

# Importance of psychoeducation for families of patients with schizophrenia and bipolar affective disorders

**RESUMO** | Objetivo: identificar na literatura os impactos da psicoeducação para familiares de pacientes com Esquizofrenia e Transtorno Afetivo Bipolar. Método: revisão integrativa realizada na plataforma BVS por artigos publicados em periódicos nacionais e internacionais, utilizando-se as bases de dados LILACS, MEDLINE e BDNF com os descritores "Esquizofrenia" AND "Transtorno Bipolar" AND "Familiar Cuidador". Foram analisados artigos em português, inglês e espanhol publicados nos últimos dez anos (2010 a 2020). Resultados: Os estudos revisados mostraram que a psicoeducação em enfermagem é um recurso valioso na intervenção com as famílias, além de instrumentalizar os familiares de pacientes portadores de transtorno mental grave em relação à doença de seus entes. Conclusão: Com a Psicoeducação, é possível implementar estratégias de promoção, prevenção e cuidado de enfermagem, não apenas para o indivíduo, mas também para a família, a fim de proporcionar um cuidado integral.

**Descritores:** Esquizofrenia; Transtorno Bipolar; Familiar Cuidador.

**ABSTRACT** | Objective: to identify in the literature the impacts of psychoeducation on family members of patients with Schizophrenia and Bipolar Affective Disorder. Method: integrative review carried out on the VHL platform for articles published in national and international journals, using the LILACS, MEDLINE and BDNF databases with the descriptors "Schizophrenia" AND "Bipolar Disorder" AND "Family Caregiver". Articles in Portuguese, English and Spanish published in the last ten years (2010 to 2020) were analyzed. Results: The reviewed studies showed that psychoeducation in nursing is a valuable resource in intervention with families, in addition to providing tools for family members of patients with severe mental disorders in relation to their loved ones' illness. Conclusion: With Psychoeducation, it is possible to implement promotion, prevention and nursing care strategies, not only for the individual, but also for the family, in order to provide comprehensive care.

**Keywords:** Schizophrenia; Bipolar disorder; Family Caregiver.

**RESUMEN** | Objetivo: identificar en la literatura los impactos de la psicoeducación en familiares de pacientes con Esquizofrenia y Trastorno Afectivo Bipolar. Método: revisión integradora realizada en la plataforma BVS de artículos publicados en revistas nacionales e internacionales, utilizando las bases de datos LILACS, MEDLINE y BDNF con los descriptores "Esquizofrenia" Y "Trastorno bipolar" Y "Cuidador familiar". Se analizaron artículos en portugués, inglés y español publicados en los últimos diez años (2010 a 2020). Resultados: Los estudios revisados mostraron que la psicoeducación en enfermería es un recurso valioso en la intervención con las familias, además de brindar herramientas a los familiares de pacientes con trastornos mentales graves en relación con la enfermedad de sus seres queridos. Conclusión: Con la Psicoeducación es posible implementar estrategias de promoción, prevención y atención de enfermería, no solo para el individuo, sino también para la familia, con el fin de brindar una atención integral.

**Palabras claves:** Esquizofrenia; Desorden bipolar; Cuidador familiar.

## Vanessa Menegalli

Enfermeira do Hospital de Clínicas de Porto Alegre. Especialista em Saúde da Família, Porto Alegre, Rio Grande do Sul.  
ORCID ID: 000-0001-7322-2753

## Francine Morais da Silva

Enfermeira. Mestra em Enfermagem, Universidade Federal do Rio Grande do Sul/ Escola de Enfermagem, Porto Alegre, Rio Grande do Sul, Brasil.  
Orcid ID: 0000-002-9226-7663

## Aline Oliveira

Enfermeira do Hospital de Clínicas de Porto Alegre. Especialista em Saúde da Família, Porto Alegre, Rio Grande do Sul.  
ORCID ID: 0000-0002-9873-8446

## INTRODUCTION

During the nineteenth century, the concept of psychiatric hospitalization was synonymous with institutionalization. With the emergence of the Constitution, in 1988, the Unified Health System (SUS) was created and institutional conditions were established for the implementation of new health policies, including mental health. 1

In line with several experiences of psychiatric care reform in the Western world, and the recommendations of the Pan American Health Organization (PAHO) contained in the Caracas Charter (1990), the Ministry of Health, from the last decade, defines a new policy

that gradually redirects psychiatric care resources to a community-based substitutive model. It encourages the creation of mental health services for community, public, territorial care, while at the same time determining the implementation of minimum criteria for the adequacy and humanization of specialized hospital care. 2

The Psychiatric Reform enabled numerous changes in mental health care, showing that it came to fill the gaps left by traditional psychiatric treatments, where the main target was the patient and his pathology. 3

The current care model advocates the reduction of psychiatric beds and

the creation of differentiated community services, enabling family members to participate in the treatment and care of the sick family member, through therapeutic groups aimed at including the family in therapeutic treatment. 4

The indication for psychiatric hospitalization can be an episode of intense suffering for the patient and their families, as this indication is a consequence of the exhaustion of all the extra-hospital therapeutic resources that the patient and his family had available, as well as when there are no more minimum conditions of protection for the patient and his family. 5

It is the purpose of psychiatric hospitalization to carry out interventions at the time of the crisis and to control them so that there is stabilization of critically ill patients, who in turn are indicated. In this way, the hospitalization will guarantee the safety of the patient and the people around him. When the option is psychiatric hospitalization, the patient must be warned, even if at the moment he does not understand the situation or is upset. 6

For patients with Schizophrenia and Bipolar Affective Disorder, psychiatric hospitalization can be seen as a potential space for treatment, since inpatient units bring together different professionals, families and the individual in their moment of crisis. Thus, there is a greater and intense mobilization, on the part of those involved, causing the crisis and its repercussions on the daily life of the patient and his family to be thought about. Thus, the uniqueness and context of those who experience the hospitalization situation are seen in order to regain their autonomy and guide them, as well as guide their family, for the continuity of extra-hospital treatment. 7

The family has a very important role in all therapeutic treatment, from patient adherence to drug treatment, as well as to all implemented processes aimed at improving the quality of life

of patients with Serious Mental Disorders. 7

Severe Mental Disorder is a chronic disease, affecting not only the individual, but all of them, and the existence of services that contribute to the collective family process of daily coexistence



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with the mental illness/patient process is extremely important. 8

In mental health care services, family members usually present themselves as mere "informants" of the patient's changes, not being sensitized and guided to become important

actors in the process. Bearing in mind the characteristics of a person with Serious Mental Disorder, it makes us refer to the great importance that the family plays in their life, contributing to the health-disease process. 7

Psychoeducation is defined as "systematic, structured, didactic information about the disease and its treatment, and integrating emotional aspects, in order to allow patients as well as family members to participate in the care process". 9:2976

Psychoeducation can address topics such as adherence to drug therapy, early identification of prodromal symptoms, deterrence of drugs of abuse and management of situations that provoke stress and anxiety. When combined with pharmacological treatment, psychoeducation helps to improve adherence to treatment. 9

The benefits of family participation in the Psychoeducational process for adherence to drug treatment, as well as the therapeutic results obtained in patients with Bipolar Affective Disorder and Schizophrenia, are indisputable. 8 Furthermore, some investigations show that relatives of patients with bipolar affective disorder and schizophrenia have very high levels of stress. 9

In an experiment carried out in Spain, family members of patients with bipolar disorder were submitted to a group psychoeducational model. This modality has been shown to be effective as an adjunct treatment for patients, reducing the risk of recurrences, particularly mania and hypomania, in bipolar disorder. 10 Thus, psychoeducation, even if carried out exclusively for family members of patients with bipolar disorder, can be considered a relevant health prevention strategy for these caregivers, as well as a qualifying measure for the care provided to the individual diagnosed with the aforementioned condition. 11

Psychoeducation is an essential component of combined treatment for

schizophrenia and bipolar disorder, as demonstrated by the fact that all successfully tested psychological interventions contain classic psychoeducational elements, such as improving insight into the illness, dealing with stigmatization, improving adherence to treatment, teaching the patient and family to identify early prodromal signs, promoting healthy habits and regularity in lifestyle, and avoiding substance abuse. 11

In this sense, this study aims to identify in the literature the impacts of psychoeducation on family members of patients with Schizophrenia and Bipolar Affective Disorder.

**METHOD**

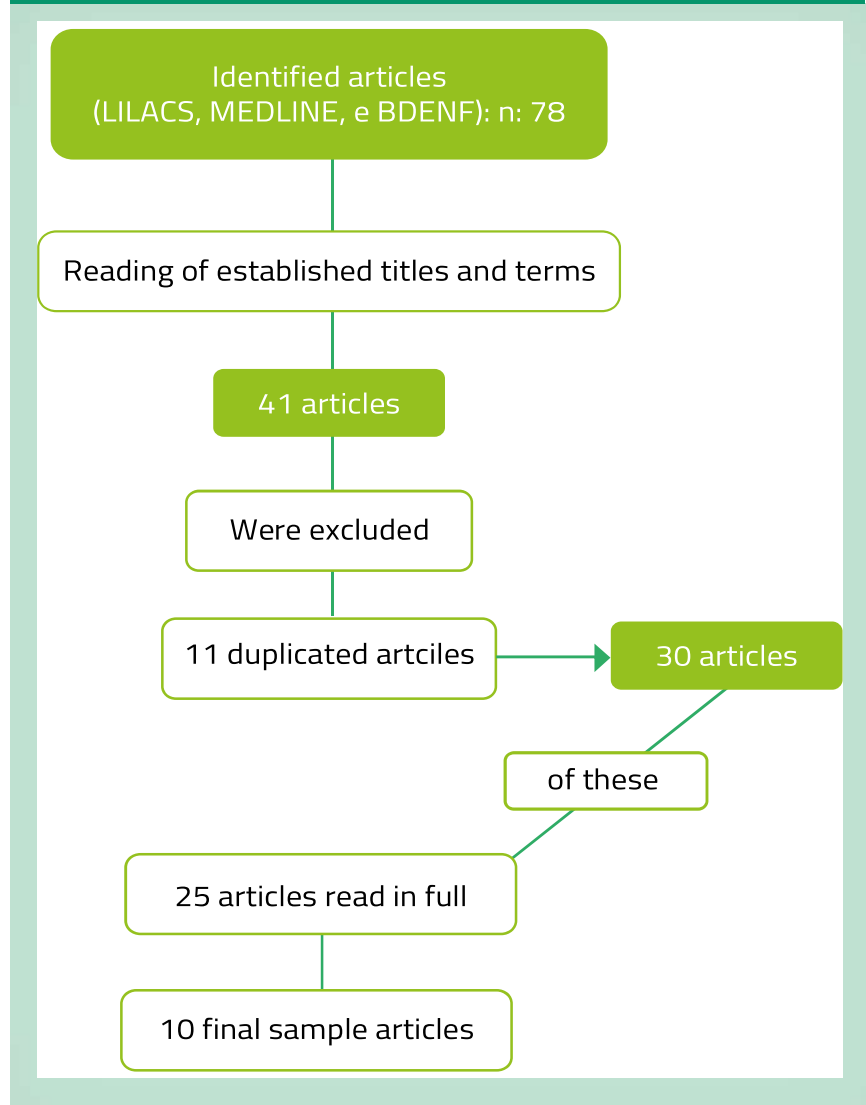
This is an integrative review (IR) study that includes the analysis of several primary research on a given subject, in order to define broader conclusions about a specific phenomenon, based on Cooper's assumptions, who systematizes in five steps for IR, which are: formulation of the problem; data collect; data evaluation; analysis and interpretation of data and presentation of results. 12

To carry out this integrative review, articles in Portuguese, English and Spanish published in the last ten years (2010-2020) were analyzed. Data collection performed on the VHL platform for articles published in national and international journals, using the LILACS, MEDLINE and BDNF databases with the descriptors Schizophrenia, Bipolar Disorder, Family Caregiver.

The study had as inclusion criteria national and international articles in nursing and other areas. Original articles from qualitative and quantitative research that addressed the research topic were selected; full articles that contain abstracts indexed in the databases.

As exclusion criteria, articles that required payment of fees, duplicate

**Figure 1 - Flowchart of the study's detailed search, Porto Alegre, RS, Brazil, 2021**



Source: The Author (2021).

studies and technical reports were excluded.

The investigation was carried out by crossing Health Sciences Descriptors (DECS) with the Boolean operator "and": "Schizophrenia" AND "Bipolar Disorder" AND "Family Caregiver". The flowchart below shows the detailed search (Figure 1).

For data evaluation, 41 articles were initially included by reading the established titles and terms. Of these, 11 articles were excluded because they

were duplicates. After reading the titles and abstracts, 25 articles were selected to be read in full. With the critical reading of the texts, 10 were selected to be used in this integrative review.

In order to register the data collected from the articles, a Form for Evaluation of Studies was prepared, filled in after reading the articles, thus enabling the analysis of the information found.

For analysis and interpretation of the results, in order to synthesize and compare the data recorded in the ins-

truments, a general synoptic table was created to record the elements that answer the guiding question.

To validate the research, a search for articles in the databases was performed by two individual researchers using the same strategy of crossing descriptors.

**RESULTS**

10 articles were included in this review n=50 (Table 1).

**DISCUSSION**

Psychoeducation in groups enables new knowledge about their demands and also helps directly in the bond

between professionals and the family members, facilitating the understanding of their problems, diseases, by clarifying doubts and showing that family members can be active in the therapy of their loved one. 9

Family members of people with Severe Mental Disorder are deeply affected emotionally, socially and economically. The understanding of Severe Mental Disorder, its impacts and consequences, by their families can help these patients understand and adhere to the proper treatment. This in turn is fundamental for health education issues capable of improving the quality of life of patients and their families. 8

Psychoeducation consists of -in the first instance- providing the patient

with information about the disorder, pharmacological treatment, medication side effects, the difficulties associated with the disease, the risks of drug use, pregnancy and genetic counseling, the risk of suicide and the importance of regular living habits. Then, the identification of the topography of their behaviors during episodes of mania, depression or mixed state should be encouraged, in addition to the antecedent stimuli for them. 11

Based on a study with 120 patients diagnosed with type I and II BAD, undergoing pharmacological treatment, they developed resources to help group psychoeducational work for patients with this disorder. At the end of the study, it was found in this group that

**TABLE 1 – Description of selected articles in LILACS, MEDLINE and BDEF databases as a study sample, Porto Alegre, RS, Brazil, 2021.**

No. of the article	Title	Authors	Method	Year of the publication
01	Family interventions in first-episode psychotic patients: evidence from the literature	Zanetti et al.9	Qualitative of Integrative Review type	2017
02	Main nursing interventions in support of family caregivers: an integrative review	Silva et al.13	Qualitative of Integrative Review type	2020
03	Psychoeducational program with a cultural focus to reduce depressive symptoms in family caregivers of older persons	Díaz14	Qualitative with a comprehensive meta-scientific approach	2020
04	Psychoeducation: nursing intervention for the care of the family in the role of caregiver	Cuevas-Cancino et al.11	Qualitative of Integrative Review type	2017
05	Treatment of social phobia in adults: considerations regarding the inclusion of the family in psychoeducational	Sztamfater et al.15	Qualitative of the Systematic Literature Review type	2017
06	Factors impacting the implementation of a psychoeducation intervention within the mental health system: a multisite study using the consolidation framework for implementation research	Higgins et al.8	Qualitative of the Prognostic Study type	2020
07	Illness perceptions and adherence in bipolar disorder:An exploratory study	Averous et al.16	Qualitative Exploratory Type	2018
08	Psychoeducational and Cognitive Behavioral Treatment Programs: Implementation and Evaluation From 1995 to 2015 in Kraepelin's Former Hospital	Schaub et al.17	Qualitative of the Systematic Literature Review type	2015
09	Burden in Tunisian Family Caregivers of Older Patients with Schizophrenia Spectrum and Bipolar Disorders; Associations with Depression, Anxiety, Stress, and Quality of Life	Fekih-Romdhane et al.18	Qualitative Exploratory Type	2015
10	Efficacy of psychoeducational family intervention for bipolar disorder: A controlled, multicentric, real-world study	Fiorillo et al.19	Quantitative multicenter study-type	2015

Source: The Author (2021).

during the treatment phase there was a significant reduction in the number of relapses for all episodes of the disorder (mania, hypomania, depression and mixed state), and that these data remained throughout two years. In addition, there was a significant reduction in the number of hospitalizations for these patients. There was an overall clinical improvement in the experimental group and in one of the dimensions of the quality of life scale, which concerns the patient's well-being in their environment. 18

In this context, and given the severity of BAD, it is necessary to carry out more studies that assess psychoeducational interventions for patients with this disorder, collaborating to improve and adapt intervention models. In addition, group psychoeducation is a treatment that can benefit a large number of individuals and help meet the high de-

mand of the health system in Brazil. 19

#### CONCLUSION

Psychoeducation can provide family members with information about severe mental disorders and aims to make them active collaborators in the treatment, making the therapeutic process more effective.

From the articles selected to compose the final sample of this research, the importance of group psychoeducation is highlighted as a technique to engage family members in the treatment, as well as to increase the feeling of mutual help between them.

From this work, it is possible to verify the importance of the psychoeducational group for family members/companions. This is due to the addition of important information about psychopathology, and also due to the climate

of integration and mutual help present in the context.

The psychoeducation group for patients with schizophrenia and Bipolar Disorder is important and powerful, as it directly aims at the patient's understanding of their own disease and the exchange of experience among its members.

Psychoeducation applied by nursing can be effective, favoring a therapeutic alliance, also recognizing the environment in which the family develops, helping to increase the skills and behaviors necessary to promote individual and collective health.

Based on the review carried out, we can report that psychoeducational interventions offer better results and are adapted to the needs of family members who care for a person with a health problem or who has some degree of dependence.

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