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STRESS MANAGEMENT INTERVENTION IN CAREGIVERS OF PEOPLE WITH SCHIZOPHRENIA AT PUSKESMAS X YOGYAKARTA

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ABSTRACT

Being a caregiver for patients with schizophrenia is not easy. Physically, caregivers certainly experience fatigue and sometimes get sick or drop. Psychologically, caregivers experience stress, anxiety, fear and others. As for the behavior shown such as anger, aggression, apathy and others. In the social aspect, of course the caregiver feels embarrassed, cornered, threatened and many other impacts. The results of the assessment using the Subjective units of Distress Scale (1-10) conducted on 6 caregivers who visited X health center, showed stress scores that were in the medium and high categories. This was reinforced by an interview with one of the caregivers and health workers at the health center. One of the efforts to reduce the stress condition of caregivers can be through psychological intervention, namely stress management. This study aims to see the effect of stress management intervention on caregivers of people with schizophrenia. This study used a quasi-experimental approach with a one group pretest postest design. The sampling technique used purposive sampling. The results showed that there was a change in stress conditions after being given the intervention with an average decrease of 3 points.
Keywords: Stres Management, Caregiver, Skizofrenia

INTERVENSI MANAJEMEN STRESS PADA PENGASUH PASIEN DENGAN GANGGUAN SKIZOPRENIA DI PUSKESMAS X DI JOGYAKARTA

ABSTRAK

Menjadi pendamping atau caregiver pasien skizofrenia bukanlah hal yang mudah. Secara fisik, caregiver akan mengalami kelelahan dan terkadang jatuh sakit. Secara psikologis muncul stress, kecemasan, ketakutan dan lainnya. Dari segi perilaku caregiver dapat marah, kasar, agresi dan juga apatis. Pada aspek sosial, tentu muncul rasa malu, terasing dan banyak dampak lainnya. Hasil asesmen menggunakan *Subjective units of Distress Scale* (1-10) pada 6 caregiver yang rutin berkunjung ke Puskesmas menunjukkan bahwa nilai stress berada pada kategori sedang dan tinggi. Hal ini diperkuat dari hasil wawancara dengan seorang caregiver dan pernyataan pertugas kesehatan di puskesmas tersebut. Intervensi manajemen stress adalah salah satu upaya untuk menurunkan kondisi stress pada caregiver dapat melalui intervensi psikologi salah satunya manajemen stress. Penelitian ini bertujuan untuk melihat pengaruh intervensi manajemen stress terhadap caregiver pasien skizofrenia. Penelitian ini menggunakan pendekatan kuasi eksperimen dengan one group pretest postest design. Teknik sampling dalam penelitian ini menggunakan purposive sampling. Hasil penelitian menunjukkan terdapat perubahan kondisi stress setelah diberikan intervensi dengan rata-rata peningkatan 3 poin.
Kata Kunci: Stres Management, Caregiver, Skizofrenia

Introduction

Puskesmas X is a health center located in Sleman Regency. Puskesmas X implements every health program with a vision of realizing excellent service with puskesmas independence in supporting healthy sub-districts. One of the services provided by Puskesmas X is to provide mental health services to the community. In region X, it is recorded that social problems that greatly affect the mental health of the community are many people who experience mental disorders or People with Schizophrenia so that the family is the main caregiver in caring for patients. Data obtained from the puskesmas based on data collection of monthly visits by patients or families of schizophrenia to the puskesmas either in conducting treatment or taking drugs, which is around 35-65 people every month. While the results of the recapitulation of schizophrenia visit data from February 2012 to September 2014 amounted to 1333 people. This number is a visit from patients and families of patients who take routine medication (Administration Section of Puskesmas X, 2014).

On August 19, 2014, Puskesmas X held a family gathering aimed at providing caregivers with knowledge and skills in providing assistance to schizophrenia patients. The meeting was attended by 8 invited guests, namely 4 caregivers and 4 patients who have experienced outpatient care and routinely take medicine at puskesmas X. The activity was filled by a health center psychologist and a nurse. And on that occasion, the researcher also participated in providing material about the types of mental disorders. Researchers and health center psychologists also worked together to create a handbook for caregivers as a screening tool for schizophrenia patients. In addition to screening the patient's reaction when experiencing relapse, caregivers are also given a mental disorder recovery scale to continue to provide care and monitor the development of the patient's condition. In connection with the assessment that has been carried out, it shows that the problems experienced by participants in accompanying patients are physical and emotional conditions that become a burden and the emergence of stress while caring for patients. In addition, economic factors are also inadequate sources of social support. The environment demands that mental patients can be evacuated and do not cause trouble.

Based on the results of the meeting, information was obtained that caregivers of schizophrenia patients, both as families and mental cadres who accompany patients, many of whom lack understanding of the condition of mental disorders so that they also lack

care. The caregivers stated that they experienced boredom and were socially embarrassed by rejection from the environment for having a family with mental illness. It is also recognized that when the patient relapses, they are emotionally depressed because they become irritable, making them stressed. Seeing this condition, the researcher concluded that schizophrenia caregivers experienced quite an emotional burden in accompanying schizophrenia patients. According to (Makmuroch, 2014) the burden on families in providing assistance includes loss of family productivity, disruption of the rhythm of family activities, stigma imposed by society on families and patients. This stigma sometimes causes emotional reactions in families caring for schizophrenic patients which can worsen communication between family members which in turn increases the emotional expression of the patient's family. The prevalence of caregivers who have families with mental illness experiencing depression is in the range of 38-70% (Suro, 2013).

The results showed that the high burden of caregivers can be caused by many factors such as commitment, lack of energy, lack of financial support, education level and age. The study found that the long-term suffering of the caregiver is more than the short-term one (Seng, 2005). Based on the results of the FGD, the subject has problems in caring for and assisting people with Schizophrenia. The problems faced are as follows: As a companion, namely a mental cadre, it is difficult to accompany due to lack of support and concern from the family and in financing the patient's treatment, as a family caring for schizophrenia patients feels embarrassed and burdened because they are ostracized and negatively assessed by neighbors and the environment and physical and emotional fatigue in caring for and accompanying patients. After the FGD was completed, the researcher asked the participants in the group to rate their current level of stress based on a 1-10 rating scale, from 1 being the lowest intensity stress to 10 being the highest intensity stress. The results of the ratings given by all participants are shown in the following table:

Table 1.
Result *Subjective Units of Distress Scale* (SUDS)

No	Name	Scale	Intensity
1	FS	5	Medium
2	ND	7	High
3	WM	8	High
4	AM	5	Medium
5	MW	7	High
6	PA	6	High

Moreover, the results of the FGD and *Subjective Units of Distress Scale* (SUDS) strengthened by the results of interviews with Puskesmas psychologists and mental health cadres who have been providing counseling to schizophrenia caregivers or caregivers as well as individual interviews with one schizophrenia caregivers. Based on the statement of the Puskesmas psychologist, some of the families he handled experienced difficulties in accompanying their patients both due to a lack of knowledge about assisting mental patients and also the low economic condition of the family. This makes a complaint for the family / companion because in addition to feeling bored having to take care of the patient with his behavior when he relapses also because he has to take special time to care for the patient. Many families are reluctant to take care of schizophrenia patients because they feel embarrassed by insults from the environment. Psychologists recommend families who show vulnerability and limitations in accompanying patients.

The results of an individual interview with an schizophrenia caregiver who has two children suffering from mental disorders. The client's first child has had a disorder for the last 4 years and his second child has had a mental disorder since the last year. The subject stated that he was very sad and unable to deal with the condition of his family who had two unhealthy children and in addition was burdened again because of low economic conditions. The subject also felt depressed because the behavior of his two children at home was unruly and the behavior of his two children often made the subject disappointed, angry and cry because he was tired of dealing with it. Now the subject is stressed because with this condition he also experiences physical pain which hampers his activities, the client becomes increasingly concerned and his activities become hampered.

In addition, based on the statement of the puskesmas psychologist who had visited the family, he revealed that the family's condition was very concerning because many had a middle to lower socio-economic background and a low level of education. The results of meetings and assessments conducted with various sources made researchers plan to intervene with caregivers of schizophrenia patients, both caregivers who are families of patients and who are mental cadres with characteristics, namely those who experience emotional burden in undergoing assistance. Caregivers will be formed to become participants in stress management group interventions to help caregivers manage emotional reactions and reduce the level of stress experienced when dealing with stressful conditions during assistance. In addition, with this group intervention, it is hoped that there will be

mutual support between participants so that reciprocal and mutually reinforcing relationships are fostered.

Literature Review

Schizophrenia is a varied, highly disruptive, clinical syndrome with psychopathology that spans cognitive dysfunction, thought processing disorders, emotional disturbances, perceptual disturbances, and behavioral disorders. Patients with schizophrenia generally experience significant impairment in their daily functional abilities and tend to require assistance and help in fulfilling their needs from others, especially from family or relatives who care about them (Sadock, 2007).

Taylor (2003) defines stress as a condition of imbalance between personal resources and demands. This imbalance is assessed by individuals as a condition that is dangerous and threatens their existence. Therefore, stress management is needed in the family as a companion of schizophrenia patients in order to be able to live life and care for patients without constraints that make the family stressful. (Taylor, 2003).

O'Connor (2003) stated that stress management can aim to help individuals learn to control and manage stress, find appropriate coping strategies and the opportunity to examine their coping strategies to overcome stressful conditions. Stress management is an effort that aims to help individuals learn to control and manage stress, find appropriate coping strategies and opportunities to research their coping strategies to overcome stressful conditions. Coping means using strategies to overcome real problems or as a tool to anticipate and prevent the possibility of negative emotions. Coping functions as a continuous effort in cognitive and behavioral changes to manage specific internal and or external demands, which are considered to be burdensome and exceed one's abilities. Stress management can be either preventive or curative. In a Stress Management Module compiled by O'Connor (2003) the stages of stress management consist of: recognizing what stress is, signs of stress and the importance of stress management, learning coping stress and emotional stabilization (O'Connor, 2003).

Methods

Research Design

This study used a quasi-experimental method with a one group pretest-posttest design. Pretest measurements were taken once before the intervention process, post-test

measurements were also taken once after the intervention process to determine the pattern of effects arising from the intervention (Shadish, 2002).

Subject of Research

The subjects in the study consisted of schizophrenia companions or caregivers. The sampling technique was carried out using purposive sampling technique, namely samples that have characteristics or characteristics to represent the population (Sodik, 2015). The criteria for this research sample are, Is an schizophrenia caregiver and has been a cargiver for at least 6 months, has a Subjective Units of Distress Scale (SUDS) value at a moderate and high level, and is willing to be a research subject.

Research Instruments

The variable in this study is stress management as a predictor variable. The measuring instrument in this study uses the Subjective Units of Distress Scale (SUDS) to see the caregiver's stress condition both before and after being given a stress management intervention. The design of the stress management intervention refers to the Stress Management Module compiled by O'Connor (2003) related to stress management stages consisting of: recognizing what stress is, signs of stress and the importance of stress management, learning stress coping and emotional stabilization (O'Connor, 2003). The implementation procedure for each meeting session consists of Rapport, sharring and psychoeducation by reminding participants about the purpose of the group meeting, reminding participants about the agreement of confidentiality, active speaking, and mutual respect, asking about the participants' condition (asking about the level of stress and recent stressors experienced), reviewing the previous meeting and relaxation exercises. Below are the details of the stress management intervention design for each meeting:

Table 2.
Intervention Design Stress management

SESSION	PHASE	IMPLEMENTATION STRATEGY
Session I Recognizing stress and its signs	Opening	• Re-introduction of the researcher and participants. • Discuss Intervention contract • Ask how the participants were doing
	Sharing	• Stimulated the participants with the word "Stress". • Facilitates answers and responses from participants. • Asked the participants to convey their physical and psychological state when they were in the situation. • Ask participants to explore themselves and notice signs or changes in their physical and psychological state

	Psychoeducation	• Ask participants whether the psychological and physical reactions they experience • Provide participants with knowledge on "Stress" and its signs.
	Relaxation	• Teaches participants abdominal breathing and directs them to relax their body position with instructions from the researcher. • Asked the participants about their feelings and the impact they felt after doing the relaxation.
	Closing	• Asked the participants to summarize the experience gained in today's meeting about stress and its signs. • Summarized and agreed on the next meeting time.
Session II Coping with stress: Recognize and learn coping stress	Opening	• Briefly review the previous meeting • Asked about the participants' condition
	Sharing	• Stimulated by asking what participants usually do when stressed • Participants are asked to identify what activities they do when stressed and share with other participants • Participants are directed to assess whether their coping strategies have been successful (adaptive) or not. • Participants are encouraged to learn from other participants' successful adaptive coping strategies.
	Psychoeducation	• Provided an explanation of alternative coping strategies that participants can do, namely cognitive (reframing), emotional (catharsis), social (seeking support), avoidance (getting away from stressful situations), and physical (relaxation) strategies.
	Reframing	• Participants were asked to share how they saw the problem from another perspective.
	Relaxation	• The researcher invites participants to do the relaxation • After the relaxation, participants were asked to express how they experienced the relaxation.
	Closing	• The researcher asked the participants to summarize the experience gained during the meeting.
Session III Practicing coping in groups: Emotion Stabilization (Guided imagery)	Opening	• Reminded about the group rules that had been previously agreed upon. • Inquire about the participants' condition after the previous session • The researcher evaluated what each participant had learned in the previous two sessions about stress and stress management.
	Guided imagery (Emotion Stabilization)	• The researcher explained to the participants about the activities to be carried out. • The researcher started the activity and read out the emotion stabilization instructions by *guided imagery* “save place” & “Gratitute”
	Evaluation and Termination	• Upon completion, participants were asked to share their experiences after the emotional stabilization • Participants were asked to share the benefits gained during the group intervention. • Participants were asked to rate changes in emotional stress after undergoing the Intervention for 3 meetings based on a rating scale (1-10) • The researcher gave appreciation to each participant and ended the meeting.

Research Procedure

The implementation of the research was carried out in 2 stages, namely preparation and implementation of research. In the preparation stage, researchers first conducted an assessment through observation, individual interviews, FGDs and pretests using the Subjective Units of Distress Scale (SUDS), out of eight subjects, 6 subjects showed moderate and high SUDS scores. The researcher then asked for the subject's willingness to take part in the Intervention.

In the implementation of the study, 3 meetings were held on August 20, 21 and 22, 2014 at the Puskesmas X Hall. The implementation of the study consisted of assessment After the assessment results were obtained, it was continued by providing stress management interventions that adopted the Stress Management Module from Connor (2003) as many as 3 stages (O'Connor, 2003). After the intervention process was completed, the researcher measured after the intervention (posttest) using the Subjective Units of Distress Scale (SUDS) to see changes in stress conditions before and after the intervention. This research data analysis uses quantitative analysis based on the Subjective Units of Distress Scale (SUDS) score, while qualitative analysis is carried out descriptively based on the results of observations, discussions and sharring during the Intervention process.

Result

Research was conducted on 6 subjects who were schizophrenia caregivers. The results of the study describe demographic data and evaluation of the development of Interventions based on observation, sharing and Subjective Units of Distress Scale (SUDS) which can be seen below:

Table 3.
Demographic Data of Subjects by Age, Education, Occupation and Length of Assistance

No.	Name	Age	Education	Jobs	Duration of Assistance
1.	FS	39 years old	SHS	Housewife	6 monts
2.	ND	53 years old	JHS	Housewife	6 years
3.	WM	38 years old	SD	Housewife	4 years
4.	AM	41 years old	SHS	Daily Laborer	3 years
5.	MW	72 years old	ES	Farm Laborer	7 years
6.	PA	65 years old	JHS	Farmer	17 years

Based on table 3. shows that the research subjects, namely schizophrenia caregivers aged between 39-72 years with elementary, junior high and high school educational backgrounds. The majority of subjects work as housewives, the rest work as day laborers, farmers and farm laborers. The subject's experience of being an ODS caregiver consists of 6 months, 3 years, 4 years, 7 years and the longest has reached 17 years.

Quantitative Evaluation

In addition to asking participants to descriptively describe changes in feelings experienced after the intervention ended, the researcher also asked participants to rate on a scale of 1-10 changes in stress burden.

Table 4.

Result *Subjective Units of Distress Scale* (SUDS)

No	Name	Before	After
1	FS	5	3
2	ND	7	4
3	WM	8	5
4	AM	5	3
5	MW	7	4
6	PA	6	3

Based on the table above, it can be seen the difference in the assessment given by the six participants to the stress conditions that are being experienced. Previously during the pretest, out of the six participants, there were four participants who experienced stress with severe intensity. While the other two participants experienced stress at a moderate capacity. After being given a stress management intervention for 3 meetings, it can be seen that there is a decrease in stress in the six participants after being given a stress management intervention. The average decrease in the stress burden of participants as caregivers of schizophrenia is 3 points. This is quite realistic for the six participants based on their respective assessments of the emotional changes they feel. This shows that the intervention provided is enough to help group participants in reducing the burden of stress so far felt by participants in accompanying schizophrenia and living their lives.

Qualitative evaluation

During the last session, each participant was asked for their opinion on the success of the group meetings in reducing their stress levels. Participants were also asked to give their opinions on the benefits of the group meetings. The results are as follows:

a. FS stated that the group meetings that had been held made her feel motivated to reduce the stress she experienced. She also stated that her stress level decreased after attending the group meetings because she was motivated to be able to deal with patients with more mental patience because other clients faced patients for up to 17 years.
b. For ND, the group meetings provided benefits, albeit few. For ND, the most memorable session was the last session where participants were asked to give positive opinions about other participants. From this session, ND learned that there were positive things in her that she had not realized.
c. According to WM, the group meetings provided benefits to reduce her stress. For WM, in the group meetings she received motivation from her friends. In the group, WM saw that some of her friends were better at managing their stress, so she was motivated to be better too.
d. For AM, the group meetings were fun and she felt she got a lot out of them. However, the meetings did not significantly reduce stress levels. For AM, the most memorable session was the last session where she learned about herself from her friends' opinions.
e. According to MW, the group meetings gave her something, which was to make her less weak in dealing with patients. Before attending the group meetings, MW was very pessimistic and stressed about achieving recovery for her patients. On the other hand, during the group meetings MW felt happy because she could gather with other clients, laugh together, and express her emotions freely. The most memorable session for MW was the last session.
f. PA said that the group meetings were very influential in reducing stress. This is because in the group she can tell stories, pour out her feelings, as well as get solutions to the problems she faces.

Discussion

This study is a stress management intervention to reduce stress levels in Schizophrenia caregivers. Previously, during the pretest using the Subjective Units of Distress Scale (SUDS), there were four participants who experienced stress with severe intensity. While the other two participants experienced stress at a moderate capacity. After

being given a stress management intervention for 3 meetings, it can be seen that there is a decrease in stress in the six participants after being given a stress management intervention. The average decrease in the stress burden of participants as caregivers of Schizophrenia is 3 points. This shows that the intervention provided is enough to help group participants in reducing the burden of stress so far felt by participants in accompanying Schizophrenia and living their lives.

Some research results regarding supportive therapy show that the ability of caregiver groups who get supportive interventions is significantly higher than caregiver groups who do not get supportive interventions, besides that it can also arouse and provide support to patients and caregivers so that they feel cared for and also gain knowledge of how to care for sick family members properly and correctly (Faridah, 2018). Other research states that the provision of supportive interventions can provide benefits to caregivers in expressing the problems faced, caregivers will not feel alone experiencing the burden because they get support / support from other caregivers (Liyanovitasari, 2017). Supportive interventions are alternative intervention options aimed at improving the ability of the family as a support system. In short, a strong perception of the importance of social support and stress management can reduce negative assessments of stressors and increase resources in accompanying Schizophrenia patients (Suro, 2013).

A review of the literature shows that there are three highly or less efficient strategies for dealing with stress. More specifically for caregivers, avoidance and resignation are associated with patient suffering and relapse. Birchwood and Cochrane (in Suro & Mamani, 2013) investigated coping strategies commonly used by caregivers in assisting schizophrenia patients. All six subjects experienced the same problems in behavior when dealing with patients, especially when Schizophrenia relapsed and had tantrums. There was one participant who stated that he often responded by scolding and even hitting the patient he was assisting when he could not bear the patient's attitude. However, some other participants stated that they just kept quiet until the patient was quiet (Suro, 2013).

Lazzarus et al. (1966) conducted a study that showed that the self-regulation model, problem-focused and social support-focused coping styles are recognized as efficient and can reduce the burden of schizophrenia cargivers and increase better coping (Lazzarus, 1966) Furthermore, (O'Connor, 2003) stated that stress management can aim to help individuals learn to control and manage stress, find appropriate coping strategies and opportunities to practice their coping strategies to overcome stressful conditions. Through

stress management interventions that refer to the Stress Management Module compiled by O'Connor (2003) regarding the stages of stress management can help subjects or caregivers reduce their stress burden. In the first stage of stress management, namely recognizing what stress is, signs of stress and the importance of stress management, the six subjects were able to identify 3 responses to stress both physiologically, emotionally and cognitively. Through the introduction of the definition of stress and signs of stress, each subject in the group intervention gained knowledge and understanding of stress and signs of stress. In addition, subjects can understand the factors that trigger stress both from within and from the environment. In the second stage of stress management, namely coping strategies, intervention subjects who are caregivers of Schizophrenia patients better understand the abilities that exist within themselves and enrich the experiences and coping abilities of other participants in dealing with stress in assisting patients. Furthermore, in the last stage of stress management, namely practicing coping in groups with Emotion Stabilization techniques. This technique aims to develop the capacity to regulate affect, access positive and adaptive resources and improve to overcome anxiety and strong negative feelings. Through the provision of emotional stabilization the subject can identify positive memories and feel calmer (O'Connor, 2003 ; Carter 2006).

In addition, seeing the condition of the patient's companion or caregiver, support is very important to strengthen the mental participants in caring for the patient, Supportive group therapy is an intervention that can make individuals in the group share experiences and support each other between clients in the process of balancing the client's reciprocal relationship. So that with the achievement of mutual reciprocity, it will create motivation and strengthen commitment to remain strong in facing social problems in assisting families. According to Bloch (2006), supportive therapy is a place that prioritizes individuals expressing their interests to increase individual confidence and provide a sense of security in a relationship. Supportive therapy includes a conversation that can create therapeutic interactions, communication through verbal and nonverbal reactions, giving each other help in making decisions, facilitating the expression of emotions, providing appropriate praise and support, empathy, reassurance, rationalizing/letting the patient off the hook, modeling, and setting limits when necessary (Bloch, 2006). Supportive groups are interventions organized to help members exchange experiences about specific problems in order to improve stress management. Supportive groups are intended to reduce caregiver burden and improve family coping and increase social support (Bloch, 2006).

This study conducted an intervention that referred to O'Connor (2003) opinion regarding the stages of stress management consisting of: recognizing what stress is, signs of stress and the importance of stress management, learning stress coping and emotional stabilization (O'Connor, 2003). Based on these stages, many stress management manuals have been created by psychologists. The sessions of stress management meetings also vary, from four meetings, five meetings, and even eight meetings (Franklin, Corrigan, Repasky, Thompson, Uddo, and Walton, 2006; Segarahayu, 2013; Coffman & Katz, 2007; Willert, et al., 2009). So it can be said that there are many references in providing stress management interventions according to the needs, time and context of the study.

Summary

The intervention that has been implemented for three meetings lasts for 90-150 minutes in the Hall of Puskesmas X. The implementation time of the Intervention session varies according to the agreement with the participants. The session began with opening and building rapport, reviewing the previous meeting, asking how the participants were, providing psychoeducation and ending with evaluation and relaxation. All sessions were conducted and the following results were obtained: 1). Participants know what stress is and its signs. Participants also know what are the things that make them experience stress; 2). Participants know what activities they do to deal with stress and the effectiveness of these activities in reducing stress; 3). Participants learned various strategies to reduce stress, also practiced some coping strategies such as reframing and relaxation; 4). Participants were also aware of the ways in which they cope with stress due to family problems; 5). Participants realized that there are many positive things within themselves and around them; 6). Participants have been able to be open and supportive to each other; 7). Participants were able to assess changes in their perceived stress both before and after the intervention. The majority of participants who experienced high intensity stress were able to reduce their stress intensity after the intervention and gained insight and intend to improve the quality of their emotional management to make it easier when dealing with patients.

After being given an intervention in the form of a stress management intervention for 3 meetings, it can be seen that there is a decrease in stress in the six participants after being given a stress management intervention. The average decrease in the stress burden of participants as caregivers of Schizophrenia is 3 points. This is quite realistic for the six participants based on their respective assessments of the emotional changes they feel. This

shows that the intervention provided is enough to help group participants in reducing the burden of stress so far felt by participants in accompanying Schizophrenia and living their lives.

Suggestions

The following suggestions can be given:

1. At the X Puskesmas, it is hoped that it can create a follow-up program for Schizophrenia caregivers, both family gathering programs / activities as well as meetings for sharing about the experience of assistance and obstacles experienced so that each other can help and strengthen each other. The closeness between participants in this group seems to have begun to form, there is already a sense of trust to tell each other, share when experiencing problems, and can provide mutual support.
2. Puskesmas psychologists or future researchers are expected to follow up on this group intervention program so that participants continue to be assisted and feel empowered.
3. Future researchers can conduct a more in-depth assessment of Schizophrenia caregivers in order to deal with other problems and implement interventions for participants' problems that may not have been revealed during this group intervention.

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