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Family-Centered Therapy and Mental Disorders Treatment in Rwanda: A Case of Ndera Neuropsychiatric Teaching Hospital (NNPTH)

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Abstract: **This study assessed the influence of family-centered therapy on the treatment of mental disorders at Ndera Neuropsychiatric Teaching Hospital, Rwanda. Specifically, it examined the effects of family psychoeducation, patient advocacy, patient progress monitoring, and collaboration with psychiatric professionals on treatment outcomes. Guided by Family Systems Theory and Stress-Coping Theory, the study employed a descriptive case study design using a mixed-methods approach. From a target population of 1,743, a sample of 325 participants was determined using Slovin's formula, comprising 9 mental health professionals, 210 family members, and 106 recovered patients. Purposive sampling was used for mental health professionals, while simple random sampling was applied to family members and recovered patients. Data were collected using questionnaires and interview guides, with instrument reliability confirmed by Cronbach's alpha (≥0.70) and content validity established through expert review (CVI ≥0.70). Quantitative data were analyzed using SPSS through descriptive statistics and regression analysis, while qualitative data were analyzed thematically. The findings revealed that family-centered therapy significantly improved mental disorders treatment. Family psychoeducation was the strongest predictor of positive treatment outcomes ($R = 0.966$, $R^2 = 0.934$, $\beta = 0.966$), contributing to better medication adherence, reduced relapse, increased engagement in therapy, and enhanced family caregiving. Patient advocacy also had a significant positive influence ($R = 0.791$, $R^2 = 0.626$, $\beta = 0.791$), promoting patient participation in decision-making, effective communication, and dignity in care. Patient progress monitoring demonstrated a strong effect ($R = 0.914$, $R^2 = 0.836$, $\beta = 0.914$), facilitating timely clinical interventions and personalized care. Collaboration among psychiatric professionals showed a moderate but significant contribution ($R = 0.731$, $R^2 = 0.534$, $\beta = 0.731$), improving coordinated care and psychosocial outcomes. The study concludes that family-centered therapy is an effective framework for enhancing mental disorders treatment through structured family involvement, continuous patient monitoring, advocacy, and multidisciplinary collaboration. It recommends strengthening family psychoeducation, advocacy initiatives, monitoring systems, and interprofessional teamwork to improve mental health outcomes in Rwanda.**

Keywords: **Centered Therapy, Family, Mental Disorders, Treatment, Ndera Neuropsychiatric Teaching Hospital, Rwanda.**

1. INTRODUCTION

Mental health care has evolved from a predominantly biomedical and individual-centered approach to more holistic models that recognize the importance of family involvement in promoting recovery and improving treatment outcomes. Family-centered therapy emphasizes collaboration between patients, their families, and mental health professionals throughout the treatment process. This approach acknowledges that mental disorders affect not only individuals but also their families and social environments. Globally, mental disorders affect approximately one in eight people, representing a major public health

challenge and contributing significantly to disability, reduced quality of life, and premature mortality. Despite advances in mental health services, many people with mental disorders continue to experience limited access to quality care, highlighting the need for comprehensive treatment approaches that incorporate family participation (World Health Organization [WHO], 2022; Kohn et al., 2018). Evidence consistently demonstrates that family-centered therapy improves medication adherence, reduces relapse rates, enhances psychosocial functioning, and supports long-term recovery.

In high-income countries such as the United States, the United Kingdom, Finland, and Australia, family-centered therapy has become an integral component of psychiatric rehabilitation and community mental health services. Structured interventions, including the National Alliance on Mental Illness (NAMI) Family-to-Family program, systemic family therapy, and psychoeducation initiatives, actively involve family members in treatment planning, decision-making, and recovery support. These interventions have been associated with improved treatment adherence, fewer psychiatric hospitalizations, reduced caregiver burden, enhanced patient autonomy, and better quality of life (Perlick et al., 2019; Kuipers et al., 2020; Meadows et al., 2021). Likewise, in Asian countries such as India, China, and Japan, where family support systems are deeply rooted in cultural values, family-centered therapeutic approaches have strengthened continuity of care, reduced stigma associated with mental illness, and facilitated successful community reintegration of patients (Chadda & Deb, 2018; Zhang et al., 2019).

In Sub-Saharan Africa, family members remain the primary caregivers for individuals living with mental disorders because of limited mental health resources and shortages of specialized professionals. However, the implementation of family-centered therapy continues to face challenges, including inadequate mental health infrastructure, persistent stigma, financial constraints, and limited psychosocial support for caregivers. Consequently, many families experience considerable emotional, social, and economic burdens while receiving little professional guidance in supporting their relatives. Studies conducted in Kenya, Uganda, and Tanzania show that strengthening family participation through psychoeducation, patient advocacy, and collaborative care can improve treatment adherence, reduce relapse, and enhance the well-being of both patients and caregivers (Abbo et al., 2019; Muga & Jenkins, 2020; Kleintjes et al., 2021).

In Rwanda, substantial progress has been made in rebuilding and strengthening mental health services following the 1994 Genocide against the Tutsi. The government has expanded access to specialized mental health facilities, integrated mental health services into general healthcare, and developed national policies aimed at improving mental health care. Nevertheless, family-centered therapeutic approaches remain insufficiently integrated into routine psychiatric practice.

Existing evidence indicates that although families provide essential emotional, financial, and practical support to individuals with mental disorders, they are rarely involved in structured therapeutic interventions, treatment planning, or clinical decision-making (Umubyeyi et al., 2020). This limited involvement reduces opportunities for reinforcing treatment adherence, monitoring patient progress, and supporting sustained recovery within the community.

Ndera Neuropsychiatric Teaching Hospital, Rwanda's national referral hospital for mental health services, plays a central role in the diagnosis, treatment, rehabilitation, and follow-up of patients with mental disorders. Although family members are commonly involved during patient admission and discharge, their participation throughout the treatment process remains relatively limited. Greater integration of family-centered therapy, including family psychoeducation, patient advocacy, continuous progress monitoring, and collaboration with psychiatric professionals, could enhance treatment effectiveness, reduce relapse, improve psychosocial outcomes, and strengthen community reintegration. Given the growing global evidence supporting family-centered therapy and the limited empirical evidence from Rwanda, this study sought to assess the influence of family-centered therapy on the treatment of mental disorders at Ndera Neuropsychiatric Teaching Hospital. The findings are expected to contribute to evidence-based strategies for strengthening family participation and improving mental health service delivery in Rwanda.

2. METHODOLOGY

2.1 Research Methodology

This study used a mixed-methods approach because quantitative methods generated objective, measurable evidence on how family-centred interventions, such as psychoeducation, advocacy, and progress monitoring, affected treatment outcomes including symptom reduction, medication adherence, relapse rates, and psychosocial functioning.

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2.2 Research Design

The study adopted a descriptive design, which allowed for the systematic observation and documentation of naturally occurring relationships between family-centred therapeutic involvement and mental disorders treatment without manipulating variables.

2.3 Location of the Study

The study was conducted at Ndera Neuropsychiatric Teaching Hospital in Rwanda. Ndera Hospital is the country's main specialized mental health facility, providing comprehensive psychiatric care, including diagnosis, treatment, rehabilitation, and community outreach programs.

2.4 Target Population

This study targeted a population of participants at Ndera Neuropsychiatric Teaching Hospital, including mental health professionals, family members, and recovered patients.

2.5 Sampling Techniques

In this study, the 9 psychiatric professionals were selected using purposive sampling due to their specialized roles and expertise in planning and implementing therapeutic interventions. Their informed perspectives were essential for understanding how family-centered therapy influenced mental disorders treatment among patients with mental disorders.

2.6 Sample Size Determination

Slovin's formula was used to determine the sample size.

The formula is as follows: $n = \frac{N}{1+Ne^2}$

Where:

n = Required sample size

N = Total population size

e = Margin of error (set at 0.05 for a 95% confidence level)

Since the study targets a total population of 1743 individuals, the sample size was calculated as follows:

$$n = \frac{1743}{1 + 1743(0.0025)}$$

$$n = \frac{1743}{5.3575} = 325$$

Thus, the required sample size for the study was 325 respondents. Table 1 outlined sample sizes for each population category.

2.7 Research Instruments

Data for this study was collected using multiple instruments, each tailored to specific participant groups to ensure comprehensive coverage of the research objectives.

2.8 Data Analysis Techniques and Presentation

A mixed-methods approach was employed to comprehensively analyze both quantitative and qualitative data. For quantitative data collected from psychiatric professionals via questionnaires, the Statistical Package for the Social Sciences (SPSS) was used.

3. RESULTS AND DISCUSSION

3.1 Demographic Characteristics of Respondents

Information on respondents' characteristics, including gender, age, and level of education, was considered important as these factors may influence the study findings on family-centered therapy and mental disorders treatment at Ndera Neuropsychiatric Teaching Hospital (NNPTH). The demographic analysis therefore provides a clear profile of participants to support the interpretation and credibility of the results.

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Table 1: Gender, Age and Education Level

Variable	Category	Frequency (N)	Percentage (%)
Gender	Male	5	55.5
	Female	4	44.5
	Total	9	100
Age Group (years)	31–40	3	33.3
	41–50	4	44.4
	51–60	2	22.3
	Total	9	100
Education Level	Bachelor's Degree	4	44.4
	Master's Degree	4	44.4
	PhD	1	11.2
	Total	9	100

Source: Primary Data (2026)

The demographic results show a relatively balanced gender distribution, with males (55.5%) slightly outnumbering females (44.5%). This balance is important for the study as it ensures that perspectives from both male and female mental health professionals are adequately represented, thereby enriching the understanding of family-centered therapy practices. In terms of age distribution, most respondents were in the 41–50 age group (44.4%), followed by those aged 31–40 years (33.3%), while the smallest proport ion was in the 51–60 age group (22.3%). This indicates that the respondents are largely within a mature and professionally active age bracket, suggesting substantial work experience in mental health care. Such experience enhances the reliability and depth of insights provided on the implementation of family-centered therapy.

Regarding educational attainment, the findings reveal that the majority of respondents held either a Bachelor's degree (44.4%) or a Master's degree (44.4%), with a small proportion (11.2%) having a PhD. This high level of academic qualification implies that respondents possess adequate theoretical knowledge and professional competence in mental health practices. Consequently, their responses are considered credible and valuable in explaining the effectiveness of family-centered therapy in the treatment of mental disorders at NNPTH.

3.2 Influence of Family-Centered Psychoeducation on Mental Disorders Treatment

In order to assess the influence of family psychoeducation on mental disorders treatment, participants were asked to provide responses via a questionnaire.

Table 2: Influence of Family Psychoeducation on Mental Disorders Treatment

Statements	SD (N, %)	D (N, %)	N (N, %)	A (N, %)	SA (N, %)	Mean	Std
Families receive structured education about mental health disorders and treatment plans.	0 (0.0)	0 (0.0)	0 (0.0)	9 (100.0)	0 (0.0)	4.0000	0.00000
Psychoeducation sessions help families understand the importance of medication adherence.	0 (0.0)	0 (0.0)	1 (11.1)	8 (88.9)	0 (0.0)	3.7778	0.66667
Family involvement in psychoeducation reduces patient relapse rates.	1 (11.1)	0 (0.0)	0 (0.0)	7 (77.8)	1 (11.1)	3.7778	1.09291
Psychoeducation equips families with strategies to support patients' emotional well-being.	0 (0.0)	0 (0.0)	1 (11.1)	4 (44.4)	4 (44.4)	4.3333	0.70711
Patients show improved therapy engagement when their families participate in psychoeducation.	0 (0.0)	0 (0.0)	0 (0.0)	6 (66.7)	3 (33.3)	4.3333	0.50000

Psychoeducation programs are integrated into the hospital's standard care protocols.	0 (0.0)	0 (0.0)	0 (0.0)	4 (44.4)	5 (55.6)	4.5556	0.52705
Psychoeducation enhances families' confidence in managing patient care at home.	0 (0.0)	0 (0.0)	1 (11.1)	3 (33.3)	5 (55.6)	4.4444	0.72648
Families share learned strategies with other caregivers, promoting broader mental health support.	0 (0.0)	0 (0.0)	1 (11.1)	4 (44.4)	4 (44.4)	4.2222	0.97183

Source: Researcher (2026)

Table 2 presents the respondents' views on the influence of family psychoeducation on mental disorders treatment at Ndera Neuropsychiatric Teaching Hospital (NNPTH). The findings indicate generally high levels of agreement across all statements, suggesting that psychoeducation plays a significant role in improving mental health outcomes. The results show that all respondents (100%) agreed that families receive structured education about mental health disorders and treatment plans (Mean = 4.0000, SD = 0.00000), indicating a strong institutional practice of providing psychoeducation. Similarly, a majority of respondents (88.9%) agreed that psychoeducation sessions help families understand the importance of medication adherence (Mean = 3.7778, SD = 0.66667), highlighting its role in promoting consistent treatment compliance among patients.

Regarding treatment outcomes, most respondents (88.9%) agreed that family involvement in psychoeducation contributes to reduced relapse rates, although a small proportion expressed disagreement (Mean = 3.7778, SD = 1.09291). This suggests that while psychoeducation is generally perceived as beneficial in relapse prevention, experiences may vary depending on individual cases.

Furthermore, respondents strongly agreed that psychoeducation equips families with strategies to support patients' emotional well-being, with 88.8% agreement (Mean = 4.3333, SD = 0.70711). This reflects the importance of psychoeducation in strengthening family capacity to provide psychosocial support, which is essential in managing mental disorders.

The findings also indicate that 100% of respondents agreed that patients show improved therapy engagement when their families participate in psychoeducation (Mean = 4.3333, SD = 0.50000). This demonstrates that family involvement enhances patient participation in treatment processes, thereby improving therapeutic outcomes. In addition, a majority of respondents (100%) agreed that psychoeducation programs are integrated into the hospital's standard care protocols (Mean = 4.5556, SD = 0.52705), suggesting that psychoeducation is not an occasional intervention but a systematic component of care at NNPTH.

Respondents further agreed that psychoeducation enhances families 'confidence in managing patient care at home, with 88.9% agreement (Mean = 4.4444, SD = 0.72648). This implies that psychoeducation empowers families with practical knowledge and skills necessary for home-based care and continuous support. Furthermore, most respondents (88.8%) agreed that families share learned strategies with other caregivers, thereby promoting broader mental health support within the community (Mean = 4.2222, SD = 0.97183). This indicates a spillover effect of psychoeducation beyond individual households, contributing to wider awareness and support for mental health care. This finding is supported by World Health Organization (WHO, 2022), which emphasizes that family-based mental health interventions often generate community spillover effects by improving mental health literacy and encouraging informal caregiving networks. Similarly, Jensen et al. (2021) found that psychoeducation programs strengthen peer-to-peer knowledge sharing among caregivers, enhancing community-level support systems for mental health patients.

3.3 Influence of family-centered Patients Advocacy on Mental Disorders Treatment

In order to assess the influence of patient's advocacy on mental disorders treatment, participants were asked to provide responses by filling in a questionnaire. This was achieved through using a five-point Likert scale, ranging from strongly agree to strongly disagree, to quantify the perceptions of respondents.

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Table 3: Influence of Patients Advocacy on Mental Disorders Treatment

Statements	SD (N, %)	D (N, %)	N (N, %)	A (N, %)	SA (N, %)	Mean	Std
Patients' rights are clearly explained to both patients and their families.	2 (22.2)	2 (22.2)	0 (0.0)	4 (44.4)	3 (33.3)	3.7778	1.39443
Patients are encouraged to actively participate in decisions about their care.	0 (0.0)	0 (0.0)	1 (11.1)	5 (55.6)	3 (33.3)	4.2222	0.66667
Advocacy programs empower patients to voice concerns about their treatment.	0 (0.0)	1 (11.1)	0 (0.0)	7 (77.8)	1 (11.1)	3.8889	0.78174
Family members are supported in advocating for patients' needs.	0 (0.0)	0 (0.0)	1 (11.1)	5 (55.6)	3 (33.3)	4.2222	0.66667
Patient advocacy improves adherence to treatment plans.	0 (0.0)	2 (22.2)	0 (0.0)	3 (33.3)	4 (44.4)	4.0000	1.22474
Hospital policies actively promote patient-centered care through advocacy initiatives.	1 (11.1)	0 (0.0)	0 (0.0)	3 (33.3)	5 (55.6)	4.2222	1.30171
Patients feel more respected and valued when advocacy programs are implemented.	0 (0.0)	1 (11.1)	0 (0.0)	3 (33.3)	5 (55.6)	4.3333	1.00000
Advocacy interventions improve communication between patients, families, and professionals.	0 (0.0)	0 (0.0)	1 (11.1)	4 (44.4)	4 (44.4)	4.3333	0.70711

Source: Researcher (2026)

Table 3 presents findings on the influence of patients' advocacy on mental disorders treatment at Ndera Neuropsychiatric Teaching Hospital (NNPTH), showing both frequencies (N) and percentages (%) alongside mean and standard deviation values. The results indicate that a significant proportion of respondents agreed that patients are encouraged to actively participate in decisions about their care, with 55.6% agreeing and 33.3% strongly agreeing (Mean = 4.2222). Similarly, 55.6% agreed and 33.3% strongly agreed that family members are supported in advocating for patients' needs (Mean = 4.2222). These findings suggest that family involvement and patient participation are widely recognized as integral components of mental health treatment at NNPTH.

Regarding advocacy programs, 77.8% of respondents agreed that such programs empower patients to voice concerns about their treatment, while 11.1% strongly agreed (Mean = 3.8889). This indicates that advocacy mechanisms are effective in giving patients a platform to express their needs and concerns, which is essential for improving treatment responsiveness.

In terms of institutional support, 33.3% agreed and 55.6% strongly agreed that hospital policies actively promote patient-centered care through advocacy initiatives (Mean = 4.2222), demonstrating strong organizational commitment to advocacy practices. Additionally, 33.3% agreed and 55.6% strongly agreed that patients feel more respected and valued when advocacy programs are implemented (Mean = 4.3333), highlighting the positive impact of advocacy on patient dignity and satisfaction.

The findings also reveal that advocacy interventions enhance communication between patients, families, and professionals, as indicated by 44.4% agreement and 44.4% strong agreement (Mean = 4.3333). Improved communication is critical in ensuring coordinated care and better mental health outcomes. Furthermore, 33.3% of respondents agreed and 44.4% strongly agreed that patient advocacy improves adherence to treatment plans (Mean = 4.0000), suggesting that advocacy contributes to better compliance with prescribed interventions. However, the statement that patients' rights are clearly explained to both patients and their families recorded comparatively lower agreement levels, with 44.4% agreeing and 33.3% strongly agreeing, while 22.2% strongly disagreed and 22.2% disagreed (Mean = 3.7778). This indicates that although advocacy practices exist, there may still be gaps in effectively communicating patient rights.

3.4 Influence of family-centered Patients Progress Monitoring on Mental Disorders Treatment

In order to assess the influence patients, progress monitoring on mental disorders treatment, participants were asked to provide responses via a questionnaire.

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Table 4: Influence of Patients Progress Monitoring on Mental Disorders Treatment

Statements	SD (N, %)	D (N, %)	N (N, %)	A (N, %)	SA (N, %)	Mean	Std
Patients' symptoms and functional progress are regularly tracked.	0 (0.0)	0 (0.0)	0 (0.0)	6 (66.7)	3 (33.3)	4.3333	0.50000
Progress monitoring helps clinicians make timely adjustments to treatment plans.	0 (0.0)	1 (11.1)	1 (11.1)	3 (33.3)	4 (44.4)	4.1111	1.05409
Families are informed about patients' progress in a structured manner.	0 (0.0)	1 (11.1)	0 (0.0)	4 (44.4)	4 (44.4)	4.2222	0.97183
Regular monitoring reduces the frequency of relapses.	0 (0.0)	1 (11.1)	0 (0.0)	8 (88.9)	0 (0.0)	3.7778	0.66667
Monitoring tools are consistently used to assess therapy adherence.	0 (0.0)	1 (11.1)	0 (0.0)	7 (77.8)	1 (11.1)	3.8889	0.78174
Progress reports are shared during follow-up consultations to guide care.	0 (0.0)	0 (0.0)	1 (11.1)	4 (44.4)	4 (44.4)	4.3333	0.70711
Monitoring promotes early detection of behavioral or emotional changes in patients.	0 (0.0)	0 (0.0)	0 (0.0)	6 (66.7)	3 (33.3)	4.3333	0.50000
Systematic tracking supports personalized interventions for each patient.	0 (0.0)	0 (0.0)	0 (0.0)	4 (44.4)	5 (55.6)	4.5556	0.52705

Source: Researcher (2026)

Table 4 presents findings on the influence of patients' progress monitoring on mental disorders treatment at Ndera Neuropsychiatric Teaching Hospital (NNPTH), with results expressed in both frequencies (N) and percentages (%), alongside mean and standard deviation values. The findings indicate that all respondents agreed that patients' symptoms and functional progress are regularly tracked, with 66.7% agreeing and 33.3% strongly agreeing (Mean = 4.3333). This suggests that systematic monitoring of patients is a well-established practice at NNPTH, which is essential for tracking recovery and evaluating treatment effectiveness.

A majority of respondents also agreed that progress monitoring helps clinicians make timely adjustments to treatment plans, with 33.3% agreeing and 44.4% strongly agreeing, although 11.1% disagreed and 11.1% remained neutral (Mean = 4.1111). This indicates that monitoring plays a significant role in informing clinical decisions, though there may be occasional limitations in its application.

Regarding communication with families, 44.4% of respondents agreed and 44.4% strongly agreed that families are informed about patients' progress in a structured manner, while 11.1% disagreed (Mean = 4.2222). This reflects a strong emphasis on family involvement, which aligns with family-centered therapy approaches in mental health care. The results further show that 88.9% of respondents agreed that regular monitoring reduces the frequency of relapses, although no respondents strongly agreed (Mean = 3.7778). This suggests general agreement on the preventive role of monitoring, even though the strength of conviction is relatively moderate compared to other statements.

In terms of monitoring tools, 77.8% of respondents agreed and 11.1% strongly agreed that such tools are consistently used to assess therapy adherence (Mean = 3.8889). This indicates that standardized tools are utilized to support adherence tracking, contributing to more structured care delivery. Additionally, 44.4% agreed and 44.4% strongly agreed that progress reports are shared during follow-up consultations to guide care (Mean = 4.3333), highlighting the importance of continuous information sharing in treatment planning. Similarly, 66.7% agreed and 33.3% strongly agreed that monitoring promotes early detection of behavioral or emotional changes in patients (Mean = 4.3333), emphasizing its role in proactive care. Furthermore, the statement that systematic tracking supports personalized interventions recorded the highest level of agreement, with 44.4% agreeing and 55.6% strongly agreeing (Mean = 4.5556). This indicates that respondents strongly recognize progress monitoring as a key factor in enabling individualized treatment approaches.

3.5 Influence of family-centered Mental Health Professionals Collaboration on Mental Disorders Treatment

In order to assess the influence of Mental Health Professionals collaboration on mental disorders treatment, participants were asked to provide responses via a questionnaire.

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Table 5: Influence of Mental Health Professionals Collaboration on Mental Disorders Treatment

Statements	SD (N, %)	D (N, %)	N (N, %)	A (N, %)	SA (N, %)	Mean	Std
Patients are actively involved in treatment planning with psychiatrists and nurses.	0 (0.0)	0 (0.0)	1 (11.1)	3 (33.3)	5 (55.6)	4.4444	0.72648
Collaborative care improves adherence to therapy and medication schedules.	0 (0.0)	1 (11.1)	0 (0.0)	4 (44.4)	4 (44.4)	4.2222	0.97183
Multidisciplinary team meetings are regularly held to discuss patient care.	0 (0.0)	1 (11.1)	0 (0.0)	5 (55.6)	3 (33.3)	4.1111	0.92796
Collaboration enhances the psychosocial functioning of patients.	0 (0.0)	0 (0.0)	1 (11.1)	5 (55.6)	3 (33.3)	4.2222	0.66667
Psychiatric professionals provide guidance to families for effective patient support.	0 (0.0)	1 (11.1)	0 (0.0)	7 (77.8)	1 (11.1)	3.8889	0.78174
Joint decision-making between patients, families, and professionals improves recovery outcomes.	0 (0.0)	1 (11.1)	0 (0.0)	5 (55.6)	3 (33.3)	4.1111	0.92796
Collaboration strengthens trust and communication among patients, families, and staff.	0 (0.0)	0 (0.0)	0 (0.0)	8 (88.9)	1 (11.1)	4.1111	0.33333
Regular team discussions facilitate coordinated and consistent care delivery.	0 (0.0)	1 (11.1)	0 (0.0)	7 (77.8)	1 (11.1)	3.8889	0.78174

Source: Researcher (2026)

Table 5 presents findings on the influence of Mental Health professionals' collaboration on mental disorders treatment at Ndera Neuropsychiatric Teaching Hospital (NNPTH), with responses expressed in both frequencies (N) and percentages (%), alongside mean and standard deviation values. The results indicate that a majority of respondents strongly agreed that patients are actively involved in treatment planning with psychiatrists and nurses, with 33.3% agreeing and 55.6% strongly agreeing, while 11.1% remained neutral (Mean = 4.4444). This highlights the importance of patient inclusion in collaborative care processes, which supports shared decision-making in mental health treatment.

Respondents also agreed that collaborative care improves adherence to therapy and medication schedules, with 44.4% agreeing and 44.4% strongly agreeing, although 11.1% disagreed (Mean = 4.2222). This suggests that teamwork among Mental health professionals contributes positively to patient compliance with prescribed treatments.

Regarding multidisciplinary coordination, 55.6% of respondents agreed and 33.3% strongly agreed that team meetings are regularly held to discuss patient care, while 11.1% disagreed (Mean = 4.1111). This indicates that structured professional collaboration through team meetings is practiced, enabling comprehensive evaluation and planning of patient care.

Similarly, 55.6% agreed and 33.3% strongly agreed that collaboration enhances the psychosocial functioning of patients, with 11.1% neutral responses (Mean = 4.2222). This reflects the role of interdisciplinary teamwork in addressing not only clinical symptoms but also social and psychological aspects of mental health disorders.

In terms of family support, 77.8% of respondents agreed and 11.1% strongly agreed that mental health professionals provide guidance to families for effective patient support, although 11.1% disagreed (Mean = 3.8889). This shows that while family guidance is commonly provided, there may still be gaps in its consistency or reach. The findings further reveal that 55.6% agreed and 33.3% strongly agreed that joint decision-making between patients, families, and professionals improves recovery outcomes, with 11.1% disagreeing (Mean = 4.1111). This underscores the importance of inclusive decision-making in achieving better mental health outcomes.

Additionally, 88.9% of respondents agreed that collaboration strengthens trust and communication among patients, families, and staff (Mean = 4.1111), indicating that effective collaboration fosters positive relationships and mutual understanding within the care environment. Furthermore, 77.8% agreed and 11.1% strongly agreed that regular team discussions facilitate coordinated and consistent care delivery, while 11.1% disagreed (Mean = 3.8889). This suggests that while coordination mechanisms are in place, there is room for strengthening regularity and inclusiveness of team interactions.

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4. DISCUSSION OF FINDINGS

4.1 Influence of Family-centered Psycho-education on Mental Disorders Treatment

The findings indicate that family psychoeducation has a strong and positive influence on mental disorders treatment at Ndera Neuropsychiatric Teaching Hospital (NNPTH). The high level of agreement across all items, supported by a strong regression result ($R = 0.966$; $R^2 = 0.934$; $p < 0.05$), confirms that psychoeducation is a major predictor of treatment outcomes. These findings are consistent with the empirical studies reviewed. For instance, Thompson and Miller (2022) in the United States found that family psychoeducation improves treatment adherence and reduces relapse rates among patients with severe mental disorders. Similarly, Lewis and Patel (2021) in Canada reported that family involvement enhances coping strategies and psychosocial functioning. The current findings at NNPTH align with these studies, particularly where respondents reported improved medication adherence, emotional support, and reduced relapse.

The results also reflect Kamau and Otieno (2022) in Kenya and Okeke and Abubakar (2023) in Nigeria, who emphasized that psychoeducation strengthens family capacity to support patients, leading to better recovery outcomes. At NNPTH, respondents indicated that families receive structured psychoeducation and actively participate in patient care, which enhances emotional support and therapy engagement. Additionally, the findings align with WHO (2021) and NICE (2020) recommendations, which emphasize family-inclusive approaches as essential in mental health care.

The strong statistical significance ($F = 98.447$, $p = 0.000$) further confirms that family psychoeducation is not only perceived positively but has a measurable and meaningful impact on treatment outcomes.

4.2 Influence of Patients' Advocacy on Mental Disorders Treatment

This is consistent with Thompson and Rivera (2021), who found that structured patient advocacy and monitoring improve treatment engagement and reduce relapse rates by strengthening patient participation in care processes. Similarly, Silva and Almeida (2020) and Sharma and Reddy (2022) emphasize that when patients are empowered to express concerns and actively participate in treatment decisions, there is a notable improvement in adherence, satisfaction, and psychosocial functioning. These perspectives are further reinforced by WHO (2023), which underscores patient-centered care and empowerment as essential components for improving mental health outcomes globally.

At NNPTH, patients reported that advocacy enabled them to voice their concerns, feel respected, and participate in care planning. This aligns with Bodenheimer and Sinsky (2020), who argue that patient engagement in decision-making enhances trust and strengthens therapeutic relationships in clinical settings. In addition, Epstein and Street (2019) highlight that active patient participation improves communication flow between healthcare providers and patients, resulting in better adherence to treatment plans. The experiences of patients at NNPTH therefore reflect broader evidence that advocacy mechanisms contribute to more responsive and inclusive mental health care systems.

However, respondents also indicated that while advocacy mechanisms exist, there may still be gaps in the clarity and communication of patient rights. This finding is consistent with Sin et al. (2017), who note that the effectiveness of advocacy interventions is highly dependent on patients' awareness and understanding of their rights within the healthcare system. Similarly, McCoy et al. (2021) caution that weak communication structures and limited health literacy can reduce the effectiveness of advocacy programs, even when formal mechanisms are in place. These observations suggest that although advocacy is beneficial, its impact is maximized only when supported by continuous education, clear communication, and institutional reinforcement of patient rights.

4.3 Influence of family-centered Patients' Progress Monitoring on Mental Disorders Treatment

The findings indicate that patients' progress monitoring has a very strong and significant influence on mental disorders treatment ($R = 0.914$; $R^2 = 0.836$; $p = 0.001$). Respondents consistently agreed that monitoring systems are used to track symptoms, guide clinical decisions, and support personalized interventions. These results are consistent with Thompson and Nguyen (2020) in Australia who found that systematic monitoring improves adherence, reduces relapse, and enhances recovery outcomes. Similarly, Mensah and Boateng (2023) in Ghana and Nkosi and Dlamini (2021) in South Africa reported that progress tracking leads to faster symptom improvement and better functional recovery. At NNPTH, respondents indicated that progress monitoring facilitates early detection of relapse, enables timely treatment adjustments, and supports family involvement in care.

These findings align with WHO (2018) guidelines, which advocate for routine outcome measurement in mental health services to improve quality of care and accountability.

4.4 Influence of family-centered Mental Health Professionals' Collaboration on Mental Disorders Treatment

The findings show that collaboration with mental health professionals has a positive and statistically significant influence on mental disorders treatment ($R = 0.731$; $R^2 = 0.534$; $p = 0.025$). Respondents agreed that multidisciplinary teamwork, shared decision-making, and professional coordination improve treatment outcomes. These findings are consistent with Fischer and Weber (2021) in Germany and Kim and Park (2022) in South Korea, who found that collaborative care improves adherence, reduces relapse, and enhances psychosocial functioning. Similarly, Reddy and Sharma (2023) in India and Santos and Oliveira (2022) in Brazil highlighted that multidisciplinary collaboration leads to better patient engagement and improved recovery outcomes. At NNPTH, patients reported that collaboration among psychiatrists, nurses, and other professionals improved communication, reduced confusion, and ensured continuity of care. Family members also noted that collaboration helped them better understand treatment plans and their role in supporting patients. These findings align with WHO (2021), which emphasizes inter-professional collaboration as a core component of integrated mental health services.

4.5 Influence of Mental Disorders Treatment on Family-Centered Therapy in Rwanda

The overall findings on mental disorders treatment indicate that treatment effectiveness at NNPTH is strongly determined by a combination of family psychoeducation, patient advocacy, progress monitoring, and collaboration among mental health professionals. The strong statistical results from the regression analysis suggest that these factors collectively play a major role in improving mental disorders treatment outcomes by explaining a substantial proportion of variation in patient recovery and stabilization. Recent scholarly evidence further shows that effective mental disorders treatment relies heavily on integrated and individualized care approaches that are tailored to the specific needs of each patient (Insel, 2022; Koutsouleris et al., 2023). Contemporary predictive studies also demonstrate that patient baseline characteristics and personalized treatment plans are key determinants of symptom reduction, functional improvement, and overall recovery in psychiatric care (Chekroud et al., 2022; Fernandes et al., 2024).

Research confirms that psychoeducation is a critical component of effective mental disorders treatment, as it enhances patients' understanding of their conditions and improves adherence to prescribed treatment plans (Xia et al., 2021; Lincoln et al., 2022). Recent clinical trials further show that structured psychoeducational interventions significantly strengthen medication compliance and sustain long-term engagement in treatment among individuals with severe mental health conditions (Bäuml et al., 2023; Pharoah et al., 2020).

In addition, evidence highlights that family involvement is an essential element in the successful treatment of mental disorders, as it provides emotional support and reinforces adherence to care plans (McFarlane, 2021; Girón et al., 2022). Studies indicate that when families are actively engaged in treatment processes, patients experience improved emotional stability, reduced relapse rates, and better overall recovery outcomes (Dixon et al., 2023; Lucksted et al., 2022).

Furthermore, recent systematic reviews emphasize that mental disorders treatment is most effective when multiple interrelated factors are addressed simultaneously, rather than relying on a single intervention (Kazdin, 2021; Maric et al., 2023).

Because mental health conditions are complex and vary widely among individuals, effective treatment requires a comprehensive approach that integrates clinical management, continuous monitoring, patient empowerment, family participation, and multidisciplinary teamwork (Wampold, 2022; Thornicroft et al., 2023).

5. CONCLUSION

The study concluded that family-centered therapeutic interventions significantly improve the treatment of mental disorders. Among the examined factors, family psychoeducation had the strongest influence on treatment outcomes, demonstrating a very strong and statistically significant effect. This indicates that when family members are adequately informed about mental illness and actively participate in the patient's care, treatment adherence, recovery, and overall clinical outcomes improve substantially.

The study also concluded that patients' progress monitoring has a very strong and statistically significant influence on the treatment of mental disorders. Regular assessment, follow-up, and systematic monitoring enable early identification of treatment challenges, timely modification of care plans, and improved patient outcomes.

Furthermore, the study found that patients' advocacy exerts a strong and statistically significant influence on mental disorders treatment. Empowering patients to participate actively in treatment decisions, communicate their needs, and exercise their rights enhances engagement, strengthens therapeutic relationships, and promotes adherence to recommended treatment.

Finally, the study concluded that mental health professionals' collaboration has a moderate but statistically significant influence on the treatment of mental disorders. Effective interdisciplinary collaboration among psychiatrists, psychologists, nurses, social workers, and other mental health professionals enhances the quality, continuity, and coordination of care, thereby contributing positively to treatment outcomes, although its influence was comparatively lower than that of family psychoeducation, patients' progress monitoring, and patients' advocacy.

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