



ORIGINAL ARTICLE

Applying psychoeducational program on general health and communication skills in caregivers of patients with schizophrenia: A randomized controlled trial

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Received 26 November 2017; accepted 2 April 2018

KEYWORDS

Psychoeducational program;
Public health;
Communication skills;
Caregivers;
Patients with schizophrenia

Abstract

Background and objectives: Through the use of an experimental design with a baseline and post intervention, the aim of this study was to investigate the effectiveness of a psychological intervention in increasing public health and communication skills for caregivers.

Methods: This randomized controlled trial was designed in Razi Hospital in Tehran, Iran. A sample size of 90 participants was evenly divided into intervention and control groups. The intervention group was given routine treatments and also participated in planned educational sessions. The planned educational program was implemented in 10 group sessions over a period

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<https://doi.org/10.1016/j.ejpsy.2018.04.001>

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Please cite this article in press as: Rezaei O, et al. Applying psychoeducational program on general health and communication skills in caregivers of patients with schizophrenia: A randomized controlled trial. Eur. J. Psychiat. 2018. <https://doi.org/10.1016/j.ejpsy.2018.04.001>

of 5 weeks. Each session lasted 45–60 min. The outcome measures were: (1) improvement in the caregiver's general health as measured by the changes in their General Health Questionnaire (GHQ) scores taken at baseline and post intervention and (2) changes in the caregiver's communication skills, measured by the communication skills questionnaire taken at baseline and after 3 months.

Results: An independent samples *t*-test revealed that there was a significant difference between the two groups in the mean scores of communication skill at baseline ($P < 0.001$). To adjust for the effects of pre-intervention scores on the post-intervention results, a covariance analysis was used. Consequently, differences between the mean scores of post-intervention GHQ total, GHQ subcategories, and communication skills in the intervention group and the control group were statistically significant ($P < 0.001$).

Conclusion: Results of our study confirm that providing education on effective communication skills can be an effective, cost-efficient, and convenient strategy to reduce the psychological complications for caregivers and improve the care of patients living with schizophrenia.

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Introduction

Schizophrenia is one of the most severe mental disorders in the world and seriously impairs cognition, affection, and perception.¹ According to the World Health Organization's² report, about 21 million people around the world are struggling with schizophrenia.² Besides the immediate mental and physical health effects of schizophrenia on the individual, their caregivers and family members face significant added distress.^{3–5} Families who live with an individual with schizophrenia deal with a multitude of challenges in their work and social communications, especially after the patient's discharge from a hospital.^{6–8} The amount of time spent living with an individual with schizophrenia and the age of the caregiver are associated with higher rates of distress.⁹ Caregivers can undergo considerable stress due to the long-lasting nature of nursing someone with schizophrenia.

It has been reported that 60% of chronic schizophrenia patients live with at least one other family member. According to the General Health Questionnaire (GHQ), approximately 25% of caregivers for those living with schizophrenia met the criteria of having their own mental disorder.¹⁰ High levels of depression was seen among the caregivers of schizophrenic patients^{11–13} despite having no history of earlier mood disorders.^{14,15} The most common variables associated with depression among schizophrenia caregivers included gender, socioeconomic status, marital status, number of family members, educational level, relationship to the patient, and nursing distress.^{16,17} Caregivers and the family members of patients with schizophrenia could benefit from family health interventions and psychoeducational plans.⁹ Patients with schizophrenia require an integrative and extensive care plan that provides for their physical and psychological needs, helps to reduce the caregiver's distress, and encourages family members to be part of the intervention.¹⁸

Information regarding schizophrenia, the treatment plan, and coping strategies could be provided in psychoeducational programs. The meta-analyses found a positive association between psychoeducation plans and improved expressed emotion, less acute episodes of the disorder, and a decrease in multiple inpatient treatments.^{19,20} Psychoeducation involves explaining the main aspects of schizophrenia to the caregiver and emphasizing the necessity of pharmacotherapy, seeking rehabilitation, and reinforcing the patient's social communication and support system.²¹ Behavioral family management, psychoeducational family interventions, and family therapy are among the various family intervention methods that aim to decrease both patient and family distress. A recent study concluded that psychoeducation was the most effective method in decreasing the distress of mothers who act as the main caregiver for a child with schizophrenia.^{22,23}

Considering the aforementioned points, the aim of this experimental study is to investigate the effectiveness of a psychological intervention (specifying treatments and the symptoms of schizophrenia) in increasing general health (GH) and communication skills (CS) through a baseline and post-intervention. It was hypothesized that: (1) the planning intervention will have a significant effect on the GH outcome (e.g., physical, social, and psychological outcomes) compared to the baseline condition; and (2) the implementation intervention will have a significant effect on CS compared with the baseline condition.

Material and methods

Setting

At present, centers do not provide support services to meet the specific needs of families with a schizophrenic member. Instead, families can only get support systems at psychiatric or general healthcare centers. Other challenges faced

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