

Meta-Competency 7-b: Psychoeducation

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MC7-b: Psychoeducation

Competency

- 7-b: Provide psychoeducation to patients and their support network about behavioral health conditions and treatment options consistent with recommendations from the healthcare team.

How to Use This Chapter

Aaron Beck (1979) featured psychoeducation as a primary intervention in early formulations of cognitive behavioral therapy. Psychoeducation is a straightforward and flexible intervention where patients and/or support persons are provided with specific information about a behavioral health condition. In addition to increasing knowledge, psychoeducation can provide patients with tools and skills for managing symptoms. Psychoeducation can be the sole treatment or combined with other treatments (Lukens & McFarlane, 2004). The rationale for providing psychoeducation is that the patient will be better prepared, engaged, or motivated to work on their problems if they understand their condition and the options to improve their recovery from illness.

This unit will provide foundational information on the many benefits of psychoeducation, including improved coping, increased quality of life, and reduced stigma (Lukens, 2015). A meta-analysis by Donker et al. (2009) showed that brief passive psychoeducation can result in decreased depression and symptoms of psychological distress. Students will learn about distinct types of psychoeducation, its uses, and tools to assess the patient and their family's understanding. Instructors will receive guidance on how to teach and evaluate the skills necessary to provide psychoeducation.

There are several approaches to providing psychoeducation. This unit will focus on two of these approaches: 1) the information model to provide knowledge about mental health conditions and 2) the skill training model to develop specific skills to manage mental health symptoms more effectively (Sarkhel et al., 2020).

Though psychoeducation is frequently used in prevention and intervention programs for substance use, the specific topic of substance use will not be addressed in this chapter. This unit will focus on the use of psychoeducation for mental health conditions.

Health equity is an important consideration when providing psychoeducation. For example, considering language barriers and health literacy ensures each patient has access to information in a format they can understand. Psychoeducation can also be personalized by understanding the impact of stigma across diverse cultures (Ahad et al., 2023).

Summative Competency Assessment Example for MC7-b: Psychoeducation

The opportunity to practice providing psychoeducation and receiving feedback is a wonderful way for students to learn this important intervention. There are several ways to provide practice opportunities, including role-play scenarios, peer observation, video submission, etc. Below is a sample observation checklist for providing active psychoeducation about a mental health condition.

Active Psychoeducation Observation Tool

- [Sample Observation Tool - Active Psychoeducation](#)

Sample Readings for MC7-b: Psychoeducation

Boyd-Franklin, N., Cleek, E., Wofsy, M., & Mundy, B. (2013). *Therapy in the Real World: Effective Treatments for Challenging Problems*. The Guilford Press.

Juneja, R., Kapoor, A., & Choudhard, A. (2020, April). [Models of psychoeducation in mental health: An overview](#). *Indian Journal of Applied Research*, Vol 10(4), 69-71. DOI: 10.36106/ijar

Sarkhel, S., Singh, O. P., & Arora, M. (2020). Clinical practice guidelines for psychoeducation in psychiatric disorders general principles of psychoeducation. *Indian Journal of Psychiatry*, 62(Suppl 2), S319–S323. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_780_19

Walsh, J. (2013). Psychoeducation. In V. L. Vandiver (Ed.), *Best Practices in Community Mental Health: A Pocket Guide* (pp. 255–266). Lyceum Books.

Sample Learning Sequence

FOUNDATIONS	ADVANCED	PRACTICUM
<p>LO-1 Summarize the benefits and goals of psychoeducation.</p> <p>LO-2 Describe different approaches to psychoeducation (active, passive, etc.) and basic components of psychoeducation.</p> <p>LO-3 Recognize that receiving and understanding information about their behavioral health conditions can empower patients.</p>	<p>LO-4 Provide psychoeducation on common health conditions, behavioral health conditions, and self-management strategies, as appropriate.</p> <p>LO-5 Elicit questions to check a patient's understanding of psychoeducation topics.</p> <p>LO-6 View psychoeducation as an opportunity to dispel stigma related to behavioral health conditions.</p>	<p>LO-7 Tailor psychoeducation to the unique needs of a patient or client and their support network.</p>

BHSS Foundations

LO-1 Summarize the benefits and goals of psychoeducation.

Key Terms and Concepts for LO-1

- **psychoeducation:** a range of mental health interventions focused on enhancing participants' knowledge, support, and coping skills development (Vandiver, 2013). Psychoeducation may include teaching patients (and often their families and caregivers) about the etiology, progression, consequences, prognosis, treatment, and alternatives for a specified mental or behavioral health illness (Barker, 2003). Psychoeducation is delivered in many service settings and with many consumer populations.

Key Teaching Points for LO-1

Purpose of Psychoeducation

- Psychoeducation provides the patient and/or family with education and information about mental health symptoms, diagnosis, treatment options, and tools/skills for managing symptoms.

Goal of Psychoeducation

- To ensure patients and their families have basic knowledge and competence around the illness; to provide insight into their illness; and to promote relapse prevention (Sarkel et al., 2020).

Engaging in Crisis Management and Suicide Prevention

- Psychoeducation has been shown to increase adherence to the treatment plan, decrease the rate of relapse, and improve psychosocial functioning (Casana et al., 2015). Normalization of mental illness that happens from psychoeducation can result in improved engagement and therapeutic alliance.

Sample Activities/Assessments for LO-1

Activity: Identify a Media Resource Demonstrating Psychoeducation

For this activity, a student may use artificial intelligence (AI) to find the resource, but AI cannot be the resource itself. Divide classes of any size into groups, each with a specific category of mental health conditions, such as depression, anxiety, ADHD, obsessive-compulsive disorder, etc. Request individuals to find a brief video that explains the condition to the general public. Ask groups to describe each video's communication style, cultural relevance, conciseness, and evidence base. If the video does not reference professional literature, the students decide how trustworthy the video is based on other factors, such as the source or host. The groups then choose their preferred video to share with the class, explaining their reasons for sharing the preferred video over other options.

Specific Resources for LO-1

Resource: Cognitive-Behavioral Psychoeducation for Anxiety

[Explaining Anxiety to Patients](#): A brief clip by Jonathan Abramovitz at the American Psychiatric Association (APA) explaining the rationale and benefits of providing psychoeducation to patients experiencing anxiety.

- APA Video Admin. (2018, October 10). *Cognitive-behavioral psychoeducation for clinical anxiety clip* [Video]. YouTube. <https://www.youtube.com/watch?v=WqCBi4gDCcg>

LO-2 Describe different approaches to psychoeducation (active, passive, etc.) and basic components of psychoeducation.

Key Terms and Concepts for LO-2

The following definitions were adapted from Sarkel et al. (2020).

- **active psychoeducation**: the active involvement of the provider with the patient and/or family. This approach allows the provider to provide customized information specific to the patient's unique needs. Patients can ask clarifying questions, and the provider can assess their understanding in real time.



- **passive psychoeducation:** providing materials (e.g., handouts, brochures, videos, etc.) to patients and/or family members to review outside of the provider encounter.
- **information model:** focused on providing knowledge about mental health conditions and their management.
- **skill training model:** focused on developing certain skills to manage mental health symptoms more effectively.
- **supportive model:** involving support groups to engage the family members of the patients in sharing their feelings.
- **comprehensive model:** a combination of the previous three models (information, skill training, and support).

Key Teaching Points for LO-2

Psychoeducation Approaches

- Psychoeducation can include information provided verbally, written material such as handouts and guides, or assignments for patients to learn on their own.
- Psychoeducation may be more extensive at the beginning of treatment, but is often incorporated throughout treatment, especially when introducing a new skill. Psychoeducation can be preventative or an intervention on its own.

Essential Elements of Psychoeducation

- There are four essential elements of psychoeducation:
 - Briefing the patients about their illness
 - Problem-solving training
 - Communication training
 - Self-assertiveness training

Types of Psychoeducation

- There are three types of psychoeducation:
 - **individual** psychoeducation is delivered by the BHSS to a patient.
 - **family** psychoeducation is delivered to a patient within the context of a family system. It involves family members in the educational process to support the patient's healthcare goals.
 - **group** psychoeducation occurs in a group context, whereby each group member is a patient. Group process is utilized to advance knowledge and awareness of a particular topic area.

Sample Activities/Assessments for LO-2

Activity: Identify Essential Elements of Psychoeducation

Students review videos of a provider providing psychoeducation and identify each of the four essential elements, or steps, of psychoeducation: (1) briefing the patients about their illness, (2) problem-solving training, (3) communication training, and (4) self-assertiveness training.

Activity: Selecting Different Types of Psychoeducation Resources

The instructor shares examples of different formats for psychoeducation (e.g., video, written material, etc.) with the BHSS students. Each student can find three types of psychoeducation for a specific condition. The instructor may provide information on and/or examples of several types of psychoeducation (i.e., individual, group, family).

Specific Resources for LO-2

Resource: Information Model of Psychoeducation

Benefits of Social Connection: Video demonstration of providing psychoeducation about social connection using the information model..

- Hooker, S. (2021, June 9). *Change that matters: Social connection* [Video]. YouTube. <https://www.youtube.com/watch?v=TJty9qPkyvg>

Resource: Coping Strategies for Stress

Understanding and Managing Stress: A short animated video that uses the “stress bucket” analogy to illustrate different human capacities for handling stress, which is influenced by genetics and life experiences. It explains how different coping strategies (or “taps” on the bucket) can release water (stress) from our bucket so that it does not overflow

- Braive. (2016, October 6). *How stress affects your body and mind* [Video]. YouTube. https://www.youtube.com/watch?v=CZTc8_FwHGM

Resource: Depression Handout

Mental Health Information for Depression: A helpful description of depression, including types, symptoms, examples at different stages of life, the diagnostic process, and treatment options.

- National Institute of Health. (2024). *Depression*. <https://www.nimh.nih.gov/health/publications/depression>

Resource: Depression Video

What is Depression?: An overview of the diagnosis of depression in colloquial terms that may appeal across a variety of cultural groups. Emphasizes self-compassion if a person is struggling with depression.

- National Alliance for Mental Illness. (2022, October 5). *What is depression* [Video]. YouTube. <https://www.nami.org/video-resource-library/what-is-depression/>

Resource: Anxiety Handout

What is Anxiety?: Describes symptoms, types, and cyclical nature of anxiety, and lists several options for managing anxiety.

- Therapist Aid. (2025). *What is anxiety?* <https://www.therapistaid.com/worksheets/what-is-anxiety>

Resource: Anxiety Video

What is Anxiety?: Discusses situational and developmental issues that may result in anxiety. Includes signs and symptoms, and how to seek help to reduce the impact of anxiety on daily functioning.

- National Alliance for Mental Illness. (2022, August 12). *What is anxiety* [Video]. YouTube. <https://www.nami.org/video-resource-library/what-is-anxiety/>

LO-3 Recognize that receiving and understanding information about behavioral health conditions can empower patients.

Key Terms and Concepts for LO-3

- **empowerment**: “a process through which people gain greater control over decisions and actions affecting their health” (World Health Organization, 2021).

Key Teaching Points for LO-3

The Role of Psychoeducation in Empowering Patients

- Psychoeducation provides a patient with accurate information about diagnosis and treatment options so the patient can make an informed decision for themselves. Psychoeducation can also empower patients and their support network to integrate information related to symptom management and coping strategies into their daily lives (Boyd-Franklin, 2013).

Sample Activities/Assessments for LO-3

Activity: Self-Reflection

Using the course LMS, students are assigned to write or record a video describing a time when they received information related to a problem or challenge that helped them feel empowered to take action. Instructors may encourage students to explain how the information (whether delivered formally or informally) expanded their awareness and understanding of the problem or challenge.

Specific Resources for LO-3

Resource: Psychoeducation and Empowerment

[Serious Mental Illness and Recovery](#): This research article discusses the role of psychoeducation with a sample of persons in recovery from schizophrenia. Group psychoeducation led to increased adherence to medication, social support, and quality of life.

- Kızılırmak Tatu, M., & Demir, S. (2020). Effect of group psychoeducation on treatment adherence, quality of life and well-being of patients diagnosed with schizophrenia. *Issues in Mental Health Nursing*, 42(3), 256–266. <https://doi-org.offcampus.lib.washington.edu/10.1080/01612840.2020.1793244>

BHSS Advanced

LO-4 Provide psychoeducation to patients on common health conditions, behavioral health conditions, and self-management strategies, as appropriate.

Key Terms and Concepts for LO-4

- **common chronic health conditions**: “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both” (Center for Disease Control [CDC], 2024a). Examples of common chronic health conditions include diabetes, heart disease, hypertension, and chronic pain.
- **common behavioral health conditions**: “the topics of mental distress, mental health conditions, suicidal thoughts and behaviors, and substance use” (CDC, 2024b). Examples of common behavioral health conditions include depression, anxiety, stress, etc.
- **self-management strategies for stress**: activities that a person can use to help manage their stress levels; examples include mindfulness, exercise, meditation, self-care, etc.
- **comorbid** and **co-occurring**: refers to the occurrence of more than one disorder at the same time. “Co-occurring” is the preferred term in the behavioral health community and describes a mental health disorder alongside another disorder. “Comorbid” is the term used in medical settings to describe more than one condition presenting simultaneously, which may or may not include a mental health disorder.

Key Teaching Points for LO-4

Relationship Between Chronic Health Conditions and Mental Health

- For a BHSS to provide psychoeducation on common behavioral health conditions it is important that they understand the impact of common/chronic health conditions on mental health. A BHSS must also understand and explore the impact of mental health on common health conditions (Herrera et al., 2021). For example, individuals with depression are more likely to develop chronic health conditions such as diabetes, heart disease, and pain, and individuals with chronic health conditions are more likely to develop depression.

Sample Activities/Assessments for LO-4

Activity: Role Play Providing Psychoeducation

Students role play providing psychoeducation to individual patients and their support networks. Scenarios can include common co-occurring conditions such as depression and diabetes. Role plays may be done as a live demonstration, peer observation, or through video submissions. Students should demonstrate:

- use of MI skills when introducing and providing psychoeducation (e.g., ask permission, ask what the patient already knows, etc.).
- remaining in scope when providing information about the behavioral health condition (signs/symptoms) and available treatment options (what does the organization/clinic offer?).
- providing education about a specific intervention, i.e., explaining how it works to decrease or manage symptoms.
- including information to counter stigma related to behavioral health conditions (e.g., statistics that normalize what the patient is experiencing).

Specific Resources for LO-4

Resource: Psychoeducation for Co-occurring Conditions

[Depression and Chronic Illness](#): This patient handout describes depression in relation to chronic illness. Often persons living with chronic illness experience comorbid depression, and there is evidence that chronic, untreated depression may contribute to the onset of chronic illness.

- National Institute of Mental Health. (2024). *Understanding the link between chronic disease and depression*. <https://www.nimh.nih.gov/sites/default/files/health/publications/chronic-illness-mental-health/understanding-link-between-chronic-disease-depression.pdf>

Resource: Psychoeducation for Co-Occurring Disorders

[Depression and Substance Use](#): Studies have demonstrated that treating both depression and substance use disorders leads to better outcomes for patients. This resource describes both disorders and treatment approaches when co-occurring.

- Walker, L.K., Ackerman, K., & Kelley, R. (2024, March 8). *Alcohol addiction and depression*. <https://alcohol.org/co-occurring-disorder/depression/>

LO-5 Elicit questions to check a patient's understanding of psychoeducation topics.

Key Terms and Concepts for LO-5

- **teach-back method:** a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. Teaching back is a common tool in nursing practice.

Key Teaching Points for LO-5

Assessing the Patient's Understanding

- When providing psychoeducation, assess for patient understanding of the information. Instead of asking yes or no questions (e.g., "Does that make sense?"), the BHSS can use a teach-back method. When asking the patient to teach back information, do so in a way that is supportive and does not feel like a quiz.

How to Use the Teach-Back Method

- The teach-back method is an evidence-based health literacy intervention that involves asking a patient to explain the concept in their own words. After the patient explains the concept, clarify any confusion or correct misinformation, and then reassess the patient's understanding. The BHSS also needs to assess whether their approach is working and how to use different approaches for explaining when necessary.

Sample Activities/Assessments for LO-5

Activity: Practicing the Teach-Back Method

The instructor demonstrates the teach-back method by asking the students to teach back what they learned about a specific behavioral health condition. This allows the students to understand the patient experience. Then, students practice the BHSS role by demonstrating how to introduce the teach-back approach to a patient. The instructor can provide sample scripts of ways to ask the patient to teach back information. For example:

- "I want to make sure we are on the same page. Can you tell me..."
- "I want to make sure that I explained things clearly. In your own words, can you explain to me..."

Generative AI may be an appropriate tool for practicing teach-back. Give students a prompt to create a scenario for teach-back and use AI to evaluate BHSS responses for accuracy. Students may submit a copy of the script as an assignment.

Specific Resources for LO-5

Resource: Explaining the Teach-Back Method

[Teach-Back](#): This video from the Centre for Collaboration, Motivation and Innovation (CCMI) provides a full explanation of teach-back and may be an appropriate assignment to prepare for a class on psychoeducation.

- CC MI. (2020, March 27). *Teach-back for understanding* [Video]. YouTube.
https://www.youtube.com/watch?v=puyNz4f_J3o

Resource: Demonstrating the Teach-Back Method

[Teach-Back and Clarification](#): This video demonstrates the teach-back approach and shows the provider using clarifying questions.



- North Western Melbourne Primary Health Network. (2015, July 16). *Teach back - a technique for clear communication* [Video]. YouTube. <https://www.youtube.com/watch?v=d702HIZfVWs>

Resource: Checklist for Using the Teach-Back Method

Competency Checklist: This handout provides a competency checklist for using the teach-back method.

- Health Literacy Iowa (n.d.). *10 elements of competence for using teach-back effectively*. https://higherlogicdownload.s3.amazonaws.com/HEALTHLITERACYSOLUTIONS/b33097fb-8e0f-4f8c-b23c-543f80c39ff3/UploadedImages/docs/Teach_Back_-_10_Elements_of_Competence.pdf

Resource: Teach-Back Observation Tool

Teach-Back and Skill Assessment: This handout provides a method of observing teach-back and assessing level of proficiency.

- Health Literacy Iowa (n.d.). *Teach-back observation tool*. https://higherlogicdownload.s3.amazonaws.com/HEALTHLITERACYSOLUTIONS/b33097fb-8e0f-4f8c-b23c-543f80c39ff3/UploadedImages/docs/Teach_Back_-_Observation_Tool.pdf

LO-6 View psychoeducation as an opportunity to dispel stigma related to behavioral health conditions.

Key Terms and Concepts for LO-6

- **public stigma**: negative or discriminatory attitudes that the general population may have about mental illness (APA, 2024).
- **self-stigma**: negative attitudes, including internalized shame, that people with mental illness may hold about their own condition(s) (APA, 2024).

Key Teaching Points for LO-6

Cultural Responsiveness and Psychoeducation

- Stigma about mental health varies significantly across cultures, so understanding cultural differences when providing psychoeducation interventions is critical. The review of studies related to stigma by Ahad et al. (2023) revealed that “mental illness stigma is influenced by cultural beliefs, attitudes, and values, and can manifest in different ways across cultures.”
- Education is one evidence-based approach for addressing mental health stigma (Ahad et al., 2023). The normalization and understanding that occurs from information gained through psychoeducation can defuse negative beliefs/feelings related to mental health stigma.

Sample Activities/Assessments for LO-6

Activity: Providing Psychoeducation to Counter Negative Beliefs

Students are asked to list common negative attitudes and beliefs about individuals with behavioral health conditions. Then, students select one negative belief from their list and locate psychoeducation resources to counter that belief. An example is provided below.

- Example of a mental health stigma: Men do not experience depression.
- Fact/psychoeducation: Nearly 1 in 10 men experience depression or anxiety, but less than half will receive treatment. More than 4 times as many men as women die by suicide every year (Anxiety & Depression Association of America, n.d.).

Specific Resources for LO-6

Resource: Understanding and Addressing Mental Health Stigma Across Cultures

[A Narrative Review for Improving Psychiatric Care](#): This article examines the existing research on mental health stigma and the impact of stigma on the field of psychiatry.

- Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023, May 26). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus*, 15(5), e39549–e39549. <https://doi.org/10.7759/cureus.39549>

Resource: Depression Facts and Statistics

[Depression Information](#): This fact sheet provides numerous statistics related to depression, including significant resources from a variety of multimedia.

- Bhatia, R. (2020, November 2). Depression facts and statistics. *Anxiety & Depression Association of America*. <https://adaa.org/understanding-anxiety/depression/facts-statistics>

BHSS Practicum

LO-7 Tailor psychoeducation to the unique needs of a patient and their support network.

Key Terms and Concepts for LO-7

- personal health literacy**: the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others (Office of Disease Prevention and Health Promotion [ODPHP], n.d.)
- organizational health literacy**: the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (Office of Disease Prevention and Health Promotion [ODPHP], n.d.)
- social determinants of health (SDOH)**: the nonmedical factors that affect a wide range of health, functioning, and quality of life health outcomes and risks. These involve the conditions in which people are born, grow, work, live, and age as well as the broader systems that shape those everyday life conditions (CDC, 2024c).

Key Teaching Points for LO-7

Collecting Relevant Patient Information to Tailor Psychoeducation

- The BHSS will collect information about a patient's SDOHs, including their support system(s) and cultural background. Additionally, the BHSS will identify current concerns the patient may have and their existing knowledge. It is also important to understand a patient's learning preferences (e.g., verbal, written, visual, etc.).

Using Plain Language to Communicate with Patients

- When it comes to health literacy, it is best practice to avoid medical jargon and use oral and written language that a patient can understand.

Sample Activities/Assessments for LO-7

Activity: Tailoring Psychoeducation Information

BHSS students practice tailoring psychoeducation information for a specific topic (e.g., anxiety) for 2–3 unique scenarios. For example, tailor anxiety psychoeducation to a senior patient, then to an adolescent patient.

Specific Resources for LO-7

Resource: Change That Matters

[Psychoeducation Materials](#): This resource, a project of the University of Minnesota, provides extensive resources on psychoeducation for integrated primary care and other healthcare settings. A BHSS may use these resources to tailor psychoeducation to the needs of the patient or client.

- Change that Matters: Promoting Healthy Behaviors. (n.d.). *Evidence-based behavior change strategies for providers*. <https://changethatmatters.umn.edu/>

Resource: Videos for Psychoeducation and Skills

[Video List](#): This document provides an overview of numerous mental health conditions accompanied by relevant videos that provide patient psychoeducation.

- McGuire, S. (2020, March 30). Videos for psychoeducation and skills. *Keeping Bristol Safe Partnership*. <https://bristolsafeguarding.org/media/veqfyrvw/videos-for-psychoeducationandskills-s-maguire.pdf>

Resource: Tips for Talking with a Health Care Provider About Your Mental Health

[Talking About Mental Health](#): Psychoeducation resource to help patients talk to providers about their mental health and relationship to general healthcare.

- National Institute of Mental Health. (n.d.) *Tips for talking with a health care provider about your mental health*. https://www.nimh.nih.gov/sites/default/files/documents/health/publications/tips-for-talking-with-your-health-care-provider/tips-for-talking-with-a-health-care-provider-about-your-mental-health_1.pdf

Chapter Summary

A primary intervention the BHSS may use across settings (e.g., community behavioral health, integrated primary care, etc.) is psychoeducation. Accurate information about behavioral health conditions, including diagnosis, symptoms, and treatment options, provides insight and promotes patient engagement in care and treatment adherence. Through skill training, patients are better equipped to manage their symptoms, improving their quality of life. This chapter also discussed contextual considerations, including health equity, stigma, and cultural contexts when providing psychoeducation to patients. Overall, the key themes underscore the flexibility and efficacy of psychoeducation in empowering individuals through knowledge, skills, and a culturally sensitive approach to mental health care.

Annotated Bibliography

Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023, May 26). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus*, 15(5), e39549. <https://doi.org/10.7759/cureus.39549>

- This narrative review explores the complex issue of mental health stigma across diverse cultures and its impact on psychiatric care. The article synthesizes current literature to reveal cultural variations in attitudes toward mental illness and stigma, emphasizing the need for culturally sensitive approaches to care. Ahad et al. discuss how cultural beliefs, values, and norms influence perceptions of mental health, affecting help-seeking behaviors and treatment outcomes. The review also highlights effective strategies for addressing stigma within diverse cultural contexts, such as community-based interventions and psychoeducation tailored to cultural beliefs.

Casañas, R., Catalan, R., Penadés, R., Real, J., Valero, S., Muñoz, M., Lalucat-Jo, L., & Casas, M. (2015, August 25). Evaluation of the effectiveness of a psychoeducational intervention in treatment-naïve patients with antidepressant medication in primary care: A randomized controlled trial. *The Scientific World Journal*. 2015(1), Article 718607. <https://doi.org/10.1155/2015/718607>

- Casañas et al. conducted a randomized controlled trial to evaluate the effectiveness of a psychoeducational intervention for treatment-naïve patients starting antidepressant medication in primary care settings. As part of the intervention, patients received information about depression symptoms, treatment options, and strategies for self-management. Participants receiving the psychoeducational intervention showed significant improvements in adherence to antidepressant medication and reductions in depressive symptoms compared to those receiving usual care. The study highlighted the role of psychoeducation in empowering patients to actively participate in their treatment and manage their condition effectively.

Lukens, E., & McFarlane, W. (2004). Psychoeducation as evidence-based practice: Considerations for practice, research, and policy. *Brief Treatment and Crisis Intervention*, 4(3), 206–221. DOI: [10.1093/brief-treatment/mhh019](https://doi.org/10.1093/brief-treatment/mhh019)

- Lukens and McFarlane explore psychoeducation as an evidence-based mental health intervention. The article synthesizes research findings to highlight the effectiveness of psychoeducation in improving outcomes for individuals with psychiatric disorders. The authors discuss practical considerations for implementing psychoeducation across various settings, emphasizing its adaptability and integration into diverse treatment approaches. They highlight the role of psychoeducation in fostering collaboration between clinicians, patients, and families, thereby enhancing treatment adherence and reducing relapse rates.

Sarkhel, S., Singh, O. P., & Arora, M. (2020, January). Clinical practice guidelines for psychoeducation in psychiatric disorders general principles of psychoeducation. *Indian Journal of Psychiatry*, 62(Suppl 2), S319–S323. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_780_19

- Sarkhel et al. provide guidelines on the implementation of psychoeducation in the treatment of mental health disorders. The article emphasizes the goal of psychoeducation to enhance patients' understanding and management of their condition. The guidelines stress the need for personalized psychoeducation tailored to individual patient needs and circumstances. The authors discuss the role of psychoeducation in improving medication adherence, reducing relapse rates, and enhancing overall treatment outcomes.

References for this Unit

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- American Psychiatric Association. (2024, March). *Stigma, prejudice and discrimination against people with mental illness*. <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
- Anxiety & Depression Association of America. (n.d.). *Men's mental health*. <https://adaa.org/find-help/by-demographics/mens-mental-health#:~:text=These%20stigmas%20are%20real%20and,by%20suicide%20every%20year1>
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