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FAMILY PSYCHOEDUCATION FOR SCHIZOPHRENIA PATIENTS: A LITERATURE REVIEW

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ABSTRACT

Psikoedukasi keluarga memberikan informasi mendalam tentang skizofrenia, sehingga keluarga dapat lebih memahami kondisi pasien sekaligus meringankan tekanan emosionalnya. Intervensi ini bermanfaat tidak hanya bagi pasien tetapi juga keluarganya dengan meningkatkan pemahaman dan keterampilan mereka dalam mendukung proses pengobatan. Tujuan: Untuk mengidentifikasi dan merangkum temuan-temuan utama dari penelitian yang meneliti efektivitas psikoedukasi keluarga sebagai intervensi bagi pasien skizofrenia. Metode: Tinjauan ini menggunakan metodologi tinjauan literatur, dengan data yang dikumpulkan dari database termasuk PubMed, ScienceDirect, ProQuest, dan Google Scholar. Pencarian menggunakan kata kunci yang relevan, dan data yang diekstraksi dianalisis menggunakan kerangka PICO, dengan fokus pada karakteristik penelitian, jenis intervensi, dan hasil. Pelaporan mematuhi pedoman PRISMA-SR. Penelitian yang disertakan adalah uji coba terkontrol secara acak (RCT) berbahasa Inggris yang secara khusus membahas psikoedukasi keluarga bagi pengasuh pasien skizofrenia dan melaporkan hasil seperti berkurangnya beban pengasuh, peningkatan pengetahuan dan keterampilan dalam mengasuh. Hasil: Terdapat 17 artikel berisi 8 jenis program psikoedukasi yang dapat dilakukan pada keluarga pasien skizofrenia, yaitu Program Psikoedukasi Multikeluarga, Program Intervensi Keluarga Integratif Berbasis WeChat, Psikoedukasi Berbasis Telehealth untuk Pengasuh, Program Psikoedukasi Keluarga Perilaku, Mindfulness- Psikoedukasi Berbasis, Psikoedukasi Terstruktur, Psikoedukasi Keluarga, Psikoedukasi Kelompok. Intervensi diberikan minimal 4 sesi, dan maksimal 16 sesi. Kesimpulan: Psikoedukasi keluarga adalah pendekatan yang efektif untuk meningkatkan pemahaman keluarga, keterampilan merawat, dan kualitas hidup pasien dan keluarga

keyword:
Family Psychoeducation, Schizophrenia, Scoping Review, Psychoeducational Program

ABSTRACT

Family psychoeducation provides in-depth information about schizophrenia, enabling families to better understand the patient's condition while alleviating their emotional distress. This intervention benefits not only patients but also their families by enhancing their understanding and skills in supporting the treatment process. Objective: To identify and summarize key findings from studies examining the effectiveness of family psychoeducation as an intervention for schizophrenia patients. Methods: This review employed a literature review methodology, with data collected from databases including PubMed, ScienceDirect, ProQuest, and Google Scholar. The search utilized relevant keywords, and the extracted data were analysed using

the PICO framework, focusing on study characteristics, types of interventions, and outcomes. Reporting adhered to the PRISMA-SR guidelines. Included studies were English- language randomized controlled trials (RCTs) that specifically addressed family psychoeducation for caregivers of schizophrenia patients and reported outcomes such as reduced caregiver burden, improved caregiving knowledge, and skills. Results: There were 17 articles containing 8 types of psychoeducational program that can be caried out on families of schizophrenia patients, namely Multifamily Psychoeducational Program, WeChat-based integrative family intervention program, Telehealth-Based Psychoeducation for Caregivers, Behavioral Family Psychoeducational Program, Mindfulness-Based Psychoeducation, Structured Psychoeducation, Family Psychoeducation, Group Psychoeducation. The intervention was given for a minimum of 4 sessions, and a maximum of 16 sessions. Conclusion: Family psychoeducation is an effective approach for improving family understanding, caregiving skills, and the quality of life for patients and families.

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INTRODUCTION

Schizophrenia is a severe mental illness marked by disruptions in thought processes, perception, emotions, and behavior. Schizophrenia is persistent and serious mental disorder, impacting roughly 1.5 individuals per 10,000 annually, with a global prevalence of about 1% (Innamuri et al., 2019). In Indonesia, Schizophrenia has a prevalence of 0.17% among a population of 252 million, equating to approximately 428,400 individuals affected by the condition (Mubin & Livana PH, 2020). Schizophrenia not only affects the individuals suffering from it but also has a significant impact on their families and social environment. Therefore, family support is essential for the recovery process of individual with schizophrenia (Liza et al., 2019).

Family members often serve as the main caregivers for individuals with schizophrenia, providing both emotional support and ensuring adherence to prescribed medications. Studies suggest that the quality-of-care families offer can be influenced by the level of burden they experience (Budiono et al., 2021). This burden is shaped, in part, by their understanding of the illness's nature and causes, as well as their emotional responses to the patient's symptoms (Budiono et al., 2021)

Family psychoeducation intervention significantly reduced the risk of relapse by enhancing families' understanding of the illness and providing guidance on how to best support relatives affected by schizophrenia (Tessier et al., 2023). The family serves as the primary support system for patients. Without adequate support, patients may struggle with treatment and rehabilitation. Research shows that family communication patterns and interactions can influence the patient’s recovery process. Families who participate in psychoeducation programs tend to be better equipped to provide emotional and practical support to the patient (Zukhrufa & Taftazani, 2021).

Family psychoeducation aims to provide relevant information about schizophrenia to family members, helping them understand the condition experienced by the patient. This knowledge is crucial for reducing stigma and enhancing family involvement in care. Research has shown that psychoeducational interventions can significantly reduce relapse rates in

schizophrenia patients, with relapse rates decreasing from 12.24% to 2.04% following the intervention (Liza et al., 2019).

Psychoeducational interventions are advantageous not only for patients but also for their families. By increasing their understanding of schizophrenia, family members can ease the emotional strain they face. Research indicates that after participating in psychoeducation programs, many family members experience a reduction in psychological stress and feel more capable of providing care for the patient (Nurmalisyah, 2018). The study aims to identify and summarize key findings from studies examining the effectiveness of family psychoeducation as an intervention for schizophrenia patients.

METHODS

A literature review is a methodological tool used to answer research questions, evaluate theory or evidence, examine the validity or accuracy of specific theories, and provide an overview of a particular issue or research problem (Ebidor & Ikhide, 2024). The purpose of a literature review is to gain an understanding of the existing research to a particular topic or area of study, and to present that knowledge in the form of a written report. The literature review It can also be used to create research agendas, identify research gaps, engage in theory development, and map the development of a particular research field over time. The method will vary depending on the goal of the literature review (Snyder, 2019). The literature review consists of 17 journals from the last 5 years (2019 – 2024) that have been selected for use. We'd mapped the knowledge regarding the existence of psychoeducational program using this methodology to give knowledge and we used psychoeducation for conveying new knowledge about how delivering a new skill to manage symptoms for family who have schizophrenia, and manage distress or a maladaptive behavior.

Criteria for inclusion

Full articles in English language were included, Randomized Controlled Trials (RCT) for reaching a high level of proof. The PICO (Population, Intervention, Comparison, and Outcome) framework was used to define further inclusion criteria. Therefore, research where: Participants were solely individuals with a diagnosis of schizophrenia, caregivers, or family members; interventions were only used as family psychoeducation or psychoeducation program for caregiver who have schizophrenia patients; Comparison, the control group and intervention group were compered, for effectiveness; Psychoeducation for caregiver/family who have schizophrenia was included in this systematic compilation; Outcome, caregiver/family who have schizophrenia patient decrease their burden, increase knowledge, skill communication, and behavior.

Search strategy

Google Schoolar, ProQuest, Science Direct, and PubMed were used in the current investigation. The MeSh (Medical Subject Heading) directory's pertinent keywords as well as those that weren't were used for English-language keywords. Keywords used in research were "Family AND Psychoeducation", "Psychoeducation AND Schizophrenia", "Family AND Psychoeducation AND Schizophrenia", Psychoeducation Program AND Caregiver AND Schizophrenia".

Selection of Studies

Fig. 1 describes the study selection procedure 6.581 articles were found using keywords from four databases: ProQuest, Science Direct, PubMed, and Google Schoolar. Relevant titles and abstracts were taken into consideration, and duplicate articles were eliminated. The ones that fit the current study's goal were identified based on the investigation. Studies that recurred were found and eliminated. The papers that met the inclusion criteria were chosen after the full texts of the possible research were obtained. The

scope of this investigation was limited to 24 papers with individuals who did not have a diagnosis of schizophrenia, 15 studies with a non-experimental research design, 19 articles with a different intervention, and 16 articles with full text that were not accessible. The figure 1. illustrates the selection procedure.

Data extraction, analysis, and synthesis

In line with the goal of this study, independent reviewers used a program created by the researchers to extract the data. The categories that were established beforehand were used to sort and arrange the data. The goals and study design of these investigations are particularly noteworthy. The study's participants, the implementation setting, the content, the intervention method, the duration, frequency, the time of implementation, the program evaluation, the facilitator, and the results are all emphasized from the data pertaining to the intervention programs. We used PICO Synthesis to analyze the data. Finding the research's features (population, intervention, comparison, outcome, and study design) in each article was the first step in the synthesis process. As suggested by SR's comments, the data were presented in a more thorough manner with tables and a detailed narrative of the findings. The process of identification, screening and selection is depicted in the PRISMA-SR flow chart.

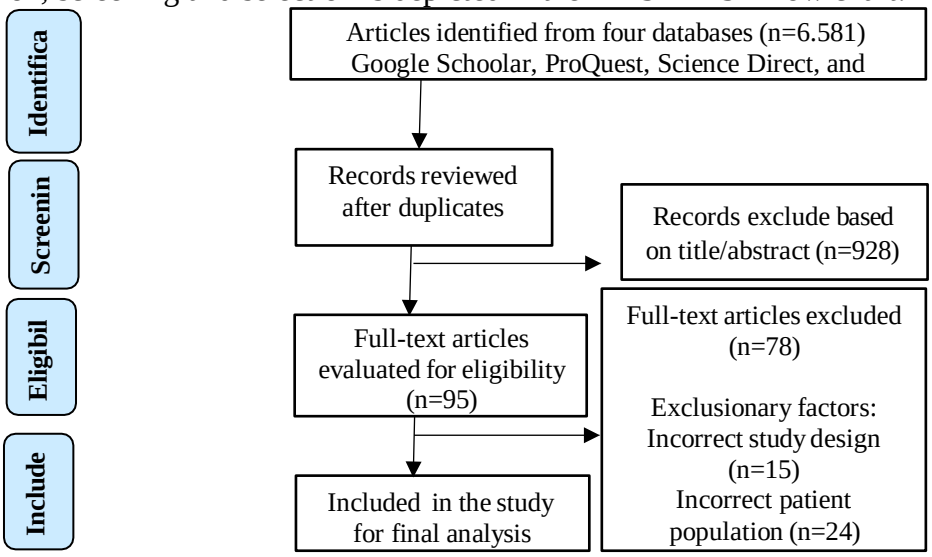

Figure 1. PRISMA (Preferred Reporting Items for Systematic Review) flowchart used to choose studies

RESULTS

The search retrieved 6.581 records, reduced to 1.023 after removing duplicates. 928 articles were found after a preliminary screening of abstracts and titles. An additional 95 records were screened after review articles' reference lists and citations were examined, but no more studies passed abstract screening. After full-text analysis, 17 of the 78 articles were discussed and an agreement was achieved. Table 1 provides a comprehensive presentation of this procedure. A summary of the data taken from the included papers is provided below.

Characteristics of studies

There were seventeen studies we resume. Features of the research table 1 provides an overview of the listed studies. Most of the research carried out in Indonesia (Budiono et al., 2021; Dwi Jayanti & Lestari, 2021; Mubin & Livana PH, 2020) (n = 3), three studies were in India (Innamuri et al., 2019; Sharma et al., 2021; Verma et al., 2019). Two studies were conducted in China (Chien et al., 2019; Yu et al., 2020), two in Turkey (Bademli et al., 2023; Kızılırmak Tatu & Demir, 2021), one study in France (Tessier et al., 2023b), one study in Nigeria (Iyidobi et al., 2022), one in Ethiopia (Asher et al., 2022), one in Bosnia and Herzegovina (Muhić et al., 2022), one in United States (Mueser et al., 2022), one study from United Kingdom (Alizioti & Lyrakos, 2021), and one study in Egypt (Khalil et al., 2019).

The type of psychoeducation program found multifamily psychoeducation (n=2), family/group psychoeducational (n=7), structured psychoeducation (n=1), psychoeducational therapy (n=1), community-based rehabilitation intervention (n=1), Telehealth-based psychoeducation for caregivers (n=1), WeChat-Based Integrative Family Intervention (n=1), Psychoeducational video (n=1), Behavioral family psychoeducation (n=1), and mindfulness-based psychoeducation (n=1).

Ten of studies were randomized controlled trials (Asher et al., 2022; Bademli et al., 2023; Budiono et al., 2021; Mueser et al., 2022; Muhić et al., 2022; Tessier et al., 2023b) (Chien et al., 2019; Dwi Jayanti & Lestari, 2021; Kızılırmak Tatu & Demir, 2021; Sharma et al., 2021). Three studies used quasi experimental (Alizioti & Lyrakos, 2021; Innamuri et al., 2019; Mubin & Livana PH, 2020), one study used experimental (Verma et al., 2019), one study used pragmatic stepped-wedge design (Yu et al., 2020) and one study used matched random sampling (Khalil et al., 2019).

The session of psychoeducation program most of 16 sessions (Chien et al., 2019; Mueser et al., 2022) (n=2), 14 sessions (Khalil et al., 2019), 8 sessions (Kızılırmak Tatu & Demir, 2021), four studies used program in 6 sessions (Budiono et al., 2021; Iyidobi et al., 2022; Tessier et al., 2023b; Verma et al., 2019), three studies used in 5 sessions (Dwi Jayanti & Lestari, 2021; Mubin & Livana PH, 2020; Sharma et al., 2021), three studies used program in 4 sessions (Alizioti & Lyrakos, 2021; Bademli et al., 2023; Yu et al., 2020), one studies in 3 sessions (Asher et al., 2022).

Type of Psychoeducation Program

Several family psychoeducation programs for schizophrenia are:

1. Multifamily Psychoeducational Program

   The six-session, one-and-a-half-month Schiz'Aides program is a multifamily psychoeducational program designed for caregiver of patients with schizophrenia. A psychologist and a nurse with training in psychoeducation led the group sessions, which lasted an average of one hour and thirty minutes. A social worker and a psychiatrist

participated in one particular program session. The presentation of each family and their experiences with their relatives' illness are the main topics of the first session. Additionally, it offers a chance to present the program's themes and collect expectations from families. Understanding the ailment is the focus of the second session. Giving caregivers the criteria to recognize symptoms and etiological components (multifactorial hypothesis) is the goal.

The third session covers non-drug treatments (mostly psychotherapies such cognitive remediation), drug treatment (role forms, efficacy, and adverse effects) and inpatient types and procedures. The caregiver can better handle their patients' crisis conditions during the fourth session. Finding the warning indicators and the appropriate adaptive response is the goal. It is highly encouraged for the many families to share their stories. The fifth session focuses on the patients' everyday life, including the unfavorable symptoms impeding a successful recovery as well as the psychosocial and cognitive repercussions. Networks, associations, and care solutions are offered. The sixth session focuses on the experiences of the caregivers, including how they express their thoughts and the burden of the illness. Following that, the program is reviewed and the final questions are addressed. Six months following the first phase, a booster session is held. This meeting makes it possible to increase the program's effectiveness and track how well daily tactics are being applied (Tessier et al., 2023).

2. An integrative family intervention program based on WeChat

   All of these therapeutic components will be accessible to caregivers and individuals with schizophrenia through WeChat. In order to lessen perceived stigma and caregiver burden, psychoeducation and assistance will improve knowledge and abilities, as well as coping mechanisms and social support (both professional and peer). WeChat offers a variety of platforms, including chat groups, moments, and WeChat official accounts (WOA). It also has a number of strong features, such as voice and text messaging, video and audio calls, photo sharing, games, and payment, because of its many platforms and features (Yu et al., 2020). The program can be:

   a) Psychoeducation to give knowledge of schizophrenia caregiving skills (weekly) using WeChat official account (daily activities, videos, audios, cartoon)
   b) Peer support schizophrenia and caregivers for experience/feelings-sharing information-exchange mutual support (daily) utilizing a WeChat community for individuals with schizophrenia and caregivers (chatting led by people living with schizophrenia and family, QA with psychiatrist daily)
   c) Professional support for Questions and answers, troubleshoot problems, addressing specific needs (monthly) using private WeChat chat and video call (consultation between psychiatrist and family)

3. Telehealth-Based Psychoeducation for Caregivers

   Over the course of six months, the psychoeducation group was asked to participate in up to sixteen live online sessions of Myhealious, a telehealth-based family psychoeducation and skills training program for caregivers of patients with schizophrenia. Throughout the program, the MyHealious clinicians worked one-on-one with the caregivers via live web-based sessions. Each session lasted forty minutes and took place online at a time that worked for the caregiver. In order to promote communication and caregiver involvement in interactive activities, the online interface featured live videos of the caregiver and clinician in addition to a chat window. The caregiver and the clinician decided on the number of sessions and topics to be covered, and the knowledge and techniques were customized for each caregiver. The caregiver discussed issues that came up while taking care of the patient throughout each session, providing concrete examples to

support their point. The clinician provided instruction and direction on how to handle the issues that were found (Mueser et al., 2022)

4. Behavioral Family Psychoeducational Program

   The 14 sessions were given at a frequency of once weekly for the first two months, twice monthly for the next two, and once every three weeks for the final two months. The sessions were given over a period of six months. The following modules were used to deliver the session components: a) one session of engagement; b) one session of evaluation; and c) three sessions of psychoeducation, wherein caregivers were encouraged to participate in the program and educated about symptoms, etiology and relapse indicators of schizophrenia; d) four sessions of communication enhancement training, where participants learned how to provide and receive constructive criticism, actively listen, and ask for behavioral adjustments from one another; e) four sessions of problem solving skills training, where participants learned how to recognize certain family issues and select and apply one more solutions; f) one session of termination (Khalil et al., 2019).

5. Mindfulness-Based Psychoeducation

   The program comprised included activities mindful exercises, homework practice, guided body scans for awareness, and workshops on problem-solving and schizophrenia management. Each participant was urged to exercise regular focused/intentional attention to bodily sensations, thoughts, and feelings for at least 20 to 30 minutes each practice session throughout the early stages. During subsequent sessions, they were urged to develop self-constructive perspectives and self-empowerment to address their negative thoughts and feelings, thereby strengthening their positive thoughts to address illness-related issues in their mind, life circumstances, thoughts, and emotions, especially those associated with traditional Chinese culture (beliefs/attitudes and behaviors) (Chien et al., 2019)

6. Structured Psychoeducation

   A structured psychoeducation intervention had 6 sessions. Each session lasts thoroughly forty-five minutes, with three taking place in the first week and the remaining three in the second. Questions, group exercises, lectures, and feedback are all used to deliver the sessions. An effort was made to establish a constructive therapeutic relationship with the caregivers at the start of the sessions. The psychoeducation manuals' content was summarized as follow: instruction on the causes, symptoms, prognosis, treatment and medication management, as well as alternative therapies. The handbook also covered topics like realistic goal-setting, substance misuse, marital and related problems, communication, how to give both good and negative feedback, problem-solving training, recognizing early relapse indications and job chances (Iyidobi et al., 2022).

7. Family Psychoeducation

   Over the course of a year and a half, schizophrenia patients and their caregivers received twice-monthly family psychoeducation. As a result, six sessions totaling one hour each were completed. Giving accurate information about the symptoms and clinical manifestations of schizophrenia, its effects, how to manage a family member with the illness at home, particularly when it comes to high levels of emotion and relapse risk, recognizing early signs and symptoms of the illness and the significance of taking patient's psychotropic medications on a regular basis, and reducing affected family distress were the main goals of family psychoeducation (Verma et al., 2019).

8. Group Psychoeducation

   Every other week on Wednesday, these workshops take place. Unit 2 caregivers are welcome to engage voluntarily and without payment. Each session lasts between thirty and forty-five minutes. There are both structured and unstructured portions to training. With

the aid of a 31-slide power point presentation, the structured portion consists of a 20–30-minute lecture on specifics regarding schizophrenia, including symptoms, course, prognosis, treatments, options, and compliance. A further ten to fifteen minutes are then spent in discussion and answering participant questions. The audience's questions serve as the basis for the unstructured conversation and clarification. Typically, five to ten caregivers of several inpatients attend each session. A caregiver may decide to come to the session more than once (Innamuri et al., 2019).

Table 1. Characteristic of Studies

Author, year	Intervention	Sample size	Design	Country	Session	Outcome
(Tessier et al., 2023b)	Family psychoeducation	25 patients and 25 caregivers	Randomized controlled trial	France	6 sessions One hour and 30 minutes/session	Effective improving outcomes for patients (e.g., preventing relapse) and caregivers (e.g., burden, sadness, knowledge)
(Iyidobi et al., 2022)	Structured psychoeducation intervention	140 caregivers	longitudinal study	Nigeria	6 sessions in 12 weeks 45 min/each session	Structured psychoeducational intervention is more effective than care as usual for South Eastern caregivers of individuals with Schizophrenia
(Asher et al., 2022)	Community-based rehabilitation intervention	140 patients	Randomized controlled trial	Ethiopia	3 phases	When combined with task-shared facility-based care, CBR provided by lay professionals effectively reduced impairment in individuals with schizophrenia
(Muhić et al., 2022)	Multifamily groups	72 patients	Randomized controlled trial	Bosnia and Herzegovina	One – two clinicians, five-six patients and the one-two family members or friends each patient	In Bosnia and Herzegovina, multifamily groups can be useful in enhancing the quality of life for individuals suffering from schizophrenia
(Bademli et al., 2023)	Psychoeducational intervention	50 caregivers	Randomize controlled trial	Turkey	4 sessions	A psychoeducation program greatly enhanced the mental health and decreased anxiety of those who care for people with schizophrenia
(Mueser et al., 2022)	Telehealth-Based Psychoeducation for Caregivers	148 respondents	Randomized controlled trial	United States	16 sessions	According to the FIRST study, encourage adequate caregiver involvement, facilitate communication about treatment plans between patients, clinicians and family members, and strengthen the bond between clinicians who offer psychoeducation to the patient and caregiver treatment team.
(Budiono et al., 2021)	Psychoeducation	64 patients	Randomized controlled trial	Indonesia	Six educational videos	Family members of people with schizophrenia receive psychoeducation, knowledge increases, emotional expression decrease, and the patient's compliance with their treatment plan improves
(Sharma et al., 2021)	Family Psychoeducation as an Intervention Tool	40 caregivers	Randomized controlled trial	India	5 sessions	Enhancement of well-being and reduction of distress, requesting that Government and private organizations assist caregivers with this kind of intervention

(Alizioti & Lyrakos, 2021)	Psychoeducation	29 participants	quasi-experimental pilot study	United Kingdom	4 sessions	Numerous disease-related problems that exacerbate the progression of schizophrenia, including depression, anxiety, stress, stigma, understanding of illness, and attitudes toward medicine can be effectively addressed by psychoeducation
(Kızılırmak Tatu & Demir, 2021)	Group Psychoeducation	42 schizophrenia patients	Randomized controlled trial	Turkey	8 sessions	Well-being, quality of life and adherence to treatment of individuals with schizophrenia have all improved with group psychoeducation that focuses on social skill development
(Dwi Jayanti & Lestari, 2021)	Family Psychoeducation	40 caregivers	Randomized controlled trial	Indonesia	5 sessions	Family psychoeducation has an impact on how families care for individuals with mental illness. Families with members who have mental illness can benefit from family psychoeducation
(Innamuri et al., 2019)	Group Psychoeducation	68 caregivers	Quasi-experimental	India	structured and an unstructured segment	the Indian context, group psychoeducation is a practical and successful way to increase caregivers understanding of schizophrenia, particularly in relation to diagnosis, course, and management
(Yu et al., 2020)	Integrative Family Intervention based WeChat program	240 people	pragmatic stepped-wedge design	China	4 steps	Examine a mHealth intervention based on WeChat that supports family caregivers for people with schizophrenia. The creative study will help create better evidence based and economical family management model for individuals with schizophrenia in the community
(Verma et al., 2019)	Family psychoeducation	30 caregivers	Experimental study	India	6 sessions	Demonstrates the viability and efficacy of family psychoeducation for those who care for patients with schizophrenia in clinical group
(Khalil et al., 2019)	Behavioral family psychoeducational program	30 subject s	matched random sampling	Egypt	14 sessions	Only slight adjustments, family therapy psychoeducational interventions implemented successfully and practically in a variety of cultural contexts
(Mubin &	Psychoeducation	84 people	quasi experimental	Indonesia	5 sessions	Family stress levels were impacted by

Livana PH, 2020)						schizophrenia family psychoeducation treatment
(Chien et al., 2019)	Mindfulness-based psychoeducation group program	168 caregivers	Randomized controlled trial	China	MPGP 12 sessions CPGP 4 phases	Adults with early-stage schizophrenia have benefit from mindfulness-oriented psycho-education group intervention can have a lasting impact on their mental health and functioning

DISCUSSION

The objective for this study was to identify and summarize key findings from studies examining the effectiveness of family psychoeducation as an intervention for schizophrenia patients. The results demonstrated that there are 17 articles containing 8 types of psychoeducational program that can be done to schizophrenia caregiver, namely Multifamily Psychoeducational Program, WeChat-based integrative family intervention program, Telehealth-Based Psychoeducation for Caregivers, Behavioral Family Psychoeducational Program, Mindfulness-Based Psychoeducation, Structured Psychoeducation, Family Psychoeducation, Group Psychoeducation. The intervention was given for a minimum of 4 sessions, and a maximum of 16 sessions. This study indicates that there is an influence of psychoeducational intervention in enhancing the results of routine treatment for patients (preventing recurrence) and caregivers (burden, sadness, knowledge).

Multifamily Psychoeducational Program. 72 patients were randomly assigned to either one of six multifamily groups or treatment as usual. Follow-up assessments were completed with 53 patients (74%) at 6 months and 55 patients (76%) at 12 months. The intervention significantly improved quality of life at 6 months and 12 months, compared with treatment as usual. Re-hospitalization rates at 6 months and symptom levels also improved significantly whilst changes in other secondary outcomes failed to reach statistical significance. These findings suggest multifamily groups can be effective for improving the quality of life of patients with schizophrenia in Bosnia and Herzegovina (Muhić et al., 2022). The intervention appears feasible and acceptable in this context. Over 80% of patients approached agreed to participate in the intervention, sessions were well-attended, and in qualitative interviews patients described the value of mutual learning through shared experiences and the strengthening of family relationships during the intervention. Most importantly, the multifamily groups despite being provided only six times—led to statistically and clinically significant improvements in the primary outcome, quality of life at 6 months, and these improvements were maintained at 12 months (Muhić et al., 2022).

WeChat-based integrative family intervention program. WeChat-based health intervention programs have been developed for patients with various health conditions, with robust evidence showing their acceptability, feasibility, and efficacy (Feng et al., 2017; Li et al., 2016; Liu et al., 2018; Lyu et al., 2016; Wang et al., 2019). The following three core components: (1) psychoeducation (WeChat official account), (2) peer support (WeChat chat group), and (3) professional support (WeChat video chat). The first study to assess a WeChat-based mHealth intervention to support family caregiving for schizophrenia in China. The innovative study will contribute to the development of a more cost-effective and evidence-based family management (Yu et al., 2020). Importantly, psychoeducation also yields positive effects for caregivers and people living with schizophrenia when delivered through peer support and professional support (Parker Oliver et al., 2017). WeChat will provide access for caregivers and people living with schizophrenia to each of these intervention components. Psychoeducation and support will increase knowledge and skills, as well as social support (peer and professional) and coping to reduce perceived stigma and caregiver burden. In addition, these components are expected to enhance family functioning and positive feelings, such that emotional distress will be reduced (Yu et al., 2020).

Telehealth-Based Psychoeducation for Caregivers. The MyHealios clinicians worked with the caregivers through live web-based sessions on a one-on-one basis throughout the program. Each session was 40 minutes. During each session, the caregiver presented problems that arose from caring for the patient and elaborated with specific examples. A total of 3 modules were identified for initial completion by all caregivers (engagement and goal setting, communications, problem solving and goal achievement). Caregivers could then elect

to complete any of the other modules in any order (coping, relapse prevention, delusions, low levels of activity, schizophrenia, anxiety, bipolar disorder, hallucinations, crisis identification and management, alcohol and drugs, depression, engaging the treatment team, and treatment adherence). Key insights from the FIRST study suggest the potential importance of supporting sufficient caregiver engagement; communication between clinicians, patients, and family members regarding treatment plans; and solidifying the relationship between clinicians providing psychoeducation to the caregiver and patient treatment team (Mueser et al., 2022).

Behavioral Family Psychoeducational Program. Given by psychiatric nurse. The session was delivered in the following modules, those were a) engagement (1 session); b) assessment (1 session); c) psycho-education (3 sessions), in which caregivers were motivated to engage in the programmed and learned about the signs, symptoms, etiology and relapse signs of schizophrenia; d) communication enhancement training (4 sessions), in which participants learnt skills for active listening, delivering positive and negative feedback, and requesting changes in each other's behaviors; e) problem-solving skills training (4 sessions), in which participants learned to identify specific family problems and to choose and implement one or more solutions; and f) termination (1 session). 6 months about 45 – 60 minutes. There was a significant difference incompliance and attitude towards psychotropic medications in favor of patients receiving Behavioral family psychoeducational program both when comparing pre- and post-treatment and when comparing to STU at post-treatment. This shows that attitudes of patients towards medications and consequently their compliance to medications can be increased by providing the patients and their caregivers with the sufficient information about the medications, their doses, their possible side effects and how to deal with them. Also, patient compliance can be increased by highlighting the course of the schizophrenic illness especially with regards to the liability for relapses and the importance of taking the medications to avoid this (Khalil et al., 2019).

Mindfulness-Based Psychoeducation. Mindfulness-based stress reduction (MBSR) programs are amongst the very few interventions that focus on enhancing an individual's self-awareness and acceptance and modifying his/her negative thoughts, emotions and feelings towards an illness and related distress. Type of MBSR those were Mindfulness-based Psycho-education Group Program, Conventional Psychoeducation Group Program. MPGP can improve various domains of patients' psychosocial functioning (e.g. social functioning and self-maintenance) in early-stage schizophrenia, which is important for these patients to be successfully integrated into the community and live independently in their social environment (Bauml, 2006; Lee et al., 2006) MPGP with combined mindfulness and psycho-education group training provided sustainable and considerable benefits (with moderately large effect sizes) to the psychotic patients over the 18-month follow-up (Chien et al., 2019).

Structured Psychoeducation. Caregivers who received structured psychoeducation intervention experienced a greater reduction in caregiver burden than those who received 'care as usual'. Whilst the study addressed short-term effect, the findings of this study are in accord with other studies that have supported the impression that psychoeducational family-based intervention is useful with regard to caregiver burden (Iyidobi et al., 2022). The structured psychoeducation intervention using a modified version of (Sharif et al., 2012). the session 1 to orient caregivers to the program and to create a trusting relationship; session 2 recognize the effect of medications and compliance; session 3 improve communication skills in the family and understand effective way to express emotions; session 4 manage the patient's symptom and skill in coping; session 5 orient caregivers to manage the stress in family; session 6 method relaxation. Each sessions lasting about 45 minutes. Improvement in coping strategies, personal distress and negative attitudes towards the affected relative in spouses of persons with serious mental illness after psychoeducation program (Mannion et al.,

1994). The major finding of this intervention study is that caregivers who received structured psychoeducation intervention had significantly decreased the burden of caregiving when compared with those who received 'care as usual' at the end of follow-up. This effect remained even after controlling for potential confounders such as employment status of the caregiver, severity of symptoms and psychosocial functioning of the patient. This result is consistent with previous reports that psychoeducation improves caregivers' burden (Tsiouri et al., 2015; Yesufu-Udechuku et al., 2015).

Family Psychoeducation. The goals of family psychoeducation are achieved through a comprehensive program, consisting of an educational component, a skills component as like communication, conflict resolution, problem solving, assertiveness, behavior management and stress management; an emotional component, and a social component which are expected to improve family behavior and cognitive abilities (Stuart, 2016). The most important thing from a family psychoeducation program is meeting the families' basic needs and giving families the opportunity to ask questions, exchange views and socialize with other members (Stuart, 2016). The results of other study indicated that there was an effect of giving family psychoeducation on reducing family burdens and there was an increase in family support for families who had family members with schizophrenia (Nurmalisyah, 2018)

An increase in medication adherence after being given family psychoeducation (Mubin & Rahayu, 2019). Intervention within family psychoeducation was carried out for 5 sessions, each session lasting 45 minutes. Session 1 the topic about identifying changes that occur in people with mental disorders and problems that arise to changes in people with mental disorders experienced by their families; session 2: Exercise patient care by family; Session 3: Family stress management exercise; Session 4: Family weight management exercises; Session 5: Community empowerment helping families (Wijayati et al., 2010). Previous research with family psychoeducation showed an increase in family support and medication adherence (Sulastri & Kartika, 2016). Research (Dwi Jayanti & Lestari, 2021) stated that there was an effect of family psychoeducation on the role of the family in caring for people with mental disorders.

Recommended that families continue to carry out the information obtained after receiving psycho-educational therapy, such as identifying problems, caring for family members and stress management exercise, identifying feelings of sadness, loss, worry and anxiety. Research of (Sharma et al., 2021) the findings on emotional regulation (the positive valence, i.e., happiness and the negative valence, i.e., anger, disgust, sadness, and fear) have shown a significant improvement among the caregivers of the treatment group. There has been a considerable reduction in the mean score of negative valence and significant improvement in positive balance. Research from (Tessier et al., 2023b) confirmed by previous studies, the brief multifamily program (consisting of six sessions over a period of 1.5 months) was found to be effective in improving outcomes for caregivers (e.g., burden, depression, knowledge) and patients (e.g., preventing relapse) in the context of routine care. Given its short duration, this program is expected to be easily implementable within the community. Previously research Fifty caregivers were randomly assigned to one of two groups: one that received psychoeducation and one that did not. During four 90-min sessions, the test group was taught about schizophrenia, communicating with patients, and stress management. Before and after the intervention, the results indicate that general health and anxiety scores were significantly lower than the control group. Psychoeducation program significantly reduced the anxiety and improved the mental health of caregivers of schizophrenia patients. It is recommended that psychoeducation program should be included in routine clinical practices (Bademli et al., 2023).

Group Psychoeducation. The defined as the education of a person with any psychiatric disorder in subject areas that serve the goals of treatment and rehabilitation (Goldman, 1988) (Dixon et al., 2001). A multidisciplinary team of doctors, nurses, and occupational therapists. The session has a structured and an unstructured segment. The structured segment involves a 20–30 min presentation on details about schizophrenia (symptoms, course, prognosis, treatment options, and compliance) by the participants for another 10–15 min. The discussion and clarification are not structured and are based on the queries from the audience. Each session is usually attended by 5–10 caregivers of several inpatients. A caregiver could choose to attend the session multiple times, 30-45 min/session. The study showed an increase in knowledge of schizophrenia among caregivers with routine psychoeducation using "standard care." The study demonstrated that group psychoeducation to be an effective and feasible tool in the Indian setting to further increase knowledge of schizophrenia, especially with regard to practical aspects such as management, course, and prognosis (Innamuri et al., 2019).

The type of psychoeducation duration program 4 – 16 sessions. Multifamily psychoeducation program there was 6 sessions. The topic was focusing experiences the illness, understanding the disease, drug treatments, sign and symptoms when relapse, patients' daily life and caregivers' experiences. Structured psychoeducation also 6 sessions, those were assessment of family needs, discussion about schizophrenia with clinically and their experiences, medication and compliance, communication skills, patient's symptom and coping, stress management and relaxation methods. Telehealth based psychoeducation giving program 16 lives web-based sessions of MyHelions, and had three modules about engagement and goal setting, communication, problem solving and achievements. WeChat-based there were three focused giving knowledge of schizophrenia, peer support about experience patient and caregivers, professional support for questions and answers. Behavioral family psychoeducational there were 14 sessions engagement, assessment, psychoeducation, communication, problem solving skill and termination. Mindfulness based psychoeducation group there was Mindfulness based psychoeducation group program (MPGP)12 sessions received a six-month (12 two-hour sessions biweekly and 14-16 subjects/group, Conventional Psychoeducation Group Program (CPGP) 12 sessions 12 two-hour sessions biweekly and 13-16 subjects/group**.** Family psychoeducation give 45 min/sessions and there were 5 sessions about identifying perception about mental illness, patient care experiences for caring, stress management, weight management, and support system empowerment families. Group psychoeducation have 8 sessions for 1 day a week/ 60 min/sessions in 3 months. The session sharing group members/introduction the program, recognizing schizophrenia, evaluating the treatment, stress management and coping, improve communication skills, problem solving skills, develop interprofessional relationship and social activities, and evaluation of psychoeducation program.

The goal of patient education also known as psychoeducation is to help patients learn more about their condition and the care they are receiving. It is believed that more knowledge helps individuals with schizophrenia manage their condition better. The mentally ill person and the information provider interact during psychoeducational interventions. In this review the effectiveness of standard care alone and psychoeducation added to it as a treatment for severely mentally ill individuals is compared (Mubin et al., 2020). There is proof of a notable decline in readmission or relapse rates. Although the degree of improvement is still unknown there appears to be some evidence that psychoeducation may enhance medication compliance. The results raise the possibility that psychoeducation improves social function and has a beneficial impact on an individual's well-being. In the medium term one more person with schizophrenia showed clinical improvement after four others received psychoeducation instead of standard care (Budiono et al., 2021)

The family who has schizophrenia workload in caring for patients with paranoid schizophrenia is lessened by psychoeducational therapy. It increases family strength awareness which helps families better care for patients with paranoid schizophrenia. A useful nursing intervention for comprehending the issues and requirements of patients with paranoid schizophrenia is psychoeducational therapy. The burden of schizophrenia on families is linked to ongoing stress that impacts family members who are responsible for providing care (Fitryasari et al., 2018).

If professional assistance and intervention are not provided the incapacity to care for patients with paranoid schizophrenia may contribute to their relapse (Tlhowe et al., 2017). A state known as family burden arises when a family's needs and capacity to manage stressors are not balanced. Families may experience the burden of paranoid schizophrenia. Both an objective and a subjective burden are present. The increasing problems in family relationships social isolation work financial hardship and the detrimental effects on family members physical health are all signs of objective burden. The ongoing strain may make it more difficult for a family to care for the patient and may necessitate professional therapy. Through psychoeducation a process of acceptance and family education mentally ill family members can be strengthened to prevent relapse. Psychoeducation helps family members better understand how to care for someone with schizophrenia as part of family support.

The implications of psychoeducational family interventions that have family members with mental disorders can be applied within the family with cooperation between the family, patients, programs from health care facilities to fight together for the recovery of schizophrenia patients. If you do not have a family, it can be done by a caregiver of a schizophrenia patient. The variations of this psychoeducation program are very diverse, ranging from face-to-face to virtual or digital monitoring, so that efforts are needed from three elements of human resources, namely from patients, families and health workers for the common goal of providing convenience and recovery for patients. The population of sample participants from various countries who have trial practices of family psychoeducation programs and can be implemented well in certain areas that have support from anywhere. This model of family psychoeducation program is very important to implement in families to help improve the welfare of patients, caregivers/families and reduce the burden of health care.

CONCLUSION

The study identifies eight types of psychoeducational programs, spanning multifamily approaches, mindfulness-based techniques, and technology-assisted interventions, offered over 4 to 16 sessions. These programs show positive outcomes for both patients and caregivers, such as lower relapse rates, better medication adherence, improved social functioning, and reduced caregiver burden. By promoting understanding and acceptance within families, psychoeducation enhances caregiving abilities and helps address the difficulties of managing schizophrenia. Further research is needed to give guideline of modules for the facilitator and optimize the implementation of psychoeducational programs.

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