

Summary

Schizophrenia is a severe mental illness that influences the whole family life. Relapse prevention is one of the most important goals of long-term schizophrenia management, as relapse is both distressing and costly. Family intervention supplementation to standard treatment could reduce the relapse rate. Family psychoeducation provides a combination of education about mental illness, family support, crisis intervention, and problem-solving-skills training. In our previous study we were interested in social aspects of group family psychoeducation. We explored the influence of family psychoeducation on quality of life of the participants. The patients with schizophrenia, including first-episode patients, had significantly lower overall quality of life compared to their healthy counterparts. The relatives re-structured their life values and preferences as a result of the experience with severe illness in the family. The quality of life improved significantly after the program in male relatives. In order to explore the mechanism of family psychoeducation more deeply, we designed one-year prospective follow-up field study. This study assessed the influence of a short-term, clinically based, and professionally led family psychoeducation program on a one-year relapse rate. A total of 120 patients were recruited upon discharge from two psychiatric hospitals in Prague: (1) Site A (N = 86), where family psychoeducation is offered to all patients with schizophrenia spectrum disorders; and (2) Site B (N = 34), where no such program was offered. Compared to nonparticipants, psychoeducation participants had a shorter average length of rehospitalization stay (5.89 days, vs. 17.78 days, $p = 0.045$) in a one-year follow-up after discharge. The probability of rehospitalization during a one-year follow-up was higher for patients from the site that did not provide psychoeducation. A shorter average length of rehospitalization of psychoeducation participants, a high turnout of first-episode patients, and positive responses of psychoeducation participants suggest that family psychoeducation should be supplemented early in the course of the illness to achieve favorable treatment outcomes and minimize adverse health and the social consequences of schizophrenia.