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The Relationship Between Family Knowledge Level and Family Stigma Toward Relapse of Patients with Mental Disorders

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ABSTRACT

***Background**: Relapse in patients with mental disorders remains a major problem in mental health services and can affect the quality of life of patients and their families. Relapse may be influenced by various factors, including family knowledge level and family stigma toward patients with mental disorders. This study aimed to determine the relationship between family knowledge level and family stigma toward relapse of patients with mental disorders in the Working Area of Tigo Baleh Public Health Center, Bukittinggi City, in 2026. **Methods**: This study used a quantitative method with a cross-sectional approach. The sample consisted of 40 families of patients with mental disorders selected using purposive sampling. Data were collected using questionnaires and analyzed using the Chi-Square test. **Results**: The results showed that 72.5% of respondents had a high level of knowledge, 65.0% had high stigma, and 57.5% of patients experienced relapse. There was a significant relationship between family knowledge level and relapse of patients with mental disorders (p-value = 0.012; OR = 0.081), indicating that families with higher knowledge levels had a lower risk of relapse among patients with mental disorders. In addition, there was a significant relationship between family stigma and relapse of patients with mental disorders (p-value = 0.017; OR = 6.786), indicating that patients whose families had high stigma were 6.786 times more likely to experience relapse than those whose families had low stigma. **Conclusion**: This study concluded that family knowledge level and family stigma are associated with relapse among patients with mental disorders. Better family knowledge and lower stigma may help reduce the risk of relapse. Health professionals are expected to improve family education and reduce stigma to prevent relapse among patients with mental disorders.*

Keywords:
Family Knowledge Level, Family Stigma, Relapse, Mental Disorders.

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Introduction

Mental disorders are health conditions characterized by disturbances in thoughts, emotions, perceptions, behavior, and social interactions that interfere with an individual's ability to function effectively in daily life (Rahayu & Nugraha, 2024). Mental disorders not only affect patients physically and psychologically but also have significant social and economic consequences for families, communities, and healthcare systems. Patients with mental disorders often experience difficulties in maintaining social relationships, employment, educational activities, and independent living, resulting in decreased quality of life and increased dependency on family members and

healthcare providers (Marselinus Febriadi, 2022).

The World Health Organization (WHO) reports that mental disorders continue to be one of the leading contributors to the global burden of disease. Approximately one in eight individuals worldwide lives with a mental disorder, with schizophrenia and other psychotic disorders representing some of the most severe conditions because of their chronic nature and high risk of relapse. Relapse is defined as the recurrence or worsening of symptoms after a period of clinical improvement or remission. Relapse among patients with mental disorders remains a major challenge because repeated episodes may worsen prognosis, increase hospitalization rates, prolong treatment duration, and reduce patients' social functioning and quality of life.

In Indonesia, mental disorders remain an important public health issue. The increasing prevalence of mental illness and the persistent occurrence of relapse indicate that mental health problems continue to require serious attention from healthcare providers and policymakers. Despite advances in pharmacological treatment and community mental health programs, relapse rates among patients with mental disorders remain relatively high. Several studies have shown that relapse is influenced not only by biological and clinical factors but also by psychosocial and family-related factors, including medication adherence, family support, family knowledge, and social stigma.(Ninuk et al., 2023)

Several previous studies have demonstrated significant associations between family knowledge and patient outcomes, including medication adherence and relapse prevention. Other studies have also identified stigma as an important determinant of treatment-seeking behavior and social functioning among patients with mental disorders (Marselinus Febriadi, 2022). However, studies investigating the relationship between family knowledge and family stigma simultaneously in relation to relapse among patients with mental disorders remain limited, particularly in primary healthcare settings in Indonesia. Therefore, understanding these factors is important for developing effective family-based interventions and mental health promotion programs. (Bertiana, 2023).

In West Sumatra Province, relapse among patients with mental disorders remains relatively high and continues to pose challenges for mental health services. Approximately 1.9 million cases of mental disorders have been reported, and relapse remains one of the major problems requiring continuous attention and intervention from healthcare providers. This situation indicates that mental health services should not only focus on curative treatment but also strengthen preventive and promotive approaches involving family participation and community support.

Data from the Bukittinggi City Health Office in 2024 recorded 296 cases of mental disorders, of which 106 patients (38.5%) experienced relapse. In 2025, the highest number of relapse cases in

Bukittinggi was reported in the working area of Tigo Baleh Community Health Center, with 95 relapse cases (30%), followed by Mandi Angin Community Health Center with 75 cases (25%) and Guguk Panjang Community Health Center with 45 cases (10%). These findings indicate that relapse among patients with mental disorders remains a serious public health concern in Bukittinggi City and requires comprehensive interventions involving healthcare providers, patients, and families.

Preliminary survey data obtained from the working area of Tigo Baleh Community Health Center in 2025 revealed that cases of mental disorders were distributed across several villages, including Aur Kuning (25 cases), Pakan Labuah (10 cases), Birugo (10 cases), Kubu Tanjung (13 cases), Ladang Cakiah (8 cases), Belakang Balok (10 cases), Parit Antang (10 cases), and Sapiran (2 cases). Based on diagnostic categories, schizophrenia accounted for the majority of cases with 60 patients, followed by acute psychotic disorders with 20 patients and anxiety disorders with 15 patients. These findings suggest that mental disorders and relapse continue to be major health problems in the Tigo Baleh area and highlight the need to identify factors contributing to recurrent episodes among patients with mental disorders (Yunere & Elfina, 2025).

Based on the preliminary findings, inadequate family knowledge and persistent stigma toward mental disorders are considered potential factors contributing to relapse among patients in the Tigo Baleh area (Imai, 2023). Families who lack understanding regarding disease management, treatment adherence, and early warning signs may be less prepared to provide appropriate care. Similarly, stigma within the family environment may negatively influence caregiving behavior, emotional support, and healthcare utilization (Silviyana, 2024). Therefore, investigating these factors is important for improving family participation in mental healthcare and reducing relapse rates among patients with mental disorders.

Therefore, this study aimed to determine the relationship between family knowledge level and family stigma toward relapse among patients with mental disorders in the working area of Tigo Baleh Community Health Center, Bukittinggi City, Indonesia, in 2026.

Methods

Research Design

This study employed a quantitative approach using a descriptive correlational design with a cross-sectional method. In this design, measurements of independent variables (family knowledge and family stigma) and the dependent variable (relapse among patients with mental disorders) were obtained simultaneously at a single point in time.

Setting and Samples

The study was conducted in the service area of the Tigo Baleh Community Health

Center in Bukittinggi City, West Sumatra Province, Indonesia, from May of 2026. The population consisted of families with members diagnosed with mental disorders who were registered in the Tigo Baleh Community Health Center's mental health service program. The total population comprised 95 families. Using purposive sampling, a sample of 40 respondents was selected based on predetermined inclusion and exclusion criteria.

Measurement and Data Collection

Family knowledge was measured using a structured questionnaire based on mental health education materials. The questionnaire covered topics such as understanding mental disorders, their causes and symptoms, medication adherence, signs of relapse, and home care management. Family stigma was assessed using a Likert-scale questionnaire that evaluated perceptions of shame, discrimination, rejection, fear, and social acceptance toward patients with mental health conditions.Relapse was measured using a questionnaire that assessed symptom recurrence, psychiatric hospitalization, medication discontinuation, and worsening behavioral symptoms during the previous year. Data were collected through direct interviews and self-administered questionnaires after informed consent was obtained from respondents.

Data Analysis

Univariate analysis was used to describe frequencies and percentages of each variable. Bivariate analysis employed the Chi-Square test to identify relationships between family knowledge and relapse as well as family stigma and relapse. The level of statistical significance was established at $p < 0.05$ with a confidence interval of 95%.

Ethical Considerations

This study followed ethical principles of nursing research including informed consent, confidentiality, anonymity, beneficence, non-maleficence, and justice. Respondents were informed regarding study objectives, procedures, confidentiality of information, and their right to withdraw from participation at any time without consequences.

Results

This study involved 40 family caregivers of patients with mental disorders residing within the working area of Tigo Baleh Community Health Center. The analysis was conducted using univariate and bivariate statistical procedures.

Table 1. Distribution of Knowledge Level, Family Stigma, and Relapse Status among Participants (N = 40)

Variable	Category	Frequency (n)	Percentage (%)
Knowledge Level	Low	11	27.5
	High	29	72.5
	Total	**40**	**100.0**
Family Stigma	Low	14	35.0
	High	26	65.0

Variable	Category	Frequency (n)	Percentage (%)
	Total	**40**	**100.0**
Relapse Status	No relapse	17	42.5
	Relapse	23	57.5
	Total	**40**	**100.0**

Among the 40 participants, 29 participants (72.5%) had a high level of knowledge, whereas 11 participants (27.5%) had a low level of knowledge. Thus, most participants demonstrated a high level of knowledge. Regarding family stigma, 26 participants (65.0%) experienced a high level of family stigma, while 14 participants (35.0%) reported a low level. This indicates that high family stigma was more prevalent in the study population. For relapse status, 23 participants (57.5%) had experienced relapse, compared with 17 participants (42.5%) who had not experienced relapse. Therefore, relapse was observed in more than half of the participants.

Table 2. Association Between Family Knowledge Level and Relapse Status (N = 40)

Family Knowledge Level	No Relapse, n (%)	Relapse, n (%)	Total, n (%)	*p*-value	OR
Low	1 (9.1)	10 (90.9)	11 (100.0)	0.012	0.081
High	16 (55.2)	13 (44.8)	29 (100.0)		
Total	**17 (42.5)**	**23 (57.5)**	**40 (100.0)**		

Among participants with a low family knowledge level, 10 of 11 (90.9%) experienced relapse, compared with 13 of 29 (44.8%) participants with a high family knowledge level. The Chi-square test demonstrated a statistically significant association between family knowledge level and relapse status (p = 0.012). The odds ratio (OR) of 0.081 indicates that participants with a high family knowledge level had substantially lower odds of relapse than those with a low knowledge level. The odds of relapse among participants with high knowledge were approximately 91.9% lower than among those with low knowledge.

Table 3. Association Between Family Stigma and Relapse Status (N = 40)

Family Stigma	No Relapse, n (%)	Relapse, n (%)	Total, n (%)	*p*-value	OR
Low	10 (71.4)	4 (28.6)	14 (100.0)	0.017	6.786
High	7 (26.9)	19 (73.1)	26 (100.0)		
Total	**17 (42.5)**	**23 (57.5)**	**40 (100.0)**		

Among participants with low family stigma, 4 of 14 (28.6%) experienced relapse, 19 of 26 (73.1%) participants with high family stigma experienced relapse. The Chi-square test showed a statistically significant association between family stigma and relapse status (p = 0.017). The odds ratio (OR) of 6.786 indicates that participants with high family stigma had approximately 6.8-fold higher odds of experiencing relapse than those with low family stigma.

Discussion

Family Knowledge Level

Based on the research findings, it was found that 11 (27.5%) respondents had a low level of knowledge and 29 (72.5%) had a high level of knowledge. The results of this study indicate that the majority of families have a high level of knowledge regarding relapse in patients with mental disorders; thus, this high level of knowledge suggests that families have a good understanding of the signs and symptoms of relapse, as well as the appropriate care for patients with mental disorders.(Hidayah et al., 2023)

The researchers hypothesized that the high level of family knowledge observed in this study may be influenced by the families' experiences in caring for patients as well as information obtained from healthcare providers. Families who have been caring for patients for a long time typically have more opportunities to learn about the patient's condition and understand the various factors that can trigger a relapse. A good understanding of mental disorders is crucial because it helps families recognize early signs of a relapse, understand the importance of medication adherence, and encourages them to support the patient's rehabilitation process. Conversely, a lack of knowledge can lead to families failing to understand the patient's needs, which may increase the risk of relapse.(Girma et al., 2024)

Family Stigma

Based on the research findings, it was found that 14 (35.0%) respondents had low levels of stigma and 26 (65.0%) had high levels of stigma. These results indicate that most families still hold negative views or judgments toward patients with mental disorders. The stigma held by families can take the form of feelings of shame, the belief that patients are dangerous or difficult to treat, and limiting patients' interactions with their surroundings.(Maulana & Platini, 2025).

In line with a previous study (Wasi, 2021), which found that stigma toward patients with mental disorders remains quite high among families caring for such patients—although the percentage of stigma in this study was higher than in the previous one—both studies indicate that stigma remains a problem faced by the families of patients with mental disorders. he theory of stigma proposed Erving Goffman, stigma is a process of labeling, stereotyping, prejudice, and discrimination against individuals whom society perceives as different. For patients with mental disorders, family stigma can cause them to feel ostracized, lose social support, experience a decline in self-esteem, and reduce their adherence to treatment. These conditions can ultimately increase the likelihood of relapse in patients with mental disorders.

The researchers assume that the persistently high levels of stigma observed in this study indicate that some families do not yet fully understand that mental disorders are illnesses that can be managed through appropriate treatment and support. This assumption is supported by research findings showing that stigma can hinder a patient's recovery process because patients feel unaccepted and lack support from their family environment; thus, stigma within the family not only affects the patient's psychological condition but can also influence the family's behavior in seeking healthcare (Latoo et al., 2021). These findings reinforce the notion that families with high levels of stigma tend to feel ashamed to take their family members to health facilities for treatment or to have them participate in regular treatment programs because they fear rejection and discrimination from the community. As a result, patients are at risk of delayed treatment, non-adherence to medication, discontinuation of treatment, and an increased risk of relapse (Wulandari, 2025).

Relapse Among Patients with Mental Disorders

Based on the study results, it was found that 17 (42.5%) patients were in the non-relapse category and 23 (57.5%) patients were in the relapse category. These findings indicate that relapse still occurs frequently among patients with mental disorders. Relapse is the reappearance of symptoms of a mental disorder after a patient has improved or is in a stable condition. Relapse can be influenced by various factors, such as non-adherence to treatment, lack of family support, low family knowledge about mental disorders, family stigma, environmental stressors, and suboptimal monitoring of the patient's condition at home (Silviyana, 2024).

These findings are consistent with a study conducted Berowi et al. (2023), which showed that relapse in patients with mental disorders is influenced by the family's level of knowledge and stigma, as well as the family's involvement in the patient's care process. The study explained that patients who receive good care and supervision from their families tend to have lower relapse rates compared to patients who receive less attention and support from their families.

Findings regarding the relationship between family stigma and relapse in patients with mental disorders are explained through the Health Belief Model (HBM) developed by Irwin M. Rosenstock. This theory explains that an individual will engage in health-promoting behaviors if they perceive their vulnerability to a disease, understand the severity of the disease, and recognize the benefits of preventive measures. In this study, families who understand that a relapse of a mental disorder can occur if the patient does not adhere to treatment or does not receive adequate support will be more motivated to take preventive measures against relapse. Conversely, families with high levels of stigma tend to provide less support and supervision to patients, thereby increasing the risk of relapse. (Silviyana, 2024)

The Relationship Between Family Knowledge Level and Relapse

Based on the results of the Chi-Square statistical test, a p-value of 0.012 ($p < 0.05$) was obtained; therefore, it can be concluded that there is a significant association between the family's level of knowledge and recurrence in patients with the disorder This study is consistent with the findings of (Berowi et al.,2023), which show that respondents with low levels of knowledge tend to be more likely to be in the relapse category than respondents with high levels of knowledge.

This study is supported by the theory (Notoadmodjo, 2018), which explains that family knowledge plays a crucial role in determining family behavior when caring for patients. Families with good knowledge of mental disorders will better understand the causes of the illness, the signs and symptoms of relapse, the importance of medication adherence, the schedule for routine follow-up visits, and how to provide support to patients. Conversely, families with limited knowledge tend to have a poorer understanding of the patient's care needs, which can potentially lead to non-adherence to treatment, delays in recognizing signs of relapse, and suboptimal support for the patient.

The Relationship Between Family Stigma and Relapse

Based on the results of the Chi-Square statistical test, a p-value of 0.017 ($p < 0.05$) was obtained; therefore, it can be concluded that there is a significant association between family stigma and relapse in patients with mental disorders.

This study is consistent with the findings of (Wasi, 2021), which show that respondents with high levels of stigma toward patients with mental disorders were more likely to be in the group of patients who had experienced a relapse. Conversely, respondents with low levels of stigma were more likely to be in the group of patients who had not experienced a relapse. This suggests that the more positive a family's acceptance of patients with mental disorders, the lower the risk of relapse. Researchers assume that the stigma held by families can affect the quality of support provided to patients. Families that still harbor stigma tend to be less accepting of the patient's condition, feel ashamed of the patient's situation, and involve the patient less in social activities and daily family life.

Implication and limitations

The results of this study indicate that the level of family knowledge and stigma are associated with relapse in patients with mental disorders. Therefore, it is necessary to improve education and psychoeducation for families so that their knowledge of mental disorders can be enhanced and the high level of stigma toward patients can be reduced.

This study used a questionnaire, so the data obtained depend on the respondents' honesty and understanding in answering the questions. In addition, this study only examined the level of knowledge and stigma among family members; therefore, there are other

factors that may influence the relapse of patients with mental disorders that were not examined in this study

Conclusion

Based on the research findings regarding the level of knowledge among families in the service area of the Tigo Baleh Community Health Center in Bukittinggi City in 2026, the majority (72.5%) of respondents had a high level of knowledge. Regarding family stigma in the service area of the Tigo Baleh Community Health Center in Bukittinggi City in 2026, the results showed that more than half (65.0%) of the respondents exhibited high levels of stigma. Regarding relapse among patients with mental disorders in the service area of the Tigo Baleh Community Health Center in Bukittinggi City in 2026, the results showed that more than half (57.5%) of the respondents experienced a relapse. Based on the results of the statistical test, the p-value was 0.012 ($p < 0.05$), so it can be concluded that there is a significant relationship between the level of family knowledge and relapse in patients with mental disorders. Statistical analysis revealed a p-value of 0.017 ($p < 0.05$), leading to the conclusion that there is a significant association between family stigma and relapse among patients with mental disorders.

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Author contribution

Jefri Agustian was responsible for the research design, data collection, data analysis, and manuscript preparation. Marizki Putri and Rista Nora contributed to the supervision of the research process, methodological review, and critical revision of the manuscript. All authors read and approved the final manuscript.

Conflict of interest

The authors declare that there is no conflict of interest related to this study.

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