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**PSYCHOEDUCATION IN PROMOTING INSIGHT AND  
ADHERENCE TO THERAPEUTIC REGIMENS IN PEOPLE WITH  
SEVERE MENTAL ILLNESS: A SCOPING REVIEW**

**A PSICOEDUCAÇÃO NA PROMOÇÃO DO INSIGHT E NA  
ADESÃO AO REGIME TERAPÊUTICO EM PESSOAS COM  
DOENÇA MENTAL GRAVE: UMA SCOPING REVIEW**

**LA PSICOEDUCACIÓN EN LA PROMOCIÓN DE LA  
COMPRESIÓN Y LA ADHERENCIA AL RÉGIMEN TERAPÉUTICO  
EN PERSONAS CON ENFERMEDADES MENTALES GRAVES:  
UNA REVISIÓN EXPLORATORIA**

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## Abstract

**Introduction:** Poor treatment adherence and lack of insight are significant factors contributing to a worse prognosis in people with severe mental illness. It is essential to understand the contributions of psychoeducational interventions in promoting insight and adherence to treatment regimens in these individuals. **Objective:** To map the effects of psychoeducation on promoting insight and adherence to therapeutic regimens in people with severe mental illness. **Methods:** A scoping review was conducted based on the recommendations of the Joanna Briggs Institute. A search was conducted on the EBSCO platform and in the CINAHL Ultimate, Medline Ultimate, Psychology and Behavioural Sciences Collection, Medclatina, Medline with Full Text, and CINAHL Plus with Full Text databases in March 2025, looking for studies in the five-year period (2020 to 2025). **Results:** A total of 185 articles were identified and, following the previously defined inclusion criteria, four studies were selected for final analysis. The interventions carried out in these studies were the application of psychoeducation programmes exclusively and in combination with other interventions. Through data collection before and after the intervention using scales, an increase in insight and adherence to the therapeutic regimen was observed, in addition to a reduction in stigma and an improvement in quality of life. **Conclusion:** The articles highlight the beneficial effect of psychoeducation in people with severe mental illness.

**Keywords:** Insight; Psychoeducation; Severe Mental Disorders; Therapeutic Adherence.

## Resumo

**Introdução:** A fraca adesão ao tratamento e a ausência de *insight* são fatores significativos que contribuem para um pior prognóstico em pessoas com doença mental grave. É essencial conhecermos os contributos das intervenções psicoeducativas na promoção do *insight* e na adesão ao regime terapêutico destas pessoas. **Objetivo:** Mapear os efeitos da psicoeducação na promoção do *insight* e adesão ao regime terapêutico em pessoas com doença mental grave. **Métodos:** Realização de uma *scoping review*, com base nas recomendações do Joanna Briggs Institute. Realizou-se uma pesquisa na plataforma EBSCO e nas bases de dados CINAHL Ultimate, Medline Ultimate, Psychology and Behavioral Sciences Collection, Medclatina, Medline with Full Text e CINAHL Plus with Full Text em março de 2025, procurando-se estudos no período temporal de cinco anos (2020 a 2025). **Resultados:** Foram identificados 185 artigos e após os critérios de inclusão previamente definidos, foram selecionados quatro estudos para análise final. As intervenções realizadas nesses estudos foram a aplicação de programas de psicoeducação em exclusivo e em complemento com outras intervenções. Através da recolha de dados antes e após a intervenção com recurso a escalas, verificou-se um aumento do *insight* e da adesão ao regime terapêutico, para além da redução do estigma e da melhoria da qualidade de vida. **Conclusão:** Os artigos evidenciam o efeito benéfico da psicoeducação em pessoas com doença mental grave.

**Palavras-chave:** Adesão Terapêutica; Doença Mental Grave; *Insight*; Psicoeducação.

## Resumen

**Introducción:** La baja adherencia al tratamiento y la falta de *insight* son factores significativos que contribuyen a un peor pronóstico en personas con enfermedades mentales graves. Es esencial conocer las contribuciones de las intervenciones psicoeducativas en la promoción del *insight* y la adherencia al régimen terapéutico de estas personas. **Objetivo:** Analizar los efectos de la psicoeducación en la promoción de la introspección y la adherencia al régimen terapéutico en personas con enfermedades mentales graves. **Métodos:** Realización de una revisión exploratoria, basada en las recomendaciones del Joanna Briggs Institute. Se realizó una búsqueda en la plataforma EBSCO y en las bases de datos CINAHL Ultimate, Medline Ultimate, Psychology and Behavioral Sciences Collection, Medclatina, Medline with Full Text y CINAHL Plus with Full Text en marzo de 2025, buscando estudios en el periodo de cinco años (2020 a 2025). **Resultados:** Se identificaron 185 artículos y, tras aplicar los criterios de inclusión previamente definidos, se seleccionaron cuatro estudios para el análisis final. Las intervenciones realizadas en estos estudios consistieron en la aplicación de programas de psicoeducación de forma exclusiva y complementaria con otras intervenciones. Mediante la recopilación de datos antes y después de la intervención utilizando escalas, se observó un aumento de la comprensión y la adherencia al régimen terapéutico, además de una reducción del estigma y una mejora de la calidad de vida. **Conclusión:** Los artículos evidencian el efecto beneficioso de la psicoeducación en personas con enfermedades mentales graves.

**Descriptor:** Adherencia Terapéutica; Enfermedad Mental Grave; *Insight*; Psicoeducación.

## Introduction

Severe mental illnesses (SMIs) represent a set of chronic psychiatric disorders that significantly affect people's overall functioning and quality of life. Schizophrenia and bipolar affective disorder (BAD) are two prominent examples of this group of pathologies, both associated with high levels of disability, emotional distress, and socioeconomic impact<sup>(1)</sup>.

These two disorders share some risk factors, suggesting a common aetiological background originating in the perinatal period. This background includes many births occurring between winter and spring, abnormal dermatoglyphics, and an excess of perinatal complications<sup>(2,3)</sup>. Furthermore, these two disorders also have in common the fact that they can cause significant cognitive impairment that is very similar between them<sup>(4,5)</sup>, which translates into a decrease in people's quality of life, although this decrease is greater in schizophrenia<sup>(6,7)</sup>.

These two disorders result in a lower life expectancy for people compared to the general population, between 12 and 18 years, which we consider to be very significant and reflects the severity of these disorders<sup>(8,9)</sup>. Furthermore, the same is true when we compare the life expectancy of people with these disorders with that of people with physical illnesses, i.e. these disorders can lead to a significantly reduced life expectancy<sup>(9,10)</sup>. Thus, these two disorders are very relevant in the overall picture of SMIs.

Schizophrenia is a chronic and severe mental illness that interferes with cognitive, emotional and behavioural domains, significantly compromising social and occupational functioning. Its lifetime prevalence is estimated to be approximately 1 per cent<sup>(11)</sup>. Characteristic symptoms include delusions, hallucinations, disorganised speech and behaviour, and negative symptoms<sup>(12)</sup>. The disease is often diagnosed in late adolescence or early adulthood, with an earlier onset in men<sup>(13)</sup>. Despite therapeutic advances, schizophrenia remains the eighth leading global cause of disability-adjusted life years (DALYs) in people aged 15 to 44<sup>(13)</sup>.

BAD is a disorder characterised by intense and unpredictable mood swings, with episodes of mania and depression that exceed normal emotional variations. Globally, it is estimated that this condition affects around 45 million people<sup>(14,15)</sup>. Although its aetiology is not fully understood, recent evidence points to the interaction between genetic, environmental and neurodevelopmental factors<sup>(16)</sup>. With continuous and integrated treatment, including pharmacotherapy, psychotherapy, and psychosocial support, it is possible to achieve clinical stabilisation and social reintegration<sup>(17)</sup>.

One of the main challenges in managing SMIs is non-adherence to treatment. This can manifest itself in different ways, including discontinuation of medication, irregular use, missed appointments, or abandonment of clinical follow-up<sup>(18)</sup>. In schizophrenia and BAD, factors influencing non-adherence may be intentional, such as lack of insight, negative attitudes towards medication, adverse effects or stigma; or unintentional, such as cognitive deficits, substance abuse, difficulties in accessing services or lack of social support<sup>(19,20)</sup>. These barriers result in a higher risk of relapse, hospitalisation, prolonged illness and increased risk of suicide<sup>(20,21)</sup>.

Insight, defined as a person's degree of awareness and understanding of their illness, is a factor that is often compromised in schizophrenia, BAD and other SMIs. Lack of insight is associated with poorer clinical outcomes, namely a higher risk of non-adherence to medication, reduced social functioning and worsening symptoms. This limitation not only influences prognosis but also hinders people's active participation in their own therapeutic process<sup>(22-24)</sup>.

Psychoeducation is a vital component of mental health treatment, focusing on educating patients and their families about mental disorders and their management. It aims to improve understanding, reduce stigma and improve treatment adherence, leading to better health outcomes. Key elements of psychoeducation include (1) dissemination of information (providing knowledge about the disorder, treatment options and coping strategies, which helps to demystify mental health conditions<sup>(25,26)</sup>); (2) emotional support (provides emotional relief by addressing feelings of shame

and anxiety associated with mental disorders<sup>(26)</sup>); (3) skills development (incorporates behavioural counselling to teach coping mechanisms, relaxation techniques, and self-care practices<sup>(27,28)</sup>); (4) involvement of family or significant others (involves family members or significant others in the educational process, fostering a collaborative approach to treatment<sup>(28)</sup>).

Psychoeducation involves a structured but flexible approach, adapting to the specific group or individual needs of patients<sup>(26,27)</sup>, emphasises adherence to therapeutic regimens and the prevention of relapse, particularly in chronic conditions<sup>(25,27)</sup>, and may combine elements of cognitive behavioural therapy and group therapy to increase its effectiveness<sup>(28)</sup>.

In this context, psychoeducation has proven to be one of the most promising psychosocial interventions. It is a training process that aims to increase knowledge about the disease, manage symptoms, promote early recognition of signs of relapse, improve adherence to treatment, and develop coping strategies, both in patients and their families. In recent years, psychoeducation has established itself as an effective practice in the management of SMIs, with clear benefits in terms of insight, functionality and quality of life, empowering people to take an active role in managing their health and enabling them to improve their overall quality of life<sup>(24)</sup>.

Considering the clinical and social relevance of these disorders, as well as the documented positive impact of psychoeducation, it is pertinent to comprehensively explore the available evidence regarding its effectiveness. In this sense, this Scoping Review aims to map and synthesise existing knowledge on the effects of psychoeducation in people with severe mental illness, with a particular focus on promoting insight and adherence to the therapeutic regimen.

## Methods

The methodology used for this literature review is based on the Manual for Evidence Synthesis from the Joanna Briggs Institute<sup>(29)</sup>, considering the steps for conducting a scoping review: (1) Identify the research question, (2) Identify relevant studies, (3) Select the studies, (4) Map the data obtained, (5) Collect, synthesize, and report the results<sup>(30)</sup>.

As indicated by the scoping review protocol, the research question must adhere to the PCC acronym (Population, Concept, and Context); therefore, the following question is formulated: “What are the benefits of psychoeducation on insight and adherence to the therapeutic regimen in people with severe mental illness?”.

P – Population: adults aged 18 to 65 years with severe mental illness (SMI) (including psychotic disorders, schizophrenia, bipolar affective disorder (BAD), and major depression).

C – Concept: Psychoeducation, as a psychotherapeutic intervention.

C – Context: any context.

### Inclusion and exclusion criteria

Inclusion criteria for participants included studies with adults aged 18 to 65 years with severe mental illness (including psychotic disorders, schizophrenia, bipolar disorder, and major depression). Regarding the concept, studies implementing psychoeducational interventions aimed at promoting insight and adherence to the therapeutic regimen were considered. For this review, randomized or quasi-experimental clinical trials were considered, given their high level of rigor<sup>(31)</sup>, published between 2020 and 2025, in Portuguese and English. Exclusion criteria included studies with participants who were children (under 18 years old), implemented interventions consisting exclusively of cognitive-behavioural therapy or mindfulness, or those that did not answer the research question.

### Research strategy

A preliminary search was conducted for protocols registered on the platform OSF (Open Science Framework<sup>1</sup>) to check for the existence of ongoing or completed scoping reviews with overlapping objectives, and on the platform PROSPERO<sup>2</sup> to identify related systematic reviews, no significant duplications were found.

The research was conducted from March 1<sup>st</sup> to 30<sup>th</sup>, 2025. In the first phase, a search was carried out on the EBSCO platform to find the most frequently used search terms in the articles that best served the purpose of the research. In the second phase, a new search was conducted on the EBSCO platform using the following databases: CINAHL Ultimate, Medline Ultimate, Psychology and Behavioral Sciences Collection, Medclatina, eBook Collection, eBook Nursing Collection, Medline with Full Text, and CINAHL Plus with Full Text. The research was conducted using a combination of keywords and Boolean operators (AND, OR), with the following descriptors used in English: (“Serious mental illness” OR “severe mental illness” OR “psychotic disorders” OR “schizophrenia” OR “bipolar disorder” OR “major depressive disorders”) AND (“Psychoeducation” OR “psychoeducational intervention” OR “educational intervention” OR “psychoeducational program”) AND (“insight” OR “illness awareness” OR “treatment adherence” OR “medication adherence”) AND (“randomized controlled trials OR quasi-experimental trials”). The search criteria used were “full text available” and “peer-reviewed”.

### Data selection and extraction

The selection and extraction of data was performed in accordance with the Manual for Evidence Synthesis from the Joanna Briggs Institute<sup>(29)</sup>, adapted to the objectives of the review. The articles found were analysed regarding the title and abstract and subsequently, regarding the full text.

In this research, a total of 185 articles were obtained.

After applying the limiting factors: time period from March 1 to 30, 2025, studies in Portuguese and English, studies with participants aged between 18 and 65 years, peer-reviewed studies, full text available, and checking for duplicate studies, we excluded 174 studies.

Eleven articles were then selected. After reading titles and abstracts, seven articles were excluded (three articles because they were study protocols, three because they did not answer the research question, and one because the full text was not available). Thus, four articles were included for the scoping review. The following figure (Figure 1 – PRISMA Flowchart) demonstrates this research process:

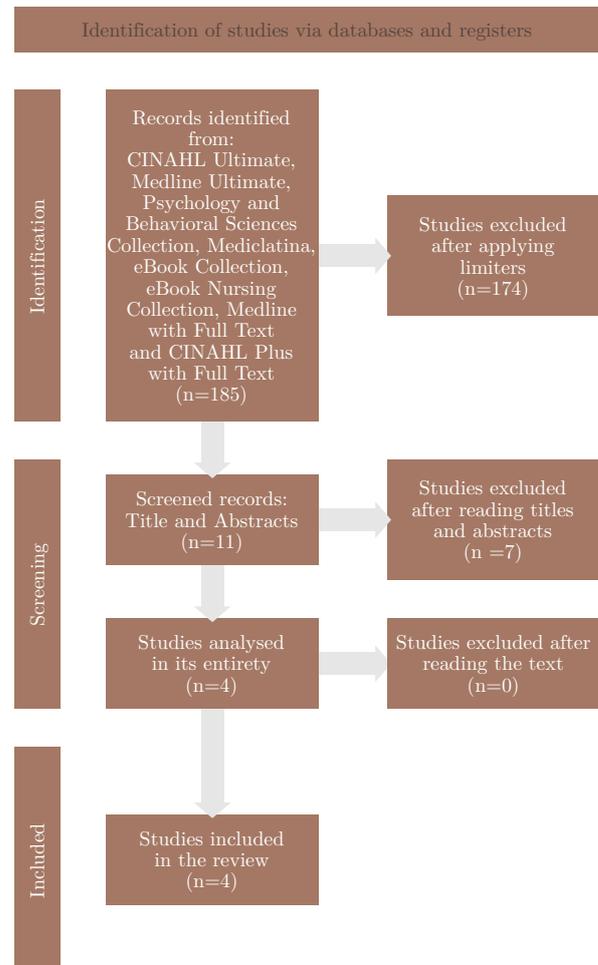


Figure 1: PRISMA Flowchart.  
Source: Prepared by the authors, adapted from Page *et al*<sup>(32)</sup>.

<sup>1</sup> <https://osf.io/>

<sup>2</sup> <https://www.crd.york.ac.uk/prospero/>

## Results

The included articles were analysed and their information was extracted according to the study design, sample, objective, intervention performed, and results, as shown in Table 1 (Data extraction from articles included in the review):

Table 1: Data extraction from articles included in the review.

Reference and Title of the study	Study Design and Sample	Aim of the study	Interventions	Results
[33] The Effect of Psychoeducation Based on Motivational Interview Techniques on Medication Adherence, Hope, and Psychological Well-Being in Schizophrenia Patients.	Randomised clinical trial. The sample consisted of 150 people diagnosed with schizophrenia, of whom 75 were included in the intervention group and 75 in the control group.	The present study aimed to evaluate the effect of psychoeducation, based on motivational interviewing techniques, on adherence to drug treatment, hope, and psychological well-being.	The intervention consisted of a psychoeducation programme, in group format, based on motivational interviewing techniques. The sessions took place twice a week, over a period of six weeks, lasting 60 minutes each, in the therapy rooms of Community Mental Health Centres in Turkey. Data collection was carried out through face-to-face interviews, with pre-tests and post-tests. The following instruments were applied: Descriptive Characteristics Form, Herth Hope Index, Morisky Medication Adherence Scale, and Psychological Well-Being Scale.	The results showed that the intervention had a significant positive effect, reflected in increased treatment adherence, levels of hope and psychological well-being in the experimental group, compared to the control group. Additionally, after the intervention, participants in the experimental group showed statistically significant improvements in these variables, relative to the values obtained in the pre-test.
[34] Effects of Psychoeducation on People with Schizophrenia in Long-Term Care.	Randomised clinical trial. The sample consisted of 122 participants, of whom 66 were allocated to the intervention group and 56 to the control group.	The present study aimed to evaluate the effect of a psychoeducational intervention on knowledge about the disease, insight, and self-stigma in people diagnosed with schizophrenia.	The intervention consisted of a psychoeducation programme in a group format, consisting of seven sessions held weekly over a period of three weeks. The sessions covered informative content about schizophrenia, strategies for managing the illness, and techniques for dealing with the stigma associated with the condition. Participants in the intervention group also received supplementary educational material after each session. The intervention took place in a public psychiatric hospital in Jordan. Data collection was carried out using a demographic questionnaire and the following instruments: Knowledge About Schizophrenia Questionnaire (KASQ), Birchwood Insight Scale (BIS) and Internalised Stigma of Mental Illness Inventory-10-Item Version (ISMI-10).	The results showed that the psychoeducational intervention had a positive and statistically significant impact on the three variables analysed: <ul style="list-style-type: none"> <li>– <b>Knowledge about schizophrenia:</b> the intervention group recorded a 15.5% increase in knowledge about their condition, compared to 2.6% in the control group.</li> <li>– <b>Insight into the illness:</b> there was a 22.5% improvement in the intervention group, compared to 4.7% in the control group.</li> <li>– <b>Reduction in self-stigma:</b> there was an 18% decrease in self-stigma among participants in the intervention group, compared to a reduction of only 3.6% in the control group.</li> </ul> These data reinforce the evidence of the effectiveness of psychoeducation in promoting knowledge, increasing insight and reducing stigma in people with schizophrenia.
[35] Impact of Nurse-led Medication Adherence Therapy on Bipolar Affective Disorder: A Randomized Controlled Trial.	Randomised clinical trial. The sample consisted of 85 people with PAB, of whom 42 were allocated to the intervention group and 43 to the control group.	The present study aimed to evaluate the impact of Medication Adherence Therapy (MAT) on medication adherence behaviour and symptom severity in people with bipolar affective disorder.	The intervention consisted of the implementation of Medication Adherence Therapy (MAT), carried out by nurses. This included four face-to-face educational sessions, lasting between 45 and 60 minutes, complemented by telephone interventions and the delivery of information cards about the medication. The sessions focused on psychoeducation about PAB, addressing disease management, the importance of adherence to the therapeutic regimen, and the adverse effects of medications. The intervention was carried out in the Inpatient Service of a psychiatric hospital in India. The following instruments were used to evaluate the results: the Morisky Medication Adherence Scale (MMAS) to measure medication adherence; the Beck Depression Inventory (BDI) to assess the severity of depressive symptoms; and the Young Mania Rating Scale (YMRS), used depending on the phase of the manic or depressive episode.	The results revealed that MAT had a positive and statistically significant impact on medication adherence: <ul style="list-style-type: none"> <li>– <b>Improved Medication Adherence:</b> Participants in the MAT group showed significantly higher levels of medication adherence compared to the TAU group over a three-month follow-up period.</li> <li>– <b>Reduction in Symptom Severity:</b> Although there was a reduction in symptom severity in the MAT group compared to the TAU group, this difference did not reach statistical significance. However, a positive trend was observed, suggesting that the intervention may contribute to improved functionality and disease management.</li> </ul>
[36] The Effect of Mindfulness-Based Psycho-Educational Program on Insight and Socio Occupational Functioning of Schizophrenic Patients.	Quasi-experimental study. The sample consisted of 58 people, divided into two groups: 30 were in the intervention group and 28 were in the control group.	The aim of this study was to evaluate the effect of a mindfulness-based psychoeducational programme on insight and socio-occupational functioning in people diagnosed with schizophrenia.	The intervention consisted of a psychoeducational programme implemented over twelve sessions, held weekly over a period of twelve weeks. The programme included various activities, namely lectures, group discussions, role-playing and practical exercises, aimed at improving the participants' insight and socio-occupational functioning. The content addressed topics such as communication in stressful situations, relapse prevention, and the use of social and community resources. The intervention took place at a Psychiatric and Addiction Treatment Hospital in Egypt.	The results demonstrated that the mindfulness-based intervention had a positive and statistically significant impact on the intervention group, reflected in increased levels of cognitive insight and socio-occupational functioning when compared to the control group.

After extracting the data from the articles included in the Scoping Review, we proceeded to analyse and synthesise it, in accordance with the JBI guidelines<sup>(30)</sup>. The results obtained show that psychoeducation and psychoeducational interventions demonstrate significant benefits, not only in promoting insight and adherence to the therapeutic regimen, but also in increasing levels of hope, well-being, knowledge, and functionality in people with severe mental illness. Additionally, these interventions contributed to reducing internalised stigma and the severity of symptoms associated with mental illness.

## Discussion

In the study by Harmanci and Budak<sup>(33)</sup>, a randomised clinical trial was conducted to assess the effect of psychoeducation, based on motivational interviewing techniques, on medication adherence, hope and psychological well-being. This study involved 150 people diagnosed with schizophrenia, of whom 75 were allocated to the experimental group and 75 to the control group. The experimental group underwent a psychoeducational programme consisting of two weekly sessions, each lasting 60 minutes, over a period of six weeks. The control group did not receive any type of intervention. Face-to-face interviews were conducted with both groups before and after the implementation of the psychoeducational programme, using scales for data collection. Both groups showed reduced levels of medication adherence, hope, and psychological well-being at the pre-intervention stage. After the intervention, the experimental group showed significant improvements in these variables compared to the control group, in line with previous studies by Ertem and Duman<sup>(37)</sup> e Dufort e Zipursky<sup>(38)</sup>, whose authors also reported that motivational interviewing has significant effects on treatment adherence in people with schizophrenia.

In the study by Alhadidi *et al*<sup>(34)</sup>, a randomised clinical trial was conducted to assess the effect of psychoeducation on knowledge, insight and self-stigma. This study involved 122 people diagnosed with schizophrenia, of whom 66 were allocated to the experimental group and 56 to the control group. The

experimental group underwent the usual treatment, supplemented by a psychoeducational programme consisting of seven sessions, each lasting 45 to 60 minutes, developed over three weeks. The control group received only the usual treatment. Data collection was carried out before and after the intervention, using assessment scales. The results showed that the experimental group showed significant improvements in knowledge about the disease, insight, and reduction of self-stigma, compared to the control group. The results of this study are consistent with previous studies that have shown that psychoeducation increases the level of insight, knowledge about the disease, and adherence to the therapeutic regimen<sup>(39-41)</sup>.

In the study by Balikai *et al*<sup>(35)</sup>, a randomised clinical trial was conducted to assess the effect of a nursing intervention on medication adherence and symptom severity in people diagnosed with bipolar affective disorder. Sixty people participated in this study, of whom 30 were allocated to the experimental group and 30 to the control group. The control group received the usual treatment, which included pharmacological and psychosocial interventions, electroconvulsive therapy, and nursing care focused on activities of daily living and therapeutic management. The experimental group received the usual treatment, supplemented by a psychoeducational programme consisting of four face-to-face psychoeducation sessions, each lasting between 45 and 60 minutes, an informative session on medication, and six follow-up telephone calls over the course of a week. Data collection was carried out before and after the intervention, using assessment scales. The results showed that participants in the experimental group showed a significant improvement in medication adherence and a reduction in symptom severity compared to the control group. Lin *et al*<sup>(42)</sup> They had similar results in their study, highlighting the benefits of a psychoeducational program in therapy adherence for people with bipolar disorder, compared to conventional treatment.

Finally, in the study by El-Amrosy and Shereda<sup>(36)</sup>, a quasi-experimental trial was conducted to assess the effect of a psychoeducational programme based on mindfulness techniques on the insight and socio-occupational functioning of people diagnosed with

schizophrenia. Fifty-eight people participated in this study, of whom 30 were allocated to the experimental group and 28 to the control group. The experimental group received the psychoeducational programme in conjunction with their usual pharmacological treatment, while the control group received only pharmacological treatment. Data collection was carried out before and after the intervention, using assessment scales. The results showed significant improvements in socio-occupational functioning and insight levels in the experimental group compared to the control group. This programme corroborates previous studies<sup>(43,44)</sup>, which report that psychoeducation provides greater knowledge about the disease, allowing for better adaptation to the participants' health situation, in addition to promoting improvements in attention and emotional regulation, with a consequent increase in insight levels.

The results of the studies analysed in this review provide consistent evidence of the benefits of psychoeducational interventions in people diagnosed with MDD, namely schizophrenia and PAB. Although the methodologies and characteristics of the interventions vary between studies, all studies analysed indicate significant improvements in key variables such as insight, medication adherence, hope, psychological well-being, knowledge of the illness, functionality and reduction of stigma, thus highlighting the potential of psychoeducation as a complementary therapeutic approach.

In the study of Harmanci e Budak<sup>(33)</sup>, which combined psychoeducation with motivational interviewing techniques, a significant improvement was observed in medication adherence, hope, and psychological well-being. This result reinforces the idea that psychoeducation, by providing participants with a deeper understanding of their condition and the necessary treatment, can increase involvement and commitment to treatment. This result is corroborated by the results of the study by Alhadidi *et al*<sup>(34)</sup>, in which psychoeducational intervention focused on knowledge of schizophrenia and reduction of self-stigma also demonstrated substantial improvements in insight and reduction of stigma, suggesting that psychoeducation may play a crucial role in promoting acceptance and reducing stigma associated with mental illness.

On the other hand, the study by Balikai *et al*<sup>(35)</sup>, focused on the population diagnosed with bipolar disorder and revealed that combining psychoeducation with usual treatment resulted in a significant improvement in medication adherence and symptom reduction. This result is particularly important as it highlights the effectiveness of psychoeducational interventions in mixed treatment settings, where medication is a central part of the therapeutic approach. Furthermore, the observed improvements in medication adherence may contribute to better disease control and a reduction in symptom severity, reinforcing the importance of psychoeducation as a facilitator of the effectiveness of pharmacological treatment.

The study by El-Amrosy and Shereda<sup>(36)</sup>, presented an innovative approach, incorporating mindfulness techniques into a psychoeducational program for people with schizophrenia. This study demonstrated that, in addition to the typical benefits of psychoeducation, the introduction of mindfulness techniques significantly improved socio-occupational functioning and insight levels. Integrating these techniques may be a promising way to optimize psychoeducational interventions, providing participants with additional tools for emotional regulation and adaptation to their health condition, which contributes to greater autonomy and quality of life.

In comparison with the results of other previous studies in the literature<sup>(39,41,45-47)</sup>, The results obtained in the research analysed in this review corroborate the effectiveness of psychoeducational interventions in promoting better insight and adherence to treatment, these being crucial factors for rehabilitation and the long-term success of SMIs treatment.

The fact that the included studies showed positive results in variables such as reduced stigma, increased knowledge about the illness, and improved functionality suggests that psychoeducation not only acts at the cognitive and behavioural level, but also promotes a significant transformation in how people perceive and cope with their mental condition.

### Implications for clinical practice

Psychoeducation sessions show great potential for significantly improving the knowledge of people with SMIs and their carers regarding the importance of adherence to the therapeutic regimen. In this context, it is essential that nurses update their knowledge, reinforcing their role in health education, with a view to improving the well-being of these people. Interventions led by nursing professionals have shown positive results, supported by data proving the effectiveness of multiple strategies aimed at promoting adherence to the therapeutic regimen and developing insight. Therefore, it is recommended that mental health professionals prioritise the implementation of psychoeducation programmes as a strategy to motivate people with SMIs to develop greater awareness of their clinical condition, increasing knowledge about the disease and promoting adherence to the therapeutic regimen.

Although this review included only four studies, the consistency of the results obtained, combined with the convergence with evidence from previous studies referenced in the discussion, lends robustness to the conclusions presented.

All the studies analysed demonstrated statistically significant improvements in the variables investigated, using rigorous methodological designs (randomised and quasi-experimental clinical trials) and validated assessment instruments. The diversity of geographical contexts (Turkey, Jordan, India, and Egypt) and psychoeducational approaches reinforce the applicability and replicability of these interventions in different clinical contexts. Thus, it is considered that the implications for clinical practice presented here justify the adoption of psychoeducation as a complementary therapeutic intervention in the treatment of people with SMIs.

The results of this review also highlight relevant implications for the academic training and continuing professional development of nurses. It is essential that nursing training curricula include specific content on psychoeducation, including its theoretical foundations, implementation methodologies, and evidence of clinical effectiveness. Training should enable future professionals to develop the communi-

cation, teaching, and interpersonal skills necessary to conduct psychoeducational sessions, as well as to adapt these interventions to the individual needs of people with SMIs.

In addition, it is recommended that continuing education programmes be created to enable practising professionals to update their knowledge and develop specific skills in psychoeducation, particularly in the integration of complementary techniques, such as motivational interviewing and mindfulness, which have been shown to enhance the effects of these interventions.

The promotion of a culture of training based on scientific evidence will contribute to the dissemination of effective psychoeducational practices and to the improvement of care provided to people with SMIs.

### Limitations

This review included only four studies in Portuguese and English, which may have limited its results. Only studies in the time frame between 2020 and 2025 were included, so the results may be limited by the period under review.

## Conclusion

The articles analysed provided answers to the research question initially formulated. Psychoeducation has proven to be an effective strategy in the treatment of people with SUD, providing significant benefits in treatment adherence, insight, stigma reduction, and improved quality of life.

For future reviews on this topic, a broader time frame for research is suggested, so that the results may be less limited.

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LS: Data analysis, review and discussion of  
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