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Letter to the Editor

Family-Centered Care: A Neglected Preventive Nursing Strategy in Iranian Psychiatric Services

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Dear Editor

Families, acting as a "hidden system of care," play a foundational role in the healthcare system. They not only meet individual health needs but also provide essential emotional and financial support to patients. Despite this critical role, preventive nursing policies in Iran have faced significant gaps, particularly in formal support programs and the allocation of specialized resources for families caring for individuals with severe psychiatric disorders [1]. In the past three decades, the responsibility of family caregivers in managing patients with psychiatric disorders has increased, primarily due to the emergence of deinstitutionalization. This development has shifted the focus toward community-based psychiatric services, with more families choosing to care for patients with severe psychiatric disorders at home [2]. This shift has placed preventive nursing at the forefront of family support. Therefore, from a preventive nursing perspective, supporting these families is critical to ensuring continuity of care.

In Iran, 65–75% of patients with severe psychiatric disorders return to their families after discharge and receive care from relatives [1]. However, existing community-based programs are insufficient to meet their educational, financial, and psychosocial needs, reflecting a systemic weakness in preventive psychiatric nursing rather than a failure of families themselves [3]. As a result, family caregivers frequently face deep emotional challenges, such as guilt, fear, hopelessness, and frustration, which can affect how they relate to and care for the patient [4]. When unaddressed, these challenges may contribute to preventable readmissions and re-institutionalization, even when patients can live in the community.

This situation underscores the urgent need for structured, nurse-led, family-centered interventions to support caregivers and prevent avoidable readmissions. Patients also report that some family members may distance themselves, hold negative attitudes, or neglect to engage with them in daily [1, 5].

Failure to institutionalize family-centered care within psychiatric services represents a missed opportunity for cost-effective, nurse-led prevention strategies. Within a prevention-oriented framework, family psychoeducation represents a cornerstone intervention for reducing relapses and improving treatment adherence. When caregivers understand illness, they can better prevent misunderstandings [6]. In this regard, there is a need for a participatory preventive approach, including providing education on illness recognition [1].

Evidence suggests that developing family therapy interventions to improve medication adherence could reduce relapse rates after discharge. These measures may also decrease the caregiving burden and the rising costs of repeated psychiatric treatments [7].

However, there are no formal programs for preventing medication non-adherence [8]. Furthermore, within the national healthcare system, there are no community-based rehabilitation interventions to prepare patients for reintegration with their families [9, 10]. This absence underscores the lack of a coherent, nurse-led preventive framework that systematically prepares both patients and families for post-discharge life.

From a health policy standpoint, failure to integrate families into psychiatric care not only increases relapses and rehospitalization rates but also undermines the sustainability of mental health services. Educating individuals, families, and communities about family therapy remains a vital preventive strategy, and public awareness campaigns and workshops can play a key role in dispelling misconceptions.

Given the continuous and often demanding role of family caregivers, supportive workplace policies and targeted financial assistance should also be considered within broader mental health planning to mitigate caregiver burden and promote long-term engagement in care.

Key interventions within this framework include:

- ***Integrating Nurse-Led Home Visits***

Home visits should be formally incorporated into treatment plans, with psychiatric nurses serving as the primary coordinators and clinical leaders of these interventions. Although multidisciplinary collaboration with psychiatrists and psychologists is essential, a nursing-led model ensures continuity, structured follow-up, and holistic family assessment in home settings. This approach strengthens community-based care, reduces relapse risk, and promotes early identification of caregiver stress. To enhance accessibility and equity, insurance systems should cover the costs of structured home-based psychiatric services to prevent additional financial strain on families.

- ***Establishing Respite Care as Preventive Support***

Establishing short-term respite care centers can provide family members with temporary relief, allowing them to rest, engage in social and recreational activities, and restore emotional capacity. As a preventive mechanism, respite services reduce caregiver burnout, sustain family involvement in long-term care, and contribute to improved patient stability.

Integrating families into psychiatric care is not merely a supportive measure but a preventive necessity. Recognizing family-centered care as a core preventive nursing strategy should therefore be prioritized in national mental health policies. Strengthening the leadership role of psychiatric nurses in coordinating family-centered interventions can reduce relapse, caregiver burden, and long-term healthcare costs while promoting sustainable mental health services in Iran.

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