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Effectiveness of Group Psycho-Educational Program on Caregiver Burden of Patients with Mental Illness

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ABSTRACT:

Background: Caregiver burden is a major challenge among family members caring for individuals with mental illness, affecting their physical, emotional and social well-being. **Aim:** To evaluate the effectiveness of a structured group psycho-educational program in reducing caregiver burden. **Method:** A randomized control design was used, involving 60 caregivers assigned to an experimental group (n=30) and control group (n=30). The caregiver assigned to experimental group received the psycho-educational intervention, while the control group received routine care. Caregiver burden was assessed using a standardized scale before and after the intervention. **Results:** The findings revealed a statistically significant reduction in caregiver burden among participants in the experimental group compared to the control group. Post-test results showed that many caregivers in the experimental group shifted from moderate-to-severe burden levels to mild or no burden, while the control group showed minimal change. **Conclusion:** The study highlights the effectiveness of psycho-educational interventions in reducing caregiver burden. It emphasizes the need to incorporate such structured programs into routine mental health services to improve caregiver well-being and enhance the quality of patient care.

INTRODUCTION:

Mental health is a vital component of overall health and well-being. The World Health Organization defines mental well-being as a state in which individuals recognize their abilities, cope effectively with everyday stressors, work productively, and contribute meaningfully to society (1). Mental disorders such as depression, schizophrenia, bipolar disorder, and anxiety disorders affect a significant proportion of the global population and often require long-term care and management. Over recent decades, mental health care has shifted from hospital-

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based treatment to community-oriented approaches, placing families at the center of care. In countries like India, limited mental health resources result in family members frequently assuming the role of primary caregivers (2). While this model supports patient recovery, it also places considerable responsibilities on caregivers. Caregiver burden, encompassing physical, psychological, social, and financial strain, arises from the prolonged demands of caregiving (3). Caregivers often face challenges such as managing patient behavior, ensuring treatment adherence, coping with stigma, and balancing personal responsibilities, which can lead to stress, anxiety, depression, and reduced quality of life. This burden not only affects caregivers' well-being but also negatively influences patient outcomes, including treatment adherence and relapse rates, emphasizing the importance of addressing caregiver needs (2,3). Although psycho-educational interventions have been shown to improve caregivers' knowledge, coping abilities, and overall well-being (4,5), their implementation in routine mental health services remains inconsistent, particularly in resource-limited settings. Furthermore, there is limited evidence regarding the effectiveness of structured group psycho-educational programs in specific regional contexts such as Karnataka (6,7)Material and method

A randomized controlled design was employed to evaluate the effectiveness of a structured intervention in a selected tertiary care hospital. Sixty caregivers of individuals with mental illness were recruited and randomly allocated to an experimental group (n=30) and a control group (n=30). Family caregivers who were willing to participate and available during the study period were included, while those with severe physical or mental illness or unwillingness to participate were excluded. The experimental group received a structured group psycho-educational program aimed at improving understanding of mental illness, its treatment and management, and strengthening coping and stress management skills. The program was delivered in a group format to promote interaction, peer support, and shared learning. The control group received routine care as per hospital protocol. Caregiver burden was measured using a standardized scale before and after the intervention. Data were analyzed using appropriate descriptive and inferential statistical methods to determine the effectiveness of the intervention.

RESULT:

Table 1: Distribution of participants by socio-demographic characteristics.

		Experimental(n=30)		Control(n=30)	
		N	%	N	%
Age	<30	6	20.0	5	16.7
	31-40	4	13.3	5	16.7
	41-50	12	40.0	10	33.3
	>50	8	26.7	10	33.3
Gender	Male	14	46.7	11	36.7
	Female	16	53.3	19	63.3
Marital Status	Single	6	20.0	5	16.7
	Married	21	70.0	21	70.0
	Widowed	2	6.7	2	6.7
	Divorced/Separated	1	3.3	2	6.7
Education Status	No formal education	2	6.7	6	20.0
	Primary education	15	50.0	9	30.0
	Secondary education	7	23.3	10	33.3
	Graduate and above	6	20.0	5	16.7
Occupation	Unemployed	2	6.7	3	10.0
	Homemaker	11	36.7	14	46.7
	Private employee	14	46.7	9	30.0
	Government / Self-employed	3	10.0	4	13.3
Monthly family income	Below 10,000	0	0.0	4	13.3
	10,001–20,000	20	66.7	14	46.7
	20,001–30,000	7	23.3	7	23.3
	Above 30,000	3	10.0	5	16.7
Type of family	Nuclear	22	73.3	19	63.3
	Joint	8	26.7	11	36.7
Place of residence	Urban	12	40.0	12	40.0
	Rural	18	60.0	18	60.0
Relationship with the patient	Parent	9	30.0	6	20.0
	Spouse	12	40.0	13	43.3
	Siblings	1	3.3	2	6.7
	Children's	8	26.7	9	30.0
Duration of caregiving	<1year	5	16.7	9	30.0
	1-3year	7	23.3	7	23.3
	4-6year	11	36.7	4	13.3

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	>6year	7	23.3	10	33.3
Previous exposure to mental health education	Yes	5	16.7	7	23.3
	No	25	83.3	23	76.7
Average Hours Spent in Caregiving per Day:	<4 Hours	3	10.0	5	16.7
	4-8 Hours	14	46.7	16	53.3
	>8 Hours	13	43.3	9	30.0
Number of Hospitalizations	None	0	0.0	4	13.3
	1-2 times	9	30.0	11	36.7
	3-5 times	15	50.0	10	33.3
	>5 times	6	20.0	5	16.7
Current Treatment	Medications	5	16.7	9	30.0
	Counselling	8	26.7	10	33.3
	Both	17	56.7	11	36.7

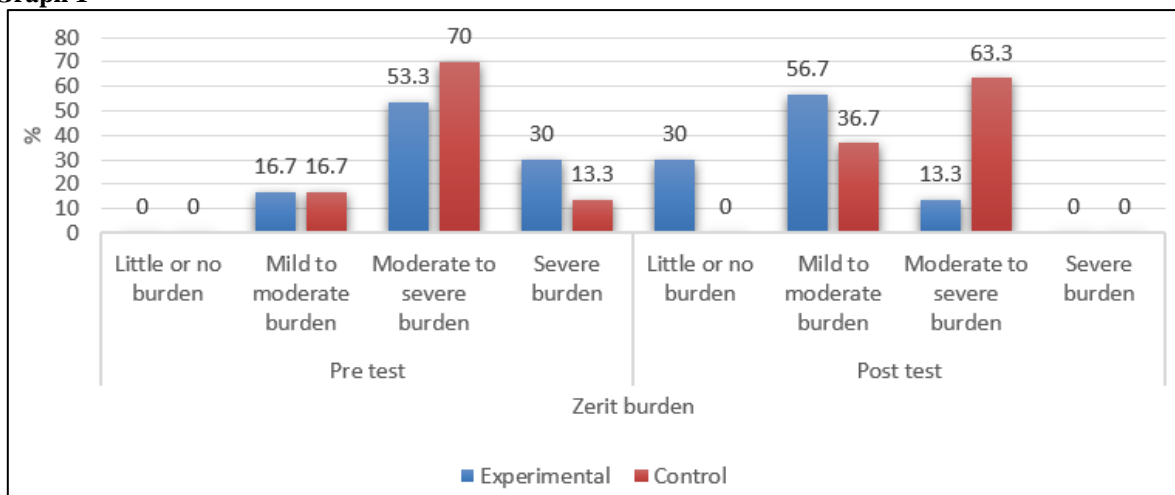
Table 1 shows a comparable distribution of caregivers in both groups. Most participants were aged 41–50 years (40% vs. 33.3%), predominantly female (53.3% vs. 63.3%), and married (70% in both groups). The majority had primary to secondary education and belonged to nuclear families (73.3% vs. 63.3%). Most caregivers reported a monthly income of ₹10,001–₹20,000 (66.7% vs. 46.7%) and were from rural areas (60% each). Spouses formed the largest caregiver group (40% vs. 43.3%), with many providing 4–8 hours of care daily (46.7% vs. 53.3%). A high proportion had no prior mental health education (83.3% vs. 76.7%). Overall, the groups were homogeneous at baseline.

Table 2: Pre and post-test Zerit burden level in the experimental and control group

		Groups			
		Experimental (n=30)		Control (n=30)	
		N	%	n	%
Pre-test	Little or no burden	0	0	0	0
	Mild to moderate burden	5	16.7	5	16.7
	Moderate to severe burden	16	53.3	21	70.0
	Severe burden	9	30.0	4	13.3
Post test	Little or no burden	9	30.0	0	0
	Mild to moderate burden	17	56.7	11	36.7
	Moderate to severe burden	4	13.3	19	63.3
	Severe burden	0	0	0	0

Table 2 shows that both groups had similarly high caregiver burden at pre-test, with most participants reporting moderate to severe levels. After the intervention, the experimental group demonstrated a clear improvement, shifting mainly to mild-to-moderate burden, with a notable proportion reporting little or no burden. In contrast, the control group showed minimal change, with the majority still experiencing moderate to severe burden. These findings confirm the effectiveness of the intervention in reducing caregiver burden.

Graph 1



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Table 3: Association between Socio-demographic characteristics and Zerit Burden Scores in experimental and control group

		Experimental (n=30)				Chi-square (Sig.)	Control (n=30)				Chi-square (Sig.)
		Little or no burden	Mild to moderate burden	Moderate to severe burden	Severe burden		Little or no burden	Mild to moderate burden	Moderate to severe burden	Severe burden	
Age	<30	0 (0.00)	1 (16.67)	3 (50.00)	2 (33.33)	6.541 (0.341)	0 (0.00)	1 (20.00)	3 (60.00)	1 (20.00)	10.676 (0.029)*
	31-40	0 (0.00)	0 (0.00)	1 (25.00)	3 (75.00)		0 (0.00)	2 (40.00)	1 (20.00)	2 (40.00)	
	41-50	0 (0.00)	3 (25.00)	8 (66.67)	1 (8.33)		0 (0.00)	2 (20.00)	7 (70.00)	1 (10.00)	
	>50	0 (0.00)	1 (12.50)	4 (50.00)	3 (37.50)		0 (0.00)	0 (0.00)	10 (100.00)	0 (0.00)	
Gender	Male	0 (0.00)	2 (14.29)	6 (42.86)	6 (42.86)	2.075 (0.375)	0 (0.00)	2 (18.18)	7 (63.64)	2 (18.18)	0.721 (0.851)
	Female	0 (0.00)	3 (18.75)	10 (62.50)	3 (18.75)		0 (0.00)	3 (15.79)	14 (73.68)	2 (10.53)	
Marital Status	Single	0 (0.00)	0 (0.00)	4 (66.67)	2 (33.33)	5.822 (0.449)	0 (0.00)	1 (20.00)	3 (60.00)	1 (20.00)	3.637 (0.884)
	Married	0 (0.00)	4 (19.05)	10 (47.62)	7 (33.33)		0 (0.00)	3 (14.29)	15 (71.43)	3 (14.29)	
	Widowed	0 (0.00)	0 (0.00)	2 (100.00)	0 (0.00)		0 (0.00)	0 (0.00)	2 (100.00)	0 (0.00)	
	Divorced /Separated	0 (0.00)	1 (100.00)	0 (0.00)	0 (0.00)		0 (0.00)	1 (50.00)	1 (50.00)	0 (0.00)	
Education Status	No formal education	0 (0.00)	0 (0.00)	2 (100.00)	0 (0.00)	4.486 (0.653)	0 (0.00)	0 (0.00)	6 (100.00)	0 (0.00)	7.344 (0.192)
	Primary education	0 (0.00)	2 (13.33)	7 (46.67)	6 (40.00)		0 (0.00)	3 (33.33)	6 (66.67)	0 (0.00)	
	Secondary education	0 (0.00)	1 (14.29)	5 (71.43)	1 (14.29)		0 (0.00)	2 (20.00)	5 (50.00)	3 (30.00)	
	Graduate and above	0 (0.00)	2 (33.33)	2 (33.33)	2 (33.33)		0 (0.00)	0 (0.00)	4 (80.00)	1 (20.00)	
Occupation	Unemployed	0 (0.00)	0 (0.00)	2 (100.00)	0 (0.00)	8.864 (0.102)	0 (0.00)	0 (0.00)	3 (100.00)	0 (0.00)	2.607 (1.000)
	Homemaker	0 (0.00)	0 (0.00)	8 (72.73)	3 (27.27)		0 (0.00)	2 (14.29)	9 (64.29)	3 (21.43)	
	Private employee	0 (0.00)	4 (28.57)	4 (28.57)	6 (42.86)		0 (0.00)	2 (22.22)	6 (66.67)	1 (11.11)	
	Government / Self-employed	0 (0.00)	1 (33.33)	2 (66.67)	0 (0.00)		0 (0.00)	1 (25.00)	3 (75.00)	0 (0.00)	
Monthly family income	Below 10,000	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	6.875 (0.090)	0 (0.00)	1 (25.00)	3 (75.00)	0 (0.00)	2.453 (0.989)
	10,001–20,000	0 (0.00)	1 (5.00)	12 (60.00)	7 (35.00)		0 (0.00)	2 (14.29)	9 (64.29)	3 (21.43)	
	20,001–30,000	0 (0.00)	3 (42.86)	2 (28.57)	2 (28.57)		0 (0.00)	1 (14.29)	5 (71.43)	1 (14.29)	
	Above 30,000	0 (0.00)	1 (33.33)	2 (66.67)	0 (0.00)		0 (0.00)	1 (20.00)	4 (80.00)	0 (0.00)	
Type of family	Nuclear	0 (0.00)	2 (9.09)	13 (59.09)	7 (31.82)	3.147 (0.203)	0 (0.00)	3 (15.79)	13 (68.42)	3 (15.79)	0.413 (1.000)
	Joint	0 (0.00)	3 (37.50)	3 (37.50)	2 (25.00)		0 (0.00)	2 (18.18)	8 (72.73)	1 (9.09)	
Place of residence	Urban	0 (0.00)	4 (33.33)	7 (58.33)	1 (8.33)	6.249 (0.042)*	0 (0.00)	2 (16.67)	8 (66.67)	2 (16.67)	0.455 (1.000)
	Rural	0 (0.00)	1 (5.56)	9 (50.00)	8 (44.44)		0 (0.00)	3 (16.67)	13 (72.22)	2 (11.11)	
Relationship with the parent	Parent	0 (0.00)	2 (22.22)	6 (66.67)	1 (11.11)	4.517 (0.708)	0 (0.00)	1 (16.67)	5 (83.33)	0 (0.00)	4.450 (0.674)
	Spouse	0 (0.00)	2 (16.67)	6 (50.00)	4 (33.33)		0 (0.00)	1 (7.69)	9 (69.23)	3 (23.08)	
	Siblings	0 (0.00)	0 (0.00)	0 (0.00)	1 (100.00)		0 (0.00)	1 (50.00)	1 (50.00)	0 (0.00)	
	Children's	0 (0.00)	1 (12.50)	4 (50.00)	3 (37.50)		0 (0.00)	2 (22.22)	6 (66.67)	1 (11.11)	
Duration of	<1year	0 (0.00)	0 (0.00)	4 (80.00)	1 (20.00)	5.379 (0.536)	0 (0.00)	1 (11.11)	7 (77.78)	1 (11.11)	5.228 (0.53)

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caregiving	1-3year	0 (0.00)	1 (14.29)	4 (57.14)	2 (28.57)		0 (0.00)	2 (28.57)	5 (71.43)	0 (0.00)	7)
	4-6year	0 (0.00)	3 (27.27)	3 (27.27)	5 (45.45)		0 (0.00)	0 (0.00)	2 (50.00)	2 (50.00)	
	>6year	0 (0.00)	1 (14.29)	5 (71.43)	1 (14.29)		0 (0.00)	2 (20.00)	7 (70.00)	1 (10.00)	
Previous exposure to mental health education	Yes	0 (0.00)	4 (80.00)	0 (0.00)	1 (20.00)	13.215 (<0.05)*)	0 (0.00)	0 (0.00)	7 (100.00)	0 (0.00)	2.852 (.194)
	No	0 (0.00)	1 (4.00)	16 (64.00)	8 (32.00)		0 (0.00)	5 (21.74)	14 (60.87)	4 (17.39)	
Average Hours Spent in Caregiving per Day:	<4 Hours	0 (0.00)	0 (0.00)	3 (100.00)	0 (0.00)	4.473 (0.315)	0 (0.00)	0 (0.00)	4 (80.00)	1 (20.00)	2.079 (0.811)
	4-8 Hours	0 (0.00)	4 (28.57)	5 (35.71)	5 (35.71)		0 (0.00)	4 (25.00)	10 (62.50)	2 (12.50)	
	>8 Hours	0 (0.00)	1 (7.69)	8 (61.54)	4 (30.77)		0 (0.00)	1 (11.11)	7 (77.78)	1 (11.11)	
Number of Hospitalizations	None	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1.027 (.977)	0 (0.00)	1 (25.00)	3 (75.00)	0 (0.00)	2.552 (1.000)
	1-2 times	0 (0.00)	2 (22.22)	5 (55.56)	2 (22.22)		0 (0.00)	2 (18.18)	7 (63.64)	2 (18.18)	
	3-5 times	0 (0.00)	2 (13.33)	8 (53.33)	5 (33.33)		0 (0.00)	1 (10.00)	7 (70.00)	2 (20.00)	
	>5 times	0 (0.00)	1 (16.67)	3 (50.00)	2 (33.33)		0 (0.00)	1 (20.00)	4 (80.00)	0 (0.00)	
Current Treatment	Medications	0 (0.00)	1 (20.00)	3 (60.00)	1 (20.00)	0.940 (1.000)	0 (0.00)	1 (11.11)	7 (77.78)	1 (11.11)	1.100 (1.000)
	Counseling	0 (0.00)	1 (12.50)	4 (50.00)	3 (37.50)		0 (0.00)	2 (20.00)	7 (70.00)	1 (10.00)	
	Both	0 (0.00)	3 (17.65)	9 (52.94)	5 (29.41)		0 (0.00)	2 (18.18)	7 (63.64)	2 (18.18)	

Table 3 reveals that most socio-demographic variables were not significantly associated with caregiver burden. In the experimental group, age and gender showed no significant association ($p > 0.05$), while in the control group, age was significantly associated ($\chi^2 = 10.676$, $p = 0.029$). Notably, place of residence and prior mental health education were significantly associated with caregiver burden in the experimental group ($p < 0.05$). Marital status, education, and occupation were not significant in either group. Overall, caregiver burden was largely independent of most variables.

DISCUSSION:

Both groups were comparable at baseline with high caregiver burden. Post-intervention, the experimental group showed a clear reduction, while the control group had minimal change. Most variables were not significant; however, age (control group) and place of residence and prior mental health education (experimental group) showed significant associations.

CONCLUSION:

This study demonstrates that a structured group psycho-educational program is effective in significantly reducing caregiver burden among family members of individuals with mental illness. Caregivers who received the intervention showed notable improvement compared to those receiving routine care. The findings suggest that psycho-education enhances coping abilities while providing essential emotional and practical support. Integrating such interventions into routine mental health services can improve caregiver well-being and overall quality of care.

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