

ABSTRACT

Schizophrenia is a chronic mental disorder characterized by challenges in medication adherence, significantly affecting therapy outcomes. The Si-Care (Schizophrenia Care) program was developed as a pharmacist-led home intervention to improve medication adherence and support symptom control in people with schizophrenia (PwS). This study aimed to explore illness perception, help-seeking treatment and medication-taking behavior, develop the Si-care program, and evaluate its effectiveness in improving medication adherence and managing symptoms. A mixed-method approach was used in three-stages combining in-depth interviews, focus group discussion (FGD), and a quasi-experimental pre-and-post design without a control group. Conducted in Banjarmasin, Indonesia, 57 PwS and their caregivers participated in the program. The Si-Care program involved seven pharmacists-led home visits over four months, focusing on education, counseling, and medication monitoring. Qualitative data were analyzed thematically, while adherence and symptom severity, measured by pill count and PANSS (Positive and Negative Syndrome Scale), were analyzed using non-parametric tests. Participants perceived schizophrenia as a result of diverse factors, including drug abuse, depression, stress, spiritual possession, black magic, and neurological disorders. These perceptions, shaped by beliefs and social norms, influenced help-seeking treatment. Mild symptoms often prompted self-medication or alternative treatments, while severe symptoms led to healthcare center visits. Medication-taking behavior in schizophrenia patients is often inconsistent, characterized by irregular patterns of use due to factors related to adherence and non-adherence. Adherence improved significantly from 77.38% to 97.57% ($p=0.000$), though PANSS score changes were not statistically significant ($p=0.089$). The Si-Care intervention effectively improved medication adherence and helped maintain symptom stability. Pharmacy-based interventions show promise for integration into community or clinical mental health services. Future research should employ larger sample sizes and extended follow-ups to ensure broader applicability and sustainability.

Keywords: schizophrenia, adherence, illness perception, help-seeking treatment, medication-taking behavior, pharmacist-led home