Keywords: depression, psycho-education, attitudes, adherence to antidepressants

Background
Educating patients about their mental illnesses, called “psycho-education”, has been shown to have benefits. Research suggests that patients who receive psycho-education will score higher on measures of educational and clinical outcomes than patients who only receive drug treatment. However, this research has not been able to demonstrate a clear relationship between educational interventions and long term clinical outcomes in patients suffering from depression. This is partly due to a lack of study, and partly due to imprecise methodologies. For example, some previous work has shown positive outcomes from psycho-education programs. However, patients in these studies also received thorough psychiatric treatment. Therefore, it is not possible to conclude whether the outcome was because of the education program, or the psychiatric treatment.

Systematic and thorough psycho-education programs should target: knowledge of depression, importance of adherence to treatment, and psychological and social skills. They should also be delivered and evaluated regularly. Meeting these criteria ensures that the psycho-education programs have the best chance of improving clinical and social outcomes. Holding refresher sessions for patients, and regularly reminding them of learning objectives may also be helpful.

Objectives
Primary objective:
- Assess the effectiveness of a systematic, patient-centered psycho-education program on the clinical outcomes of patients with major depressive disorder who are receiving antidepressant treatment.

Secondary objectives:
- Determine whether psycho-education improves the following:
  - knowledge of and attitudes toward depression and its treatments
  - adherence to antidepressant treatment
  - psychological and social skills
- Examine how clinical outcomes are related to changes in knowledge of and attitudes toward depression

Method
A total of 73 patients with a confirmed diagnosis of major depressive disorder enrolled in the study. During the study, 21 patients dropped out, leaving 52 patients who completed the program. Only data from these 52 patients were analyzed.

The patients were randomly assigned to either the experimental group (n=20) or the control group (n=32). The experimental group received regular psycho-education for depression, reading material (a “depression manual”), and participated in individual or group education sessions, while the control group received standard care only. The education sessions emphasized reflection on personal experiences, and provided feedback through discussions lead by a research psychiatrist. Both groups also received antidepressant treatment through their own psychiatrist.
A series of assessments were administered before patients began treatment, after 4 weeks, after 8 weeks and finally after completion of the program at 12 weeks. The assessments measured depression symptoms, psychological and social skills, commitment to antidepressant treatment, knowledge of and attitudes toward depression, and patient satisfaction with the psycho-education program. Demographic information was also collected.

**Results**
The following are some key findings from the study.

Statistical analyses revealed that both groups showed improvement in depressive symptoms over the course of the study. At the end of the study, the experimental group, who had received psycho-education, showed significantly more symptom improvement than the control group, who only received standard treatment.

There was also a significant improvement in psychological and social skills for both groups at the end of the study. However, only the experimental group developed more knowledge-seeking behaviour during the study. They read and used audiovisual materials to learn about depression significantly more than the control group at each testing point in the study.

Throughout the study there were no significant changes in attitude for either group. This suggests that attitudes toward depression stay stable over time. Commitment to treatment showed some group differences during the study, but in the end both groups exhibited the same level of commitment to their antidepressants.

A correlational analysis suggested that individuals who seek more knowledge about depression and its treatments are likely to have fewer symptoms in a standard assessment. At the conclusion of the study, most patients reported good to excellent satisfaction with the treatment they had received.

**Conclusions**
Patients in the experimental group received regular education about depression using multiple education techniques, including readings, discussions, and group or individual personal reflections. The control group did not receive the same formal education, but despite this, some patients were motivated to learn about depression on their own.

Knowledge-seeking behaviour was considered to be particularly important to this study. This is because it indicates that patients are interested in different types of treatment, and are acting on a desire to learn about their illness and its treatment. This study used a reliable knowledge-seeking instrument to examine the relationship between knowledge-seeking scores and standard measures of depression.

Despite the fact that most physicians and mental health workers provide psycho-education for patients with depression, a more systematic approach has produced significantly better clinical and educational outcomes. Future studies should try to verify the results of this work using larger sample sizes, and more closely examine the nature of the relationship between clinical outcomes and education.

**Lessons Learned**
This study demonstrated the significance of using psycho-education to treat depression through improved physician-patient communication, increased patient knowledge, and increased positive attitudes of patients. These features impacted patients’ adherence to antidepressants, as well as overall outcomes, so they certainly need to be considered in future studies.

The full report can be found at [www.mentalhealthresearch.ca](http://www.mentalhealthresearch.ca)

**About the Author:** Adel Gabriel (University of Calgary) is a psychiatrist in Calgary, Alberta. His research focuses on anxiety disorders, depression, adult attention deficit disorder (ADHD), psychometric assessment of outcome clinical measures, patient education, and patient advocacy issues.