needs from others, especially family members, which can have an impact on service providers, especially the sufferer's family who act as service providers or *caregivers*. (Muhammad et al., 2022) Mental disorders, with their various consequences, not only impact the sufferer but also their family. The lengthy recovery process often places a burden on the family. The burdens experienced by families caring for someone with a mental disorder can

include a variety of psychological, emotional, social, physical, and financial issues. (Sarah Khairunnisa Zahrani et al., 2022)

Stressors that cause stress experienced by families with schizophrenia include primary stressors originating from the patient's needs, while secondary stressors involve role strain, which is related to the family's direct role and roles related to activities outside the caregiving situation. (Novianty, 2021) The burden experienced by families also includes bearing the negative stigma from society towards families suffering from schizophrenia. The environment around the residence often judges and portrays people with schizophrenia as crazy people who are scary because they can go berserk. (Artika et al., 2021) Several conditions can give rise to symptoms of depression in families. Stress experienced by caregivers can have a significant impact on daily life. Some caregivers report that they have difficulty controlling their emotions when dealing with family members diagnosed with schizophrenia. Feelings of depression make it difficult for them to focus on carrying out daily activities. (Pardede, 2020)

Psychological stress conditions in families with schizophrenic patients at home must be managed well so that they do not impact the care provided to their family members. (Elsina et al., 2023) Stress management is a person's effort to find the best way according to the conditions to reduce the stress pressure they experience. Stress management is a technique that is not only used when experiencing disorders or symptoms of the disease, but can also be used by healthy people who experience heavy psychological burdens that can affect daily activities. If stress management is carried out as a daily habit, it will be an effective tool to protect and improve the care process in caring for family members with schizophrenia. (Budiono et al., 2021) The incidence of mental disorders in Joyontakan Village itself is quite high. There are cases in families with people with mental disorders in one house, 2 patients, so that the family experiences high levels of stress in caring at home. Therefore, this community service activity aims to improve family skills in stress management with deep breathing techniques and five-finger hypnosis.

2. PROBLEMS AND QUESTION FORMULATION

Schizophrenia is a chronic mental illness that requires long-term treatment and maximum family support. (Mariani, 2024) After a patient receives hospital treatment, the family becomes the primary support system, assisting with treatment, monitoring medication intake, recognizing signs of relapse, and meeting the patient's daily needs. A heavy family burden can impact stress levels due to physical, psychological, social, and economic exhaustion. (Syarifah Aini, 2015)

High levels of stress in families of schizophrenia patients can result in a decreased ability to care for the patient, as well as a reduced quality of life for the family and an increased risk of relapse in schizophrenia patients (Artika et al., 2021). Therefore, families with schizophrenia patients need interventions that can improve their ability to manage stress independently.

Previous research has shown that psychoeducation and family training are effective in increasing knowledge, coping skills, and reducing the burden and stress of families caring for schizophrenia patients at home. (Nugroho DS et al., 2022) However, stress management training for families of schizophrenia patients at the community health center and community levels

is still not carried out routinely and in a structured manner. Most families have not received skills regarding relaxation techniques, emotional management, problem solving, or adaptive coping strategies in dealing with stress while caring for schizophrenia patients at home. This condition indicates the need for community service activities in the form of stress management training with the following objectives:

a. Increase family knowledge about stress management (deep breathing techniques and five-finger hypnosis) independently.
b. Reduce stress levels in families with schizophrenia patients at home.
c. Increase motivation within the family in caring for schizophrenia patients at home.

The following is the formulation of the question:

a. What is the stress level of families of schizophrenia patients before being given stress management training?
b. What is the stress level of families of schizophrenia patients after participating in stress management training?
c. Can stress management training reduce the stress levels of families caring for schizophrenic patients at home?

3. LITERATURE REVIEW

Schizophrenia is a chronic mental disorder characterized by disturbances in thought processes, perceptions, emotions, and behavior, resulting in decreased social function, work, and daily activities (Syarifah Aini, 2015). Mental disorders require long-term treatment and ongoing family support every day to prevent relapse. (Suri et al., 2019) After patients receive treatment from a mental hospital, they are required to check if their medication runs out. Here, the role of the family is also very much needed in supporting the process of checking into a mental hospital.

The family plays an important role in the recovery process for schizophrenia patients because most of the recovery time with outpatient care is spent at home. (Pratama et al., 2015) The family's role is very diverse, namely helping with medication adherence, recognizing signs of relapse, accompanying check-ups to the hospital, providing emotional support, creating a comfortable environment, and helping with patient rehabilitation. (Mariani, 2024) The success of patient care is greatly influenced by the family's ability to carry out the care process at home. (Arhan et al., 2023) If the family does not have all of these abilities, it can increase the impact of a high relapse.

Stress is a physical and psychological response in a person when facing demands or pressure that are felt and exceed their capabilities. Families of schizophrenia patients can experience stress due to the high burden. (Azhari et al., 2022) The causes are several factors, namely the length of the treatment process, the patient's condition that does not improve, stigma in society, worry about relapse because it can harm those around them, changes in family roles, and the presence of economic burdens. (Sanchaya et al., 2018) Symptoms experienced by families include anxiety, difficulty sleeping, irritability, and physical illness. If stress is not managed properly, it will reduce the ability to care for patients, and the quality of life will also be reduced. (Shiraishi et al., 2019)

Stress management is a strategy for reducing stress levels and improving adaptive coping skills. (O'Donnell, 2017) In families with schizophrenia, stress management aims to increase the psychological

resilience of caregivers so they can provide optimal care to patients at home. Components of stress management include education about stress, identifying stress causes, deep breathing relaxation techniques, progressive muscle relaxation, simple mindfulness exercises, positive thinking, time management, problem-solving, and utilizing social support. Through these stress management techniques, it is hoped that families with schizophrenia can improve their knowledge, skills, and attitudes.

Training is a learning process aimed at improving a group's knowledge and skills through demonstrations, simulations, discussions, and hands-on practice. This community service activity not only increases family knowledge but also boosts confidence in patient care and the ability to cope with psychological stress.

4. METHOD

assessment was conducted to help the team determine the material and components of the counseling and training that were strengthened according to the Partner's needs. The method for implementing this community service was carried out through education and training in deep breathing techniques and five-finger hypnosis. This activity lasted for 3 months, starting from the licensing stage (preparation), implementing the community service, making a progress report, making a final report, and fulfilling mandatory publication outputs. Before starting, *a pre-test was conducted,* and after the implementation, *a post-test was conducted*. Using purposive sampling, 25 respondents were obtained from families with schizophrenia patients at home. The following are the stages of activity implementation:

a. Preparation
   Following a needs analysis for families with schizophrenia patients living in Joyontakan Village, coordination with community health center health workers and mental health cadres was continued. Next, educational materials and training materials were developed, educational media were developed, and questionnaires were developed for pre- and post-tests.
b. Education or Health Education
   The results of the family needs analysis showed that many people with mental disorders still receive insufficient family attention. Families reported feeling exhausted from caring for their patients because they were not getting better and did not know how to manage stress independently. Prior to the education, a pre-test was administered, followed by interactive lectures, discussions, and Q&A sessions. The material covered schizophrenia, the role of the family, and independent stress management. The community service team then provided guidance by demonstrating deep breathing techniques and five-finger hypnosis.
c. Training
   Following the education, the participants were given training in deep breathing techniques and five-finger hypnosis through demonstrations, and then asked to imitate the families. Families were given activity sheets to record their deep breathing and five-finger hypnosis activities at home for easy evaluation over a three-month period.
d. Evaluation
   After three months, the patient's family was evaluated by collecting home activity sheets. This was followed by a post-test using a questionnaire.

Afterward, respondents were asked to repeat the deep breathing technique and five-finger hypnosis together.

5. RESULTS AND DISCUSSION

Based on the results of community service in the form of stress management training to reduce stress levels in families of schizophrenia patients, it was found that understanding of stress management increased and family stress levels decreased according to the pretest and posttest results. The following are the results of the community service that the team has carried out for 3 months, as follows:

a. Respondent Age

Table 1. Family Age Distribution

Age	Amount	Presentation%
Age <30 years	4	16%
Age 31-40 years	6	24%
Age 41-50 years	10	40%
Age >50 years	5	20%
Total	25	100.0

Based on the table above, the age of the family of schizophrenia patients is highest at 41–50 years with a total of 10 people (percentage 40%), while the least is under 30 years old with a total of 4 people (percentage 16%).

b. Education

Table 2. Distribution of Family Education

Education	Amount	Presentation%
Elementary School	5	20%
JUNIOR HIGH SCHOOL	8	32%
SENIOR HIGH SCHOOL	9	36%
College	3	12%
Total	25	100.0

Based on the table above, the highest education level of schizophrenia patients is high school with a total of 9 people, a percentage of 36%, while the lowest is college with a total of 3 people, a percentage of 12%.

c. Work

Table 3. Distribution of Family Work

Work	Amount	Presentation%
Doesn't work	5	20%
Laborer	10	40%
Trader	6	24%

Employee	4	16%
Total	25	100.0

Based on the table above, the most common occupation of families with schizophrenia patients at home is laborers with a total of 10 people, a percentage of 40%, while the least common is employees with a total of 4 people, a percentage of 16%.

d. Family Knowledge Level about Stress Management

Table 4. Distribution of Family Knowledge *Pre-Test Results*

Level of Knowledge	Amount	Presentation%
Good	0	0%
Enough	3	12%
Not enough	22	88%
Total	25	100.0

Based on the table above, the majority of families do not yet know how to manage stress independently, with the result that 22 (88%) people still lack knowledge.

Table 5. Distribution of Family Knowledge *Post-Test Results*

Level of Knowledge	Amount	Presentation%
Good	15	60%
Enough	10	40%
Not enough	0	0%
Total	25	100.0

Based on the table above, after health education was carried out, the results showed an increase in family knowledge about stress management, namely good results with a total of 15 people, a percentage of 60%.

e. Stress Levels of Families with Schizophrenia Patients at Home.

Table 6. Pre-Test and Post-Test Stress Levels

Stress Level	Pre Test (n) %	Post Test (n) %
Normal	2 (8%)	10 (40%)
Light	5 (20%)	9 (36%)
Currently	10 (40%)	5 (20%)
Heavy	8 (32%)	1 (4%)
Total	25 (100%)	25 (100%)

Based on the results of stress level measurements in 25 respondents, before being given training in deep breathing techniques and five-finger hypnosis, most of them experienced moderate stress levels, namely 10 people with a percentage of 40%; then, with severe results of 8 people with a percentage of 32%; followed by mild results of 5 people with a percentage of 20%; and next, normal results of 2 people with a percentage

of 8%.

Figure 1. Implementation of Health Education or Teaching

After participating in the training and practicing it for three months, a post-test was conducted on families with schizophrenic patients at home to determine changes. The results showed a decrease in stress levels in families with schizophrenic patients at home. The number of respondents with moderate and severe stress decreased from 18 people (72%) to 6 people (24%), while respondents with normal conditions and mild stress levels increased from 7 people (28%) to 19 people (76%). These results indicate that stress management training using deep breathing techniques and five-finger hypnosis can improve families' ability to manage stress independently. In this training, families receive support from cadres so that they can maximize their use of the deep breathing techniques and five-finger hypnosis and feel safe.

Based on the results of community service activities for 25 families of schizophrenia patients, it was found that before the stress management training, most respondents experienced moderate stress (40%) and severe stress (32%). After participating in the training, there was a change in the distribution of stress levels, namely respondents in the normal category increased from 8% to 40%, the mild stress category increased from 20% to 36%, while the moderate stress category decreased from 40% to 20% and severe stress decreased from 32% to 4%. Overall, the number of families with moderate and severe stress decreased from 72% to 24%, which indicates that stress management training has the potential to have a positive impact on the ability of families to manage psychological stress while caring for schizophrenia patients at home.

The results of this community service program indicate that stress management training not only reduces family stress levels but also increases family readiness to fulfill their role as caregivers. In the care of schizophrenia patients, the family is the primary support system, playing a role in maintaining treatment continuity, monitoring changes in patient behavior, and providing daily emotional support. When families are able to manage stress well, they are better able to face stressful situations without showing excessive emotional responses. This condition has an impact on the creation of a more supportive family environment, thus optimizing the patient's recovery process. The results of a meta-analysis indicate that family interventions have a greater impact on family outcomes than on direct patient outcomes, particularly on caregiver mental health and satisfaction with the care process. (Rochmawati et al., 2023)

Furthermore, the interactive training, delivered through lectures,

discussions, demonstrations, and practice of relaxation techniques, allows participants to gain a more meaningful learning experience. According to adult learning theory, adult participants are more likely to change their behavior if they are actively involved in the learning process and have the opportunity to practice the skills they have learned. Therefore, the success of the training is influenced not only by the material provided but also by the learning methods that encourage active family participation throughout the activity.

The decrease in family stress levels after participating in stress management training can also be explained by Lazarus and Folkman's Stress and Coping Theory, which states that stress arises when individuals assess the demands faced as exceeding their resources or abilities to cope. Stress management training serves to improve families' ability to conduct cognitive appraisals and choose more adaptive coping strategies. With increased knowledge about schizophrenia, relaxation techniques, therapeutic communication, and problem-solving, families become better able to control their emotional responses, thereby reducing perceived psychological stress. This is evident from the increasing proportion of respondents in the normal and mild stress categories after training. (Monahan, 2023)

The results of this community service also show that the training not only impacts the psychological aspects of families but also has the potential to improve the quality of patient care. Families with lower stress levels tend to be able to communicate better, be more patient in dealing with patient behavior, and more consistently monitor medication adherence. Conversely, high stress can reduce the quality of family interactions with patients, thereby increasing the risk of medication discontinuation and relapse. Therefore, family intervention is an important part of community-based mental health services. (Yasuma et al., 2024)

These results can be explained by stress management training providing families with practical knowledge and skills on how to identify sources of stress, understand the psychological responses that arise during patient care, and implement more adaptive coping strategies. Materials such as deep breathing relaxation techniques, progressive muscle relaxation, positive thinking, emotion management, and problem-solving helped families reduce their stress responses, making them more confident in facing the various challenges of patient care at home. This increased coping ability is one mechanism explaining the decrease in stress levels after the intervention. (iyulen Pebry Zuanny, 2023)

These findings are also consistent with a systematic review of the needs and coping strategies of caregivers of schizophrenia patients. The study concluded that caregivers face various challenges, such as physical exhaustion, emotional distress, social stigma, financial constraints, and a lack of support from their community. To address these challenges, caregivers require coping skills training, social support, and ongoing education to maintain their mental health while caring for patients. (Nyoman et al., 2026)

Stress management training also has the potential to improve family adherence to patient treatment programs. Families who are able to manage stress tend to be more consistent in reminding patients to take their medication, taking them for regular check-ups at healthcare facilities, and seeking help promptly if signs of relapse appear. Conversely, families experiencing severe stress often experience emotional exhaustion *(caregiver*

burnout), resulting in reduced attention to the patient's needs. Therefore, improving family psychological well-being can indirectly support the success of therapy for schizophrenia patients. Family intervention programs focused on caregivers have been shown to improve patient adherence to treatment and satisfaction with healthcare services.

From a public health perspective, the results of this community service program support the importance of strengthening family-based mental health programs in community health centers. Currently, primary mental health services are largely patient-oriented, while the psychological needs of families are often overlooked. Yet, families are key partners for healthcare workers in the rehabilitation process at home. Integrating stress management training into routine activities such as family classes, home visits, family support groups, and mental health integrated health posts (Posyandu) can enhance the sustainability of intervention benefits. A recent systematic review also emphasized that family psychoeducation should be a routine part of mental health services, as it has been shown to reduce caregiver burden, strengthen family cohesion, and help prevent relapse.

A 12-week structured psychoeducational program covering disease recognition, effective communication, symptom management, relaxation techniques, and stress management significantly reduced caregiver burden at follow-up evaluations. The study confirmed that relaxation practice sessions and group discussions provided opportunities for families to share experiences, thereby increasing self-confidence and the ability to solve daily problems. (Sarah Khairunnisa Zahrani et al., 2022)

A recent systematic review also concluded that family psychosocial education contributes to improved family cohesion, patient caregiving skills, symptom control, and relapse prevention in schizophrenia patients. The authors emphasized that family education programs should be part of routine community mental health services because their benefits are felt not only by caregivers but also impact patient clinical outcomes. (Pires et al., 2026)

These findings align with a meta-analysis involving 21 studies with 1,639 caregivers. The study showed that psychoeducation programs for families significantly increased caregiver knowledge, improved coping mechanisms, reduced caregiving burden, enhanced quality of life, and improved the family's ability to support the recovery process of schizophrenia patients. The authors explained that increased knowledge and coping skills enabled families to better assess the situation (stress appraisal), thereby reducing stress levels. (Alhadidi et al., 2020)

The results of this community service are also supported by research reporting that the Brief Family Psychoeducation program provided by community mental health nurses can reduce caregiver burden compared to routine services. This intervention helps families understand the disease, improves their ability to cope with daily problems, and strengthens communication within the family. Although the study used caregiver burden as an indicator, this reduction in burden is closely related to reduced psychological distress and stress experienced by families. (Rahmi et al., 2019)

Furthermore, these results are consistent with the findings of a systematic review and meta-analysis that found that face-to-face psychoeducation significantly reduced caregiver burden across multiple measurement time points, from one week to twelve months after the intervention. The study confirmed that the combination of providing

information about schizophrenia, training in caregiving skills, and adaptive coping strategies was a key factor contributing to reduced family psychological burden and distress. (Aoki et al., 2026)

From a primary healthcare perspective, the results of this community service demonstrate that stress management training can be an innovative tool for mental health programs in community health centers. Currently, mental health services at the community health center level focus primarily on patient treatment, while family interventions remain limited. Yet, families are the primary caregivers who determine the success of long-term therapy. Integrating stress management training into community mental health programs, such as family support groups, home visits, and caregiver classes, has the potential to improve family psychological well-being while supporting successful patient rehabilitation.

It's important to note that training effectiveness can be influenced by various family characteristics, such as education level, caregiver age, relationship with the patient, length of care, economic situation, and support from other family members. Families with higher education generally have an easier time understanding training materials, while families who have cared for patients for a long time often have experience that can help them implement coping strategies more effectively. Therefore, in future activities, training materials should be tailored to the characteristics of the participants to maximize benefits.

In addition to face-to-face training, technological advances have opened up opportunities for developing digital-based support, such as WhatsApp groups, educational videos, or telecounseling. This approach can expand families' access to information and support, regardless of time or distance. A systematic review of internet-based psychosocial interventions suggests that digital approaches have the potential to reduce caregivers' psychological distress, increase knowledge about schizophrenia, and strengthen families' ability to care for patients at home, particularly when combined with support from healthcare professionals.

Although the results of this community service program indicate a reduction in family stress levels, this activity has limitations because it only used one group with a relatively small number of participants (25 respondents) and the evaluation was conducted immediately after the training. Therefore, long-term changes in stress levels cannot be evaluated. Follow-up activities such as regular mentoring, home visits, or refresher training *are* needed to maintain stress management skills and enable families to consistently apply them in their daily lives.

Although stress levels decreased after training, it is important to understand that family stress can increase again if the family faces triggering factors such as patient relapse, financial problems, family conflict, or lack of social support. Therefore, a single training session is not sufficient to sustain long-term behavioral changes. Follow-up programs such as regular mentoring, family support groups, counseling, and home visits by mental health professionals need to be developed to ensure families receive ongoing support in navigating the challenges of caring for patients with schizophrenia.

Overall, the community service results indicate that stress management training is a viable intervention for families of schizophrenia patients at both the community health center and community levels. This training can improve families' stress management skills, reduce psychological

distress during patient care, and support the creation of a more conducive family environment for recovery and relapse prevention in schizophrenia patients.

6. CONCLUSION

Stress management training using deep breathing techniques and five-finger hypnosis has been shown to reduce stress levels and increase knowledge in families with schizophrenic patients at home. The advantage of this community service program is the use of *pre- and post-tests, allowing for quantitative data to be viewed and compared before and* after the training. A disadvantage of this program is the relatively small number of respondents, 25. The training, which included materials on understanding stress, relaxation techniques, adaptive coping strategies, emotional management, and problem-solving, improved the knowledge and skills of families in managing psychological distress while caring for schizophrenic patients. This increased ability contributed to a decrease in family stress levels, making them better prepared to provide optimal care to patients at home.

Recommendation

Thus, stress management training can be used as an effective form of promotive and preventive intervention in primary and community health services to improve the psychological well-being of families of schizophrenia patients and support successful treatment and prevent relapse. Suggestions for further services include implementing it on a wider range of respondents to increase the success and motivation level in caring for patients with schizophrenia, which will have an impact on reducing the occurrence of relapse in schizophrenia patients more widely, and also using follow-up mentoring. Collaboration with skills training for schizophrenia patients is also prioritized to increase patient productivity.

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