

Development of a Family Intervention Module for Caregivers of Persons with Schizophrenia

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Abstract

Background: Schizophrenia is a chronic psychiatric disorder associated with significant disability and long-term caregiving demands. Family caregivers frequently experience psychological burden, stigma, and reduced quality of life. Structured and culturally appropriate family interventions are essential to support caregivers and improve patient outcomes.

Aim: To develop a culturally relevant family intervention module for caregivers of persons with schizophrenia.

Methods: The module was developed using three phases: (a) narrative literature review, (b) qualitative exploration through focus group discussions, and (c) expert validation. Iterative refinement was performed based on expert feedback.

Results: A structured multi-session family intervention module was developed including psychoeducation, medication adherence, behavioural management, caregiver stress reduction, legal awareness, and future planning.

Conclusion: The developed module provides a structured, culturally sensitive framework that can be implemented by psychiatric nurses and community mental health professionals to support caregivers of persons with schizophrenia.

Keywords: Schizophrenia; Caregivers; Family Intervention; Psychiatric Nursing; Psychoeducation

Introduction

Schizophrenia is a chronic and disabling psychiatric disorder characterized by disturbances in perception, thought processes, emotions, and

behaviour, often leading to significant long-term functional impairment.¹ The global lifetime prevalence of schizophrenia is estimated to range between 0.3% and 0.7%, and despite advances in pharmacological and psychosocial management,

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it remains a major contributor to years lived with disability worldwide.² In India, epidemiological findings indicate comparable prevalence rates, with considerable variability in access to treatment, continuity of care, and community-based rehabilitation services.³

In low- and middle-income countries such as India, families constitute the primary support system for persons living with schizophrenia.⁴ Institutional care is limited, and community mental health resources remain unevenly distributed. Consequently, caregivers assume responsibility for medication supervision, behavioural management, financial support, crisis handling, and long-term rehabilitation. This sustained involvement often results in significant emotional distress, economic strain, social isolation, and stigma.⁵ Caregiver burden has been shown to negatively influence treatment adherence, relapse prevention, and overall patient outcomes.^{6,7}

Family psychoeducation and structured family interventions have consistently demonstrated effectiveness in reducing relapse rates, improving medication adherence, strengthening coping skills, and enhancing family functioning.^{8,9} However, most established intervention models have been developed in Western settings and may not adequately address the socio-cultural realities of Indian families.¹⁰

Contextual adaptation of interventions—incorporating local language, cultural norms, caregiver expectations, and available health system resources—is therefore essential to ensure feasibility, acceptability, and sustained engagement.¹¹ Community-based rehabilitation initiatives in India further emphasize the importance of culturally responsive, family-centred approaches in strengthening long-term schizophrenia care.¹²

In Assam, where traditional family structures remain strong and access to specialized psychiatric services may be limited in certain communities, caregivers often manage complex illness-related challenges with minimal structured guidance. Despite the critical role of families, there is a scarcity

of locally developed, structured family intervention modules tailored to the specific socio-cultural context of the region.

Given this gap, the present study aimed to develop a contextually adapted family intervention module for caregivers of persons with schizophrenia in Assam. The module was informed by caregiver perspectives obtained through focus group discussions, existing literature, and expert consultation, with the objective of enhancing caregiver knowledge, skills, emotional resilience, and collaborative participation in treatment.

Aim of The Study

To develop a contextually adapted family intervention module for caregivers of persons with schizophrenia in Assam.

Methods

Study Design

An exploratory qualitative study was conducted to inform the development of a structured family intervention module for caregivers of persons with schizophrenia.

Study Setting

The study was conducted in selected communities across Assam, India.

Sample

A total of 19 primary caregivers of persons diagnosed with schizophrenia participated in the study. Caregivers who were directly involved in day-to-day care and were willing to share their experiences were included.

Sampling Technique

Purposive sampling was employed to recruit participants from different communities to ensure diversity in caregiving experiences and socio-cultural backgrounds. The sample size was determined based on the principle of **data saturation**, whereby data collection continued until no new themes or

meaningful insights emerged. Data saturation was achieved within three focus group discussions.

Data Collection

Data were collected through three focus group discussions (FGDs), comprising 8, 6, 5 participants respectively. The discussions were conducted in a private and comfortable community setting.

A semi-structured interview guide was used to explore caregiver experiences related to illness understanding, medication adherence challenges, management of behavioural problems, emotional and financial burden, stigma and social discrimination, and perceived support needs.

The interview guide was developed based on a review of existing literature on caregiver burden, psychoeducation, and family interventions in schizophrenia.^{2,8,9} It was further refined through expert consultation with professionals from psychiatry, psychiatric nursing, clinical psychology, and psychiatric social work to ensure content validity and relevance. A pilot test was conducted with a small group of caregivers, following which minor modifications were made to improve clarity and feasibility.

Each FGD lasted approximately 60-90 minutes. Discussions were conducted in the local language, audio-recorded with participant consent, and supplemented with field notes.

Data Analysis

Audio recordings were transcribed and translated into English. Data were analysed using Braun and Clarke's six-step thematic analysis approach:

- Familiarisation with the data
- Generating initial codes
- Searching for themes
- Reviewing themes
- Defining and naming themes
- Producing the report

Themes reflecting caregiver educational and psychosocial needs were identified and systematically mapped to guide the development of the intervention module. The module structure was informed by caregiver experiences and evidence supporting psychoeducation and community-based rehabilitation models.^{5,9}

Thematic analysis revealed key needs, including:

- Limited understanding of schizophrenia
- Prevalence of myths and stigma
- Difficulty managing challenging behaviours
- Concerns about medication side effects and adherence
- Emotional fatigue and burnout
- Lack of awareness about government schemes
- Need for practical skills in crisis management
- These findings were used to develop initial session content.

Trustworthiness

To ensure the rigour of the study, data were reviewed repeatedly, and coding decisions were discussed among the Research Advisory Committee members. Field notes were used to support the interpretation of findings, and themes were refined through iterative comparison with the data to enhance credibility and consistency.

Reporting Guideline

The study was reported in accordance with the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines.¹³

Development of the Intervention Module

- The module was developed through a systematic process involving:
- Integration of themes derived from qualitative findings

- Review of existing literature on caregiver burden, family psychoeducation, and psychosocial interventions.^{2,8,9,13}
- Expert consultation from various field like Psychiatry, Psychiatric Nursing, Clinical Psychology and Psychiatric Social Work.

Description of the Module

The final module consisted of structured sessions addressing psychoeducation, medication adherence, behavioural management strategies, caregiver stress management, stigma reduction, legal awareness, and future planning.

Table 1. Overview of the Family Intervention Module for Caregivers of Persons with Schizophrenia

Session No.	Duration	Session Title	Key Content	Purpose
1	60 minutes	Introduction and Orientation	Rapport building, introduction to the module, baseline assessment, informed consent	To establish a therapeutic relationship, orient caregivers to the intervention, and assess initial understanding
2	60 minutes	Understanding Schizophrenia through Psychoeducation	Nature of schizophrenia, causes, symptoms, treatment options, myths and misconceptions, caregiver roles	To enhance caregivers' knowledge, reduce stigma, and promote informed caregiving
3	30 minutes	Medication Adherence and Management	Importance of adherence, managing side effects, relapse prevention, follow-up care	To improve medication adherence and prevent relapse
4	60 minutes	Dealing with Challenging Behaviours	Communication skills, de-escalation techniques, early warning signs of relapse	To build caregivers' confidence in managing behavioural symptoms safely
5	60 minutes	Stress and Emotional Management for Caregivers	Relaxation techniques, coping skills, self-care strategies, activity scheduling	To reduce caregiver stress and prevent burnout
6	30 minutes	Legal Rights, Government Schemes, and Disability Benefits	RPwD Act provisions, disability certification, welfare schemes in Assam	To enhance awareness and access to legal and financial support
7	60 minutes	Future Planning, Resources, and Wrap-Up	Crisis preparedness, future care planning, community resources, feedback	To promote long-term preparedness and consolidate learning

Ethical Approval

Ethical approval was obtained from the Institutional Ethics Committee of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (Approval No. IEC/2024/01/20). Participant information sheets in the local language were distributed to provide detailed information about the study, including the researcher's contact details. Written informed consent was obtained from all participants before the commencement of data collection.

Discussion

The present study developed a contextually adapted family intervention module for caregivers of persons with schizophrenia, informed by qualitative findings and supported by existing evidence. The development of this module aligns with global research demonstrating that structured family psychoeducation reduces relapse rates, improves medication adherence, and enhances family communication.^{9,14}

Indian literature similarly emphasizes the central role of caregivers in schizophrenia care and highlights the importance of culturally sensitive family interventions that consider family structure, caregiving norms, and stigma dynamics.¹² In low-resource settings, where family members remain the primary caregivers, structured guidance and support become essential components of long-term illness management.

The content domains of the developed module—understanding schizophrenia, medication adherence, behavioural management, stress and emotional regulation, legal awareness, and crisis preparedness—are consistent with evidence-based recommendations for family intervention.¹⁰ Community-based rehabilitation and culturally adapted family models in India have shown promising outcomes in improving patient functioning and caregiver coping.⁵

Unlike many standard Western models, this module integrates local cultural beliefs, caregiver

narratives, common misconceptions, and region-specific challenges observed in Assam, including stigma associated with supernatural explanations, limited mental health literacy, and socioeconomic constraints. Culturally adapted interventions are associated with improved acceptability, engagement, and sustainability among families.^{8,4} Therefore, contextual tailoring is critical in strengthening community-based schizophrenia care in the region.

The module also addresses caregiver stress and emotional burden—areas frequently overlooked in routine psychiatric services despite strong evidence linking caregiver well-being with patient outcomes and relapse prevention.⁷ By incorporating stress management strategies, activity scheduling, and pathways for social support, the intervention promotes caregiver empowerment alongside patient care.

Furthermore, inclusion of legal rights and welfare schemes enhances caregiver advocacy and resource access. Awareness of disability benefits and social security provisions can reduce financial strain and improve long-term caregiving capacity, consistent with Indian rehabilitation findings.⁵

From a psychiatric nursing perspective, the module provides a structured and practical tool that can be delivered in outpatient settings, community outreach programs, and caregiver support groups. Psychiatric nurses are strategically positioned to implement such family-focused interventions, given their central role in psychoeducation, relapse prevention, and community mental health services.

Overall, this intervention bridges the gap between evidence-based family treatment models and culturally grounded community practices. It offers a feasible and locally relevant framework for strengthening family-centred schizophrenia care in Assam and similar low-resource settings.

Implications for Practice

The module can be delivered by psychiatric nurses, primary healthcare staff or ASHA workers with minimal training. Its modular design allows use in outpatient clinics, community settings, and home

visits. It promotes caregiver empowerment, enhances illness understanding, improves adherence, and reduces reliance on crisis-driven care.

Implications for Community Mental Health

This module aligns with India's District Mental Health Programme goals. It supports rural outreach, improves service accessibility, and can be integrated into existing community mental health worker training programs.

Strengths

- Derived from caregiver experiences
- Expert validated
- Culturally adapted
- Low-literacy friendly

Limitations

- Effectiveness is not yet evaluated
- Module's applicability beyond studied region needs testing
- Findings are based on a limited sample of caregivers

Future Research

Future studies should assess the intervention's effectiveness using pre-post or controlled trial designs, examine long-term outcomes, and explore adaptation for group or digital delivery.

Conclusion

The developed family intervention module provides a structured, culturally sensitive framework to support caregivers of persons with schizophrenia and can be integrated into psychiatric nursing and community mental health practice.

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Conflict of Interest: The authors declare no conflicts of interest.

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