Psychoeducation: An Invaluable Tool for the Busy Psychiatrist

Sujit Sarkhel
Associate Professor, Institute of Psychiatry, Kolkata

In a country like India the rush of patients in outpatient departments of government as well as private institutions often make it difficult for the psychiatrist to provide adequate time to all patients. The clinician often completes his job with diagnosis, pharmacological management and subsequent follow-up care, the usual question being asked are whether he is maintaining well in terms of symptoms and whether he is taking his medicines regularly. However, in most cases, our patients require long-term treatment involving months of “medicating oneself in the wellness period”. In many cases, especially schizophrenia and bipolar disorder, the patient does not develop adequate insight into the illness, which further compromises his chances of continuing treatment.

Psychoeducation is an invaluable tool for the clinician in such cases. Setting aside a few minutes for each patient and his family to provide psychoeducation regarding the illness can go a long way in improving the understanding of the illness and consequently, the adherence. The process should involve the patient as well as the key family members and caregivers. In case the number of patients is too many, group psychoeducation can also be attempted involving several families and patients with similar disorders. Although the number and duration of sessions may vary, certain points should essentially be covered which include: Etiology of the illness, common signs and symptoms, available treatment options, side effects of commonly used medications, how long to continue treatment, long term course and outcome, early signs of relapse and how to deal with it and the do’s and don’ts for family members.

If properly and systematically used by the psychiatrists in a resource-deficient country like ours (where it may not be possible to find all categories of mental health professionals at all the corners), psychoeducation can go a long way in improving the overall adherence to treatment and prognosis of psychiatric disorders.