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EFFICACY OF PSYCHOEDUCATIONAL INTERVENTION IN PERSON WITH DEPRESSIVE AND ANXIOUS SYMPTOMS: INTEGRATIVE LITERATURE REVIEW

EFICÁCIA DA INTERVENÇÃO PSICOEDUCATIVA NA PESSOA COM SINTOMATOLOGIA DEPRESSIVA E ANSIOSA: REVISÃO INTEGRATIVA DA LITERATURA

EFICACIA DE LA INTERVENCIÓN PSICOEDUCATIVA EN PERSONAS CON SÍNTOMAS DEPRESIVOS Y ANSIOSOS: REVISIÓN BIBLIOGRÁFICA INTEGRADORA

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ABSTRACT

Introduction: Depressive and anxious symptomatology gains prominence because of its prevalence and enormous potential to affect a person's functional capacity. Thus, they have a considerable socio-economic impact. The pharmacological therapeutic approach has been the traditional first-line response, although other options are recommended. Among these options, psychoeducational intervention has been gaining prominence and it is important that health professionals understand its potential efficacy for an adequate response to the person experiencing depressive and anxious symptoms.

Objective: To identify and to summarize the evidence on the efficacy of psychoeducation in people with depressive and anxious symptoms.

Methods: It was developed an integrative review based on scientific articles in research databases EBSCO, LILACS and PubMed, published between 2014 and 2019.

Results: The research resulted in six articles with quantitative approach. Psychoeducational intervention saves time, increases knowledge, and attenuates depressive symptoms in the short and long term. As far as the efficacy of psychoeducational intervention in people with anxiety symptoms is concerned, the results are more modest.

Conclusion: Professionals should consider that the person's experience of depressive and anxious symptomatology can be avoided, managed and treated and that psychoeducational intervention is an advised therapeutic intervention

Keywords: Anxiety; Depression; Patient Education; Psychiatric Nursing; Psychoeducation.

RESUMO

Introdução: A sintomatologia depressiva e ansiosa ganha destaque devido à sua prevalência e ao enorme potencial para afetar a capacidade funcional da pessoa. Dessa forma apresentam um impacto socioeconómico considerável. A abordagem terapêutica farmacológica tem sido a resposta tradicional de primeira linha, embora outras opções sejam aconselhadas. De entre as opções, a intervenção psicoeducacional tem vindo a ganhar destaque e importa que os profissionais de saúde entendam o seu potencial de eficácia para uma resposta adequada à pessoa que experiencia sintomatologia depressiva e ansiosa.

Objetivo: Identificar e resumir a evidência sobre a eficácia da psicoeducação na pessoa com sintomatologia depressiva e ansiosa.

Métodos: Realizada uma revisão integrativa com base em estudos recolhidos nos motores de busca EBSCO, LILACS e PubMed, com data de publicação de 2014-2019.

Resultados: Da pesquisa resultaram seis artigos com abordagem quantitativa. A intervenção psicoeducacional permite economizar tempo, proporciona um incremento do conhecimento e uma atenuação da sintomatologia depressiva a curto e longo prazo. No que diz respeito à eficácia da intervenção psicoeducacional na pessoa com sintomatologia ansiosa os resultados são mais modestos.

Conclusão: Os profissionais devem ter em conta que a vivência da sintomatologia depressiva e ansiosa por parte da pessoa pode ser evitada, gerida e tratada e que a intervenção psicoeducativa é uma intervenção terapêutica aconselhada.

Palavras-chave: Ansiedade; Depressão; Educação do Paciente; Enfermagem Psiquiátrica; Psicoeducação.

RESUMEN

Introducción: Los síntomas depresivos y ansiosos se destacan debido a su prevalencia y al enorme potencial para afectar la capacidad funcional de la persona. De esta forma, representan una considerable carga socioeconómica. El enfoque terapéutico farmacológico ha sido la respuesta tradicional de primera línea, aunque se recomiendan otras opciones. Entre las opciones, la intervención psicoeducativa ha ido ganando protagonismo y es importante que los profesionales de la salud entiendan su potencial de eficacia para una respuesta adecuada a la persona que experimenta síntomas depresivos y ansiosos.

Objetivo: Identificar y resumir la evidencia sobre la eficacia de la psicoeducación en personas con síntomas depresivos y ansiosos.

Métodos: Se hizo una revisión integrativa de los estudios seleccionados en los motores de búsqueda EBSCO, LILACS y PubMed, con fechas de publicación de 2014-2019.

Resultados: La investigación dio lugar a seis artículos con un enfoque cuantitativo. La intervención psicoeducativa ahorra tiempo, aumenta los conocimientos y atenúa los síntomas depresivos a corto y largo plazo. En cuanto a la eficacia de la intervención psicoeducativa en personas con síntomas de ansiedad, los resultados son más modestos.

Conclusión: Los profesionales deben tener en cuenta que la experiencia de los síntomas depresivos y ansiosos puede ser evitada, manejada y tratada y que la intervención psicoeducativa es una intervención terapéutica aconsejable.

Descriptores: Ansiedad; Depresión; Educación del Paciente; Enfermería Psiquiátrica; Psicoeducación.

INTRODUCTION

The concept of psychoeducation appears in 1911 in an essay published by John E. Donley; however, it was only developed and popularized later, with the contribution of C.M. Anderson, who in 1980 established this intervention as an adjuvant therapeutic approach in the treatment of schizophrenia[1]. Since then, the field of psychoeducation has expanded and has been used as an intervention in different health contexts, such as the treatment of cardiovascular diseases, oncological disease, aimed at family members/caregivers of patients with dementia processes, and in the treatment and management of the mental disease[2]. In this area, the importance of psychoeducation in the management of schizophrenia, the treatment of addictive behaviors, post-traumatic stress disorder, stress management and depressive and anxiety disorders remains important[2].

Globally, psychoeducation as a therapeutic approach, understood as an educational process, aims to promote general skills and specific skills, according to the user's experience[3]. In addition to a didactic method, it can also be understood as a systematic and structured psychotherapeutic technique, developed with the greater objective of increasing knowledge and the development of strategies that promote better quality of life and decrease relapses[1]. It can be addressed to users and their families and is considered a way to support the development of coping strategies, which will allow them to face the difficulties that result from the disease process and the way of experiencing it[4]. Psychoeducation can be developed in group or individual activities and have an information model, a skills training model, a support model, or be a more comprehensive approach with a combination of different types of models[1]. The intervention based on the information model emphasizes knowledge about the disease and its management, while the skills training model values behavioral aspects that best respond to the demands of the experienced process[1]. The support model takes place when users and/or family members are involved with the primary objective of sharing feelings and experiences that enhance emotional capacities[1]. The more comprehensive model, in turn, combines and brings together the different models in order to respond to the needs of users and family/caregivers[1].

In the vast field of health, mental illness and, as a consequence, the people who experience it, have been stigmatized, excluded and neglected over time[5]. It is known that this type of disease has an enormous weight in today's societies, with depression and anxiety gaining prominence, due to their prevalence and the enormous socioeconomic burden they represent[5,6]. In Portugal, some data demonstrate that anxiety disorders as a whole have an annual prevalence of 16.5%, followed by mood disorders with 7.9%, including

depression, these values are much higher than the reality of the majority from other European countries[5]. The same author points out the enormous burden and economic costs, direct and indirect, that mental disorders entail, and it is predictable, and according to projections for 2030, that depressive and anxiety disorders are among the main causes of disability[7].

Depressive disorders are classified into different subtypes, and the most common symptoms are sad mood, loss of interest and pleasure in activities and reduced energy, accompanied by other cognitive and somatic changes that affect the person's functional capacity[8], with the consequent impact on its different dimensions.

In turn, anxiety disorders manifest themselves in situations considered by the individual as stressful[9] and share the characteristics of excessive fear and apprehension, associated with behavioral disorders[8]. For the authors, fear is the emotional response to a real or perceived threat, while anxiety is the anticipation of a future threat[8]. Anxiety disorders differ from each other in the types of objects or situations that induce fear, anxiety or avoidance behavior and the associated cognitive ideation[8].

Although pharmacological treatment is still the first-line option, with the consequent high consumption of antidepressants and anxiolytics that is generally observed, and in Portugal in particular[5], the norms issued by NICE (The National Institute for Health and Care Excellence), in a stepped care model, advocate that the intervention should begin with assessment, support and psychoeducation[10,11]. This care model provides a guiding structure that organizes and indicates the most effective type of intervention, staggered in four steps, indicating the intervention focus and the nature of the intervention, with the least invasive and most effective intervention being provided first[11].

With regard to the depressive experience, in the first step, the focus is on all known and suspected presentations of depressive symptoms, and interventions include evaluation, support, psychoeducation, continuous monitoring and referral for future evaluations and interventions[11].

Regarding generalized anxiety disorder, NICE points out that psychoeducation is also associated with assessment, continuous monitoring and low-intensity psychological interventions, a measure to be included in the first and second steps of care[10].

Along with other psychotherapeutic, sociotherapeutic and psychosocial care, psychoeducational intervention is the responsibility of the Nurse Specialist in Mental and Psychiatric Health Nursing, who is called upon to mobilize the context and dynamics of user interaction, in order to contribute to the maintenance, improvement and recovery of your

health[12]. This professional is, therefore, in a privileged position to intervene and put into practice psychoeducational interventions that promote knowledge, that allow the understanding and management of the disease process, and that allow the user and caregivers to develop adequate strategies to face the their living conditions.

Bearing in mind that psychoeducational intervention seems to play an important role in the approach and management of mental illness[2,4,6,9,10], this work aims to identify and to summarize the evidence of the effectiveness of psychoeducation in people with symptoms of depression and anxiety.

METHODOLOGY

An integrative review was carried out in accordance with the postulates of evidence--based research. The integrative literature review allows the synthesis of results in a broad, systematic and orderly manner, providing more comprehensive information that allows a better understanding of the topic[13]. During the research, a starting question was formulated: *What is the evidence produced on psychoeducational intervention in adults with depressive and anxious symptoms?* The research question was constructed according to the PICo methodology (*Patient, Interest area and Context*), and seeks to respond to the objective of identifying and summarizing the evidence of the effectiveness of psychoeducational intervention in the study population.

After the question was formulated, inclusion criteria were defined for the selection of studies to be analyzed:

Patients – Adult person;

Interest – Psychoeducational intervention;

Context – depressive and anxious symptomatology.

The following exclusion criteria were also defined:

- Studies referring to children, adolescents or the elderly;
- Studies concerning individuals with dementia and/or exclusively with schizophrenia;
- Studies concerning family members/caregivers;
- Studies oriented towards postpartum depression.

For the research, quantitative, qualitative and mixed studies were selected and analyzed, published between 2014 and 2019, in Portuguese, English or Spanish (languages dominated by the authors), available in full text.

The research was carried out by the first and second author, through the EBSCO search engine (via the Ordem dos Enfermeiros website), with a selection of the CINAHL Complete, Medline Complete and MedicLatina databases, and also through the LILACS and PubMed search engines, using descriptors identified in the platform "Descriptors in Health Sciences"[14]. The choice of descriptors was linked to the research question and resulted in: "*anxiety disorders*", "*depression*", "*mental disorders*", "*psychiatric nursing*" and "*psychiatric nursing*", "*patient education*". Despite not appearing as a descriptor on the aforementioned platform, the term "psychoeducation" was still used. Regarding combinations and Boolean operators, we chose to search: *psychoeducation* AND *anxiety disorders*; *psychoeducation* AND *depression*; *psychoeducation* AND *mental disorders* OR *depression* OR *anxiety disorders*; *patient education* AND *psychiatric nursing*.

In the first phase, the titles of the articles found were analyzed to identify those that responded to the objectives of this integrative review, and the duplicates were excluded. The abstracts were read in order to allow the inclusion/exclusion of articles according to the defined criteria. Then, the selected articles were read in full, the exclusion criteria continued to be applied, which resulted in the final inclusion of 6 articles. This process is represented in Fig. 1↗.

RESULTS

The six articles that resulted from the research are quantitative in scope, distributed as follows: a systematic review, three randomized controlled studies and two quasi-experimental studies without a control group. The methodological quality, the level of evidence and the degree of recommendation of these studies were evaluated using the Joanna Briggs Institute (JBI) method for quantitative studies[16]. The JBI method is based on the evidence-based health model, uses a rigorous and transparent methodology for research, analysis and systematic evaluation of the results found, enabling professionals to generate evidence that allows them to understand the feasibility, adequacy, relevance and effectiveness of health practices[16].

It is important to note that four of the articles are level one of evidence and two articles are level two of evidence. Regarding the degree of recommendation, three of the studies were considered Grade A (*Strong*) and the other three Grade B (*Weak*).

Out of the articles that make up this review, three were carried out in Europe (Spain, Denmark and Sweden) and the other three in Asia (two in Singapore and one in Hong Kong).

The full reading of the articles allowed the construction of the results Table (Table 1↗).

DISCUSSION

The present integrative review aims to critically review and summarize the evidence on the effectiveness of psychoeducation in people with depressive and anxious symptoms.

From the analysis of the results obtained and answering the question of the present review, 2 categories related to the effectiveness of psychoeducation were defined: (1) *Efficacy of psychoeducation in people with depressive symptoms* and (2) *Efficacy of psychoeducation in people with anxious symptoms*.

The discussion of the results will be developed from these categories.

(1) Efficacy of psychoeducation in people with depressive symptoms

The findings suggest that psychoeducational intervention results in increased levels of knowledge about the disease process, consequently, in a more adequate management of stressors, contributing to the mitigation of depressive symptoms[17]. According to the analysis, this happens because an increased and adequate level of knowledge empowers the person, reduces the feeling of ambiguity and increases self-knowledge, which contributes to the restoration of hope[17].

The person who experiences depressive symptoms feels overwhelmed, failed and with a loss of autonomy, so it is necessary to promote a greater sense of personal control, through the exploration of the meanings that the patient attributes to the symptoms and by the implementation of symptom management strategies[6]. In the six studies under analysis, there is evidence that psychoeducational intervention programs contribute to the attenuation of depressive symptoms[17-22], which is in line with the NICE guidelines[11]. According to Casañas *et al*, psychoeducational intervention has high rates of remission in people with mild to moderate depressive symptoms, in the short term (post-intervention),

although they have not been previously treated with antidepressants[18]. The same authors concluded that psychoeducation is also effective in the long-term remission of symptoms (six to nine months post-intervention). Other authors reached the same conclusions, namely Melin *et al*, in which the psychoeducational intervention had favorable results in the self-assessment of psychological symptoms, including the self-assessment regarding depressive symptoms, in the short term (one week post-intervention) and in the long term (18 months post-intervention)[22].

Psychoeducation translates into benefits for improving the perception of psychological health in people with depressive symptoms, reduces this same symptomatology and provides an improvement in the quality of life associated with mental health[17,20,22], which is in line with the postulated by López-Cortacans *et al*, who state that psychoeducation contributes to the prevention of relapses and presents good results in the complete remission of an acute depressive episode[23].

In three of the studies, psychoeducation appears as an isolated intervention[18,21,22] and in two studies it is associated with other components, such as the practice of relaxation[19] and mindfulness-based cognitive therapy (MBTC)[20]. In the included systematic review[17], psychoeducation is associated with physical exercise, training in concrete thinking and also relaxation. The results indicate that a program that associates psychoeducation and relaxation can have a positive effect, although the evidence is considered preliminary[19]. In this association, the results point to the attenuation of stress[17,19], improvement in the perception of psychological health[19], increase in the intensity of relaxation and knowledge about stress management[17], not being totally clear what the contribution of each fraction of the program to the results found. In the study that compares the effect of MBCT, psychoeducational intervention and standard care, the impact on depressive symptoms appears as a secondary outcome[20]. The results demonstrate that psychoeducation has superior effects in reducing depressive symptoms and greater acceptability by users, when compared to MBCT[20].

The psychoeducational intervention that relies on virtual reality technology, although still little explored, seems promising in terms of the positive effects on the person who experiences depressive symptoms[17].

In the study by Aagaard *et al*[21], which evaluated the effects of a psychoeducational program in patients with recurrent severe depression, with a two-year follow-up, interestingly, patients in both groups (experimental and control) showed a significant decline in the rate of use of health services and the score on the Beck Depression Inventory. For the authors, this event may be due to the small sample size and the fact that users were

effectively monitored for two years, which would not happen if they were outside the study, since the usual procedure involves sending them to the consultation of general medicine/psychiatry after six months, without any other type of follow-up or intervention. As they were integrated in the study, the follow-up took place for a period of two years, including the control group, although they were not submitted to the psychoeducational program[21]. The authors conclude that intense and prolonged follow-up in the community is necessary and that psychoeducation is an intervention to consider, since the experimental group showed greater adherence to treatment and to the job market. It is also clear that the participants of the group submitted to the psychoeducational intervention provided positive feedback about this same participation[21].

(2) Efficacy of Psychoeducation in the person with anxious symptoms

Out of the six studies under analysis, only three[17,19,20] addressed the effectiveness of psychoeducational intervention in people with anxious symptoms. The results indicate that psychoeducation can have a positive effect on anxiety mitigation[19,20].

Shah *et al*, in their review, whose results indicate that the psychoeducational intervention results in an increase in knowledge, conclude that in relation to anxiety the findings are inconclusive, including the effect of the practice of relaxation[17]. However, Klainin-yobas *et al*, in the feasibility study of a stress management program, which includes psychoeducational intervention and relaxation practice, show that there is a reduction in objective and subjective stress, as well as an improvement in health psychological including the anxious symptomatology[19].

Psychoeducational intervention using virtual reality technology seems to demonstrate positive effects on the person who experiences anxious symptoms[17].

In the study that compares the effect of MBCT, psychoeducational intervention and usual care, the impact on levels of anxiety and worry appear as primary outcomes[20]. The results show that MBCT and psychoeducation present better results than standard care in reducing anxious symptoms in people with generalized anxiety disorder[20]. Between the MBCT and psychoeducation groups there was no statistically significant difference in the results of anxiety and worry levels; however psychoeducation has a greater effect on reducing symptoms of worry than usual care in the period of five months after the initial evaluation[20]. When it is compared to MBTC, psychoeducation seems to have greater acceptability by the participants and has superior effects on improving mental health-related quality of life[20].

Psychoeducation is a time-saving method when compared to individual psychotherapy[19]. According to the authors, in the program they implemented, which had a total duration of 26 hours, the psychoeducational method required 37% fewer hours of therapy. Savings of this order are significant and have a considerable economic impact.

As limitations of the study, we refer to the fact that the search in the databases was carried out by only two of the authors, as well as the full reading of the included articles, which sometimes led to the lack of consensus. We also emphasize the fact that the instruments for measuring the results are mainly based on self-report (great subjectivity) and the huge differences between the programs implemented.

CONCLUSION

The experience of depressive and anxious symptoms has a significant prevalence in the population, an enormous potential to affect people's functional capacity and represents a considerable socioeconomic burden. It should deserve a careful look on the part of health professionals and they should guide their practice based on evidence. In this sense, we sought to critically review and summarize the evidence on the effectiveness of psychoeducation in people with depressive and anxious symptoms.

Studies show that psychoeducational intervention saves time, provides an increase in knowledge and an attenuation of depressive symptoms in the short and long term. It also has the potential to improve the perception of psychological health and the quality of life associated with mental health. Psychoeducation has good acceptability and users give positive feedback after participation. With regard to the effectiveness of psychoeducational intervention in people with anxious symptoms, although it provides a reduction in objective and *subjective* stress, improvement in psychological health and may have an effect on mitigating anxiety, the results are more modest and should be read carefully.

The present integrative review is oriented towards contributing to the increase of knowledge on the subject and can contribute to the awareness of the need to implement psychoeducational programs. Based on the findings, professionals should take into account that the person's experience of depressive and anxious symptoms can be avoided, managed and treated and that psychoeducational intervention is a recommended therapeutic intervention.

Considering the competences of the specialist nurse in mental health and psychiatric nursing, where psychoeducational intervention plays an important role in enabling the patient to manage his own health condition, we believe that the study presented will be able to consolidate the importance of developing and implementing programs of psychoeducation aimed at people with manifestations of depressive and anxious symptoms.

Thus, we are of the opinion that future research should continue in the search for more evidence of the effectiveness of psychoeducational programs, taking into account their specific contents, the duration of the program and the evaluation methodology. We also suggest that future research is always carried out by an odd number of investigators.

Authors' contributions

BF: Study design, data collection, storage and analysis, review and discussion of results.
MFM: Study design and coordination, data analysis, review and discussion of results.
LM: Study design and data collection.
All authors read and agreed with the published version of the manuscript.

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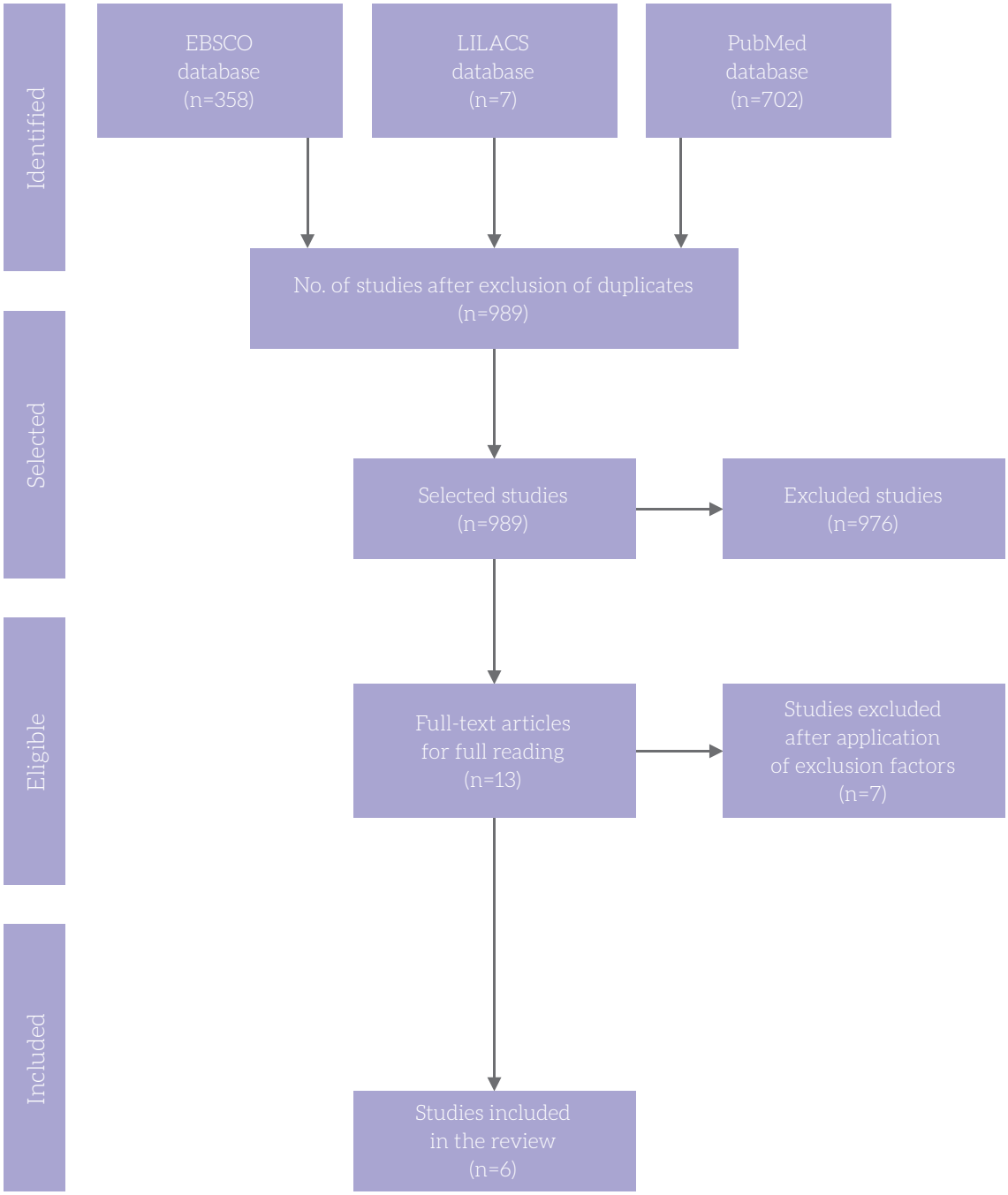

Figure 1 – Flowchart of the article selection strategy[15].

Table 1 – Methodological characteristics of the selected studies and main results.

Study identification	Study aim	Design[16], Evidence level[16] and Degree of Recommendation[16]	Participants (type and number)	Phenomenon of interest
Shah L, Klainin-Yobas P, Torres S, Kannusamy, P, (2014) [17]	To summarize the empirical evidence of the effectiveness of psychoeducation and relaxation on stress, depression, anxiety, perceived relaxation and knowledge, in people with mental disorders.	Systematic review. 1.b A	13 articles included in the review (6 quasi-experimental, 7 randomized controlled trials).	Efficacy of psychoeducation and relaxation.
Results/ Conclusions	– The findings suggest that psychoeducation may increase participants' knowledge levels, mitigate depression and anxiety. – Relaxation interventions (music and muscle relaxation) are more efficient than standard treatment in decreasing depressive symptoms. – Exercise Therapy or Concrete Thought Training associated with Relaxation Training are more efficient than just relaxation. – Results indicate that psychoeducation associated with relaxation-based interventions (1) alleviated stress and depression and (2) increased relaxation intensity and stress management knowledge. – The effect of relaxation on anxiety is inconclusive. – Interventions using virtual reality technology reveal positive effects on depression, the intensity of relaxation and on anxiety.			
Casañas R, *et al*, (2015) [18]	To evaluate the effectiveness of the intervention, through the remission rate, in a sample of users.	Randomized controlled trial. 1.c A	106 users (n= 50 in the experimental group; n= 56 in the control group).	Efficacy of psychoeducation in a sample that had previously participated in a study, corresponding to those who had never taken antidepressants before the intervention.
Results/ Conclusions	– There is a relationship between the intervention of the psychoeducational group and the remission of depressive symptoms in this sample of users who had not taken antidepressants. – The psychoeducational intervention proved to be effective in the remission of symptoms of depression in the short term (post-intervention) and in the long term (at 6 and 9 months of follow-up). – Psychoeducational intervention is effective in the short term, with high remission rates in patients with mild to moderate depressive symptoms not treated with antidepressants. – Psychoeducational intervention can be an effective treatment for the population with mild/moderate depressive symptoms, not treated with antidepressant medication, in the short term. – Prior to the introduction of antidepressants, psychoeducational intervention should be considered.			

Table 1 – Methodological characteristics of the selected studies and main results.

Study identification	Study aim	Design[16], Evidence level[16] and Degree of Recommendation[16]	Participants (type and number)	Phenomenon of interest
Klainin-Yobas P, *et al*, (2016) [19]	To analyze initial effects and determine the magnitude of the program's effects on people with various mental disorders.	Quasi-experimental study, without control group. 2.d B	55 users (from 20 to 60 years old; average age 31.4 years-old).	To study the feasibility of a stress management program, composed of 2 components (Psychoeducatio and Relaxation Practice).
Results/ Conclusions	– The results provide preliminary evidence supporting the positive effects of the program. – The findings show that the intervention (associated with standard care) reduced objective and subjective stress, and improved the perception of psychological health in patients with various mental disorders, including schizophrenia, depression, anxiety and bipolar disorder. – The program had no positive effect on the participants' perception of physical health.			
Wong *et al*, (2016) [20]	To compare changes in anxiety and worry levels in patients with generalized anxiety disorder (GAD).	Randomized controlled trial. 1.c A	182 users, divided into 3 groups: (1) n= 61 – Mind-fulness program Based on Cognitive Therapy (MBTC); (2) n= 61 – allocated to a Psychoeducation program; (3) n= 60 – allocated to usual care (Control Group).	To compare the effect of MBCT, Psychoeducation and usual care on anxiety and worry levels.
Results/ Conclusions	– The results show that MBTC and Psychoeducation have better results than usual care in reducing anxiety among people with GAD. – Findings demonstrate that Psychoeducation has a greater effect on reducing symptoms of worry than usual care within 5 months of the initial assessment. – There was no statistically significant difference in primary outcomes (anxiety and worry) between the Psychoeducation and MBTC groups. – Psychoeducation has superior effects in reducing depressive symptoms and improving mental health-related quality of life. – Psychoeducation seems to have greater acceptability.			

Table 1 – Methodological characteristics of the selected studies and main results.

Study identification	Study aim	Design[16], Evidence level[16] and Degree of Recommendation[16]	Participants (type and number)	Phenomenon of interest
Aagaard, Foldager, Makki, Hansen, Müller-Nielsen, (2016) [21]	To evaluate the effects of a psychoeducational program on users with recurrent depression, treated at community mental health centers.	Randomized controlled trial. 1.c B	80 Users (n= 42 experimental group and n= 38 control group).	Impact of a Psychoeducation program on the rate of use of hospital services in patients with recurrent severe depression.
Results/ Conclusions	– Users of both groups experienced an equally significant decline in the rate of use of hospital services and in the score on the BDI (Beck Depression Inventory); – Users subject to the Psychoeducation program showed greater adherence to treatment and service. – Adherence to the labor market was significantly favorable to the group that underwent Psychoeducation. – Participants in the Psychoeducation group gave positive feedback about their participation in the program.			
Melin, Svensson, Thulesius, (2018) [22]	To test the feasibility of a psychoeducational method and explore the association between psychological symptoms and unexplained symptoms.	Quasi-experimental study, without control group. 2.d B	36 users (81% women (n= 29); on sick leave (depression, anxiety, or fibromyalgia).	To study the feasibility of a Psychoeducational program and its effect on psychological symptoms and unexplained symptoms.
Results/ Conclusions	– Participation rate above 80%. – The results demonstrate a clear improvement in the self-assessment of psychological symptoms, health status and unexplained symptoms. – After 1 week of the intervention, the findings are significantly favorable for 9 of the 11 aspects evaluated (depression, anxiety, alexithymia, unexplained symptoms, health status, self-affirmation, self-love, guilt and self-hatred). – After 18 months of the intervention, the findings are significantly favorable for 7 of the 11 aspects evaluated (depression, alexithymia, unexplained symptoms, health status, self-affirmation, self-love and self-hatred). – The method studied required 37% less therapist hours than individual psychotherapy over 26 hours.			