

Developing a Culturally Adapted Family Intervention for Relatives Living with Schizophrenia in Oman

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Abstract : Introduction: The evidence of family interventions in schizophrenia is robust primarily in high-income settings. However, they have been adapted to other settings and cultures to improve effectiveness and acceptability. In Oman, there is limited integration of psychosocial interventions in the treatment of schizophrenia. Therefore, the adaptation of family intervention to the Omani culture may facilitate its uptake. Most service users in Oman live with their families outside the healthcare system, and nothing is known about their experience, needs, or resources. Furthermore, understanding caregivers' and mental health professionals' preferences, perceptions, and experience is a fundamental element in the process of intervention development. Therefore, this study aims to develop a culturally sensitive, feasible, and acceptable family intervention for relatives living with schizophrenia in Oman. Method: The Medical Research Council's framework for the evaluation of complex health care interventions provided the conceptual structure for the study. The development phase was carried out, which involved three stages: 1) systematically reviewing the available literature regarding culturally adapted family interventions in the Arab world 2) In-depth interviews with caregivers to explore their experience and perceived needs and preferences regarding intervention 3) A focus group study involving health professionals to explore the acceptability and feasibility of delivering the family intervention in the Omani context. Data synthesis determined the design of the proposed intervention according to the findings obtained from the previous stages. Results: Stage one: The systematic review found limited evidence of culturally-adapted family interventions in the Arab region. However, the cultural adaptation process was comprehensive, and the implementation was reported to be feasible and acceptable. Stage two: The experience of family caregivers illuminated four main themes: burden, stigma, violence, and family needs. Burdens of care included objective and subjective burdens, positive feelings, and coping mechanisms. Caregivers gave their opinion about the content and preference of the intervention from their personal experiences. Stage three: mental health professionals discussed the delivery system of the intervention from a clinical standpoint concerning issues and barriers to implementation. They recommended modifications to the components of the intervention to ensure its acceptability and feasibility in the local setting. Data synthesis was carried out, and the intervention was designed. Conclusion: This study provides evidence of the potential applicability and acceptability of a culturally sensitive family intervention for families of individuals with schizophrenia in Oman. However, more work needs to be done to test the feasibility of the study and overcome the practical challenges.

Keywords : cultural-adaptation, family intervention, Oman, schizophrenia

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