Impact of Psychoeducation on Expressed Emotion, Family Environment, Drug Adherence and Illness Outcome of Individual with Schizophrenia

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ABSTRACT

Background: Psychoeducation can be implemented in different formats and settings. The format depends entirely on the disorder, the developmental age of the individual, and their individual needs. Individual-based, Family-based, Group-based. Psycho-education most commonly involves the individual with the disorder, the patient or client, but in some situations, psychoeducation is implemented only to the people who deal with the patient on a day-to-day basis such as family, friends, teachers, or caretakers. **Aim:** To assess the impact of psychoeducation on expressed emotion, family environment, drug adherence, and illness outcome of the individual with schizophrenia. **Methodology:** It will be a hospital-based intervention study using pre-post-test control group research design. This study has been conducted to evaluate the efficacy of psychoeducation on different outcome variables. **Results**: After the intervention it was found that family environment and drug adherence improved and expressed emotions reduced. So in schizophrenia role of psychoeducation is important. its improved family environment reduced expressed emotions and improved drug adherence.

Keywords: Medication adherence, family environment, attitude

INTRODUCTION

Health care providers should be supportive of family caregivers and help them acquire knowledge and problem solving, organizational and communication skills to maximize quality care. Some caregivers can carry out care giving tasks better than others because of their knowledge about the disease, their experience, level of involvement, and skills (Reinhard S.et. al., 2003).

Psychological and environmental stresses are most likely to trigger psychotic decompositions in a person. According to Sigmund Freud, there is regression to the pre-oral (and oral) stage of psychosexual development, with the use of defined mechanisms of denial, projection, and reaction formation. There is a loss of ego boundaries with a loss of touch with reality (Sadock; et.al., 1995). A summary list includes patients' and caregivers' characteristics, family size and economic status, role expectations, and illness-related beliefs. Such wide variability, combined with cross-cultural differences, leads to estimates of the prevalence of family burden ranging between 30% and 80%. There is a widely held belief that distress is more often related to patients 'apathy, inactivity, or failure to comply with social duties, than with more evident positive psychotic symptoms or behavioural disturbances (Leff and Vaughn, 1985).

Models of the aetiology of schizophrenia since the 1940s have included the schizophrenogenic mother, the double bind theory, and marital skew and schism. These blame the family for the emergence and prolongation of schizophrenia in a relative. Despite the lack of empirical evidence for such theories, covert blame on the family has often led to a therapeutic misalliance with the physician. This leads to rejection of the therapist and creates an atmosphere of adversity and mistrust with poorer outcomes for the patient.

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In response to evidence of the negative impact of high expressed emotion on the course of schizophrenia, family-oriented psychosocial interventions were developed. These view the family as a resource in need of education, training, and support rather than as a pathogenic unit.4 Goals of family therapy include support, family education, the reinforcement of medication compliance, and family empowerment. All recently developed family intervention programs begin with basic educational sessions. Subsequent sessions encourage the setting of realistic expectations and encompass cognitive-behaviours techniques such as training in stress management and problem-solving skills. These provide family members with both information about schizophrenia and strategies for managing common problems.

Involving family members as collaborators in the treatment of a schizophrenic relative is also beneficial for the clinician's management of a case. Issues can be discussed with patients and key relatives in the context of a "family consultation" This is an opportunity to share both the family's observations, which offer a unique insight into the patient's environment and the clinician's specialized knowledge. This consultation should exist without an initial assumption that family relationships are problematic

Family members with high expressed emotion are hostile, very critical, and not tolerant of the patient. They feel like they are helping by having this attitude. They not only criticize behaviours relating to the disorder but also other behaviours that are unique to the personality of the patient. High expressed emotion is more likely to cause a relapse than low expressed emotion. The psychosocial interventions such as psychoeducation, communication skills, problem-solving skills, social skills, occupational training, crisis management, and healthy coping strategies with the ongoing pharmacotherapy proved effective in reducing the high EE and improving treatment outcomes (AnekalC.et.al).

MATERIALS AND METHODS

Venue: Maharashtra institute of mental health and department of psychiatry B. J Medical Government College, Sassoon General Hospital, Pune.

Research design: It was a hospital-based intervention study. Pre-post-test control group research design.

This study has been conducted to evaluate the efficacy of psychoeducation on different outcome variables.

In schizophrenia disorder, was a hospital-based intervention study .in this study pre-post and follow–up tests were designed with a control group. has been used in which individuals with schizophrenia disorder. where assigned randomly in experimental group and control group .in this study follows up assessment has been also done.

Sampling method: Samples were selected by using the purposive sampling method, patients who was admitted to MIMH and diagnosed the criteria for schizophrenia according to ICD 10 DCR.

Sample size: A total of 80 schizophrenia disorder individual and their family members were selected .out of these 80 samples, 40 schizophrenia disorder individuals and their family members were assigned to the control group (treatment as a usual group) and 40 schizophrenia disorder individuals and their family members were assigned to the experimental group (treatment as usual and intervention group)

Population: Caregivers of patients with schizophrenia were selected as the population group who met the inclusion criteria of the study.

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Tools Used in the Study

- Socio-demographic datasheet of the caregivers
- The Family Environment Scale (FES), by Moos and Moos (1976) to assess the family environment of the individual with schizophrenia
- Attitude questionnaire by Sethi et al. (1982) to assess the expressed emotions towards schizophrenia
- Medication Adherence Rating Scale (Thompson et al, 2000) to assess the information about the drug.

Statistics Analysis: The data were subjected to computerized statistical analysis using a statistical package for social science (SPSS) version was used.

RESULT

The present study was conducted to understand the various factors associated with the impact of psychoeducation on expressed emotion, family environment, drug adherence, and illness outcome of the individual with schizophrenia. To make the study systematic the researcher primarily collected and organized the data related to the families having schizophrenia persons in Sassoon general hospital, the universe of the study. A total number of 80 cases of schizophrenia were identified and separated. The researcher made this universe, of 80 cases of schizophrenia patients who undergo treatment at Sassoon general hospital pass through an inclusion and exclusion criteria and a total number of 80 cases were short-listed.

Table 1 Baseline Assessment

Domains	Experimental (n=40)		Control (n=40)		p-value
	Mean	SD	Mean	SD	
Cohesion	44.85	1.67	44.95	1.85	0.801
Expressiveness	25.48	1.47	25.50	1.43	0.939
Conflict	41.68	4.17	41.15	3.75	0.556
Acceptance and Caring	41.83	3.90	40.95	2.25	0.224
Independence	24.68	2.22	24.80	2.32	0.806
Active-Recreation	25.33	1.80	25.35	1.83	0.951
Organization	5.05	0.99	5.15	0.98	0.650
Control	9.68	1.65	9.73	1.68	0.894
Critical Comment	-2.33	1.46	-2.20	1.40	0.697
Hostility	-2.00	0.99	-1.98	0.97	0.910
Dissatisfaction	-1.68	1.05	-1.70	1.02	0.914
Warmth	-2.05	0.68	-2.08	0.69	0.871
Emotional over-involvement	7.35	1.64	7.33	1.62	0.946
MARS	4.25	0.87	4.23	0.86	0.898

The above Table shows the pre-intervention of the experimental and control group. The domain of cohesion between experimental and control at baseline. the cohesion of experimental group means and SD was 44.85 ± 1.67 and control group 44.95± 1.85. The domain of expressiveness between experimental and control at baseline. The expressiveness of the experimental group means and SD was 25.48 ± 1.47 and the control group was 25.50± 1.43. The domain of conflict between experimental and control at baseline. Conflict of experimental group means and SD was 41.68 ± 4.17 and control group 41.15± 3.75. The

domain of acceptance and caring between experimental and control at baseline. Acceptance and caring of the experimental group mean and SD was 41.83 ± 3.90 and control group 40.95± 2.25. The domain of independence between experimental and control at baseline. The independence group means and SD was 24.68 ± 2.22 and the control group was 24.80± 2.32. The domain of active recreation between experimental and control at baseline. The active recreation group means and SD was 24.68 ± 2.22 and the control group was 24.80± 2.32. The domain of organization between experimental and control at baseline. The organization group means and SD was 5.05 ± 0.99 and the control group was 5.15± 0.98. The domain of control between experimental and control at baseline. The Control group mean and SD was 9.68 ± 1.65 and the control group was 9.73± 1.68. The domain of critical comment between experimental and control at baseline. Critical comment group means and SD was -2.33 ± 1.46 and control group -2.20± 1.40. The domain of hostility between experimental and control at baseline. The hostility group means and SD was -2.00 ± 0.99 and the control group -1.98± 0.97. The domain of dissatisfaction between experimental and control at baseline. The dissatisfaction group means and SD was -1.68 ± 1.05 and the control group -1.70± 1.02. The domain of warmth between experimental and control at baseline. The warmth group means and SD was -2.05 ± 0.68 and the control group -2.08± 0.69. The domain of emotional over-involvement between experimental and control at baseline. The emotional over-involvement group mean and SD was 7.35 ± 1.64 and the control group -7.33± 1.62. The domain of mars between experimental and control at baseline. Mars group mean and SD was 4.25 ± 0.87 and control group was 4.23± 0.86.

Both pre experimental and pre control group cohesion of P value 0.801, Expressiveness p value 0.939, conflict P value 0.556, acceptance and caring P value 0.224, independence p value 0.806, active recreations P value0.951, organization P value0.650, control P value 0.894, critical comment P value 0.697, hostility P value 0.910, dissatisfaction P value 0.914, warmth P value0.871, emotional over involvement P value0.946, mars P value 0.898.

Table 2. Post- Interventions Assessment

Domain	**Experimental (n=40)**		**Control (n=40)**		**p-value**
	Mean	**SD**	**Mean**	**SD**	
Cohesion	53.03	1.76	44.90	1.65	<0.001
Expressiveness	33.60	1.61	25.48	1.47	<0.001
Conflict	50.70	3.23	41.68	4.17	<0.001
Acceptance and Caring	51.65	3.13	41.83	3.90	<0.001
Independence	31.85	2.65	24.68	2.22	<0.001
Active-Recreation	37.10	1.74	25.33	1.80	<0.001
Organization	9.20	1.16	5.05	0.99	<0.001
Control	15.48	1.45	9.68	1.65	<0.001
critical comment	6.15	1.72	-2.00	1.28	<0.001
Hostility	7.90	0.93	-1.88	0.91	<0.001
Dissatisfaction	7.20	1.22	-1.38	0.90	<0.001
Warmth	7.73	0.93	-1.93	0.69	<0.001
emotional over-involvement	5.95	1.26	7.25	1.63	<0.001
Mars	7.65	0.86	4.48	0.78	<0.001

The above Table shows the Post-intervention of the experimental and control group. The domain of cohesion between experimental and control at baseline. The cohesion of

experimental group means and SD was 53.03 ± 1.76 and control group 44.90 ± 1.65. The domain of expressiveness between experimental and control at baseline. The expressiveness of the experimental group means and SD was 33.60 ± 1.61 and the control group was 25.48± 1.47. The domain of conflict between experimental and control at baseline. Conflict of experimental group means and SD was 50.70 ± 3.23 and control group 41.68 ± 4.17. The domain of acceptance and caring between experimental and control at baseline. Acceptance and caring of the experimental group mean and SD was 51.65 ± 3.13 and control group 41.83± 3.90. The domain of independence between experimental and control at baseline. Independence group means and SD was 31.85 ± 2.65 and control group 24.68 ± 2.22. The domain of active recreation between experimental and control at baseline. The active recreation group means and SD was 37.10 ± 1.74 and the control group was 25.33± 1.80. The domain of organization between experimental and control at baseline. The organization group means and SD was 9.20 ± 1.16 and the control group was 5.05± 0.99. The domain of control between experimental and control at baseline. The Control group mean and SD was 15.48 ± 1.45 and the control group was 9.68± 1.65. The domain of critical comment between experimental and control at baseline. Critical comment group means and SD was 6.15 ± 1.72 and control group -2.00± 1.28. The domain of hostility between experimental and control at baseline. The hostility group means and SD was 7.90 ± 0.93 and the control group -1.88± 0.91. The domain of dissatisfaction between experimental and control at baseline. The dissatisfaction group means and SD was 7.20 ± 1.22 and the control group -1.38± 0.90. The domain of warmth between experimental and control at baseline. The warmth group means and SD was 7.73 ± 0.93 and the control group was -1.93 ± 0.69. The domain of emotional over-involvement between experimental and control at baseline. The emotional over-involvement group mean and SD was 5.95 ± 1.26 and the control group -7.25 ± 1.63. The domain of mars between experimental and control at baseline. Mars group mean and SD was 7.65 ± 0.86 and control group 4.28± 0.78.

After receiving the psychoeducation majority of the significant others responded very positively and reported that they have gained proper knowledge. Both post experimental and post control group cohesion of P-value 0.001 level of significant difference found, Expressiveness p-value 0.001 level of significant difference found, conflict P-value 0.001 level of significant difference found, acceptance and caring P-value 0.001 level of significant difference found, independence p-value 0.001 level of significant difference found, active recreations P-value 0.001 level of significant difference found, organization P-value 0.001 level of significant difference found, control P-value 0.001 level of significant difference found, critical comment P-value 0.001 level of significant difference found, hostility P-value 0.001lavel of significant difference found, dissatisfaction P-value 0.001 level of significant difference found, warmth P value0.001 level of significant difference found, emotional over-involvement P-value 0.001 level of significant difference found and mars P-value 0.001 level of significant difference found.

Table 3 shows the Pre-intervention and post-intervention of the experimental group. The domain of cohesion between experimental and control at baseline. The cohesion of experimental group means and SD was 53.03 ± 1.76 and post-intervention group 44.90 ± 1.65. which shows a significant difference between pre and post-intervention (0.001 level). The domain of expressiveness between experimental and control at baseline. The expressiveness of experimental group means and SD was 25.48 ± 1.47 and post-intervention group 33.60 ± 1.61. which shows a significant difference between pre and post-intervention (0.001 level). The domain of conflict between experimental and control at baseline. conflict of experimental group mean

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Table 3. Experimental Group Assessment

Domain	Pre Intervention (n=40)		Post Intervention (n=40)		p-value
	Mean	SD	Mean	SD	
Cohesion	44.85	1.67	53.03	1.76	<0.001
Expressiveness	25.48	1.47	33.60	1.61	<0.001
Conflict	41.68	4.17	50.70	3.23	<0.001
Acceptance and Caring	41.83	3.90	51.65	3.13	<0.001
Independence	24.68	2.22	31.85	2.65	<0.001
Active-Recreation	25.33	1.80	37.10	1.74	<0.001
Organization	5.05	0.99	9.20	1.16	<0.001
Control	9.68	1.65	15.48	1.45	<0.001
critical comment	-2.33	1.46	6.15	1.72	<0.001
Hostility	-2.00	0.99	7.90	0.93	<0.001
Dissatisfaction	-1.68	1.05	7.20	1.22	<0.001
Warmth	-2.05	0.68	7.73	0.93	<0.001
emotional over-involvement	7.35	1.64	5.95	1.26	<0.001
Mars	4.25	0.87	7.65	0.86	<0.001

and SD was 41.68 ± 4.17 and post-intervention group 50.70 ± 3.23. which shows a significant difference between pre and post-intervention (0.001 level). The domain of acceptance and caring between experimental and control at baseline. acceptance and caring of experimental group mean and SD was 41.83 ± 3.90 and post-intervention group 51.65 ± 3.13. which shows a significant difference between pre and post-intervention (0.001 level). The domain of active recreation of the experimental group at baseline. active recreation of the experimental group means and SD was 25.33 ± 1.80 and post-intervention group 37.10± 1.74. which shows a significant difference between pre and post-intervention (0.001 levels). The domain of organization of experimental group at baseline. organization of experimental group means and SD was 5.05 ± 0.99 and post-intervention group 9.20± 1.16. which shows a significant difference between pre and post-intervention (0.001 levels). The domain of control of the experimental group at baseline. control of experimental group means and SD was 9.68 ± 1.65 and post-intervention group 15.48± 1.45. which shows a significant difference between pre and post-intervention (0.001 levels). The domain of critical comment of the experimental group at baseline. critical comment of experimental group means and SD was -2.33 ± 1.46 and post-intervention group 6.15± 1.72. which shows a significant difference between pre and post-intervention (0.001 levels).). The domain of hostility of the experimental group at baseline. The hostility of the experimental group means and SD was -2.00 ± 0.99 and post-intervention group 7.90± 0.93. which shows a significant difference between pre and post-intervention (0.001 levels). The domain of dissatisfaction of experimental group at baseline. The dissatisfaction of experimental group means and SD was -1.68 ± 1.05 and post-intervention group 7.20± 1.22. which shows the significant difference between pre and post-intervention (0.001 levels). The domain of warmth of the experimental group at baseline. The warmth of the experimental group means and SD was -2.05 ± 0.68 and post-intervention group 7.73± 0.93. which shows the significant difference between pre and post-intervention (0.001 levels). The domain of emotional over-involvement of the experimental group at baseline .emotional over-involvement of experimental group mean and SD was 7.35 ± 1.64 and post-intervention group 5.95± 1.26 .which shows a significant difference between pre

and post-intervention (0.001 levels).).The domain of mars of the experimental group at baseline .mars of experimental group mean and SD was 4.25 ± 0.87 and post-intervention group 7.65 ± 0.86 .which shows the significant difference between pre and post-intervention (0.001 levels).

Table 4. Control Group Assessment

Domain	Pre intervention (n=40)		Post Intervention (n=40)		p-value
	Mean	SD	Mean	SD	
Cohesion	44.95	1.85	44.90	1.65	0.570
Expressiveness	25.50	1.43	25.48	1.47	0.323
Conflict	41.15	3.75	41.68	4.17	0.016*
Acceptance and Caring	40.95	2.25	41.83	3.90	< 0.001*
Independence	24.80	2.32	24.68	2.22	0.323
Active-Recreation	25.35	1.83	25.33	1.80	0.323
Organization	5.15	0.98	5.05	0.99	0.160
Control	9.73	1.68	9.68	1.65	0.160
critical comment	-2.20	1.40	-2.00	1.28	0.146
Hostility	-1.98	0.97	-1.88	0.91	0.210
Dissatisfaction	-1.70	1.02	-1.38	0.90	0.008*
Warmth	-2.08	0.69	-1.93	0.69	0.057
emotional over-involvement	7.33	1.62	7.25	1.63	0.183
Mars	4.23	0.86	4.48	0.78	0.011*

*Significant at 0.05 levels ** Significant at 0.01 levels

The above Table shows the Pre-intervention and post-intervention of the control group. The domain of cohesion between experimental and control at baseline. The cohesion of control group means and SD was 44.95 ± 1.85 and post-intervention group 44.90± 1.65. which shows there was no significant difference between pre and post-intervention. The domain of expressiveness between pre and post at baseline. The expressiveness of control group means and SD was 25.50 ± 1.43 and post-intervention group 25.48± 1.47. which shows there was no significant difference between pre and post-intervention. The domain of conflict between control group at baseline. conflict of the control group, mean and SD was 41.15 ± 3.75 and post-intervention group 41.68 ± 4.17. which shows a significant difference between pre and post-intervention (0.016). The domain of acceptance and caring between control at baseline. acceptance and caring of control group mean and SD was 40.95 ± 2.25 and post-intervention group 41.83 ± 3.90. which shows a significant difference between pre and post-intervention (0.05 level). The domain of active recreation of the control group at baseline. active recreation of experimental group means and SD was 25.35 ± 1.83 and post-intervention group 25.33 ± 1.80. which shows there was no significant difference between pre and post-intervention (p = 0.323). The domain of organization of control group at baseline. organization of experimental group means and SD was 5.15 ± 0.98 and post-intervention group 5.05 ± 0.99. which shows there was no significant difference between pre and post-intervention (p = 0.160). The domain of the control group at baseline. control of control group means and SD was 9.73 ± 1.68 and post-intervention group 9.68 ± 1.45. which shows significant there was no difference between pre and post-intervention (0.160 levels). The domain of critical comment of the control group at baseline. critical comment of a control group means and SD was -2.20 ± 1.40 and post-intervention group -2.00± 1.28. which shows

there was no significant difference between pre and post-intervention (0.146). The domain of hostility of control the group at baseline. The hostility of a control group means and SD was -1.98 ± 0.97 and post-intervention group -1.88± 0.91 which shows there was no significant difference between pre and post-intervention (0.210 levels). The domain of dissatisfaction of control the group at baseline. The dissatisfaction of the control group means and SD was -1.70 ± 1.02 and post-intervention group -1.38± 0.90. which shows there was a slightly significant difference between pre and post-intervention (0.008* levels). The domain of warmth of the control group at baseline. The warmth of the experimental group means and SD was -2.08 ± 0.69 and post-intervention group -1.93 ± 0.69. which shows there was no significant difference between pre and post-intervention (0.057 levels). The domain of emotional over-involvement of the control group at baseline .emotional over-involvement of control group mean and SD was 7.33 ± 1.62 and post-intervention group 7.25 ± 1.63 .which shows there was no significant difference between pre and post-intervention (0.183 levels).).The domain of mars of the control group at baseline .mars of control group mean and SD was 4.23 ± 0.86 and post-intervention group 4.48 ± 0.78 .which shows a slightly significant difference between pre and post-intervention (0.05 levels).

DISCUSSION

Critical caregivers get involved in angry exchanges with the patient whom they seem unable to prevent. These potentially lead to physical violence, and it is the nature of some families with high expressed emotion. Patients who are unable to get up in the morning, who fail to wash regularly. In this study before the intervention, the critical comment was high but after the session, it was found low .so because of low critical comment patients' improvement was seen and the relationship between them increased.

The same results were found in a study of Erdem. et al. (2013) on psychoeducation and tele-psychiatric follow-up via telephone induced a decrease in family burden, emotional expression, which is initial stage critical comment was high but later after the intervention critical was low. when expressed emotions were high at that time. The attitudes of family members with high expressed emotion are too strong for the patient and the patient now has to deal with the mental illness and the criticism from those they would need support from in their time of recovery. This stress may cause the patient to relapse and make them fall into a cycle of rehabilitation and relapse.

In schizophrenia, the patient has poor insight into their illness. So the patient doesn’t take medicines. This study found that initial session patients have poor drug adherence but after the intervention adherence was good .so intervention's role is very important in drug.

Karim et.al., (2016) in their study demonstrated that non-adherence or partial adherence to medications is associated with a lack of insight and persecutory delusions. Psycho-education could improve the adherence to medication compliances

In family members, they have poor cohesion between each other. before intervention poor cohesion was found but after the intervention cohesion increased .at the same time those who were not given psychoeducation also did not increase cohesion .so in the experimental group after intervention cohesion was increased. In our study before the intervention, cohesion was not good but after the session cohesion in the family was shown to increase. other studies found that after the psychoeducation in family cohesion increased. Kontoangelos et. al., (2015) found psychoeducation had a beneficial effect on family cohesion, global family burden, objective family burden, and relatives’ depressive symptomatology throughout the study period. A non-significant finding was observed for subjective family burdens.

Karamlou et. al. (2016) in a study on the effectiveness of family psycho-education programs on family environment improvement of severe mental disorder patients. In this study, they found that Psycho-education improved the cohesion and expressiveness of the experimental group.

In the family, they do not express their feeling openly .so family conflict increases .in the initial phase family members do not express their feelings openly but later after the intervention they openly express their feelings .so family life improve. those who did not get family intervention that expressiveness of each other not increased. In our study expressiveness within the family was very low. after the intervention their expressiveness with each other increased. Another study found that expressiveness increased after the intervention. Other studies by Karamlou et. al. (2014), on the effectiveness of family psycho-education programs on family environment improvement of severe mental disorder patients in this study, found that Family psycho-education of patients who suffer from severe mental disorders has no positive effect on their family environment. Family psycho-education causes to increase in expressiveness and family cohesion but does not change the conflict component.

Nasr et. al (2009) studied psychoeducation and the family burden in schizophrenia in this study randomized controlled trial data show that patients and their relatives completed the treatment. There was a significant reduction in burden at post-intervention assessment in the psychoeducation group based on intention to treat analysis.

Zararsiz et. al. (2013) in their study found that Psychoeducation and follow-up via telephone induced a decrease in family burden, emotional expression, and depressive symptoms for their caregivers and supported the family in the patient care. P. Dingemans et.al., 1996 in this study found that In-patient treatment with psychoeducation for parents, followed by an out-patient psychosocial intervention program, has a favorable impact on relapse. Additional family intervention may increase stress in low EE families, thus affecting relapse in their children.

Karamlou, et. al. (2010) in their study found that Results showed that the family psychoeducation program had improved cohesion and expressiveness in family members but it had had no significant influence on the conflict score. The relapse rate was not statistically significant between the two groups, but the intervention group showed lower levels of relapse rate compared to the control group.

Limitation

The study was conducted on the hospitalized/admitted schizophrenia patients. The study was hospital-based and included only schizophrenia patients so the result of the study cannot be generalized to another sample.

Clinical implications

- Psychosocial training must be given urgently to the critical others to improve their expertise in managing the patients.
- Counselling and direction must be given to the family to improve their insight level, create adapting techniques, and treatment adherence.
- Group meetings should be encouraged at the clinic where the patient is getting mental assistance to create uphold network during and after treatment.

- The multidisciplinary group must be encouraged with the mental clinic that covers psychological well-being, wellbeing, and paramedical experts to guarantee the viability of the administrations delivered.

CONCLUSION

Before the psychoeducation intervention family environment, expressed emotions and poor drug adherence in area of cohesion, expressiveness, acceptance and caring, independence, active-recreation, organization, control, critical comment, hostility, dissatisfaction, emotional over-involvement was high but after the intervention it was found that the family environment and drug adherence improved and expressed emotions reduced. So in the schizophrenia role psychoeducation is important. It improves the family environment, reduced expressed emotions, and improved drug adherence.

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