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# Psychoeducational Methods for Patients with Schizophrenia: A Literature Review

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## Abstract

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<p><b>Introduction:</b> Schizophrenia is the most burdensome mental disorder and contribute the greatest cost to the treatment compared to other mental illnesses. Psychoeducation is an effective therapy program for patient with Schizophrenia to promote well-being and improve psychopathological status. This literature review is to describe the contents of psychoeducational interventions and its outcomes on Schizophrenic patients.</p> <p><b>Method:</b> In this descriptive literature review, PubMed and CINAHL healthcare databases are chosen to search for relevant studies with keywords “psychoeducation” and “schizophrenia”. Inclusion and exclusion criteria are set based on the basis of PICO framework. All studies would be scanned to form an extracted table with the key characteristics of the studies. The data would be analysed based on the principle of inductive content analysis and content analysis to answer the research questions.</p> <p><b>Results:</b> Content analysis made from five research articles were chosen to form. The main contents of interventions include add and correct knowledge, psychological support and skill training. The outcomes of psychoeducation are financial improvements, increase quality of life and psychological enhancements.</p> <p><b>Conclusion:</b> There are different interventions used in psychoeducation to patients with Schizophrenia combined with antipsychotic medication treatment, with the main aims are to correct and complete their knowledge about the disease, practicing essential skills and improve cognitive condition... It brings more effective outcomes than standard treatment by antipsychotic drugs alone.</p>	

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## 1 Introduction

Improving self-management of patient is essential in promoting the well-being and decrease the burden of mental health problems. It is significantly important because mental illness is common worldwide. In Finland, sick allowances of mental illnesses increased 93% from 1990 to 2003. The cost for treatment of mental problems has increased remarkably, while Schizophrenia is the greatest burdensome disorder and contributes the most to the cost of treatment among other mental illnesses. As a result, acting to reduce the cost of mental illness in generally and Schizophrenia in particularly is essential (Hätönen, 2010). Nurses play a vital role in education delivery. Nurses must be effective, efficient patient educators because patients need to understand appropriately how to care for themselves to fulfill their self-care needs and outcomes of treatment after discharge. To achieve that role, nurses should be supported, equipped and educated by continuing education program (Sherman, 2016).

Psychoeducation is effective in supporting the daily coping and self-management of patient with mental disorders. In order to perform an effective psychoeducation for psychiatric clinical care, various methods have been evolved, researched and evaluated (Hätönen, 2010). Psychoeducational intervention is a standard therapy program in acute and post-acute phases of patients with Schizophrenia according to guidelines of American Psychiatric Association and German Society for Psychiatry, Psychotherapy and Neurology. It increases the level of treatment compliance, reduce the rate of relapse and improve the psychopathological status (Bäumli et al, 2006).

The purpose of this literature review is to describe the contents of psychoeducational interventions and its outcomes for patient with Schizophrenia.

## 2 Main concepts

### 2.1 Schizophrenia

Schizophrenia is a chronic brain disorder, which includes hallucinations, delusions, difficulties in thinking and concentration. Causes and symptoms of Schizophrenia vary re-

markably between individuals. People with Schizophrenic disorders are unable to differentiate what is real or unreal. The psychotic symptoms may be increased by not taking prescribed medicines, alcohol and drug abuse or being involved in stressful situations (American Psychiatric Association, 2017).

There are several main consequences of Schizophrenia on both physical and psychological factors of human-being, which are: mortality, social disability, social stigma, social cost and impact on caregivers. Related to mortality, death and suicide rates of people with Schizophrenia are notable higher than that of people in general population (at least double and 12 times higher respectively). Mortality for cardiovascular diseases increases because of antipsychotic drugs, unhealthy life-style and restricted access to healthcare services. In Schizophrenia, social disability can be affected in various areas such as self-care, occupational performances, social connections (with spouse, family members, friends) and social activities (leisure, interaction within community). Social stigma on Schizophrenia patient is shown in multiple ways (discrimination, increased mistreatment, reduced chance to marriage), which affects patient's personality and harm the sense of self. The person with Schizophrenia may feel restricted to get treatment because of the fear of being labelled as mental disorder. Schizophrenia patient also brings distress to relatives or caregivers because of economic burden, emotional reactions (guilt, fear of the future), stress of coping with disturbing behavior or awkward interpersonal behavior (WHO, 1998).

However, Schizophrenia is a treatable disease. There are different approaches to care for Schizophrenia patient, which require a team with particular competent healthcare professionals such as psychiatrist, pharmacist, social workers, occupational therapist and specialized mental health nurses. Treatment for Schizophrenia includes antipsychotics recommended as initial treatment, which are used to block the chemical effect of dopamine in brain to reduce anxiousness, aggressiveness, hallucinations and delusions; psychological treatment (cognitive behavioral therapy, family therapy, arts therapy) (National Health Service, 2016).

## 2.2 Psychoeducation

The term "psychoeducation" first was noted in the article "Psychotherapy and re-education" written by John E. Doley in *The Journal of Abnormal Psychology*, published in 1911.

It had not been used until 30 years after that by Brian E. Tomlinson in the book “The psychoeducational clinic”. The development of psychoeducation into its current popularization is attributed to an American researcher C. M. Anderson in 1980 in the context of treatment of Schizophrenia (Wikipedia, 2018).

Regarding to psychiatric patients, the term “psychoeducation” is used instead of “patient education”. The goal of “patient education” used to influence behaviour change by asking patients enormous changes in life to prevent diseases and promote health, for example, diabetic patients are asked to lose or maintain weight, control the intake of fat and cholesterol, self-monitoring of blood glucose by insulin injection and regularly exercise. While “psychoeducation” usually used to describe the behavioural therapeutic concept for patients with serious mental illness, which includes 4 elements: 1) briefing patient about their illness, 2) problem solving training, 3) communication training, 4) self-assertiveness training. The main point of psychoeducational interventions is to support patient in maintaining their health and coping with their illness. The goal of it is to help patient to gain essential knowledge related to their health condition through gradual learning process (Hätönen, 2010). By receiving psychoeducation, patients should be empowered to understand and accept their illness and cope with it effectively. Toward all of the patients with Schizophrenia and their families, psychoeducation should be made valid and accessible in the form of an obligatory exercise program (Bäumli, 2006).

### **3 Purpose, Aim, Research Questions**

The purpose of this descriptive literature review was to describe the interventions and its outcomes in psychoeducation towards Schizophrenia patients, while the aim is applying the effective methods in clinical nursing.

The research questions are:

1. What were the contents of interventions used in psychoeducation for patients with Schizophrenia?
2. What were the outcomes of psychoeducation for patients with Schizophrenia?

### **4 Method**

This research uses a descriptive literature review, which is one of the four methods used to conduct a literature review. It focuses on revealing an interpretable pattern from existing literature. Descriptive review is a systematic procedure including comprehensive literature search to collect relevant papers, filtering and identify patterns and trends among papers (Yang et al, 2012). Descriptive review has remarkable advantages such as effective to analyse non-quantified topics or issues, has opportunities to integrate qualitative and quantitative methods of data collection, less time-consuming than quantitative research and has possibility to observe the phenomenon in natural and stable environments (Research Methodology).

#### 4.1 Data Collection

##### 4.1.1 Search Strategy

The search strategy was choosing reliable healthcare databases to search for information: CINAHL, PubMed. The limited targets were: “psychoeducation”, “schizophrenia”. Time was limited from 2010 to 2018. Language of literature is English.

##### 4.1.2 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria are used to set the boundaries for literature review. In this research, the basis of PICO framework is used to determine whether specific literature could be included (Table 1). To be comprised, literature must have quantitative or qualitative studies about any types of psychoeducation applied on patients with Schizophrenia or both of patients and their significant others; studies can have comparison between psychoeducation with standard, other education methods or no comparison at all. The research must be reviewed by peers or experts. Literature, which is not fulfilled these aspects, would be excluded.

Table 1. Inclusion Criteria

<b>Patient or problems to be addressed</b>	Adult patients with Schizophrenic disorder or patients and their significant others
<b>Inventions, treatments or tests to be considered</b>	Any types of psychoeducation

<b>Control or comparison intervention treatments</b>	Standard or other education method or no comparison at all
<b>Outcome of interest</b>	Any outcomes
<b>Study</b>	Quantitative and qualitative studies
<b>P: Publication</b>	Peer-reviewed/expert-reviewed original research publication

#### 4.1.3 Selection Process

The selection process of literature is described in Figure 1. The inclusion and exclusion criteria are applied in selection process. After the keywords and limitations have been put into electronic database, the total number of literature found is 70. After the titles of literature have been scanned and unrelated titles are found and excluded, the number has reduced significantly to 15. Then, the abstract of the literature would be read whether it includes inclusion criteria, 10 literatures selected on the basis of abstract. Finally, the full-text of literature would be scanned whether it complies with the inclusion criteria, validity appraisal and ethical considerations. The literature satisfies these factors are 5.



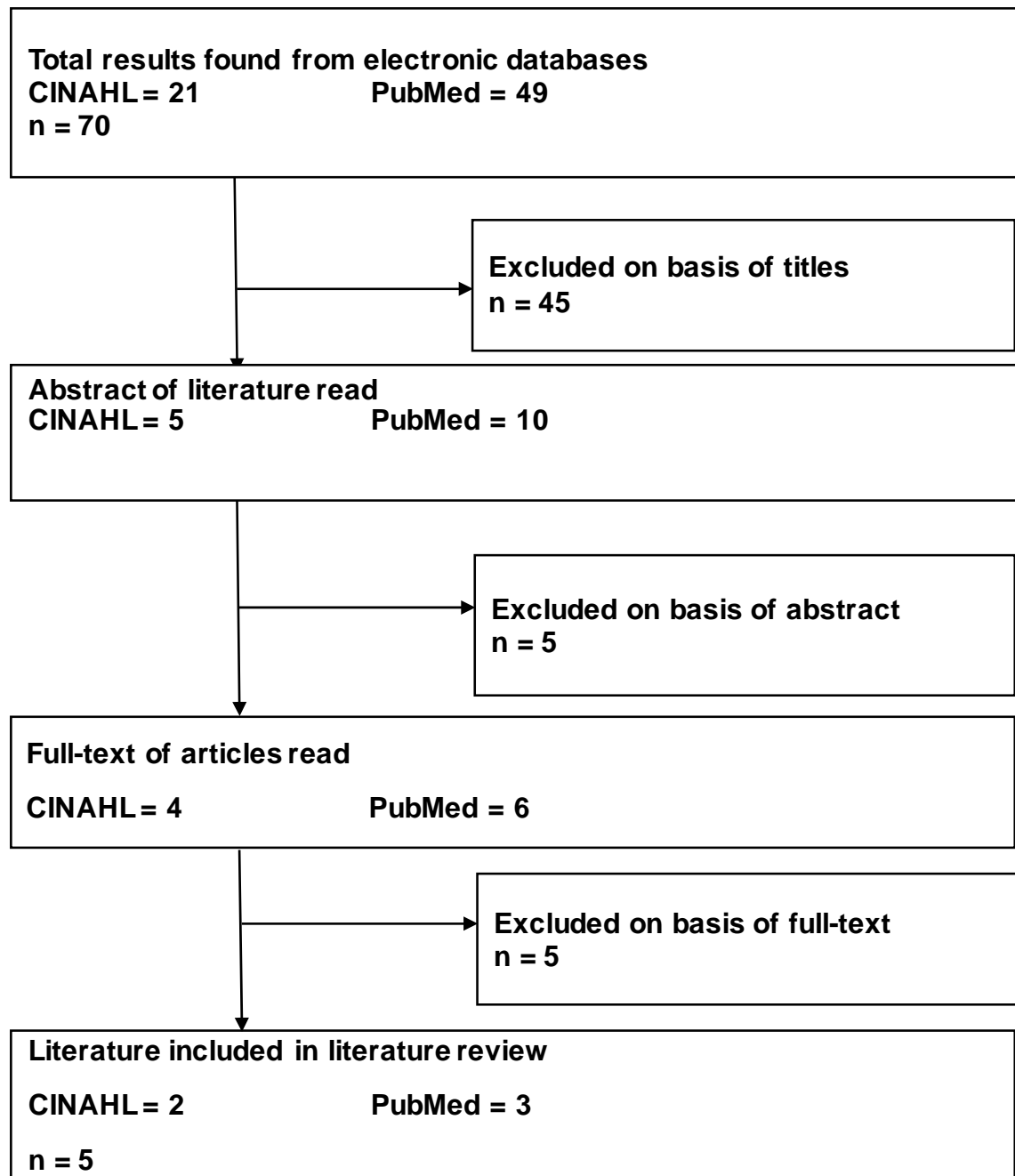


Figure 1. Selection Process. The abbreviation “n” represents the “total number” of the literature for each phase of process.

#### 4.1.4 Data Extraction

After the selection process has been done, the summary table can be used to sum up the key characteristics of the research method used in selected literature. The table contains headings with author's names, types of study, study setting, study purpose and conclusion to conclude the key findings (Appendix 1). This could make the review process easily to handle and avoid mistakes and confusions. After selection process, there are only 5 studies fulfilling the inclusion criteria.

Appendix 1 is the summarization of the contents from 5 studies.

#### 4.2 Data Analysis

The principle of inductive content analysis is applied in the analysis process. In inductive content analysis, the particular selected data are collected, observed, interpreted and combined to create a new common pattern or theory (Elo et al, 2007).

Table 2 (Appendix 1) is investigated to find main points from all of the selected literature for eliciting the patterns and answer the research questions. Table 3 contains units which represent the main points of particular sections.

Table 3. Representative units of particular sections.

Authors/Date	Intervention in psychoeducation	Characteristic of intervention	Outcomes
von Maffei et al (2015)	"Films"	"educate" about "symptoms", "diagnosis", "causes", warning signs", "treatment", "influence of family and friend"	"positive effect" in "knowledge", "compliance", "insight"; "cost-saving", "time-efficient"
Chien, W. & Thompson, D. (2014)	"Mindfulness-based"	"orientation", "facilitates empowerment", "meditation", "focused awareness", "schizophrenia care", "dealing with symptoms", "problem-solving practices", "relapse prevention strategies", "community support resources, "future plans"	"promising approach", "significant greater improvements" in "enhance positive thoughts", "relieve guilty feelings"

Uchino et al (2012)	"videotapes"	"correcting inaccurate ideas"	"increase knowledge", "reduce self-stigma"
Ivezić et al (2017)	"group discussion"	"restoring hope", "interpersonal learning", "lectures" about "symptoms", "treatment", "relapse prevention plan", "stigma-stereotype awareness", "coping with stigma and discrimination"	"decrease self-stigma", "positive trend in empowerment"
Hasan et al (2015)	"booklet" & "follow-up phone calls" for "patients and caregivers"	"symptom", "treatment", "importance of family support", "understanding of antipsychotics and medication compliances", "relapse signs recognition"	"more effective", "improve patient's knowledge and psychological outcomes", "positive impact on health and wellbeing", "enhanced confidence"

Analysis process starts from interpreting the units. The units in "characteristics of intervention" section would be interpreted to compress into different categories. For example, in the psychoeducation using films (von Maffei et al, 2015) and videotapes (Uchino et al, 2012) as intervention, the units are "educate" about "symptoms", "diagnosis", "causes", "warning signs", "treatment", "influence of family and friend", "correcting inaccurate ideas", which belong to the nature of Schizophrenia. Therefore, the category for it could be "add and correct knowledge". Similarly, other units as "facilitates empowerment", "focused awareness", "awareness exercises", "stigma-stereotype awareness" would be interpreted to compress into "psychological support" category; and "dealing with symptoms", "problem-solving practice", "coping with stigma and discrimination", "relapse sign's recognition" are compressed into "skill training" category. Figure 2 would show the contents of interventional methods used in psychoeducation.

Regards to “outcome” section, there are units with approximately alike feature, for example “positive effect in knowledge” and “increase knowledge”, thus either of it can represent for the other. This analysis process is performed also for the rest of other units to avoid repeating features. The units are interpreted and compressed into different categories, because “positive effect” in “knowledge”, “insight”, “reduce self-stigma”, “enhance positive thoughts” and “relieve guilty feelings” belongs to “psychological enhancements”; while “increase treatment compliance”, “cost-saving”, “time-efficient” belong to “financial improvements”; and “positive trend in empowerment”, “positive impacts in health and well-being” belong to “increase quality of life”.

## 5 Result

There were several interventions, which could be applied in psychoeducation: films (von Maffei et al, 2015) and videotapes (Uchino et al, 2012), group discussion (Ivezić et al, 2017), booklet with follow-up phone call (Hasan et al, 2015) and mindfulness-based practice (Chien & Thompson, 2014). All of these psychoeducational methods were used in combination with psychotic medications.

The method using films, which were produced by professional company, watched by patient on average three time per weeks (von Maffei et al, 2015). Likewise, by watching videotapes about happy Schizophrenic patient, inaccurate ideas about disease and patient’s view about relation between Schizophrenia and criminal and violation were corrected, self-stigma related to disease might be decreased (Uchino et al, 2012).

In discussion group method, patients discussed about illness, cognitive techniques and psychodynamic approach to deal the emotional reaction and stigma; patients also disclosed personal experiences (Ivezić et al, 2017).

The method using informative booklets about Schizophrenia, which were sent to patient’s home and patient will receive follow-up phone call from healthcare personnel to assure that they understood the contents of booklets (Hasan et al, 2015).

In mindfulness-based psychoeducation, patients practiced meditation, focused awareness, mindful breathing and walking. Additionally, they were motivated to establish self-

empowerment to deal with distressing and negative feelings; to accept their illness; to control their psychotic symptoms and to engage actively in treatment plan (Chien & Thompson, 2014).

### 5.1 Content of psychoeducational interventions

Base on analysis, a graph was constructed with the contents of psychoeducation were formed from three main categories: add and correct knowledge, psychological support and skill training (Figure 2).

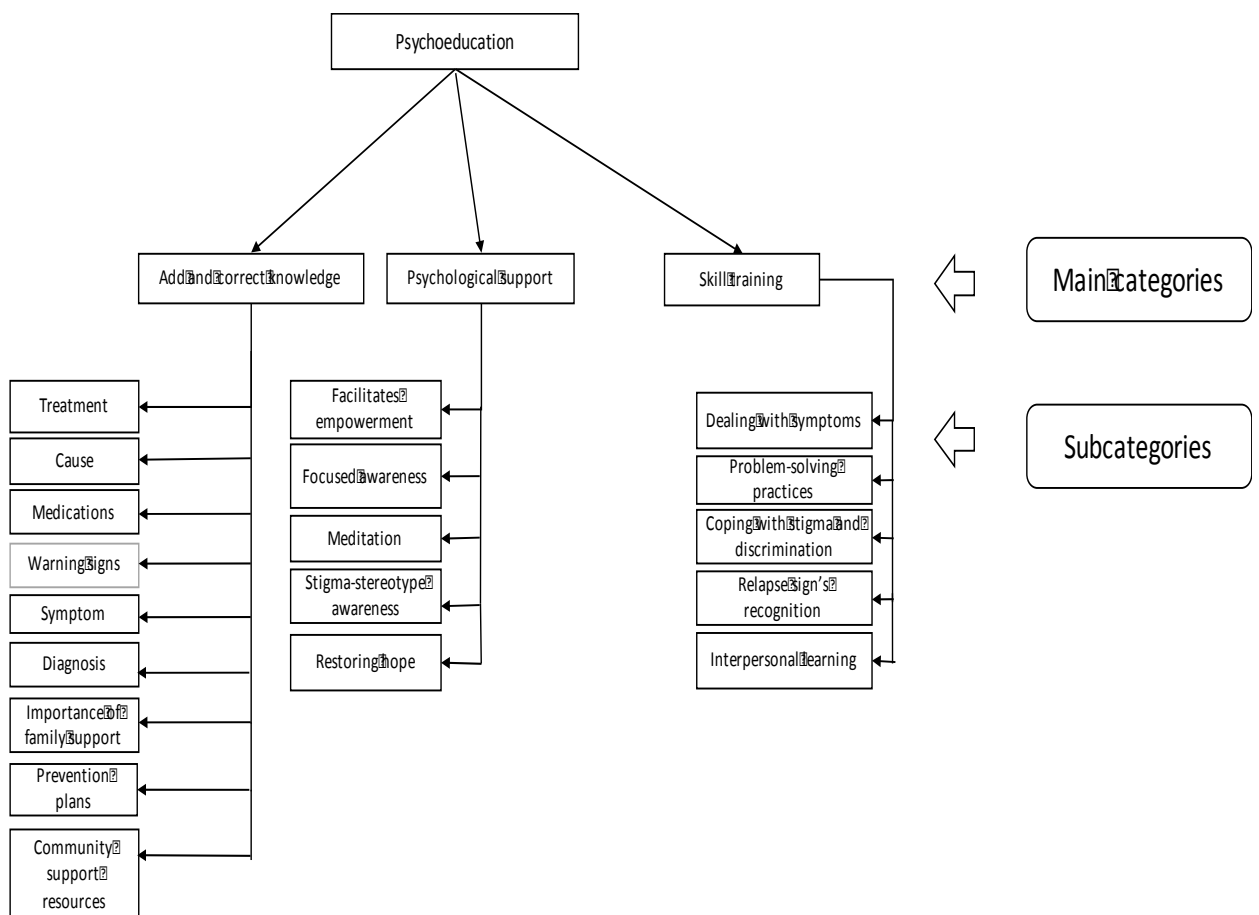


Figure 2. Characteristics of interventions used in psychoeducation

By *add and correct knowledge*, patient would have more accurate knowledge about Schizophrenic disorder's treatment, causes, warning signs, symptoms, diagnosis, importance of family support, collapse prevention plan and community support resources (von Maffei, 2015). Healthcare professionals could educate patients by using lectures by experts (Ivezić et al, 2017), films (von Maffei et al, 2015), videotapes (Uchino et al, 2012) and group discussion, where patients were unable ask questions and get right answers by experts (Ivezić et al, 2017).

Patients might receive *psychological support* by practicing focused awareness of body sensations, thoughts, feelings; mindful walking; medications by learning how to control breaths; and yoga. The patients could be encouraged by emphasizing the possibility of their recovery, so that patient can restore hope about improvement (Ivezić et al, 2017). Awareness of stigma-stereotype and empowerment are facilitated by selecting self-empowering and constructive perspectives for dealing with stressful or negative thoughts and feelings. For example, by writing daily dairy (Chien & Thompson, 2014) or analysing the published report by National Police Agency to see that there was no relation between Schizophrenia and violence/criminal activities (Uchino et al, 2012).

Besides, patients could receive *skill training* about dealing with symptoms by meeting former patients to hear about their experiences in managing illness; problem-solving skills by discussion and role play; coping with stigma and discrimination by social skill training; recognising relapse signs and communication skills (Ivezić et al, 2017).

## 5.2 Outcomes of psychoeducational methods

Based on the analysis of the data, the main categories of outcomes would be: psychological enhancements, financial improvements and increase quality of life (Figure 3).

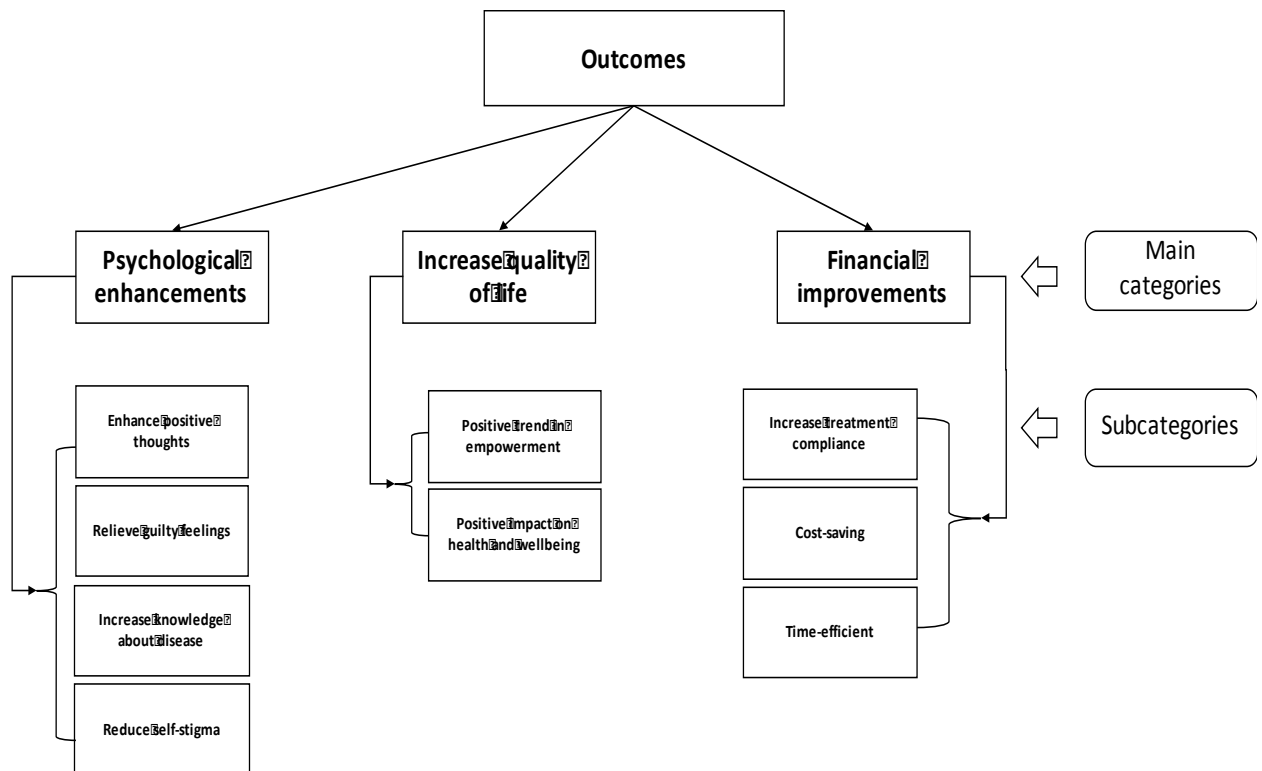


Figure 3. Outcomes of psychoeducational intervention

Studies showed that psychoeducational intervention's outcomes are psychological enhancements, financial improvements and increase quality of life. *Psychological enhancements* indicated in increased patient's knowledge about disease, reduced self-stigma and guilty feelings (Uchino et al, 2012), instead, positive thoughts were enhanced (Chien & Thompson, 2014). They also showed the improvement in self-empowerment and positive impacts in health and wellbeing, which *increase quality of life* (Hasan et al, 2015). Moreover, *financial improvement* is demonstrated through patient's positive outcomes and satisfaction with psychoeducational interventions help saving time and cost for treatment, especially by increasing treatment compliance/adherence, the relapse and hospitalization rate would be reduced and this could lessen the treatment cost for both patient's family and social welfare system (von Maffei et al, 2015).

## 6 Discussion

### 6.1 Discussion of the results

The discussion section would be constructed by the statement of the result, strength and limitations of this study, discussion of the result and recommendation and implications for practice (Aveyard, 2014).

The main findings of this literature review are the collection of feasible interventions used in psychoeducation with the aims is supporting psychological condition of Schizophrenic patients (add and correct knowledge, psychological support and skill training); and indicate its outcome on patient's condition with financial improvements, increase quality of life and psychological enhancements.

The result of this review has a significant meaning in nursing professional practice. As mentioned in the introduction section, clinical nurses should be effective, efficient educators, thus the evidence-based knowledge about the interventional methods used in education and its outcomes on patient's condition are absolutely crucial and necessary. Psychoeducation include 4 elements: 1) briefing patients about their illness, 2) problem solving training, 3) communication training, 4) self-assertiveness training (Hätönen, 2010). Briefing patients about their illness can be accomplished by add and correct knowledge about the nature of Schizophrenia, for example, by using films, video tapes or sending informative booklets. Problem solving training can be learned, for instance, by meeting with former patients with Schizophrenia to hear about their experiences in managing illness and performing role play. Patients may practice communication training by participating in group discussion and disclose their experiences. Patients are able to improve self-assertiveness by receiving psychological support to facilitate self-empowerments and restore hope as well as become aware of stigma-stereotype. Through this review, the interventional methods with the same contents could be applied in professional practice in the future. In other words, it is possible that the psychoeducation programme performed to patients in clinical practices can have all of those contents, which satisfy 4 elements of psychoeducation. For instance, nurses can use film or videotapes combined with group discussion or mindfulness-based practice. The suitable interventions should be set depending on the need or physical and psychological condition of patients.



## 6.2 Validity

This descriptive literature review includes selected literature examined by peer and expert from reliable databases. Published times are significantly new, the selection process is conducted thoroughly by applying inclusion and exclusion criteria, the papers are scanned carefully to extract information, validity criteria and ethical issue are considered properly. Additionally, the selected literature in this descriptive review is established systematically, which have: a research question, a method section, a result section and a discussion and conclusion, as well as abstract and summary. The research questions are not similar to that of other literature. However, this review still has several limitations because as a novice researcher, the approach to the identification, analysis and bringing the studies together might not be rigorous as much as that of experienced researchers; time for performing is limited and financial situation does not allow to retrieve more literature, which requests payment.

Study methods in the selected literature of this review are valid, which are naturalistic study and methods of quantitative research (randomised-controlled trial, quasi-experimental pre-post design). Studies are set with wider sample, sample is representative, appropriate data collection and data are analysed statistically (Aveyard, 2014).

## 6.3 Ethical issue

This review is following the Responsible Conduct of Research (RCR) guideline set by Finnish Advisory Board on Research Integrity (TENK) to be ethically acceptable. Presenting of this review and evaluating the research results are undertaken with integrity, meticulousness and accuracy; method used in collecting and evaluating data is descriptive literature review, which complies with scientific criteria. Other researcher' work and achievement are respected by citing their publication appropriately and giving their achievement the credits; planning, conducting research and reporting research results follow the standard of scientific knowledge; there are no financial issues, conflicts of interest to members of research project.

## **7 Conclusion**

By literature review, the psychoeducational interventions used for Schizophrenic patients, which have the main goals of contents are add and correct knowledge, psychological support and skill training. The outcomes of psychoeducational interventions combined with antipsychotics are more effective in improving patient's quality of life, financial issues and psychological status than standard treatment with antipsychotics alone.

However, more specific details of contents of psychoeducational methods should be showed, so that the practical probability of the methods could be assessed. In conclusion, to help Schizophrenic patients reach positive outcomes of healthcare treatment, the psychoeducational intervention programme should be performed along with antipsychotic medication. The performance of psychoeducational methods must be structured, comprehensive and approved by trustworthy and well-founded organization.

## References

American Psychiatric Association (2017). *Schizophrenia: What is Schizophrenia?* [online]

<https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia>. Read 30.03.2018.

Aveyard, H. (eds.) (2014). *Doing a Literature Review in Health and Social Care – A Practice Guide*. England: Open University Press.

Bäumli, J., Froböse, T., Kraemer, S., Rentrop, M. and Pitschel-Walz, G. (2006). Psychoeducation: A Basic Psychotherapeutic Intervention for Patient with Schizophrenia and Their Families. *Schizophrenia Bulletin*, 32 (S1), p. S1-S9.

Center Innovation in Research and Teaching (CIRT). *Advantages and Disadvantages of Descriptive Research* [online]

<[https://cirt.gcu.edu/research/developmentresources/research\\_ready/descriptive/advan\\_disadvan](https://cirt.gcu.edu/research/developmentresources/research_ready/descriptive/advan_disadvan)>. Read 19.01.2018.

Chien, W., T. and Thompson, D. R. (2014). Effects of a Mindfulness-based Psychoeducation Programme for Chinese Patients with Schizophrenia: 2-year Follow-up. *British Journal of Psychiatry*, 1-8.

Eila, T. P. and Lars, B. M. (2002). Psychoeducation for Schizophrenia. *Cochrane Database System Rev.*

Elo, S. and Kyngäs, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing*, 62 (1), 107-115.

Finnish Advisory Board on Research Integrity (TENK). *Responsible Conduct of Research* [online]

<<http://www.tenk.fi/en/responsible-conduct-of-research>>. Read 18.01.2018.

Hasan, A., A., Callaghan, P. and S Lymn, J. (2015). Evaluation of The Impact of A Psycho-educational Intervention for People Diagnosed with Schizophrenia and Their Primary Caregivers in Jordan: A Randomised Controlled Trial. *BMC Psychiatry*, 3-10.

Hätönen, H. (2016). Patient Education to Support the Self-Management of Patient with Mental Illness, 11-23. Turku: Painosalama Oy.

Ivezić, S., Š., Sesar, A., M. and Mužinić, L. (2017). Effect of A Group Psychoeducation Program of Self-stigma, Empowerment and Perceived Discrimination of Person with Schizophrenia. *Psychiatria Danubia*, 29(1), 66-73.

National Health Service (2016). *Schizophrenia: Treatment* [online]

<<https://www.nhs.uk/conditions/schizophrenia/treatment/#antipsychotics>>.

Read 15.01.2018.

Palli, A., Kontoangelos, K, Richardson, C. and Economou, M., P. (2015). Effects of Group Psychoeducational Intervention for Family Members of People with Schizophrenia

Spectrum Disorders: Results on Family Cohesion, Caregiver Burden, and Caregiver Depressive Symptoms. *International Journal of Mental Health*, 44, 277-289.

Rahmani, F., Ranjbar, F., Ebrahimi, H. and Hosseinzadeh, M. (2015). The Effect of Group Psychoeducational Programme on Attitude toward Mental Illness in Families of Patients with Schizophrenia, 2014. *Journal of Caring Sciences* 2015, 4(3), 243-251.

Research Methodology. *Descriptive Research* [online]  
<<https://research-methodology.net/descriptive-research/>>. Read 16.01.2018.

Riyami, A. (2008). How to Prepare a Research Proposal. *Oman Medical Journal* 2008, 23 (2), 66-69.

Sherman, R. J. (2016). An Initiative to Improve Patient Education by Clinical Nurses. *MEDSURG Nursing*, 25 (5), 297.

The University of Melbourne (2018). *Systematic Review: Inclusion and exclusion criteria* [online]  
<<http://unimelb.libguides.com/c.php?g=492361&p=3368110>>. Read 17.01.2018.

Uchino, T., Maeda, M. and Uchimura N. (2012). Psychoeducation may Reduce Self-stigma of People with Schizophrenia and Schizoaffective Disorder. *Kurume Medical Journal*, 59, 25-31.

von Maffei, C., Gorges, F., Kissling, W., Schreiber, W. and Rummel-Kluge, C. (2015). Using film as A Psychoeducation Tool for Patient with Schizophrenia: A Pilot-study Using Quasi-experimental Pre-post Design. *BMC Psychiatry* 2015, 1-7.

WHO (1998). Therapeutic Patient Education: Continuing Education Programmes for Health Care Providers in the Field of Prevention of Chronic Diseases, 6-7. Copenhagen.

WHO (1998). Schizophrenia and Public Health, 12-14. Geneva.

WHO (2016). *Mental Disorder: Schizophrenia* [online]  
<[http://www.who.int/mental\\_health/management/schizophrenia/en/](http://www.who.int/mental_health/management/schizophrenia/en/)>. Read 15.01.2018.

Yang, H. and Tate, M. (2012). A Descriptive Literature Review and Classification of Cloud Computing Research. *Communications of the Association for Information System*, 31 (2), 39-40.



Appendices

Appendix 1:

Table 2. Summarization of selected literature

Authors/Year	Time range	Study type	Study setting	Study purpose	Main findings/Conclusion
von Maffei et al (2015)	150 days	Pilot study using a quasi-experimental pre-post design	Six films (around 17-minute length) about symptoms, diagnosis, causes, warning signs, treatments of schizophrenia and about influence of family and friend are shown to 113 participants from a psychiatric hospital in Germany with schizophrenia disorders in the presence of nursing staff	Investigate the feasibility of short, time- and cost-efficient tools for psychoeducation. Measure the patient's knowledge about their illness before and after intervention. Measure the duration of compliance, readmissions, side-effects, quality of life after intervention	Using film to educate patients about Schizophrenia and Schizoaf-fective disorder is a cost-saving and time-efficient approach, which were well received by the vast majority of participants. Positive effects were shown on knowledge, compliance, insight into illness and quality of life.
Chien, W. & Thompson, D. (2014)	2 years	A multisite randomised controlled trial	Total number of 107 out-patients with Schizophrenia from three out-patient clinics in Hong Kong. 36 patients receive 6-month mindfulness based psychoeducation, 35 patients receive	To measure psychiatric symptom severity, psychosocial functioning, social support, insight into illness/treatment, frequency	Mind-fullness based psychoeducation appears to be a promising approach to treatment for patient with Schizophrenia because of signifi-



			6-month conventional psychoeducation and 35 patients receive routine care alone.	and duration of readmissions to hospitals	cant greater improvements are reported in psychiatric symptoms, psychosocial functioning... compared to other psychoeducation programs.
Uchino et al (2012)	6 weeks	Randomised Controlled Trial	Fifty-six (n=56) out-patients with Schizophrenia and Schizoaffective disorder are chosen. 29 patients attend the psychoeducation program and 27 patients receive standard care without psychoeducation. The group receives education by watching a TV news about the life of young happy girl with Schizophrenia	To correct comment and inaccurate ideas of patients about Schizophrenia and to correct the patient's view about correlation between Schizophrenia and criminal activities.	Increasing knowledge about Schizophrenia and its treatment might play an important role in reducing self-stigma associated with this disease.
Ivezić et al (2017)	Over 3 months	Naturalistic study	80 patients with Schizophrenia are divided into 2 group (control group and experimental group). The experimental group receives 12 sessions of psychoeducation. Both groups receive also standard treatment. Psychoeducation programme stimulates	To test the effect of psychoeducational intervention on self-stigma, empowerment and perceived discrimination	Group psychoeducation did not influence the perception of discrimination but it decreases the level of self-stigma and shows a positive trend in empowerment to all participants.

			discussion about various topics as biopsychosocial model, stress-vulnerability theory, symptoms, treatment, relapse prevention plan, stigma-stereotype awareness, coping with stigma and discrimination, etc...		
Hasan et al (2015)	12 months	Randomised controlled trial	121 dyads of patients with Schizophrenia or schizophrenic disorder with their caregivers participating in usual treatment combined with 12-week psychoeducation intervention programme, which includes six booklets with follow-up phone calls to ensure that they read and understand the booklets. The goal of the psychoeducation includes: understanding the nature, symptoms, causes, the importance of family supports to patients; moreover, to improve the understanding of antipsychotic medications and medication compliance, to review relapse signs so that it can	To compare the result of usual treatment with usual treatment combined with psychoeducation intervention toward patient and their primary caregivers	Psychoeducation combined with usual treatment are more effective than usual treatment alone at improving participant's knowledge and psychological outcomes

			be recognised in time, etc... The outcome related to knowledge, relapse rate, hospitalization of patients; and burden of care and quality of life to primary caregivers are measured and compared with that of people receiving usual treatment only.		
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