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Family Psychological Responses in Implementing Booster Vaccination for COVID-19 in Schizophrenia as a Prevention of Covid-19 based on Positive Mental Health (PMH)

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ABSTRACT

Background: Positive mental health (PMH) response for families who have schizophrenic patients in the implementation of vaccination is a double burden that occurs in efforts to prevent the Covid-19 Virus in schizophrenic patients.
Purpose: The study aims to explain Family Psychological Responses to the implementation of booster vaccination in Schizophrenia as a Prevention of Covid-19 based on PMH.
Methods: This means Between October and December 2022, there will be 127 families with schizophrenia-afflicted members. This study used a sequential explanatory design with a mixed methodology. PMH scale instrument was employed as the research tool in a community-based adult with the PMH scale's sensitivity.
Results: Results of the study findings revealed that the overall PMH questionnaire of PMH scale included 6 items 1) General coping Rural (2.99 ±1.2); Urban (2.27 ±1.1) 2) Emotional support Rural (2.99±1.2); Urban (2.27 ±1.1); 3) Spirituality, Rural (2.99±1.8); Urban (2.29 ± 1.3), 4) Interpersonal Skill highest score Rural (2.99 ± 1.2); Urban (2.27 ±1.1), 5) Personal Growth & Autonomous Rural (2.99 ±1.2); Urban (2.27 ±1.1), 6) Global Affect Rural (2.98 ±1.6); Urban (2.28 ±1.1).
Conclusion: PMH psychological responses can occur in the implementation of booster vaccination in families of schizophrenia patients so Along with PMH, Negative Mental Health, and vaccination implementation in families of schizophrenia patients, it is important to pay attention to both (NMH).

Keywords: booster vaccination, covid-19, family, positive mental health, schizophrenia

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BACKGROUND

A positive mental health response for families who have schizophrenic patients in the implementation of vaccination is a double burden that occurs in efforts there is a two fold burden associated with administering immunizations to patients who have schizophrenia to prevent the Covid-19 virus (Sirgy, 2019; Chen, et al.,2020). World Health Organization information (WHO) in 2019 shows that Twenty million individuals worldwide, including relatives of schizophrenic patients, are afflicted with schizophrenia, a serious mental illness (Samaâli, et al., 2022). Booster vaccination for COVID-19 used in Indonesia in the national immunization program (Ophinni, et al., 2020) are deemed to be safe and effective, but there is no assurance that any particular vaccine will be free from stress responses and psychological disorders (Suhron, 2017;Suhron, 2016). WHO vaccination data on March 12, 2022, obtained vaccine results for health workers, the elderly, public officials, vulnerable people, the general public, adolescents, and children for the first dose 64.1%, while the second dose of vaccine was 57.2% and booster booster vaccination 18.7% (Masse, et al., 2022; Salamah, 2022). Based on a preliminary study in Bangkalan Regency regarding the achievement of booster vaccination in schizophrenia patients with a low classification, namely 20% of the 90% target set by the regional government with family responses, the family believes that the vaccine cannot help cure schizophrenia patients, is resigned and pessimistic about booster vaccination, Apart from that, the family thinks that they really don't have enough information about the booster vaccine so they are not interested in the booster vaccine program. Family psychological responses to immunization anxiety-related reactions to the booster vaccination for COVID-19 can appear in the form of mild or severe symptoms. Some forms of mild AEFI after the Covid-19 immunization include a feeling of bruising around the injection area, low-grade fever, dizziness, feeling of regret, diarrhea, and chills. Meanwhile, IARR with severe symptoms can be life-threatening and cause death (Yunita, 2022). Causes of psychological responses in schizophrenia families related to vaccination Internal factors, age, gender, personality type, history of anxiety or mental disorders, history of needle phobia, and drugs. While external factors, there is a lot of wrong and misleading information that spreads through social media, negative experiences related to vaccination, lack of trust in health services, and lack of knowledge from health workers regarding the possibility of anxiety reactions related to vaccination and how to handle it (Silmi, 2021). The impact of Positive Mental Health (PMH) psychological responses can occur in the implementation of booster vaccination in families of schizophrenic patients which are described in the A community-based adult was given an item scale instrument with the PMH scale's sensitivity 1) General coping Rural, Emotional support, Spirituality, Interpersonal Skills, 5) Personal Growth & Autonomous 6) Global Affect (Vaganian, et al., 2022).

Various solutions to increase the PMH response to the covid-19 vaccination are by making various efforts including Weak evidence is provided by the present corpus of research that yoga practice generally causes PMH to rise in individuals from non-clinical groups. When compared to no intervention but not when compared to physical exercise, yoga was found to significantly boost psychological well-being. Yoga had no discernible impacts on overactive or non-active controls for life happiness (emotional well-being), social connections (social well-being), or mindfulness. Any conclusive conclusions on the benefits of yoga on PMH cannot be reached due to the small number of research, the heterogeneity of the intervention, and maybe how PMH is being measured (Hendriks, et al., 2017). During sudden cultural changes, maintaining and increasing physical activity participation and reducing screen time rises may help to lessen the negative effects on mental health (Meyer, et

al., 2020). According to the current research, PMH and physical exercise together can lessen the burden of COVID-19. The positive promotion of physical exercise and PMH is backed as a successful technique to lessen the pandemic outbreak's detrimental effects on mental and physical health. Additional advantages, such as improved compliance with federal COVID-19 regulations, are discussed (Brailovskaia, et al., 2021).

OBJECTIVE

This study analyzes Family Psychological Responses to the implementation of booster vaccination in Schizophrenia as a Prevention of Covid-19 based on PMH

METHOD

This study was Mix Method employing Sequential Explanatory design. Research variables are the psychological response of families of schizophrenic patients in implementing the Covid-19 Rural and Urban vaccine. The target of participants in families of schizophrenia patients carrying out the Covid-19 vaccination is a total of 127 members of rural and urban families October and December 2022 using the simple random sampling technique . Step 1 is an exploratory questionnaire, and Step 2 describes the three main themes that were discovered in Step 1 of the study. In a community-based adult study, the PMH scale instrument was the research tool employed. The PMH) scale's sensitivity The PMH scale in German was applied, a self-report instrument consisting of nine items rated on a four-point Likert-type scale ranging from 0 ("do not agree") to 3 ("agree"). It evaluates the social, emotional, and psychological facets of good mental health. Higher scores are indicative of better mental health. The scale had acceptable psychometric qualities in a series of six tests that comprised samples from students, patients, and the general public. It also showed high internal consistency (Cronbach's alpha =. 93) and satisfactory retest reliability (r =.74 to.81), The questionnaire of PMH scale included 6 items: 1) General coping, 2) Emotional support, 3) Spirituality, 4) Interpersonal Skills, 5) Personal Growth & Autonomy, 6) Global Affect (Brailovskaia and Margraf, 2022). Only one responder per home was allowed to participate in the study, which had participants aged 21 to 65. To further decrease prejudice, the interviewers were also told to skip two homes before moving on to the next family after targeting each one. To assure an equal distribution by age, gender, ethnicity, and geographic region, quota plans were created. Street intercepts in difficult-to-find instances were conducted in both rural and urban settings, including malls, transportation hubs, and community centers. Data Gathering Socio-demographic data on the participants, many questionnaires pertaining to the socio-demographic factors, such as mental health and well-being, and validity measurements were all gathered during the various stages. The information gathered at each stage is shown and includes Social and demographic data: age, gender, caretaker, living in the same home, being married, having a job, and having a degree Residences, Relationships: Patients are families (Falahat, et al., 2019).

RESULTS

Step 1 explorative with a questionnaire

Step 1 explorative data as families of schizophrenia patients in implementing the covid-19 vaccine demographic data as Age, Gender, Carer, Living in one house, marital status, employment, educational level, Residences, and Relationships: families are patients. Demographic data are shown in Table 1.

Table 1. Characteristics Family

Characteristics Family N (127)	Mean±SD Rural	Mean±SD Urban
Age (M)	41±11.9	38±10.1
Gender	N =%	N =%
Male	58 (45)	29 (23)
Female	32 (25)	8 (7)
Carer	10.20 years	8.20 years
Living in one house	5.10 years	7.40 years
Marital status		
Divorced / never married / widow	13 (11)	21(17)
Married	56 (44)	27 (28)
Employment		
Full-time/part-time	46 (36)	30 (24)
Unemployed/retired / student	38 (30)	13 (10)
Education		
Primary	74 (58)	4 (3)
Middle	7 (6)	25 (20)
High	5 (4)	12 (9)
Relationships: families are patients		
Couples	30 (23)	12 (9.2)
Parents	43 (34)	32 (26)
Children	2 (1.5)	3 (2.4)
Siblings	3 (2.4)	2 (1.5)

Primer source: 2022

Demographic data: the mean age is Rural 41 years (SD=11.9) and the mean age is Urban 38 years (SD=10.1). Family gender There are more males in Rural than in Urban, namely 58 (45%) males, while 29 (23%) are urban. There are more female families in Rural than in Urban, namely women 32 (25%) while urban ones are 8 (7%). For a career in Rural longer ie 10.20 years than in Urban for 8.20 years. Family time living at home with patients in Rural is shorter than in Urban, namely for rural 5.10 years and urban 7.40 years. For marital status Divorced / never married / widow in rural 13 (11%) and urban 21 (17%), for Married in Rural 56 (44%) and Urban 27 (28%). For Employment in rural Full time/part-time 46 (36%) and in Urban 30 (24%) while for Unemployed / retired / student in Rural 38 (30%) and Urban 13 (10%). For the education of family members with Primary level in rural 74 (58%) and in urban 4 (3%), for middle level in Rural 7 (6%) and urban 25 (20%), for high level in Rural 5 (4%) and urban 12 (9%). Relationships: families are patients as Couples in Rural 30 (23%) and Urban 12 (9.2%), as Parents in Rural 43 (34%) and Urban 32 (26%), as Children in Rural 2 (1.5%) and in Urban 3 (2.4%) and as Sibling in Rural 3 (2.4%) and in Urban 2 (1.5%) respectively and it is shown in Table 1. Positive Mental Health is shown in Table 2.

Table 2. Description Positive Mental Health

Factor	Item	Total			
		Residence		Gender	
		Rural Mean±SD	Urban Mean±SD	Female Mean±SD	Male Mean±SD
General coping	When I feel stressed				
	I try to move on	2.28 ±3.6	3.00 ±1.2	2.18 ±1.6	1.22 ±1.2
	I try not to let it bother me	2.24 ±1.7	2.48 ±1.6	1.24 ±1.7	2.28 ±1.6
	I tell myself that things would get better	1.51 ±1.8	1.21 ±1.3	2.51 ±1.8	2.48 ±1.6
	I try to relax	2.99 ±1.2	2.27 ±1.1	1.99 ±1.2	1.24 ±1.7
	I try not to take it too seriously	2.53 ±1.2	2.32 ±1.8	2.48 ±1.6	2.51 ±1.8
	I do something to get my mind off the situation	2.67 ±1.1	2.33 ±1.6	2.45 ±1.6	2.99 ±1.2
	I try to see it in a positive light	2.12 ±1.2	2.34 ±1.6	2.24 ±1.7	2.18 ±1.6
	I try to see the humorous side of the situation	2.99 ±1.2	2.27 ±1.1	1.98 ±1.2	1.24 ±1.7
	I try to solve the problem one step at a time	2.48 ±1.6	2.47 ±1.6	2.99 ±1.2	2.41 ±1.6
Emotional Support	In General				
	I spend time with people I like	2.24 ±1.7	2.44 ±1.6	2.11 ±1.6	2.43 ±1.6
	I try to get Emotional support from family and friends	2.99 ±1.2	2.27 ±1.1	1.98 ±1.2	1.24 ±1.7
	I have people in my life who give me support	2.19 ±1.2	2.48 ±1.6	2.51 ±1.8	2.49 ±1.6
	I have a close family	2.48 ±1.6	2.00 ±1.6	2.91 ±1.2	2.18 ±1.6
	When I have a problem there is someone I can go to for advice	2.92 ± 1.2	2.27 ±1.1	1.21 ±1.2	1.24 ±1.7
	There is someone to cheer me up if I am having a bad day	2.51 ±1.8	2.48 ±1.6	2.11 ±1.6	2.51 ±1.8
	When I am in a difficult situation there is someone I can rely on	2.91 ±1.2	2.27 ±1.1	1.99 ±1.2	1.24 ±1.7
Spirituality	In general.				
	I find comfort in my religion or spiritual beliefs	2.48 ±1.6	2.48 ±1.6	2.11 ±1.6	2.48 ±1.6

	I believe God has a plan for me	1.44 ±1.6	2.24 ±1.7	2.42±1.6	2.48 ±1.6
	I set aside time for meditation or prayer	2.39 ±1.2	2.27 ±1.1	1.99 ±1.2	1.24 ±1.7
	I believe there is a higher being who looks after me	2.48 ±1.6	2.99 ±1.2	2.13 ±1.6	2.48 ±1.6
	I feel gods presence in my life	2.48 ±1.6	2.48 ±1.6	2.24 ±1.7	2.48 ±1.6
	I gain spiritual strength by trusting in a higher power.	2.99 ±1.8	2.29 ±1.3	2.99 ±1.1	2.94 ±1.7
	My religious beliefs influence the way I live	2.48 ±1.6	2.48 ±1.6	2.99 ±1.2	2.48 ±1.6
Interpersonal Skill	In general				
	I get along well with others	2.24 ±1.7	2.18 ±1.6	2.48 ± 1.6	2.24 ±1.7
	I make friends easily	2.51 ±1.8	2.48 ±1.6	2.41 ±1.6	2.51 ±1.8
	I make an effort to help others	2.69 ±1.2	2.27 ±1.1	1.99 ±1.2	1.24 ±1.7
	I try to accept people as they are	2.99 ±1.2	2.27 ±1.1	1.91 ±1.3	1.24 ±1.7
	I am willing to compromise with people	2.11 ±1.6	2.99 ±1.2	2.79 ±1.6	2.48 ±1.6
	I try to be patient with others	2.94 ±1.2	2.27 ±1.1	1.93 ±1.2	1.24 ±1.7
	I am willing to give up something if it makes my family or friends happy	2.45 ±1.6	2.24 ±1.7	2.43 ±1.4	2.48 ±1.6
	I have no trouble keeping friends	2.48 ±1.6	2.51 ±1.8	2.48 ±1.6	2.48 ±1.6
	I am willing to share my time with others	2.99 ±1.2	2.27 ±1.1	1.90 ±1.2	1.24 ±1.7
Personal growth and autonomy	In general				
	I have confidence in the decisions I make	2.48 ±1.6	2.48 ±1.6	2.24 ±1.4	2.48 ±1.6
	I feel comfortable expressing my	2.19 ±1.2	2.27 ±1.1	1.91 ±1.2	1.24 ±1.7
	I can control many situations around me	2.48 ±1.6	2.48 ±1.6	2.92 ±1.2	2.48 ±1.6
	I have freedom concern my future	2.29 ±1.2	2.27 ±1.1	1.99 ±1.2	1.24 ±1.7
	I feel in control	2.51 ±1.8	2.48 ±1.6	2.48 ±1.4	2.24 ±1.7
	I work hard to achieve	2.99 ±1.2	2.27 ±1.1	1.299	1.24 ±1.7

	my goals			±1.2	
	I am clear about what I want in	2.48 ±1.6	2.48 ±1.6	2.48 ±1.6	2.99 ±1.2
	I can solve my problems	2.18 ±1.1	2.23 ±1.1	2.18 ±1.1	2.18 ±1.1
	I am focused on what I want to	2.99 ±1.2	2.18 ±1.1	1.99 ±1.2	1.24 ±1.7
	I know what I need to do to reach my goals	2.48 ±1.6	2.99 ±1.2	2.48 ±1.6	2.18 ±1.4
Global Affect	In general				
	calm	1.99 ±1.2	2.27 ±1.1	1.99 ±1.2	1.24 ±1.7
	happy	2.18 ±1.1	2.48 ±1.6	2.24 ±1.7	2.18 ± 1.3
	peaceful	2.29 ±1.2	2.18 ±1.1	1.19 ±1.2	1.24 ±1.7
	relaxed	2.98 ±1.6	2.28 ±1.1	2.49 ±1.2	2.18 ±1.1
	enthusiastic	1.45 ±1.6	2.48 ±1.6	2.21 ±1.6	1.48 ±1.6

Table 2 shows that the study findings revealed that the overall Positive Mental Health T questionnaire of PMH scale included 6 items with a score (Mean±SD). 1) General coping, the highest score on the theme "I try to relax" at residence Rural (2.99 ±1.2); Urban (2.27 ±1.1); for female gender (1.99 ±1.2); Male (1.24 ±1.7). 2) Emotional support, the highest score on the theme “I try to get emotional support from family and friends” at residence Rural (2.99±1.2); Urban (2.27 ±1.1); for female gender (1.98 ±1.2); Male (1.24 ± 1.7), 3) Spirituality, the highest score on the theme “I gain spiritual strength by trusting in a higher power” at residence Rural (2.99 ± 1.8); Urban (2.29 ±1.3); for female sex (2.99 ±1.1); Male (2.94 ±1.7) 4) Interpersonal Skill, the highest score on the theme “I try to accept people as they are” at residence Rural (2.99 ±1.2); Urban (2.27 ±1.1); for female sex (1.91 ± 1.3); Male (1.24 ±1.7). 5) Personal Growth & Autonomy highest score on the theme "I work hard to achieve my goals" at residence Rural (2.99 ±1.2); Urban (2.27 ±1.1); for female sex (1.299 ±1.2); Male (1.24 ±1.7). 6) Global Affect the highest score on the theme "relaxed" in residence Rural (2.98 ±1.6); Urban (2.28 ±1.1); for female sex (2.49 ±1.2); Male (2.18 ±1.6).

DISCUSSION

General Coping Explanation

Demonstrates that the study's findings indicated the carers' family structure, level of education in positive mental health, and presence of physical illnesses (P .05). Age and care duration was shown to have a statistically significant positive connection (r =.339, P =.001). Practice repercussions It is advised that the family members be assisted in creating plans for activities that will allow them to unwind and take care of their needs (Koc, et al., 2021). Among the one-factor and three-factor models, a bifactor model best suited the data. High proportions of the variation connected to the withdrawal coping subscale score were independent of the general coping factor (66–89%), but high rates of shared variance (60–65%) were attributed to the general coping factor. Country of origin, age, gender, type of relationship, and primary problematic drug among family members all significantly influenced the coping mechanisms. Conclusions: The theoretical underpinnings of the general coping literature are supported by a bifactor model of coping practices. The idea of a general coping component also matches the theoretical premises of the stress-strain-coping-support model, with family members exhibiting a general inclination to cope with the negative situations that result from substance abuse (Valery, et al., 2020). The mean distress levels of

the caregivers taking part in the Calgary Family Intervention-Based Family Support and Psychoeducation Program were shown to have significantly decreased before, immediately after, and 3 and 6 months after the intervention (p 0.05). The caregivers' psychological resilience and coping ratings from the assessments taken before, immediately following, and three and six months after the intervention did not change statistically ($p > 0.05$). Conclusion: The family support and psychoeducation program based on the Calgary Family Intervention Model applied to relatives caring for people with persistent mental disorders had good impacts on the carers' overall health status (Sari and Duman, 2022), as shown in the research below. Reappraisal, active acceptance, setting boundaries for the caretaker role, and getting help were the four primary coping mechanisms that were discovered. These techniques can be applied individually, in combination, and at various points throughout the caregiver journey. Our investigation showed that to use these techniques, carers need to be skilled (eg, self-evaluation skills).

To make sense of the circumstance and create a "new normal," caregivers of people with SCI develop cognitive coping methods. They also develop problem-focused coping strategies to manage their new responsibilities. These tactics don't appear to be exclusive to those used by SCI carers. Interventions that were successful for carers in other domains might thus be modified. Rehabilitation facilities must consistently provide programs for carers in their menu of services. consequences for Rehabilitation healthcare systems must include instructional and supportive programs for both patients with medical conditions and the people who care for them. A frequent and organized needs assessment should be made available, and caregivers should be treated as long-term partners in rehabilitation. Interventions that were successful for carers in other industries can be modified to help those who care for people with SCI. In addition to teaching carers how to do caring chores, educational and support programs for them should also cover how to strike a balance between meeting the requirements of the care recipient and their own needs (Zanini, et al., 2022).

Emotional Support explanation

According to the study's findings, the topic "I try to seek emotional support from family and friends, female gender (1.98 1.2); male gender (1.24 1.7)" received the highest score overall from PMH Emotional Support, Given that the sociodemographic and clinical characteristics of the male and female samples did not significantly differ, it was explained in the research. Men with no formal/primary education were significantly related to lower PMH total scores than those with higher education (secondary, A level, pre-university) after controlling for all variables. Comparing men of Chinese and Malay ethnicity, the PMH total score of the former was much higher. Conclusion: This study identified gender differences in PMH of patients with schizophrenia spectrum disorders where women had higher PMH total scores and domain scores than men. Among the women samples, those with depression as measured by the PHQ-8 had significantly lower scores in the PMH total score, and a higher GAF score was associated with significantly higher scores in PMH total score. The study also revealed PMH-related characteristics that can be used to assist create mental health treatments for women (Jeyagurunathan, et al., 2017; Suhron, et al., 2020; Yusuf, et al., 2019). The results highlight the need to deepen our understanding of how Latinos and other underprivileged communities experience and create hope. Including its many features in treatment models that cater to the requirements of patients and family caregivers, might lead to a better understanding of this important resource. The majority of carers had psychological and financial issues that reduced their quality of life. Age, sex, education, family status, income, daily contact time, understanding of schizophrenia, attitude, and psychological stress were determining factors among carers. Age, sex, the severity of the disease, social function,

and treatment compliance were influencing variables in people with schizophrenia. Stigma, social support, and expert help from healthcare practitioners were environmental influences. Families that care for people with schizophrenia need to be given the tools they need to be more resilient and accepting of these people. The five main themes of the change results are (a) loss of personal life, (b) conflicted feelings, (c) alterations in family dynamics, (d) the requirement for professional assistance and support, and (e) coping mechanisms. Practice Implications: To provide culturally competent healthcare and develop empirical strategies for aiding both these caregivers and their dependents, clinicians, including nurses, must be aware of the cultural significance of mental illness, particularly the pervasive cultural beliefs and patterns of help-seeking behaviors (Hernandez, et al., 2019).

Spirituality explanation

Demonstrates that the study's findings showed that the topic with the greatest overall score was Positive Mental Health Spirituality "I gain spiritual strength by trusting in a higher power" according to the research showing results Each of the previously validated categories of religiosity/spirituality—religious/spiritual commitment, contemplative practice, a feeling of interconnection, the sensation of love, and altruistic engagement—was verified across family risk groups and clinical subgroups. In high-risk people, previous MDD diagnosis was linked to lesser religious/spiritual commitment, higher contemplation in low-risk persons, and lower relevance of religion or spirituality across all risk groups. Conclusions: A multidimensional structure of religiosity/spirituality was shown to have structural integrity across family risk groups and diagnostic histories. A complicated and interacting link between depression, family risk, and religiosity/spirituality is suggested by different relationships between a previous diagnosis of MDD and the level of religiosity/spirituality across domains. Research on the processes underlying the link between religiosity/spirituality and mental health may develop by taking into account an empirically robust, multidimensional view of religiosity/spirituality (McClintock, et al., 2019). There is strong evidence linking religion and spirituality to some mental health markers, including subjective well-being and personality traits. Additionally, religion and spirituality can be crucial in the process of recovery from mental illness and can act as a barrier against addictive or suicidal behaviors. The methods by which religion or spirituality affects health-related disorders, however, require additional study (Unterrainer, et al., 2014). The 12 biopsychosocial-spiritual characteristics are used to predict relapse risk in schizophrenia patients. To facilitate intervention and relapse prevention, these variables should be addressed in psychoeducation for patients and their families (Maramis, et al., 2022).

Interpersonal Skill explanation

Shows that the study findings revealed that the overall Positive Mental Health Emotional Support has the highest score on the Interpersonal Skill theme, the highest score on the theme "I try to accept people as they are. The family support movement started in the 1990s, mostly by family caregivers independently in multiple cities across the country. Apart from periodic support meetings, they have successfully influenced recent legislation to address the felt needs of families. Mental health professionals need to gain skills to work collaboratively with assertive family caregivers to develop services to support those diagnosed with mental illness. Even though there is a need for such a movement, funding is poor, and very few caregivers of persons with schizophrenia are forthcoming to participate. The formation of a national federation with government and non-government partnerships could help give the required impetus to the family support movement for persons with schizophrenia in India (Seshadri, et al., 2019). After the removal of duplicates, independent reviewers screened 864 records. Subsequently, 46 full-text articles were assessed for

eligibility and 23 papers were included in the synthesis. Negative impacts identified were traumatic experiences, loss of expectations of life and health, lack of personal and social resources, uncertainty and unpredictability, family disruption, conflict in interpersonal relationships, difficulty in understanding, and stigma and heredity. Meanwhile, the positive impacts identified were family solidarity, admiration, affirmation, affection, compassion, learning knowledge and skills, self-confidence, personal growth, and appreciation. Conclusions: Analysis of the studies suggested that family members of individuals with schizophrenia face a series of traumatic situations during the illness. Their subsequent experiences can be conceptualized as a continuous circle of caregiving, in which the positive impacts can be centrally positioned within the negative impacts (Seshadri, et al., 2019). In addition, other studies explain that Modifications to existing components indicated that the cultural adaptation of the intervention focused more on themes such as religious and spiritual causes of mental illness, simplified language, the format of delivery as individual sessions, and culturally relevant and acceptable problem-solving and coping skills. The components of the intervention are identified as psychoeducation, problem-solving and emotional support. The consensus group finalized the intervention's content and delivery system concerning training needs and issues and barriers to implementation. The proposed culturally adapted for hospitalized patients requires a flexible approach to meet the family's needs (Shiraishi and Reilly, 2019).

Personal growth and autonomy explanation

Shows that the study findings revealed that the overall Positive Mental Health Personal Growth & Autonomous highest score on the theme "I work hard to achieve my goals". Data analysis created a theme entitled "family achievements in struggling with schizophrenia". This theme included four categories Developing positive personality traits in family members, Strengthening family ties, developing insight into life, and social mobility. The results provided insights that the experience of taking care of patients with schizophrenia led to positive consequences for family caregivers. Thus, it is recommended that psychiatrists or consultants help families rely on positive experiences and share these experiences with families with newly-suffered patients (Al Sawafi, et al., 2022). Family functioning was perceived as impaired by patient-caregiver dyads, and there existed a concordance in this regard. Patients' and family caregivers' education levels, patients' suicidality, number of previous hospitalizations, and quality of family-centered care correlated with patients' and primary family caregivers' family functioning. Discussion Findings highlight the importance of patient- and family-reported family functioning with implications to address individual and collective concerns. Implications for Practice Evidence-based family interventions are crucial for assisting vulnerable families in promoting family functioning. Mental health nurses should facilitate collaboration and open dialogue concerning the perspectives of patients and families to improve the delivery of comprehensive mental health care (Darban, et al., 2021).

Global Affect

Shows that the study findings revealed that the overall Positive Mental Health Global effect had the highest score on the theme "relaxed". Barriers to family resilience in caregivers of people experiencing schizophrenia broadly fall under five categories: lack of knowledge about the disease, social stigma, expressed emotion, involvement in the relationship, and blame. Conclusions: Because of the paucity of studies exploring and understanding the barriers to family resilience, this study presents itself as one of the first in this area. There are different barriers to family resilience. This research provides an overview and an understanding of key barriers to family resilience in caregivers of people experiencing schizophrenia (Hsiao, et al., 2020). As compared to the control group, the intervention group

showed statistically significant improvements over three months in symptom severity as well as family coping, especially acquiring social support, reframing, and mobilizing social support for family caregivers. Caregiver burden in the intervention group was ameliorated immediately and one month after the intervention rather than a three-month post-intervention. In conclusion, A brief FAM-SOTC intervention proved to be favorable for alleviating psychiatric symptoms of patients coupled with an improvement in family coping and burden in family caregivers encountering schizophrenia.

Integration of a brief family therapeutic conversation intervention into the routine psychiatric rehabilitation services delivery is recommended to help patients and their family caregivers effectively manage schizophrenia (Fernandes, et al., 2021). Other studies explain that we examined the association of changes in patient symptoms and quality of life with changes in measures of family caregiver burden. Clinical changes in patient symptoms and quality of life were not significantly associated with changes in family caregiver burden. The weak association likely reflects that small clinical changes in chronically ill adults are insufficient to affect long-established experiences of burden (Hsiao, et al., 2022). Strengthened by the research explains that There is a significant association between the caregiver's burden and their Quality of Life (QoL). Regression analysis showed that the best predictors of QoL were caregiving burden, social support, and professional support (Rhee and Rosenheck, 2019; Ribé, et al., 2018).

CONCLUSION

PMH psychological responses can occur in the implementation of booster vaccination in families of schizophrenic patients who have internal problems item scale instrument in a community-based adult with The sensitivity of the PMHscale. 1) General coping Rural, Emotional support, Spirituality, Interpersonal Skill, 5) Personal Growth & Autonom 6) Global Affect sehingga perlu diperhatikan pelaksanaan vaksin pada keluarga pasien skizofrenia selain PMHjuga Negative Mental Health (NMH).

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CONFLICTS OF INTEREST

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REFERENCES

Al Sawafi, A., Lovell, K., Renwick, L., & Husain, N. (2022). Exploring views of relatives and mental health professionals to inform the cultural adaptation of a family intervention for schizophrenia in Oman: A qualitative study. International Journal of Social Psychiatry, 68(8), 1795-1805.

Brailovskaia, J., & Margraf, J. (2022). Positive mental health and mindfulness as protective factors against addictive social media use during the COVID-19 outbreak. Plos one, 17(11), e0277631.

Brailovskaia, J., Zhang, X. C., Cai, D., Lu, S., Gao, Z. H., & Margraf, J. (2021). The benefits of physical activity and positive mental health for reducing the burden of covid-19:

Validation from a cross-sectional and longitudinal investigation in china and germany. International Journal of Mental Health and Addiction, 1-14.

Chen, R., Liou, T. H., Miao, N. F., Chang, K. H., Yen, C. F., Liao, H. F., ... & Chou, K. R. (2020). Using World Health Organization Disability Assessment Schedule 2.0 in people with schizophrenia: a 4-year follow-up. European Archives of Psychiatry and Clinical Neuroscience, 270, 301-310.

Darban, F., Mehdipour-Rabori, R., Farokhzadian, J., Nouhi, E., & Sabzevari, S. (2021). Family achievements in struggling with schizophrenia: life experiences in a qualitative content analysis study in Iran. BMC psychiatry, 21(1), 1-11.

Falahat, K., Mirabzadeh, A., Eftekhari, M. B., Sajjadi, H., Vameghi, M., Harouni, G. G., & Feizzadeh, G. (2019). Social determinants of positive mental health in Iranian society: A qualitative approach. International journal of preventive medicine, 10.

Fernandes, J. B., Fernandes, S. B., Almeida, A. S., & Cunningham, R. C. (2021). Barriers to family resilience in caregivers of people who have schizophrenia. Journal of Nursing Scholarship, 53(4), 393-399.

Hendriks, T., De Jong, J., & Cramer, H. (2017). The effects of yoga on positive mental health among healthy adults: a systematic review and meta-analysis. The Journal of Alternative and Complementary Medicine, 23(7), 505-517.

Hernandez, M., Barrio, C., Gaona, L., Helu-Brown, P., Hai, A., & Lim, C. (2019). Hope and schizophrenia in the Latino family context. Community mental health journal, 55, 42-50.

Hsiao, C. Y., Lu, H. L., & Tsai, Y. F. (2020). Factors associated with family functioning among people with a diagnosis of schizophrenia and primary family caregivers. Journal of Psychiatric and Mental Health Nursing, 27(5), 572-583.

Hsiao, C. Y., Lu, H. L., Hsieh, M. H., & Tsai, Y. F. (2022). Effectiveness of a brief family strengths-oriented therapeutic conversation intervention for patients with schizophrenia and their caregivers. Journal of Nursing Scholarship, 54(2), 213-225.

Jeyagurunathan, A., Vaingankar, J. A., Abdin, E., Sambasivam, R., Seow, E., Pang, S., ... & Subramaniam, M. (2017). Gender differences in positive mental health among individuals with schizophrenia. Comprehensive psychiatry, 74, 88-95.

Koç, M., Tel, H., & Karakülah, K. (2021). Determining care burden and psychiatric symptom level in caregiver of schizophrenia patient. Perspectives in Psychiatric Care, 57(2).

Maramis, M. M., Sofyan Almahdy, M., Atika, A., Bagus Jaya Lesmana, C., & Gerick Pantouw, J. (2022). The biopsychosocial-spiritual factors influencing relapse of patients with schizophrenia. International Journal of Social Psychiatry, 68(8), 1824-1833.

Masse, S. N. F., Gobel, F. A., Abbas, H. H., Alwi, M. K., & Sididi, M. (2022). Gambaran Kejadian Ikutan Pasca Imunisasi (KIPI) Vaksin Sinovac Pada Siswa di SMA Negeri 7 Luwu Utara Kecamatan Baebunta Selatan Kabupaten Luwu Utara. Window of Public Health Journal, 3(5), 826-836.

McClintock, C. H., Anderson, M., Svob, C., Wickramaratne, P., Neugebauer, R., Miller, L., & Weissman, M. M. (2019). Multidimensional understanding of religiosity/spirituality: relationship to major depression and familial risk. Psychological medicine, 49(14), 2379-2388.

Meyer, J., McDowell, C., Lansing, J., Brower, C., Smith, L., Tully, M., & Herring, M. (2020). Changes in physical activity and sedentary behavior in response to COVID-19 and their associations with mental health in 3052 US adults. International journal of environmental research and public health, 17(18), 6469.

Ophinni, Y., Hasibuan, A. S., Widhani, A., Maria, S., Koesnoe, S., Yunihastuti, E., ... & Djauzi, S. (2020). COVID-19 vaccines: Current status and implication for use in Indonesia. Acta Medica Indonesiana, 52(4), 388.

Rhee, T. G., & Rosenheck, R. A. (2019). Does improvement in symptoms and quality of life in chronic schizophrenia reduce family caregiver burden?. Psychiatry research, 271, 402-404.

Ribé, J. M., Salamero, M., Pérez-Testor, C., Mercadal, J., Aguilera, C., & Cleris, M. (2018). Quality of life in family caregivers of schizophrenia patients in Spain: caregiver characteristics, caregiving burden, family functioning, and social and professional support. International journal of psychiatry in clinical practice, 22(1), 25-33.

Salamah, Z. (2022). Relationship between family support and reactions related to immunization in the implementation of Covid-19 vaccination in adolescents (in Lergunong Klampis Village, Bangkalan) (Doctoral Dissertation, Stikes Ngudia Husada Madura).

Samaâli, S., Karoui, M., Maaroufi, A., Kamoun, R., Nefzi, H., Salah, K. B., & Ellouze, F. (2022). Covid-19, vaccine decision and schizophrenia. L'encephale.

Sari, A., & Duman, Z. Ç. (2022). Effects of the family support and psychoeducation program based on the Calgary Family Intervention Model on the coping, psychological distress and psychological resilience levels of the family caregivers of chronic psychiatric patients. Archives of Psychiatric Nursing, 41, 1-10.

Seshadri, K., Sivakumar, T., & Jagannathan, A. (2019). The family support movement and schizophrenia in India. Current Psychiatry Reports, 21, 1-7.

Shiraishi, N., & Reilly, J. (2019). Positive and negative impacts of schizophrenia on family caregivers: a systematic review and qualitative meta-summary. Social psychiatry and psychiatric epidemiology, 54, 277-290.

Silmi, Z.I. (2021). ARRV or Anxiety Reactions Related to Vaccination.

Sirgy, M. J. (2019). Positive balance: a hierarchical perspective of positive mental health. Quality of Life Research, 28, 1921-1930.

Suhron M. (2016). Asuhan Keperawatan Konsep Diri: Self esteem/ Self-concept nursing care: Self esteem (Self-esteem nursing care). Ponorogo: Unmuh Ponorogo Press.

Suhron, M. (2017). Asuhan Keperawatan Jiwa Konsep Self Esteem/Care of Mental Nursing The concept of self-esteem". Jakarta: Mitra Wacana Media.

Suhron, M., Yusuf, A. H., Subarniati, R., Amir, F., & Zainiyah, Z. (2020). How does forgiveness therapy versus emotion-focused therapy reduce violent behavior schizophrenia post restrain at East Java, Indonesia. International Journal of Public Health, 9(4), 314-319.

Unterrainer, H. F., Lewis, A. J., & Fink, A. (2014). Religious/spiritual well-being, personality and mental health: A review of results and conceptual issues. Journal of religion and health, 53, 382-392.

Vaganian, L., Boecker, M., Bussmann, S., Kusch, M., Labouvie, H., Margraf, J., ... & Cwik, J. C. (2022). Psychometric evaluation of the Positive Mental Health (PMH) scale using item response theory. BMC psychiatry, 22(1), 1-11.

Valery, K. M., & Prouteau, A. (2020). Schizophrenia stigma in mental health professionals and associated factors: A systematic review. Psychiatry research, 290, 113068.

Yunita, R. D., & Raraningrum, V. (2022). Analysis of the Level of Knowledge and AEFI Covid-19 in Pregnant Women in the Work Area of the Kalibaru Health Center. Rustida Health Scientific Journal, 9(1), 83-89.

Yusuf, A., Suhron, M., & Subarniati, R. (2019). Assessment of the Kempe Family Stress Inventory in self-care post-restrain schizophrenia. International Journal of Public Health Science (IJPHS), 8(2), 55-59.

Zanini, C., Fiordelli, M., Amann, J., Brach, M., Gemperli, A., & Rubinelli, S. (2022). Coping strategies of family caregivers in spinal cord injury: a qualitative study. Disability and rehabilitation, 44(2), 243-252.