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REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO  
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**EFFECTIVENESS OF PSYCHOEDUCATIONAL PROGRAMS  
IN PEOPLE WITH SCHIZOPHRENIA:  
INTEGRATIVE LITERATURE REVIEW**

**EFETIVIDADE DOS PROGRAMAS PSICOEDUCACIONAIS  
NA PESSOA COM ESQUIZOFRENIA:  
REVISÃO INTEGRATIVA DA LITERATURA**

**EFFECTIVIDAD DE LOS PROGRAMAS PSICOEDUCATIVOS  
EN PERSONAS CON ESQUIZOFRENIA:  
REVISIÓN INTEGRADORA DE LA LITERATURA**

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## ABSTRACT

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**Introduction:** The care for individuals with schizophrenia must converge in a multidisciplinary and person-centered treatment plan, which may include interventions of a psychoeducational scope, which makes it essential to identify the gains originated by this therapeutic approach.

**Objective:** To identify the gains resulting from psychoeducation in people with schizophrenia

**Methodology:** Integrative Literature Review based on the Starting Question “What are the benefits of psychoeducation for people with schizophrenia?” (PIO method). Research carried out on the B-on database and on the EBSCOhost Web platform, considering studies written in Portuguese, Spanish and English, published between 2015-2019. The keywords/descriptors were validated in DeCS and MeSH. The Boolean character “and” was used to aid the search.

**Results:** In the initial research, 316 non-duplicated articles were obtained five articles were selected that evaluate psychoeducational programs for people with schizophrenia.

**Conclusions:** All selected studies revealed positive results from psychoeducational interventions, allowing the results to be grouped into 6 categories: Knowledge, Therapeutic compliance, Disease management, Feelings and emotions, Social interactions and Repercussions on the main caregivers.

**Keywords:** Education; Knowledge; Nursing; Schizophrenia.

## RESUMO

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**Introdução:** O cuidado ao indivíduo com esquizofrenia deve confluir num plano de tratamento multidisciplinar e centrado na pessoa, podendo incluir intervenções de âmbito psicoeducativo o que torna imprescindível identificar quais os ganhos originados por esta abordagem terapêutica.

**Objetivo:** Identificar quais os ganhos decorrentes da psicoeducação na pessoa com esquizofrenia

**Metodologia:** Revisão Integrativa da Literatura a partir da Pergunta de Partida “Quais os benefícios da psicoeducação para as pessoas com esquizofrenia?” (Método PIO). Pesquisa efetuada na base dados B-on e na plataforma EBSCOhost Web, considerando estudos redigidos em língua portuguesa, espanhola a inglesa, publicados entre 2015-2019. As palavras-chave/descriptores foram validadas no DeCS e MeSH. Utilizou-se o caracter booleano “and” para auxiliar a pesquisa.

**Resultados:** Na pesquisa inicial obtiveram-se 316 artigos não duplicados tendo sido selecionados cinco artigos que avaliam programas psicoeducacionais para a pessoa com esquizofrenia.

**Conclusão:** Todos os estudos selecionados revelaram resultados positivos das intervenções psicoeducativas, permitindo agrupar os resultados em 6 categorias: Conhecimento, Adesão terapêutica, Gestão da doença, Sentimentos e emoções, Interações sociais e Repercussões nos cuidadores principais.

**Palavras-chave:** Conhecimento; Educação; Enfermagem; Esquizofrenia.

## RESUMEN

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**Introducción:** La atención al individuo con esquizofrenia debe unirse en un plan de tratamiento multidisciplinario y centrado en la persona, que puede incluir intervenciones psicoeducativas, lo que hace que sea esencial identificar qué ganancias provienen de este enfoque terapéutico.

**Objetivo:** Identificar las ganancias derivadas de la psicoeducación en personas con esquizofrenia

**Métodos:** Revisión integradora de la literatura basada en la pregunta inicial “¿Cuáles son los beneficios de la psicoeducación para las personas con esquizofrenia?” (Método PIO). Investigación realizada en la base de datos B-on y en la plataforma Web EBSCOhost, considerando estudios escritos en portugués, español e inglés, publicados entre 2015-2019. Las palabras clave/descriptores fueron validados en DeCS y MeSH. El carácter booleano “y” se utilizó para ayudar en la búsqueda.

**Resultados:** En la investigación inicial, se obtuvieron 316 artículos no duplicados y se seleccionaron cinco artículos que evalúan los programas psicoeducativos para personas con esquizofrenia.

**Conclusión:** Todos los estudios seleccionados revelaron resultados positivos de las intervenciones psicoeducativas, lo que permitió agrupar los resultados en 6 categorías: conocimiento, adherencia terapéutica, manejo de la enfermedad, sentimientos y emociones, interacciones sociales y repercusiones en los cuidadores primarios.

**Descriptores:** Conocimiento; Educación; Enfermería; Esquizofrenia.

## INTRODUCTION

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The word schizophrenia derives etymologically from the Greek, resulting in the combination of “skhizo” (to divide) and “phren” which means mind<sup>(1)</sup>. According to Liberman *et al*, in 2005, schizophrenia has traditionally been defined as a serious, complex and chronic and heterogeneous mental disorder<sup>(2)</sup>.

According to Tandon *et al*, in 2008, and Harey and Bellack, in 2009, despite the extraordinary advances in the treatment of schizophrenia, they are insufficient to prevent this disease from being understood as one of the first 10 causes of disability in the world<sup>(2)</sup>. In the perspective of Silverstein and Bellack, in 2008, the person with schizophrenia can be affected by severe functional deterioration, stigma associated with the disease, psychosocial difficulties, poor quality of life, professional failure and family and social dependence<sup>(2)</sup>.

According to Bjork *et al*, in 2018, the undesirable effects of antipsychotic medication, lack of physical activity, diet and significant smoking habits are precipitating factors for the appearance of comorbidities<sup>(3)</sup>. Users with schizophrenia have a higher mortality rate from accidents and natural illnesses than other people<sup>(3)</sup>. Although the etiology of schizophrenia is understood as multifactorial, it is recognized that several factors precipitate the appearance of this pathology, namely psychosocial and biological factors, hereditary factors and environmental factors. Apparently the incidence of this pathology is also related to births in the winter months, urbanity, migration, substance use, several hypotheses associated with neurotransmitters, neurodevelopmental disorders, inflammatory conditions, pathological family relationships and aberrant interpersonal communication patterns<sup>(3)</sup>.

There are indications that reveal a higher incidence in males, with the first manifestations of the disease usually appearing in late adolescence or early adulthood<sup>(3-5)</sup>. According to Saraiva and Cerejeira, in 2014, in male patients, the first manifestations are usually seen between the ages of 15 and 25 and, in the case of women, a first peak is observed between 25 and 30 years-old, and a second peak later in adulthood<sup>(3)</sup>. It is necessary to recognize the importance of early detection and treatment. The anamnesis of a schizophrenic patient often reveals that the person shows changes in habitual behavior in months or years before the onset of psychotic symptoms of the acute condition<sup>(6)</sup>. Thus, the period of time between diagnosis and intervention is considerable between the first symptoms. Late diagnosis and interventions lead to greater cognitive loss, deterioration of autonomy and functionality and often greater social damage.

It's common for the course of schizophrenia to be characterized by repeated exacerbations of the disease (usually positive symptoms), with the user experiencing remissions and relapses, leading to several hospitalizations<sup>(3)</sup>. Relapses are frequent, even after therapeutic success, and this fact is exacerbated by the lack of adherence to therapy, common in patients with schizophrenia. Every time the disease relapses, there is deterioration in the patient's previous functional level.

The prognosis in patients with schizophrenia is characterized by great heterogeneity with predictors of good and bad prognosis. The treatment is based on a multidisciplinary approach and longitudinal view<sup>(3)</sup>. According to Saraiva and Cerejeira, in 2014, Figueira *et al*, in 2014, Taylor *et al*, in 2015 and Castle and Buckley, in 2015, considering the different stages of the disease, the treatment should focus on the biological, psychological and social status, in the search for better functioning and in the prevention of cognitive decline<sup>(3)</sup>.

The undeniable progress at the pharmacological level is particularly relevant in the treatment of patients with schizophrenia. Despite the development in the field of pharmacology, other interventions that can be carried out with positive repercussions in the lives of people with schizophrenia should not be ostracized.

There are some specific treatments aimed at adhering to therapy, social anxiety, training social skills and addressing the use of drugs that have proven efficacy in this population<sup>(3)</sup>.

One of the most widespread non-pharmacological approaches in the treatment of people with schizophrenia is psychoeducation, which places the subject at the heart of all intervention, establishing a deep relationship with him, directed essentially to his concerns, doubts and feelings, perceiving him as a being in constant development and updating<sup>(7)</sup>. Thus, the individual perceives his potentialities through a structured intervention program, which favors the participation in decision-making and encourages autonomy<sup>(7)</sup>.

The American Psychiatric Association (2019) recommends that patients with schizophrenia enjoy psychoeducation, emphasizing that psychoeducation conveys empathy and respect for the individual, stimulating hope, security, resilience and empowerment of the person with schizophrenia<sup>(8)</sup>. The implementation of psychoeducational programs for people with schizophrenia aims to develop the skills and personal resources necessary to adequately manage their disease and its implications.

It is essential that the health professional, namely the nurse, realizes that they are a fundamental role as a facilitator in the acquisition of different tools that enable the user to eliminate some knowledge shortages at different levels. Most psychoeducational plans focus on themes centered on explaining the disease, which consists of the causes and evo-

lution of the same, aspects related to pharmacological treatment and therapy, acquisition of skills that promote social skills, problem solving, identification of warning signs and adherence to treatment.

This idea is in line with the perspective of Passadas and Manso, in 2015, who state that psychoeducational programs should provide information on symptoms, etiology, treatment and course of the disease, seeking to improve adherence to medication and the person's perception about mental illness, encouraging people and family members to actively and critically commit to the treatment<sup>(9)</sup>.

The American Psychiatric Association, in 2019, also exalts that generally psychoeducation programs include relevant information on diagnosis, symptoms, psychosocial interventions, medications and side effects, in addition to information on stress and coping, crisis plans, early warning signs and prevention suicide and relapse, which may include themes related to suicide and disease management strategies<sup>(8)</sup>.

According to the clinical guidelines for the management of schizophrenia and associated disorders issued by the Royal Australian and New Zealand College of Psychiatrists, in 2016, psychoeducation programs for people with schizophrenia increase adherence to treatment and lead to better results, better management subsequent relapses, lower re-admission rates and a greater sense of well-being<sup>(10)</sup>.

Several organizations recognized as a reference in the area of Mental Health recommend psychoeducation as a therapeutic intervention in their treatment guidelines for people with schizophrenia, recognizing the benefits of its implementation<sup>(8,10)</sup>.

It is essential that the nurse who is specialist in mental health and psychiatric nursing recognizes the results of psychoeducational interventions, which are provided for in the regulation of their specific competencies<sup>(11)</sup> and in the Descriptive Statements of the Regulation of the Quality Standards of Specialized Nursing Care Mental Health<sup>(12)</sup>.

## METHODOLOGY

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Considering the general objective of this study, it was decided to elaborate an integrative literature review since this method of investigation allows the incorporation of evidence in clinical practice, supporting decision making in the analysis methodology of the relevant investigation, with a view to improving practice, contributing to deepen the knowledge of the investigated theme and identify gaps in knowledge that need to be filled with the realization of new studies<sup>(13)</sup>.

An Integrative Literature Review was carried out based on a Starting Question (PIO Method)<sup>(14)</sup>, assuming as a population the person with schizophrenia and psychoeducation as an intervention. The result to be measured was the benefits of psychoeducation (in people with schizophrenia). Thus, the following PIO guiding question was elaborated: “What are the benefits of psychoeducation for people with schizophrenia?”

This integrative literature review aims to identify the gains from psychoeducation in people with schizophrenia, demonstrating whether the implementation of psychoeducation programs translates into benefits for the person affected by this nosological entity. The descriptors are “schizophrenia, knowledge, education, nursing”, having been validated in DeCS (Health Sciences Descriptors) and MeSH (Medical Subject Headings).

The research was carried out during the months of November and December 2019, considering the studies published between 2015 and 2019, and the inclusion criteria were as follows:

Types of Studies: experimental design; quasi-experimental design; observational-analytical design; observational studies; descriptive studies; qualitative studies;

Participants: adult users, of both genders, diagnosed with schizophrenia or schizoaffective disorder, hospitalized or in a community context;

Context: individual or group face-to-face sessions, in a health establishment or other place conducive to the sessions; interventions in hospital and outpatient settings are accepted and the use of different means of implementation, such as new technologies, films, leaflets, among others, is considered;

Interventions: study interventions should consider psychoeducational programs and projects aimed at people with schizophrenia (it may also include caregivers, as long as the user also participates).

Exclusion criteria also apply, excluding studies that: were published before 2015; do not refer to the adult population; do not fit the objectives of the review; do not answer the starting question; do not explain results/conclusions; integrative literature reviews; obtain less than 50% “Yes” answers after applying the corresponding Critical Appraisal Tool JBI<sup>(15)</sup>. The application of the Critical Appraisal Tool JBI<sup>(15)</sup> also allows the standardization of analysis criteria for studies evaluated by different researchers, facilitating the resolution of any differences that may arise. Since this review of the literature intends to focus only on the most recent literature, the described time limits were defined.

### *Research Strategies*

The articles were selected from the B-on database and EBSCOhost Web platform (in the scientific databases CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, MedicLatina). The research focused on the descriptors “schizophrenia, knowledge, education, nursing”. The search was restricted using the Boolean character “AND” (table 1). Due to the high number of articles without any relation to the theme addressed, obtained by searching the descriptors throughout the text, and the consequent impossibility of analyzing all these documents, we opted to restrict the search to the descriptors present in the title of the articles.

**Table 1 - Terms to research in databases.**

| Research B-on            |         |                      | Research EBSCOhost       |         |              |
|--------------------------|---------|----------------------|--------------------------|---------|--------------|
| Descriptor 1             | Boleann | Descriptor 2         | Descriptor 1             | Boleann | Descriptor 2 |
| Schizophrenia (TI-title) | AND     | Knowledge (TI-title) | Schizophrenia (TI-title) | AND     | Knowledge    |
| Schizophrenia (TI-title) | AND     | Education (TI-title) | Schizophrenia (TI-title) | AND     | Education    |
| Schizophrenia (TI-title) | AND     | Nursing (TI-title)   | Schizophrenia (TI-title) | AND     | Nursing      |



In the B-on database searched for articles with full text, analyzed by peers, in Portuguese, English and Spanish, with publication date from 2015 to 2019. To restrict the research, it was determined that the descriptors should appear in the title of the articles. Using this database, 128 articles were obtained; from those two papers were selected for the integrative review.

In the EBSCOhost Web platform, the following search criteria were defined: Search interval 2015-2019; English, Spanish or Portuguese language; Schizophrenia in the title; Complete text; Participants: All adults. This research sent 325 articles; three were included in the study. In the research carried out using the B-on database and the EBSCOhost Web platform, 316 non-duplicated articles emerged.

After applying the inclusion criteria and reading the title and abstract, 269 articles were eliminated, 47 articles being eligible for the study. The complete reading of these articles allowed the reevaluation of the framework in the review objectives, reevaluation of the answer to the starting question and application of the respective Critical Appraisal Tools - JBI<sup>(15)</sup> leading to the exclusion of 38 articles.

About the remaining 9 articles, 4 were discarded during data extraction. This process culminated in the selection of five articles for inclusion in the review. All of these steps are represented in the research flowchart shown below (figure 1).

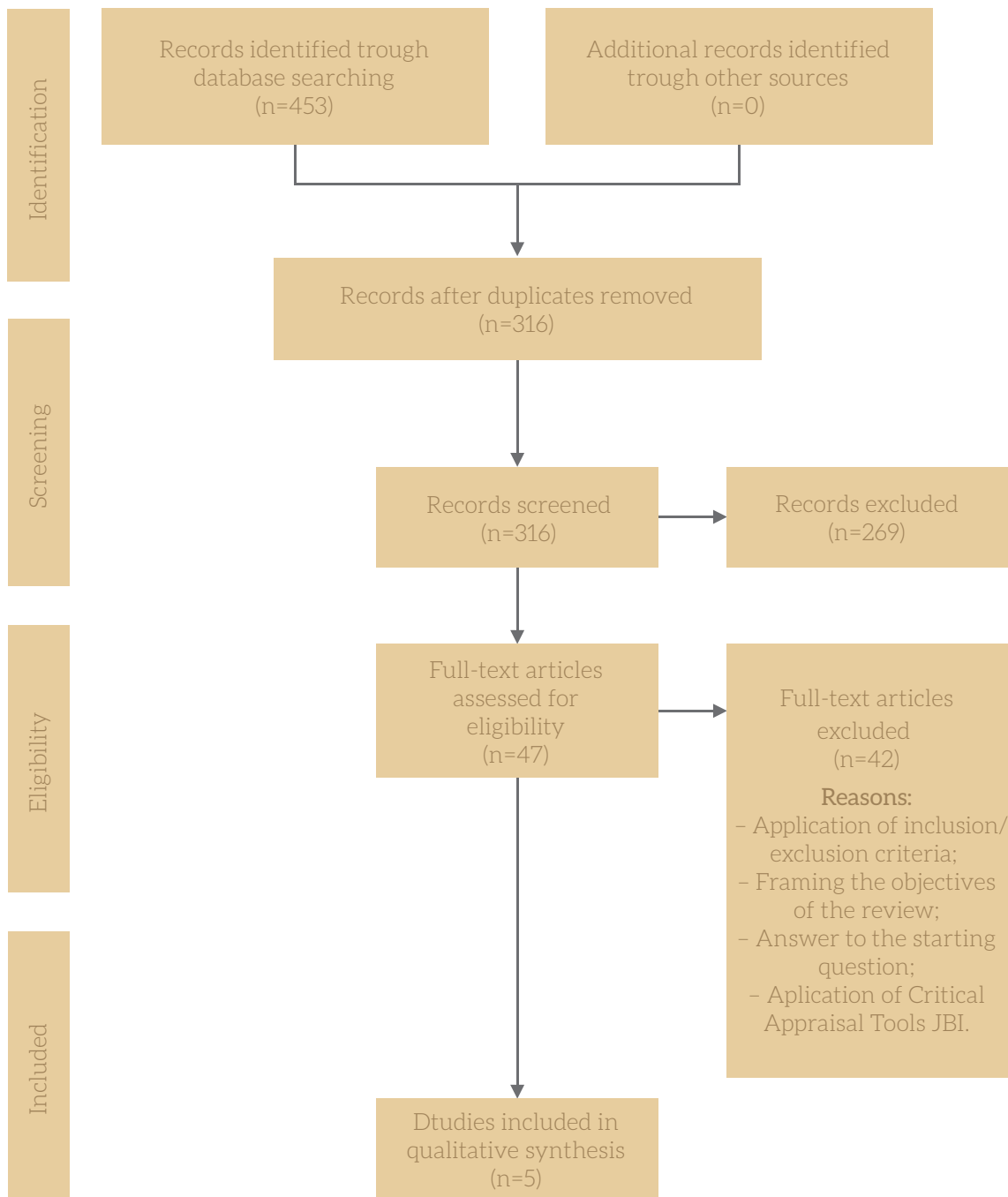


Figure 1 - Research development and sample selection based on the PRISMA algorithm.

The analysis focused mainly on randomized controlled studies, quasi-experimental studies and qualitative research studies.

In order to assist the analysis, the relevant data were previously defined; they were extracted during the selection of studies used in the review, with information about the authors, publication date, type of study, participants (number, average age, gender) being

collected, interventions, results and main conclusions. The data were extracted by a researcher, and the review was carried out by the others. The extracted data were grouped into tables and subsequently compared with each other.

The levels of evidence listed in Table 2 and the methodological quality of the selected studies were assessed based on the Levels of Evidence JBI<sup>(14)</sup> and Critical Appraisal Tools JBI<sup>(15)</sup>.

Table 2 – Classification of articles included by JBI evidence levels.

| Levels of Evidence according to JBI |   |  |                   |
|-------------------------------------|---|--|-------------------|
| Study Identification                | Title   | Kind of study  | Level of Evidence |
| Al-HadiHasan, <i>et al</i> (2017)   | Qualitative process evaluation of a psycho-educational intervention targeted at people diagnosed with schizophrenia and their primary caregivers in Jordan                | Qualitative research   | 3                 |
| Kryshtal, <i>et al</i> (2017)       | The dynamics of the level of social functioning and quality of Life of patients with schizophrenia as a marker of the effectiveness of psychoeducational programs         | Randomized controlled study with control and pre-test and post-test groups | 1.c               |
| Matsuda, <i>et al</i> (2016)        | Effects of the Nursing Psychoeducation Program on the Acceptance of Medication and Condition-Specific Knowledge of Patients with Schizophrenia                            | Quasi experimental study with pre-test post-test control group             | 2.d               |
| Al-HadiHasan, <i>et al</i> (2015)   | Evaluation of the impact of a psycho-educational intervention for people diagnosed with schizophrenia and their primary caregivers in Jordan: randomized controlled trial | Controlled, randomized, blinded study with a control group                 | 1.c               |
| von Maffei, <i>et al</i> (2015)     | Using films as a psychoeducation tool for patients with schizophrenia: a pilot study using a quasi-experimental pre-post design   | Quasi-experimental study before-after, without control group               | 2.d               |

## RESULTS

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It can be seen that the selected studies are mostly from countries on the Asian continent (60%), the others are European (40%), all of them written in English (100%), with randomized controlled studies (40%) and quasi-experimental studies (40%). Most of the selected articles were published in the last three years (60%). The populations are diverse, consisting of adults, over the age of 18 years-old.

Psychoeducational programs can be individual or group, and can be developed together with family members or other individuals involved in the user's life<sup>(8)</sup>. All the programs analyzed are carried out in groups, and the majority includes only individuals diagnosed with schizophrenia or schizoaffective disorder (60%), with the remaining studies also referring to caregivers (40%). The samples are mostly composed of individuals of both genders (80%), but in one study only individuals of the female gender (20%) are included.

It is evident that most studies were carried out in an outpatient setting (80%), one of which was implemented in an inpatient service (20%). Generally, psychoeducation is implemented in an outpatient basis, but elements of psychoeducation programs may be included in care in the hospital environment<sup>(8)</sup>. All studies sought to identify the effects of implementing psychoeducational programs (100%), with the majority (80%) referring to the participation of nurses in interventions.

The analysis of the studies allowed grouping the results in six categories: Knowledge, Therapeutic Adherence, Disease Management, Feelings and Emotions, Social Interactions and Repercussions on the main caregivers.

## DISCUSSION

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The implementation of psychoeducation programs integrated in a multidimensional treatment of schizophrenia is recommended in guidelines of several reputable and recognized entities, namely those issued by the American Psychiatric Association<sup>(8)</sup> and "Royal Australian and New Zealand College of Psychiatrists"<sup>(10)</sup>.

In some way, all selected studies revealed positive results of psychoeducational interventions, regardless of the type, content, and the way it was performed or even the duration and number of sessions. This fact is in line with what was affirmed by Aho-Mustonen (2011), who assumes that psychoeducation currently represents an essential component in comprehensive treatment for patients with schizophrenia, all of them should be benefited by psychoeducation programs<sup>(21)</sup>.

Most articles show that psychoeducation has proven effective in increasing knowledge about the disease<sup>(16,17,19,20)</sup> and that psychoeducational programs improve the knowledge about schizophrenia of people diagnosed with schizophrenia and primary caregivers<sup>(19)</sup>. Since the knowledge from the psychoeducational sessions allows differentiating the symptoms of schizophrenia from the side effects of medications or symptoms of other diseases<sup>(16)</sup>, the increase in knowledge promotes the reduction of levels of anxiety and stress in the patient associated with symptoms of the disease<sup>(16)</sup> and promotes the improvement of the ability to incorporate the skills learned in the management of disease symptoms<sup>(16)</sup>.

Some studies show that enjoying psychoeducational intervention is associated with a reduction in the severity of symptoms in the post-treatment and in the follow-up for three months after the intervention<sup>(19)</sup>. The reduction of negative, positive and general psychopathological symptoms in patients with schizophrenia has been proven<sup>(17)</sup>.

On the other hand, it is reported that the increase in knowledge and understanding of schizophrenia and the potential hereditary nature of the disease prompted some concern<sup>(16)</sup>, however any minimal damage resulting from psychoeducation seems to be outweighed by the potential benefits in important results centered on the user, such as improvements in global function and reductions in relapse rates<sup>(8)</sup>.

There is evidence that psychoeducation leads to a significant increase in insight<sup>(20)</sup> and improves participants' awareness of the disease<sup>(19)</sup>. Schizophrenic clients are considered a high risk group for non-adherence to medication, which increases the risk of relapse and social problems, among others<sup>(22)</sup>.

Adherence and perception of diseases improve with psychoeducational interventions in the study of von Maffei, *et al*<sup>(20)</sup>. There is evidence of better acceptance and participation of users in treatment regimes, including medications and consultations<sup>(16)</sup>.

It is agreed that providing psychoeducation to patients with schizophrenia is effective in improving medication adherence<sup>(16,17,19,20)</sup>. Psychoeducation can change the way individuals with schizophrenia perceive antipsychotic drugs<sup>(18)</sup>. Users' resistance to antipsychotic medication decreases as they become more aware of the improvements related to the medication<sup>(18)</sup>. The psychoeducational intervention offers a combination of informa-

tion covering cognitive, psychomotor and behavioral components essential to change attitudes<sup>(19)</sup>, with changes in the negative attitude towards the use of medications<sup>(16)</sup>. One of the studies shows that although the psychoeducational program implemented has improved the acceptance of medications in patients with schizophrenia, there has been no increase in their knowledge about the disease or the effects of medications<sup>(18)</sup>.

As advocated by Enciso (2018), it is not only sought to reduce the symptoms that users with schizophrenia present, but there are also other objectives, such as increasing autonomy, quality of life, personal well-being and participation around the concept of personal recovery, helping the user to manage his own disease by acquiring knowledge about it, managing his own life without constant help<sup>(23)</sup>.

Some of the selected articles demonstrate that psychoeducational programs promote better management of the disease by the individual with schizophrenia, since it improves the ability to use knowledge about the disease in real life situations<sup>(16)</sup> and increases the ability to deal with processes associated with daily life more effectively<sup>(16,19)</sup>. It is also perceived that the user is more motivated to seek treatment<sup>(16)</sup>. It appears that psychoeducation increases the recognition of the importance of treatment to prevent relapses<sup>(16)</sup> and the ability to detect early warning signs of relapse<sup>(16,19)</sup>.

Although the rate of hospitalization due to recurrence has proved to be lower with psychoeducation<sup>(16,19)</sup>, there is a study that points out that neither the frequency nor the duration of (re)hospitalizations have changed significantly after the psychoeducational intervention<sup>(20)</sup>. However, the same authors refer that schizophrenia usually has a chronic course, making readmissions a necessity. If they occur voluntarily and at the beginning of a relapse, they can be understood as a success, emphasizing that the study participants had perceived more of quality of life and were more satisfied with their health<sup>(20)</sup>.

Scientific evidence also points out benefits of psychoeducation in terms of the feelings and emotions experienced by the person with schizophrenia. In addition to imparting empathy and respect for the individual, psychoeducation encourages hope, security, resilience and empowerment<sup>(8)</sup>.

According to one of the studies analyzed after the implementation of the psychoeducational program, the patient's fear and guilt are dissipated, stress and anxiety are reduced and there is an improvement in coping skills<sup>(16)</sup>. This treatment strategy also reduces excessive emotional involvement<sup>(19)</sup>, contributes to the development of spirituality<sup>(16)</sup> and promotes the reduction of stigma<sup>(19)</sup>, enhancing users' satisfaction with their health and performance<sup>(20)</sup>. There is evidence that psychoeducation promotes a higher quality of life for users<sup>(17,20)</sup> as well as their primary caregivers<sup>(19)</sup>.

The effects of psychoeducation on social interactions are also positive, with evident improvements in communication skills<sup>(19)</sup>, benefits in terms of social functioning and improvements in dysfunctional behavior in the community and in dysfunction in the performance of social roles in society<sup>(17)</sup>.

Psychoeducational interventions also have a positive impact on the relationship with mental health services, since they improve the relationship between the person diagnosed with schizophrenia and primary caregivers with mental health professionals<sup>(19)</sup>, and promote improvements in the functioning of users in the hospital<sup>(17)</sup>.

The implementation of psychoeducational programs is also reflected in improving the communication skills of primary caregivers, in developing skills and strategies for them to deal with the disease, increasing awareness, recognizing stressors and better managing stressful situations<sup>(16)</sup>. After the psychoeducation sessions, there is an improvement in the interaction between users and caregivers<sup>(16)</sup>, acquisition of new skills by caregivers to deal with disturbing events and an increase in the caregiver's confidence in the management of unexpected or challenging behaviors of the user<sup>(19)</sup>, increasing the ability of caregivers to prevent problems at an early stage<sup>(16)</sup> and improving supervision of taking antipsychotic medications<sup>(19)</sup>.

According to one of the studies, psychoeducation further promotes a greater reduction in family burden<sup>(19)</sup>. Some of the caregivers attributed the increased level of knowledge of schizophrenia with self-confidence to relate to the community<sup>(16)</sup>. All of these aspects validate the importance of the participation of caregivers in psychoeducational activities.

It should also be noted that from four of the five selected studies, the Psychiatric Nursing and Mental Health Nurse Specialist assumes a prominent role in the implementation of psychoeducational programs<sup>(16,18,20)</sup>, reaffirming psychoeducation as an intervention in their specific area of competence. Psychoeducation is assumed as a psychotherapeutic intervention by the Psychiatric Nursing and Mental Health Nurse Specialist<sup>(24)</sup>, and this fact is evidenced by the present study, which presents the scarcity of selected bibliography as the main limitation.

## CONCLUSION

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After analyzing the articles selected during the research phase, it was possible to find answers to the PIO question that motivated this integrative literature review, thus making it possible to achieve the objectives proposed for its elaboration.

According to the results obtained, it can be concluded that the implementation of psychoeducational programs for the person with schizophrenia is presented as an effective therapeutic strategy, resulting in improvements for the person diagnosed with schizophrenia and their caregivers.

The most evident benefits in the studies under analysis are increased knowledge about the disease, greater knowledge of symptoms preceding crises, decreased severity of symptoms, greater adherence to the proposed treatment, improved ability to deal with schizophrenia and manage their disease, improving stress management, reducing relapses and readmissions and the positive impact on interactions and social skills. The positive effects on caregivers and the patient/caregiver relationship are also widely documented in the selected bibliography. The studies analyzed show that psychoeducation promotes self-knowledge and autonomy allowing that the person diagnosed with schizophrenia has greater responsibility, more active participation in decision-making and in the management of their own lives.

The diagnosis, planning, implementation and evaluation of psychoeducational interventions as autonomous nursing interventions by the Psychiatric Nursing and Mental Health Nurse Specialist highlight the need to study this theme. The present integrative review of the literature aims to promote the quality of specialized nursing care for people with schizophrenia, focusing on the most recent scientific evidence. The results obtained reaffirm the contemporaneity and relevance of the theme under study in the area of Mental and Psychiatric Health. One of the aspects that highlight the importance of this study in specialized nursing practice is the observation of the participation of Specialist Nurses in this area of care in four of the five selected articles, with evidence of its importance in the planning, elaboration, implementation and evaluation of psychoeducational interventions independently of geographic distribution of the analyzed articles. This conclusion is in accordance with the Portuguese reality, validating the perspective that this intervention is part of the specific skills of the Psychiatric Nursing and Mental Health Nurse Specialist, as defined in Regulation No. 515/2018: Regulation of Specific Competencies of the Psychiatric Nursing and Mental Health Nurse Specialist, published in *Diário da República* n.º 515/2018, 2nd Series. No. 151 of August 7, 2018, in the Descriptive Statements of the



Regulation of the Quality Standards for Specialized Care in Mental Health Nursing and the Documentation Standard for Mental Health and Psychiatric Nursing.

The main limitation identified is related to the small number of articles found that respect the inclusion and exclusion criteria, with only five studies selected for this review. It is also important to mention the scarcity of bibliography in Portuguese sent by the research carried out with the chosen descriptors. We consider that the search is limited to a relatively short time interval and that the search for the descriptors is carried out only at the level of the title accentuate this scarcity of results. However, these methodological options are justified by the reasons previously described. In the future, it is suggested that studies be carried out in which these limitations are overcome.

#### Ethical Disclosures

Conflicts of interest : The authors have no conflicts of interest to declare.

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#### Responsabilidades Éticas

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