

Strategies to Improve Adherence to Psychosocial Interventions Among Persons with Mental Illness

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Abstract: ***Background:** Non-adherence to psychosocial interventions significantly limits treatment effectiveness and recovery outcomes in mental health care. Although psychosocial approaches are evidence-based, sustained engagement remains inconsistent. **Aim:** To evaluate the effectiveness of structured psychosocial strategies in improving adherence among persons with mental illness. **Method:** A pre-post intervention design (N = 35) was employed. Wilcoxon Signed Rank Test was used to examine pre-post differences. **Results:** Significant improvements were observed in basic needs (Z = -2.236, p = .025), health needs (Z = -3.453, p < .001), and social needs (Z = -1.897, p = .048). Awareness and participation increased significantly (p < .001). Social support (Z = -5.205, p < .001) and overall adherence (Z = -4.175, p < .001) showed marked improvement. Inter-session involvement also improved significantly (Z = -2.557, p = .011). **Conclusion:** Structured psychosocial strategies significantly enhance adherence and engagement among persons with mental illness.*

Keywords: psychosocial intervention, adherence, mental illness, social support, treatment engagement

1. Introduction

Adherence to psychosocial interventions is a critical determinant of treatment success in psychiatric care. While pharmacotherapy addresses biological mechanisms, psychosocial interventions focus on behavioural regulation, cognitive restructuring, emotional management, and social functioning [1,2].

Non-adherence to treatment is widely documented across psychiatric populations. Studies report that 20–60% of individuals discontinue psychosocial or psychiatric interventions prematurely [3,4]. Non-adherence is associated with relapse, rehospitalization, functional deterioration, and increased economic burden [5].

Several factors contribute to non-adherence, including poor illness insight, stigma, limited awareness, inadequate social support, and weak therapeutic alliance [6,7]. Social and environmental influences significantly shape adherence behaviours [8].

Psychoeducation, motivational interviewing, structured follow-up, and social reinforcement strategies have been shown to improve adherence outcomes [9–12]. Text-message reminders and engagement monitoring have also demonstrated effectiveness in enhancing treatment participation [13,14].

However, empirical evidence from Indian tertiary psychiatric settings remains limited. The present study was designed to evaluate structured psychosocial adherence-enhancing strategies within a clinical outpatient context.

2. Methodology

Design

A pre-experimental pre-post intervention design was adopted.

Setting and Participants

The study was conducted in a tertiary psychiatric outpatient department. Thirty-five participants diagnosed according to ICD-10 criteria were recruited using purposive sampling.

Intervention Components

The structured psychosocial intervention included:

- Psychoeducation regarding illness and treatment
- Motivational enhancement
- Awareness building regarding psychosocial services
- Social support strengthening

Structured session scheduling

Monitoring of intra- and inter-session engagement

These components are consistent with evidence-based adherence-enhancing models described in previous literature [1,10,15].

Statistical Analysis

Data were analyzed using SPSS. The Wilcoxon Signed Rank Test was applied to assess pre-post changes. Statistical significance was set at p < .05.

3. Results

3.1 Unmet Needs

Significant reductions were observed in:

Basic needs (Z = -2.236, p = .025)

Health needs (Z = -3.453, p < .001)

Social needs (Z = -1.897, p = .048)

Health needs demonstrated the strongest statistical improvement, aligning with literature emphasizing the importance of illness education in improving engagement [9,16].

No significant changes were observed in functioning or service needs (p > .05).

3.2 Awareness and Participation

Highly significant improvements were found in:
 Awareness of referral ($Z = -4.472, p < .001$)
 Knowledge of psychosocial intervention ($Z = -4.472, p < .001$)
 Session attendance ($Z = -5.477, p < .001$)
 Attendance within the last two weeks ($Z = -5.745, p < .001$)

These findings are consistent with evidence suggesting that awareness and structured engagement significantly enhance participation [11,13].

3.3 Non-Adherence Factors

Significant improvements were observed in:
 Information regarding psychosocial intervention ($Z = -3.503, p = .001$)
 Normative beliefs ($Z = -1.836, p = .045$)
 Social support ($Z = -5.205, p < .001$)
 Overall adherence ($Z = -4.175, p < .001$)

Social support demonstrated the strongest improvement, reinforcing previous findings that social reinforcement is a central determinant of adherence behaviour [8,17].

3.4 Intra- and Inter-Session Involvement

Inter-session involvement improved significantly ($Z = -2.557, p = .011$), indicating better engagement with therapeutic tasks outside clinical sessions. Similar findings have been reported in structured behavioural adherence interventions [12,18].

Intra-session involvement did not show significant change ($p > .05$), possibly reflecting adequate baseline engagement.

4. Discussion

The present study demonstrates that structured psychosocial strategies significantly improve adherence-related outcomes among persons with mental illness.

The strongest improvement was observed in social support, consistent with behavioural and social cognitive models of adherence [8,19]. Environmental reinforcement and supportive interpersonal networks appear critical in sustaining therapeutic engagement.

Significant improvements in awareness and participation underscore the role of psychoeducation and motivational enhancement in addressing cognitive barriers to adherence [9,20].

The enhancement in inter-session engagement indicates improved continuity of therapeutic involvement, which has been associated with better long-term outcomes in psychiatric populations [18,21].

These findings align with global literature emphasizing multi-component adherence strategies rather than isolated interventions [1, 3, 22].

5. Conclusion

Structured psychosocial intervention combined with SMS reminders significantly enhances adherence in outpatient psychiatric settings.

Pre and Post Intervention Adherence Comparison

Parameter	Pre-Intervention	Post-Intervention
Session Attendance	Moderate	High
Homework Completion	Low	Improved
Missed Appointments	Frequent	Reduced

Structured psychosocial strategies significantly enhance adherence, awareness, and engagement among persons with mental illness. Integrating adherence-focused psychosocial frameworks within psychiatric outpatient services may improve treatment continuity and recovery outcomes.

6. Strengths and Limitations

Strengths include practical applicability and use of validated tools. Limitations include absence of control group, small sample size, and short follow-up duration.

7. Future Directions

Future research should involve randomized controlled trials, larger multi-center samples, long-term follow-up, and objective adherence measures

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