Research article

The Role of a Supportive Environment in Recovery From Schizophrenia: A Literature Review

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Abstract.
The process of healing mental disorders such as schizophrenia, is a long and challenging process. What is needed in the recovery process is for the individual to find and face every challenge from the limitations caused by their illness and rebuild a new, more meaningful self-integrity in order to live, work, and contribute to society. Therefore, during the recovery process, an individual needs a supportive environment from family, neighbours, the community, the government and the private sector. The purpose of this non-systematic literature review was to gain a better understanding of the role of supportive environments in each stage of mental health recovery. Literature was found by searching through textbooks and journal articles from the databases PubMed, EBSCO, ProQuest, Scopus, Google Scholar and Science Direct using the keywords 'supporting environment', 'recovery', and 'schizophrenia' for articles published in 2003-2015. According to the 15 articles that were collected, the forms of supportive environments in each stage of recovery for people with schizophrenia include supporting peer relationships such as mutual self-help groups, peer support specialists (health workers), and peer-run programs. Other types of supportive environments include relationships with professionals (the role of policy makers) and support through other relationships, consisting of family and environmental components (cadres, religious leaders, community leaders). Medical efforts alone are not sufficient to help patients achieve recovery. The role of the supportive environment holds strategic significance in efforts to restore function.

Keywords: recovery, supportive envirentment, schizophrenia

1. Introduction

The process of healing mental disorders is a long and challenging process, what is really needed in the recovery process is how an individual can find and face every challenge from the limitations caused by his illness and rebuild a new, more meaningful self-integrity in order to live, work and contribute in the world society. Therefore, during the recovery process, an individual really needs a supportive environment from family, neighbors, community, government and private parties[1]. The recovery process does not only involve the government as the main role, other multidisciplinary teams involved in mental health services are psychiatrists, social workers, nurses and other personnel.

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However, the main focus in this recovery process is the family and community, because that is where a survivor lives after returning from the hospital.Supportive environment is a support given to survivors in order to be comfortable in living life. There are several things that are very principled in the recovery process for survivors, namely: the environment and family who do not view ODGJ as a "disease" that must be avoided, do not view the survivor's experience as a strange experience in fighting their illness, do not isolate them in the family environment or the environment around the house, can create a comfortable space so that survivors can share stories, pour out their hearts and complaints, appreciate the survivor recovery process and help survivors cope with their lives. So that later the patient does not feel like a "crazy person" in the family environment and the environment where he lives [1].

2. Methods

The writing method uses a non-systematic literature review method, namely comparing various literatures related to "The Role of the Supportive Environment in Each Stage of Recovery".

3. Results

In this literature review, a review of various literatures such as textbooks and journal articles from the search database Ebscohost, Proquest, Science Direct was carried out using the keywords "Supporting Environment", "Recovery", "Schizophrenia". Only 15 sources of literature according to the topic consist of 3 papers from national and international journals from 2003-2015 which were obtained through a search system from PubMed, EBSCO, ProQuest, Scopus, and Google Scholar.1 paper from the conference (proceedings), 4 sources from textbooks, 6 sources from reports, 1 source from textbooks and 1 source from thesis.

4. Discussion

From the various articles above, it can be concluded that the stages of recovery that each individual goes through are different and in each stage the role of the family must always be supportive, the environment, peer support and health workers.

The individualistic experiences of schizophrenia survivors in the recovery process can directly contribute to the recovery of others. The presence of peer involvement

is associated with innovative services that are oriented towards the recovery process [2]. Peer support in many medical conditions has been shown to improve function by encouraging acceptance, treatment and the formulation of new, tailored goals that provide meaning and identity. In schizophrenia, peer support is emerging as a novel and potentially effective complement to existing treatments, aimed at increasing social support among socially isolated populations. It has the potential to enhance personal recovery in the sense of pursuing and achieving new goals and starting to live beyond chaos. However, this is hardly studied in peer support groups for psychotic disorders. The evidence base is promising, but the field requires more rigorous and pragmatic trials with continued measurements to build a solid evidence base. In addition, procedures should be developed to ensure continuity, to compensate for cognitive problems and negative symptoms, and to increase the tolerability of the group approach in people with changes in social cognition and rapidly depleting cognitive resources, especially in social settings [3].

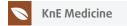There are three types of peer support in the recovery process according to [4] :

1. Mutual Self Help Group

Mutual self help group is a group where the members themselves consist of schizophrenia survivors, they motivate each other from their individualistic experiences of recovery journey.

1. Peer Support Specialist

Support from health workers (peer support specialists) is one of the important roles in the recovery process, creating a role for health workers who can become peer support for schizophrenia survivors. It has several benefits:

1. Peer support specialists, health workers also have a role in providing their life experiences to survivors because the experience of health workers is valued and can be used as a transformational improvement from the sick experience of a schizophrenic survivor. What the health workers give to survivors is not only an experience but the health workers also provide and train survivors how to do self-management and work-related skills and this is a very important component in the healing process..

2. For other staff, their presence leads to increased awareness of personal values. The interaction with colleagues will gradually remove the stigmatization of their belief in the survivors and in mental health services that are provided naturally, not in the form of forced treatment given to the survivors.

3. For other service users, the presence of a peer support specialist is expected to provide a real recovery role model as a real hope generator for survivors. The existence of a peer support specialist eliminates the lack of social distance from staff so that the presence of a peer support specialist causes more willingness to engage a lot with mental health services.

4. For the mental health system, the presence of a peer support specialist can become a culture because it is often forgotten to maintain orientation between health workers and survivors who have recovered and gone home.

In an article entitled Creating a Supportive Environment: Peer Support Group For Psychotic Disorder, that 76% of patients with schizophrenia can recover with support from health workers. The method used in realizing recovery for survivors is by sharing experiences. Health workers also play a role in sharing experiences with survivors. The experience of health workers can be a strong support in the recovery process because survivors feel valued when someone hears their experience [3].

In recovery oriented service, service users (survivors) are the main decision makers. In handling cases of schizophrenia, it is not only carried out by doctors, but also the role of nurses is needed to carry out care from home to accelerate healing. Not only that, other health workers such as psychologists who always accompany when making home visits can touch the psychological side of patients with schizophrenia more. In addition, the role of pharmacists is also important in providing education regarding the use of psychopharmaceutical drugs consumed by patients. If all health workers are able to empower all their personnel according to their abilities in the recovery process and are not arrogant and feel that their profession is the best, then the main goal in the recovery process of schizophrenia patients in the community will be achieved [4].

The role of nurses is needed both by individuals, families and communities according to their position in the health care system. The role of professional nurses is to provide holistic nursing care including bio-psycho-sociocultural-spiritual aspects. Nursing care is carried out to clients through a multidisciplinary approach.The role of nurses is felt by clients, especially for clients who do not have close friends or family. Clients feel that the mental nurse facilitates their needs so that they feel valued and when mutual trust is built, the client will respect the nurse's opinion more and find it easier to intervene [5] .

Another role for mental health nurses in the recovery process is to provide health promotion with the aim of enabling clients to control themselves so that their health conditions improve and help other groups of clients who are at high risk. Health

promotion also aims to enable clients to increase responsibility, have autonomy, be empowered and be able to assist the recovery process [6].
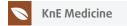
Which states that in the recovery process mental nurses can provide support to survivors in the form of conducting regular home visits, providing health education related to mental health problems, facilitating interest in survivor talents so that they can work and develop their potential so that they can independent, facilitating group formation.Peer support comes from peer groups of fellow survivors and families. In addition, psychiatric nurses can also provide counseling in an effort to support the recovery process, health workers can also act as advocates, namely protecting patients' rights as human beings and legally and assisting patients in asserting their rights when needed. The protection provided can be in the form of protection from harassment, bullying and shackles. The last support that health workers can provide to survivors is to always monitor the side effects of using drugs in the patient's recovery process[1].

1. Peer Run Programmes

Peer run programs are more than just an organization run by survivors. Peer run programs are a group whose goal is to promote individual recovery processes through their values and operating practices. Services managed by others have a different feel to traditional mental health services, they directly communicate the message that recovering from mental illness is an asset, their main goal is to support people to re-engage in determining their own future.

In recovery oriented service the service user is the main decision maker, this does not mean that the staff does what people say, it is clear that a worker cannot act unethically or collude with individuals in destructive actions. But the basic orientation is to actively seek to be led by individuals. This means that a professional perspective is one helpful way to understand survivor experiences, but not the only possible way. A term used to describe the type of partnership relationship between mental health care staff and survivors is the mutual view that we have all recovered from challenges, and it is helpful to emphasize this common ground. mental health service staff are ready to work together and will have more exposure to survivors and staff will provide more options than fix problems. Staff may also be challenged, influenced and changed by service users. There is a special communication style that stands out in recovery-oriented services is coaching. There are many advantages to the coaching approach provided by staff to survivors [4]:

1. There will be a capacity for personal responsibility given to survivors

2. Facilitate the recovery process that will occur

3. There is a role for coaches in growing self-righting abilities to be active

4. Efforts in the coaching relationship are directed at the goals of the coachee, not the coach. Coach skills are a resource to be offered.

5. There is an active relationship between mental health service staff and survivors and mutual contributions

Regulation of the Minister of Health of the Republic of Indonesia Number 49 of 2016 explains that in order to achieve optimal performance, it is necessary to harmonize the duties and functions of administering government affairs in the health sector between the holders of government affairs in the health sector at the center and regions. As explained in the Health Law No. 36 of 2009 article 144 paragraph 5 which explains that policy makers start at the central government and regional governments. Local governments and communities are responsible for creating the highest possible health conditions and ensuring the availability, quality and distribution of promotive, curative and rehabilitative efforts. In addition, local governments are also obliged to develop community-based mental health efforts.

The role of the government as regulator and policy maker for health services can be carried out by the Ministry of Health at the central government through the national health system at the Indonesian level and the regional health system at the provincial and district or city levels. Another example is the determination of policies or regulations by the Ministry of Health with the establishment of minimum service standards that contain indicators of health development and by the regions minimum service standards are made according to the needs and conditions of each region.The government's role as executor is carried out through government health service facilities in the form of central and regional hospitals, and health centers. Health services to the community are not only carried out by the government but also carried out by the private sector for that the government as the executor needs to create a good health service management system [7].

In Indonesia, the government has made several regulations to address mental health problems. There are several regulations that have been made by the government in early 2014 namely Law of the Republic of Indonesia Number 18 of 2014 concerning mental health, Law of the Republic of Indonesia Number 8 of 2016 concerning Persons with Disabilities, Presidential Regulation Number 35 of 2015 concerning the Ministry of Health and Ministerial Regulations Health of the Republic of Indonesia Number 39 of 2016 concerning Guidelines for the Implementation of a Healthy Indonesia Program with a Family Approach. The issuance of legal products related to mental health issues

is enough to show the government's attention to mental health issues. The enactment of the Law of the Republic of Indonesia Number 18 of 2014 concerning Mental Health is enough to require a long time and process.

However, the implementation of the derivative laws into government regulations has not yet been seen. Whereas what is regulated in the law already covers many things and is good. It's just that there needs to be an implementation of the law into policies at the government level.

Of the several regulations that have been made by the government, the ultimate goal is that mental health problems in Indonesia do not increase in number every year. In 2017, the Ministry of Health had a target of 2926 health centers throughout Indonesia to be ready to deal with mental disorders. And in 2019 the Ministry of Health targets that there are 9601 health centers spread across 34 provinces that are able to handle mental disorders and are "free of pasung 2019" by involving the Ministry of Social Affairs, Ministry of Home Affairs, Ministry of Health, Police and BPJS (Social Security Administration).

Health facilities for mental health services in Indonesia currently only have 31 government-owned mental hospitals, plus 1 drug dependence hospital (RSKO). Meanwhile, currently registered private mental hospitals are 16 hospitals from 34 provinces in Indonesia and until now there are still 8 provinces in Indonesia that do not have mental hospitals. And the number of public hospitals in Indonesia is 445 and only 22% have mental health services.

Based on data obtained from the Ministry of Health of the Republic of Indonesia in 2017, the number of registered health centers was $9005 \pm 13\%$ that had mental health services and only 46.5% of public health officers had attended mental health training. The mental health program at the public health center is still a supporting program in the public health center program and the counseling ability of health workers at the public health center is inadequate, there is no forum for sustainable independent patients in the community and the system for recording cases of mental disorders is not optimal. Meanwhile, the last registered human resources for mental health are ± 600 psychiatrists (0.26 per 100,000 population), clinical psychologists 418 (0.18 per 100,000 population), Community Mental Health Nurses 850 (0.36 per 100,000 population), general practitioner 56,750 (24.67 per 100,000 population), general nurse $\pm 500,000$ (217.4 per 100,000 population). The distribution of the number of health workers is not evenly distributed and only exists in big cities, while the demographics in Indonesia, which is quite broad and there are still many remote places that are difficult to access, the number of mental health workers is still minimal.

The government as a policy maker has a curative, rehabilitative, mental development, preventive and promotive role in the recovery process. The curative role in the recovery process concerns medical issues, namely how the government as the policy maker can provide health facilities and provide medicine for schizophrenia patients because in curative treatment there is a need for continuity of taking drugs for survivors, ODGJ should not stop taking medication. The government must also provide adequate funds so that mental health services can run well. In the recovery process, social rehabilitation is very important, namely by returning the function and social role of a survivor back into the community. With the government's role in the rehabilitation and mental development phase, it is hoped that the government can create a program so that ODGJ can be empowered when they return to the community and can live independently. While promotive and preventive efforts can be pursued by more often campaigning for anti-stigma programs, appointing schizophrenic ambassadors to strengthen anti-stigma programs, these efforts are not only written on paper but can be further disseminated to the entire community by utilizing social media in order to increase public knowledge and prevent there are no longer people who hold ODGJ in shackles and isolate ODGJ when they return to society [1].

Schizophrenic survivors not only recover from mental illness but also have to recover their emotional, physical, intellectual, social and spiritual feelings as well. Connecting with other people in society and being actively involved in life is a very important source of well-being. Many survivors identify that a belief can be a very important support when they feel abandoned by others in their recovery process in society [4].

People with mental disorders need to have a network of kinship or friendship that supports and can provide hope, warmth and brotherhood. Those who live alone or isolated will find it easier to relapse. The community can be created by participating in several social activities in the community such as recitation activities, sports, social gathering or activities related to hobbies [8].

Family in Recovery Process

States that negative symptoms of schizophrenia include the occurrence of flat affect and decreased emotional expression of clients, and the inability to start or end activities, and a lack of comfort or interest in life.This statement is the basis for understanding that schizophrenic clients will experience disturbances in their activities. Most people with schizophrenia have difficulty in carrying out their work or even caring for themselves, so they depend on the help of others. From this it can be seen that schizophrenia has a negative impact on individuals, families and the surrounding community. For clients as individuals, schizophrenia causes disturbances in meeting daily needs or impacts

on the independence of clients. This causes clients to depend a lot on other people, especially families [9] .

Independence itself can be interpreted as the client's ability to determine what will happen to himself. This is in line with the first mental health characteristic, namely having autonomy or independence. People with schizophrenia need support and knowledge about personal hygiene, dressing, shopping, cooking, and cleaning the house, managing finances, building social relationships and managing time. Working can be difficult and many people with schizophrenia don't work even if they want to. While they are working, they will be in dire need of support regarding medication and work management and clarity about their health status [10]. Some service providers treat schizophrenia as a disease that affects not only the individual, but the whole family.

Although the family appears to have good coping, it can be ascertained that there is an influence on the mental status of the family when one of the family members has schizophrenia. States that families who have family members with schizophrenia will experience great upheaval in themselves [11]. Revealed that the recurrence of schizophrenic patients can be significantly reduced from 65% to 25% if they receive maximum care from their families while at home [12]. On the other hand, if they do not receive proper treatment, they will tend to relapse easily. Poor family support has an effect on schizophrenic patients so that they have a 6-fold chance of experiencing a relapse compared to families who have good support [13].

In a family recovery process, three main keys must be instilled in order to obtain optimal healing for survivors, namely: First, the family must provide love, support and encouragement [14]. Second, families must have knowledge about what schizophrenia is, how to treat it, how to deal with symptoms that arise and take them to mental health services when symptoms occur. Third, the family must be able to become a motivator for survivors by providing encouragement so that survivors can develop their skills, develop their ability to start work or have physical activities at home. Family support in the recovery process is in the form of embodiment of attitudes, actions and family acceptance of survivors. In essence, the family is expected to be able to function to realize the recovery process with love and affection. Families are expected to provide support not only in the form of material but also emotional support such as always listening to survivors' complaints, being able to be friends, and most importantly being able to create a warm, intimate and full of motivation every day [1].

Environment (Cadres, Religious Leaders, Community Leaders) In Recovery Process

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The support that can be provided by the environment in the recovery process is by creating a comfortable social environment for survivors. The realization of a comfortable social environment can be done by having positive acceptance from local residents of the presence of ODGJ in their environment and not discriminatory behavior. The support that is really needed is just an acceptance, neighbors can do it by involving ODGJ in every activity in the environment such as mutual cooperation, youth organizations, recitations, etc. Neighbors can also invite ODGJ home to just eat together and talk. Another support that can be provided by the environment, especially community leaders or RT/RW is by providing information related to referral services if one day ODGJ experiences [1].

5. Conclusions

From the 15 articles that were collected, the forms of supportive environments in each stage of recovery for schizophrenia survivors include Supporting Peer Relationships consisting of Mutual Self Help Groups, Peer Support Specialists (Health workers), Peer run programs, in addition to Supporting Peer Relationships, other types of supportive environments are Relationships. With Professionals (the role of policy makers) and Supporting other relationships consisting of family and environmental components (Cadres, Religious Leaders, Community Leaders).

Acknowledgment

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