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Family Care and Psychoeducation

Mental Health Nursing

Family assessment, caregiver burden, family counselling, psychoeducation, family involvement in treatment, support systems and relapse prevention.

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CHAPTER 26 / MENTAL HEALTH NURSING 26. Family Care and Psychoeducation

1. Family assessment

Family care recognizes that illness influences relationships, caregiving, finances, education, work and daily routine. Assess family composition, roles, communication, beliefs, resources, strengths, burden and safety with patient consent. Do not assume every family relationship is supportive; assess abuse, privacy, conflict and caregiver needs separately when appropriate.

2. Caregiver burden

Objective burden includes time, cost, disrupted work and practical responsibilities; subjective burden includes worry, exhaustion, grief and distress. Assess sleep, physical health, emotional well-being, social isolation and respite needs. High expressed emotion (criticism, hostility or emotional overinvolvement) has been studied in relapse contexts; use this concept to improve supportive communication, not blame families for illness.

3. Psychoeducation components

- Explain condition and variability, common symptoms, treatment purpose and realistic recovery goals.
- Discuss prescribed medicines, adverse effects, monitoring and how to seek review; avoid abrupt changes.
- Identify personal relapse signs and triggers, plan response and emergency contacts.
- Teach active listening, simple communication, collaborative problem-solving, boundaries and stress management.
- Address stigma, healthy routines, substance-use risks, access to community services and caregiver self-care.

4. Family counselling and support

Use collaborative sessions according to competence; develop achievable goals and shared care plan. Encourage family to support autonomy rather than control, and avoid coercive treatment or punitive reactions. With consent share relevant information and involve nominated representative when lawful. Offer peer/family groups, respite, social work, financial or educational resources. Provide accessible language and teach-back. In abusive/unsafe contexts prioritize safety and separate support instead of joint sessions that increase risk.

5. Evaluation example

For spouse caring for patient with recurrent bipolar disorder, assess sleep and stress, agree warning signs (changes in sleep/activity), verify follow-up and crisis contacts, create respite plan and medication review with team. Evaluate caregiver strain, patient preferences, understanding and feasibility; revise as needed.

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6. Important Examination Questions

Long Answer Questions

1. 1. Explain family assessment, caregiver burden and psychoeducation with relapse prevention.

Short Answer Questions

1. 1. Differentiate objective/subjective burden
2. 2. describe family counselling
3. 3. list psychoeducation content.

Very Short Answer Questions (with answers)

1. 1. What is psychoeducation? - Structured information and skills support about illness and care.
2. 2. Is family automatically entitled to confidential records? - No.

7. Quick Revision

- Families may need support themselves.
- Involvement requires privacy and patient preferences.
- Relapse planning should be actionable.

8. Conclusion

Families may need support themselves. Involvement requires privacy and patient preferences. Relapse planning should be actionable.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. A caregiver misses work and spends money on repeated treatment visits. Which type of burden is illustrated?

A. Subjective burden
B. Expressed emotion
C. Objective burden
D. Therapeutic alliance

2. Which response is an example of subjective caregiver burden?

A. Transport costs
B. Hours spent supervising care
C. Lost paid working time
D. Worry, exhaustion and grief

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3. In an abusive family context, what approach to support is described?

A. Prioritize safety and arrange separate support when joint sessions increase risk.

B. Require joint sessions regardless of risk.

C. Assume every family relationship is supportive.

D. Share all confidential information to avoid disagreement.

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Answer key and explanations

1. C - Objective burden

Time, cost and disrupted work are practical components of objective burden.

2. D - Worry, exhaustion and grief

Subjective burden describes the caregiver's emotional experience.

3. A - Prioritize safety and arrange separate support when joint sessions increase risk.

Family involvement must account for abuse, privacy and safety rather than presume joint work is safe.

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