

Family Psychoeducation and Peer-Led Support Groups: Impact on Caregiver Burden and Recovery Outcomes in Indian Cultural Contexts

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Abstract

Indian mental health caregiving is also family-oriented because there are few institutional mental health care facilities and because of high cultural reliance on family systems. The psychosocial stress, social stigma and financial burden that accompany the long-term caregiving burden on mental patients are common among the caregivers attending to mentally ill individuals. This is a review paper that explores the importance of family psychoeducation and peer-led support groups in alleviating the burden of caregivers and enhancing recoveries in people with mental illness within the Indian cultural settings. The paper emphasizes the concepts of family psychoeducation, such as awareness, communication improvement, relapse prevention, and emotional support. It also delves into the significance of the peer-led support groups to enhance resilience, social connectedness, and recovery-focused care. According to existing literature, psychoeducational and peer-support interventions have a positive impact on treatment adherence, emotional well-being, family functioning, and social inclusion. The review highlights the importance of culturally competent and community-based mental health services to enhance caregivers support systems and overall mental health outcomes in India.

Keywords: Family Psychoeducation, Peer-Led Support Groups, Caregiver Burden, Mental Health Recovery, Indian Cultural Contexts.

I. Introduction

The issue of mental health caregiving in India has gained a significant place of discussion with the increasing amount of mental illnesses like depression, schizophrenia, bipolar disorder, anxiety disorders and substance abuse. In the Indian healthcare system, family members are at the center of managing a person with a mental illness due to the inadequate psychiatric facilities, lack of mental health professionals and the social reliance on family systems to support people. Indian families tend to take on long-term care of treatment supervision, emotional support, medication and social rehabilitation of patients unlike in many other Western countries where institutional or community-based care is more prevalent [1]. The Indian cultural context of caregiving is highly dependent on the traditional family setups, emotional bonding, and societal values. Collectivist cultural beliefs and joint family systems promote family members to take care of mentally ill relatives despite the accompanying emotional and financial stresses. Nevertheless, the process of addressing the needs of affected people often places caregivers under the psychological pressure, social stigma, burnout, anxiety, and economic challenges. The absence of awareness about mental health issues and misconceptions in society add to the pressure on caregivers. There are several communities where mental illness is linked to shame and negative stereotypes, which has led to many families being discriminated and socially isolated [2].

Family-centered interventions, including the psychoeducation program and peer-based support groups, have become increasingly significant in the past years to lessen the burden of caregivers and enhance the recovery of the patient. Family psychoeducation aids the caregivers to have knowledge on mental

illness, treatment process, relapse prevention, and coping. Likewise, peer support groups offer emotional support, exchange of experiences and social support to caregivers and patients undergoing similar difficulties [3]. Such strategies foster effective communication, treatment compliance, emotional stability, and recovery. Psychoeducation and peer-support interventions that are culturally sensitive are interventions that can be incorporated in mental healthcare services in India and can significantly enhance the lives of caregivers and patients. Thus, it is imperative to comprehend the importance of family caregiving and supportive interventions in enhancing the community mental health structures in the Indian setting [4].

A. Concept and Principles of Family Psychoeducation

Family psychoeducation refers to an organized treatment therapy that aims at informing family members on mental disorders, modes of treatment, coping skills, and efficient care giving techniques. It will enhance the capacity of the families to work with individuals with mental disorders and minimise stress, confusion, and emotional load on caregivers. Family psychoeducation is a combination of psychological support, communication skills, problem-solving methods, and educational instructions to enhance patient recovery and family well-being [5]. The idea of family psychoeducation is founded on the fact that the family members are major players in mental illness recovery process of the affected individuals. Psychoeducation is particularly relevant in the Indian cultural context where families have high involvement in the care giving process. Most of the caregivers are not well informed about symptoms, medication adherence, signs of relapse and how to manage their behavior. Psychoeducational programs can be used to overcome this gap in knowledge and empower caregivers through the use of practical skills that can be used in managing mental health conditions [6].

The key family psychoeducation principles are the delivery of correct information on mental illness, encouragement of positive communication in families, encouraging joint treatment planning, and elimination of stigma related to psychiatric disorders. The other principle is emotional support of caregivers, which helps them to share experiences, express their concerns, and to form healthy coping strategies. Relapse prevention is another area of psychoeducation that entails educating families on how to notice early warning messages and access professional help early enough [7]. Family psychoeducation encourages a non-judgmental and empathetic atmosphere in which patients and their caregivers are respected and nurtured. Psychoeducational interventions adapted to the culture of India have significance, as cultural beliefs, religion and social expectations shape attitude to mental illness. Proper psychoeducation programs could enhance the compliance with treatment, decrease the number of hospitalizations, the family relations, and the overall recovery process. Family psychoeducation is therefore a useful community-based mental health intervention tool that can be used to support caregivers and patients with mental illnesses [8].

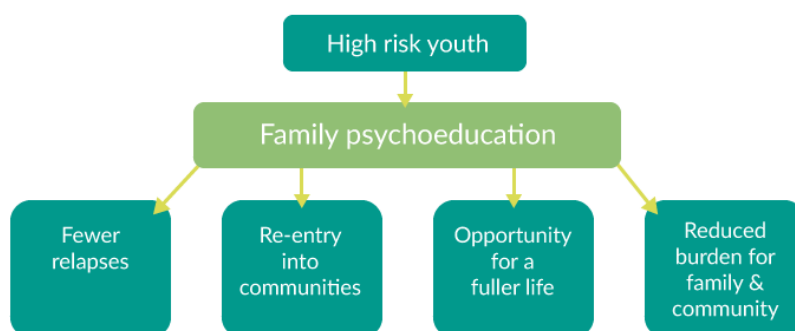


Figure 1: A family-centered approach to treatment

B. Role of Peer-Led Support Groups in Mental Health Recovery

Peer-led support groups are community-based support programs where people who have had a similar experience with mental illness or caregiving gather to offer emotional support, practical information and coping skills. Peer facilitation typically leads to these groups and participants are able to discuss in an open and not judgmental and understanding atmosphere. Peer-led support groups can be important in the context of mental health recovery including alleviating isolation, fostering hope, and enhancing emotional well-being [9]. Social stigma, discrimination and lack of understanding of mental illness in India is a common fact that could adversely impact affected patients and caregivers. Support groups led by peers make the person feel accepted and understood because they are enabled to connect with other people who are experiencing the same problems. The exchange of experiences and personal recovery stories helps the participants to build confidence, resilience, and positive coping strategies. These groups also help caregivers to gain practical caregiving skills, stress management techniques and how to cope with emotional burnout [10].

Peer support groups play a role in mental health recovery through promotion of social connectedness and active involvement in treatment and rehabilitation. Members also inspire one another to keep taking medicine, going to therapy sessions, and leading healthy daily lives. These groups will make them feel belonging, and less lonely and helpless as people with mental illness feel. The peer-led support groups are especially useful in the Indian cultural context, since they enhance the collective healing and community participation [11]. They may also assist in breaking the myths and misconceptions that may be associated with mental disorders in the society. As more people embrace digital platforms and community-based mental health programs, peer-support initiatives are increasingly becoming more available both in urban and rural locations. In general, peer-led support groups can be considered an effective psychosocial intervention, which can positively impact recovery outcomes, emotional stability, and quality of life of caregivers and mentally ill individuals [12].

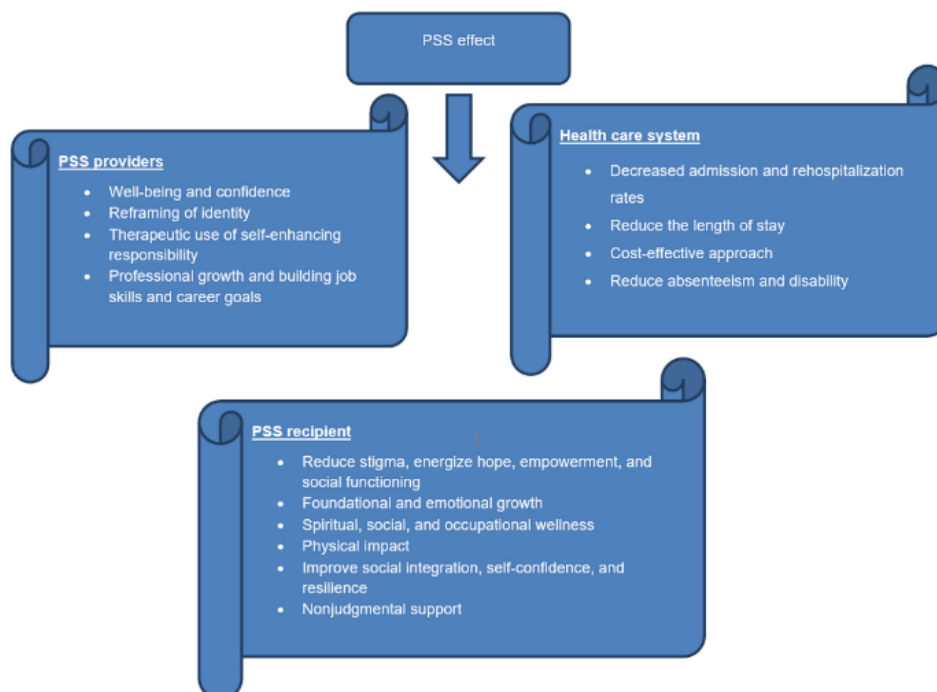


Figure 2: The conceptual framework for the impact of peer support workers in mental health.

MH: mental health; PSS: peer support service; PSW: peer support worker.

Table 1: Role of Peer-Led Support Groups in Mental Health Recovery

Role of Peer-Led Support Groups	Description	Impact on Mental Health Recovery
Emotional Support	Provides empathy, encouragement, and understanding among members with similar experiences	Reduces stress, loneliness, and emotional distress
Experience Sharing	Participants share personal recovery journeys and coping strategies	Increases hope, confidence, and motivation
Social Connectedness	Encourages interaction and community participation	Reduces social isolation and improves relationships
Coping Skill Development	Members learn stress management and problem-solving techniques	Enhances emotional resilience and adaptability
Treatment Motivation	Peers encourage adherence to medication and therapy	Improves treatment compliance and relapse prevention
Stigma Reduction	Creates awareness and acceptance regarding mental illness	Promotes self-esteem and social inclusion
Caregiver Assistance	Caregivers exchange caregiving strategies and emotional support	Reduces caregiver stress and burnout
Community-Based Recovery	Encourages collective healing and community involvement	Improves long-term recovery outcomes

C. Caregiver Burden: Psychological, Social, and Economic Dimensions

Caregiver burden is a concept that is used to describe the physical, emotional, social and financial strain that people undergo when giving long-term care to mentally ill individuals. Family members play the biggest role in taking care of individuals with psychiatric disorders in India because of the close cultural belief, the lack of institutional care, and insufficient resources in mental healthcare [13]. Despite the fact that caregiving is usually perceived as one of the responsibilities of the family, the concept can pose a great deal of difficulties that may influence the overall health and life quality of the caregiver. One of the most severe issues that family members should experience is the psychological burden of caregiving. Caregivers often face stress, anxiety, depression, frustration, emotional exhaustion and helplessness in dealing with the unpredictable behaviors, medication schedules and frequent episodes of illness. Sleeplessness, burnout, and decreased mental health in caregivers can also be a result of constant care giving duties. The emotional strain is further compounded in case the caregivers are socially isolated or have very little knowledge regarding mental illness [14].

Another significant aspect of care giving in the Indian cultural setting is social burden. Since mental illness is stigmatized, many caregivers suffer social isolation, discrimination, and less engagement in community activities. Families do not want to openly discuss mental health problems due to the fear of negative social judgment and reproach. To caregivers, personal relationships, education and even social interactions are usually compromised as they are prioritized over caregiving duties [1]. Certainly, there are situations when marital and family conflicts could occur as a result of a long-term stress and caring needs. Economic cost is also important particularly in low- and middle-income families. Psychiatric treatment, medications, hospital visits, transportation and long-term care are expensive and put financial strain on families. Reduction of working hours or loss of jobs to offer full time care to the caregivers puts many caregivers at a loss of income and financial insecurity. In the rural setting, access to affordable mental healthcare services is also limited, which further contributes to economic hardships. Psychoeducation of family members and peer support groups lead by peers can reduce caregiver burden through enhancing awareness, emotional strength, coping, and social support. That is why caregiver

burden is a critical issue to address to enhance patient recovery and family welfare within the Indian mental healthcare environment [5].

Table 2: Caregiver Burden: Psychological, Social, and Economic Dimensions

Dimension of Caregiver Burden	Major Challenges Faced by Caregivers	Effects on Caregivers
Psychological Burden	Stress, anxiety, depression, emotional exhaustion	Reduced mental well-being and burnout
Emotional Burden	Feelings of helplessness, frustration, and fear	Emotional instability and fatigue
Social Burden	Social stigma and discrimination	Isolation and reduced social participation
Family Burden	Family conflicts and strained relationships	Disturbed family environment
Occupational Burden	Reduced working hours or job loss	Career disruption and reduced productivity
Economic Burden	Treatment expenses, travel costs, medication costs	Financial insecurity and debt
Physical Burden	Continuous caregiving responsibilities and sleep disturbances	Physical fatigue and health issues
Informational Burden	Lack of awareness about mental illness and treatment	Poor caregiving management and increased stress

D. Recovery Outcomes in Individuals with Mental Illness

Recovery outcomes in the mentally ill are those gains in psychological health, social functioning, emotional stability, quality of life, and the independence of participating in everyday activities. Recovery does not mean that people do not have any symptoms; it means that people can live meaningful and productive lives despite their persistent mental health issues [6]. Over the past years, mental healthcare has been moving toward more recovery-oriented mental health care that empowers, promotes social inclusion and well-being. Family involvement, social support, treatment adherence and community acceptance are strong determinants of recovery outcomes in the Indian cultural context. Families are especially very important in motivating patients to adhere to medication, attend therapy, keep healthy habits, and socialize. Emotional recovery and relapse prevention have a strong connection with positive relationships in the family and conducive home environments [7].

The family psychoeducation demonstrates good results on recovery, enhancing communication between patients and caregivers, minimizing misunderstanding and raising awareness of mental illness. Psychoeducation also enables the family to detect the initial signs of relapse and seek timely professional treatment and reduce the rate of hospitalization and enhance long-term stability. On the same note, peer support groups encourage emotional support, self-confidence and social connectedness among mentally ill people. Connection with fellow individuals who have had similar experience brings hope and encouragement towards recovery [8]. Higher self-esteem, better occupational functioning, improved interpersonal relationship, and increased community life involvement are other recovery outcomes. Nevertheless, a stigma, discrimination, insufficient mental health awareness, and poor access to healthcare remain obstacles to recovery in most areas of India. Hence, psychosocial interventions need to be culturally sensitive to reinforce recovery-focused mental care. Comprehensively, family psychoeducation and peer-led support groups can enhance adherence to treatment, emotional resilience, social functioning and overall quality of life of individuals with mental illness in India [15].

Table 3: Recovery Outcomes in Individuals with Mental Illness

Recovery Outcome	Description	Contributing Factors
Improved Psychological Health	Reduction in symptoms such as anxiety, depression, and stress	Therapy, medication, and family support
Enhanced Social Functioning	Better interaction with family and society	Peer support and community participation
Increased Treatment Adherence	Regular medication and therapy participation	Psychoeducation and caregiver involvement
Emotional Stability	Improved emotional control and resilience	Counseling and peer encouragement
Better Quality of Life	Increased satisfaction in daily living activities	Social support and recovery-oriented care
Reduced Relapse Rates	Lower chances of recurring psychiatric episodes	Early intervention and family awareness
Occupational Improvement	Improved educational and work participation	Rehabilitation and social acceptance
Greater Self-Esteem and Confidence	Increased self-worth and motivation for recovery	Positive family environment and peer interaction

II. Literature review

(Kenea & Morankar, 2026) [16] Examine whether a structured psychoeducational intervention can lessen the caregiver burden for family caregivers of patients with mental illnesses who are receiving treatment at Nekemte Comprehensive Specialized Hospital in Nekemte Town and Mettu Karl Comprehensive Specialized Hospital in Mettu Town, Southwest Ethiopia. From March 2021 to February 2022, Mettu Karl Comprehensive Specialized Hospital and Nekemte Comprehensive Specialized Hospital in Oromia, Ethiopia, hosted a pretest-posttest quasi-experimental research with an intervention and a comparison group. Mettu Karl Comprehensive Specialized Hospital was allocated to the intervention group and Nekemte Comprehensive Specialized Hospital to the comparison group, which received standard treatment, in a methodical sample of family caregivers. Six organized group psychoeducation sessions each month made up the intervention. Difference-in-differences analysis and linear mixed-effects models were used to evaluate the impact of the intervention. The Jimma University Institutional Review Board granted ethical approval. In Southwest Ethiopia, the structured psychoeducation intervention proved successful in lessening the caregiver burden experienced by families of people with mental illnesses. These results encourage routine and community-based mental health services to incorporate culturally relevant psychoeducation programs, especially in settings with low resources where family caregivers are essential to patient treatment.

(Nongbsap et al., 2026) [17] From early systemic work in psychosis, family-based interventions have expanded to include a variety of strategies for mood disorders, behavioral and developmental disorders, and substance-related issues. With a focus on evidence and applicability in modern practice, this study blends fundamental theoretical concepts (such as systems theory and communication patterns) with clinical schools of family therapy (structural, strategic, Bowenian, experiential, cognitive-behavioral, and family-focused treatments). We emphasize important therapeutic processes including reducing displayed emotion, improving problem-solving and communication abilities, and strengthening family support for treatment compliance. The crucial role of psychiatric social workers in evaluation, education, intervention delivery, and advocacy is explored, along with sociocultural and resource variables that influence family engagement in environments such as India. The difficulties associated with inadequate specialist training, involvement, and complicated ethical issues are examined. New

approaches are discussed, such as telehealth-enabled family work and culturally tailored practice. Overall, this narrative review makes the case that family therapy is a crucial part of person-centered, recovery-focused mental health care, particularly in situations where families continue to be the major caregivers and sources of support.

(Panicker et al., 2026) [18] examines the relationship between caregiver burden and mental health status among informal caregivers of cancer patients in central rural India using a sequential explanatory mixed-methods approach. A cross-sectional survey will be carried out utilizing systematic random sampling throughout the quantitative phase. A semistructured questionnaire and standardized instruments—the Depression, Anxiety and Stress Scale-21 to gauge psychological distress and the Copenhagen Burnout Inventory to gauge burnout levels—will be used to gather data. Regression analysis and descriptive statistics are two types of statistical analysis. In-depth interviews with purposefully chosen caregivers will be conducted throughout the qualitative phase in order to examine living experiences, coping strategies, and emotional difficulties. Thematic content analysis will be used to analyze the transcripts of the interviews. A thorough knowledge of caregiver burden and mental health that reflects both quantifiable trends and the human experience of providing care in a rural context will be possible via the integration of quantitative and qualitative research. The results of this study will be shared by publishing them in peer-reviewed scientific journals and by interacting with pertinent parties through the proper channels.

(Puschner et al., 2025) [19] Examine how well UPSIDES peer assistance works in high-, middle-, and low-income nations. Six research sites—two in Germany and one each in Uganda, Tanzania, Israel, and India—participated in this pragmatic multicenter parallel-group wait-list randomized controlled trial (registration: ISRCTN26008944) with three measurement points (baseline and 4 and 8 months). Adults with serious mental health disorders that had been present for a long time were the participants. Improvements in social inclusion (primary) and empowerment, hope, healing, health, and social functioning (secondary) were the results. UPSIDES peer assistance was provided to participants assigned to the intervention group. In a variety of contexts, peer support benefits individuals with severe mental health issues in terms of social inclusion, empowerment, and hope. Peer support can be suggested as an efficient part of mental healthcare as social isolation is a major cause of mental illness and empowerment and hope are both essential for healing. Peer assistance has the ability to advance global mental health in the direction of recovery and human rights.

(Parmar et al., 2025) [20] examined how a peer support program affected postgraduate health students' social and emotional health when they were enrolled in online courses during the COVID-19 epidemic. In 2021, Western Sydney University in Australia introduced peer support groups for a mixed group of domestic and foreign students enrolling in an online postgraduate health course. Four Zoom focus group sessions were used to gather data, which were then verbatim transcribed, translated as needed, and subjected to inductive theme analysis. Three main themes emerged: (i) social support and emotional health; (ii) friendships and social interactions; and (iii) engagement facilitators and obstacles. This study demonstrates how the peer support program improves the social and emotional wellbeing of postgraduate health students, the majority of whom are international. Participating in the peer support program provided students with considerable social, emotional, and cultural benefits despite the difficulties associated with online learning during COVID-19.

(Kalra & Tung, 2025) [21] investigates how family functioning is affected by psychoeducational interventions (PEIs) for caregivers of people with alcohol use disorders. 128 caregivers were chosen from two psychiatric institutions in Amritsar, India, using a cross-sectional methodology. The participants were divided into two groups: 90 caregivers who did not routinely attend psychoeducational sessions and 38 caregivers who did. Perceived family functioning was measured using the Family Assessment Device, with higher scores denoting more disorder. The two groups' assessments of family

functioning were compared using independent sample t-tests. The study emphasizes the value of customized interventions to improve caregiver wellbeing and family functioning. In order to determine causation and investigate the long-term advantages of psychoeducational programs in various caregiving situations, future research should concentrate on longitudinal designs.

(Taksal et al., 2024) [22] Compare the experiences of patients and their families in early intervention programs for psychosis in Montreal, Canada (a high-income nation) and Chennai, India (a low- and middle-income country). Compared to Montreal patients (Intercept = 49.6) and families (Intercept = 42.45), Chennai patients and families reported more helpful behaviors from their treatment teams ($\beta = 4.04$; $\beta = 9$, respectively). Patients reporting less supportive behaviors from treatment teams were related with higher symptom severity across follow-up. Families who reported less supportive behaviors from treatment teams were linked to higher levels of positive symptoms (but lower levels of negative symptoms) over follow-up. Time, age, gender, and functionality had no influence. The degree to which treating teams are viewed as helpful may be a reflection of both real variations in how supportive treatment teams are, which may also be influenced by culture, and culturally formed attitudes (e.g., warmer attitudes toward healthcare providers in India compared to Canada). Chennai families may receive more attention and assistance since they are expected to be more active in therapy, which might encourage them even more. Those who do better at follow-up may see their treatment teams more favorably in all circumstances.

(Hendro et al., 2024) [23] Find out how family psychoeducation affects knowledge, skills, and family stress when providing care for individuals with schizophrenia at Pariaman Regional Hospital's Psychiatric Polyclinic. From September 2022 to September 2023, this study was conducted in Pariaman Hospital. This kind of study uses a control group and is quantitative and quasi-experimental. Families with ODS who attended the mental health clinic at Pariaman Regional Hospital made up the study's population, which consisted of 94 individuals overall and a sample of 32. A questionnaire was the instrument used to gather the data. The validity test, reliability test, univariate analysis, and bivariate analysis are used in this study's data analysis. The study's findings demonstrate that family psychoeducation treatment improves the skills and knowledge of families caring for family members with schizophrenia. There were notable variations in knowledge, skills, and family burden between families that got psychoeducational treatment and those that did not. In the psychiatric polyclinic of Pariaman Hospital, family psychoeducational therapy is regarded as a successful intervention for helping families who look after family members with schizophrenia.

(Thimmajja & Rathinasamy, 2019) [24] to determine the effectiveness of psychoeducation in lowering caregivers' burden and increasing their understanding of schizophrenia. Materials and techniques. The efficacy of psycho-education among caregivers of schizophrenia patients was evaluated using a randomized controlled study. This study was carried out at a particular state-run mental health facility in Karnataka, India. 350 caregivers were divided into research groups ($n = 175$) and control groups ($n = 175$) at random. The knowledge and burden of both group members were then evaluated. In addition to receiving standard nursing care, the caregivers in the research group took part in one or two psycho-educational sessions. Subjects in the control group were given standard hospital treatment. One-month and three-month intervals were followed by post-intervention evaluations. The caregivers in the research group demonstrated a decrease in care burden and an improvement in knowledge acquisition. The results of this study demonstrated the effectiveness of psycho-education interventions in lowering the care burden experienced by caregivers of patients with schizophrenia and in providing their family with the necessary information.

III. Research gap

Even though there are a few studies that have discussed the family psychoeducation, the caregiver burden, and the peer-support interventions in mental healthcare, there is little research that specifically addresses their influence together in the context of Indian culture. The literature is primarily focused on schizophrenia, alcohol use disorder, or overall mental health recovery, and there is a lack of research on the relationship among psychoeducation, peer-led support groups, caregiver burden, and recovery outcomes. Moreover, comparative studies that are culturally adapted and examine the effects of Indian family structures, stigma, traditional beliefs, and socioeconomic conditions on caregiving experiences and intervention effectiveness are lacking. The available studies are mostly hospital based and quantitative in nature with little emphasis on community-based and recovery-oriented studies. Thus, a critical analysis that incorporates the burden of caregivers, family psychoeducation, peer-support, and recovery outcomes in India is required in order to determine the effective methods of culturally-sensitive mental healthcare interventions.

IV. Objective

1. To study the concept of mental health caregiving.
2. To study the concept and principles of family psychoeducation.
3. To study the role of peer-led support groups in mental health recovery.
4. To study the caregiver burden: psychological, social, and economic dimensions.
5. To study the recovery outcomes in individuals with mental illness.

V. Research methodology

The research methodology of the review paper is qualitative and descriptive with secondary data. Academic databases, published journals and access to online scholarly materials were used to gather relevant research articles, review papers, journal publications, and scholarly studies were used to gather information on family psychoeducation, peer-led support groups, caregiver burden, and recovery outcomes in mental healthcare. The chosen literature concentrates primarily on mental health caregiving practice, psychoeducational intervention, peer-support system, and culturally mediated recovery process in India and other similar environments. The recent years were reviewed to gain an insight into modern trends in recovery-oriented mental healthcare. Data gathered were then systematically analyzed and tabulated based on major themes in which they include psychological burden, social challenges, economic burden, family involvement and peer support. The methodology is expected to give a thorough insight into the effectiveness of psychoeducation and peer-led interventions in enhancing the well-being and mental health recovery outcomes of caregivers.

VI. Discussion

The literature reviewed illustrates that family psychoeducation and peer-led support groups are important in lessening caregiver burden and enhancing recovery outcomes among mental illnesses in individuals. Psychoeducational interventions increase awareness of mental disorders among caregivers, enhance communication skills, and effective coping strategies, thus decreasing emotional stress and family conflict. Research also shows that peer-led support groups offer emotional reassurance, social connectedness, and learning experience to both the caregivers and the patients. These interventions are especially relevant in the context of the Indian culture where families are the main care-givers in the process of enhancing community-based mental healthcare. The literature also indicates that psychoeducational program, which is culturally adapted, is beneficial in achieving improved treatment adherence, relapse prevention, and emotional resilience. Nevertheless, recovery-oriented care in India is still problematic due to stigma, ignorance, inadequate healthcare facilities, and ineffective mental health services in the community. Thus, psychoeducation and peer-support systems should be

incorporated as a part of regular mental health care to enhance the well-being of caregivers and recovery of patients.

VII. Conclusion

The psychosocial interventions include family psychoeducation and peer-led support groups, which play a critical role in decreasing the burden of caregivers and improving the recovery of people with mental illness. In India where family members are at the center of care giving, the interventions are effective in offering useful emotional, educational, and social support to both the caregivers and their patients. Psychoeducation increases mental illness awareness, enhances coping skills, improves communication and relapse prevention. On the same note, peer-led support groups promote the social inclusion, emotional strength, hope, and recovery-driven care by sharing experiences and supporting each other. The analyzed literature proves that culturally practical and community-based interventions are capable of having a positive impact on treatment adherence, family functioning, and quality of life. Nonetheless, stigma, insufficient mental health care facilities, and ignorance are key obstacles to effective caregiving and recovery. As such, inclusion of family psychoeducation and peer-support program in mental healthcare policies and community services is critical in ensuring a more inclusive, supportive, and recovery oriented mental healthcare system in India.

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