

**PSYCHOEDUCATIONAL INTERVENTIONS IN ADULTS: AN ANALYSIS OF LIVED EXPERIENCE FROM A COMMUNITY PERSPECTIVE****INTERVENCIONES PSICOEDUCATIVAS EN ADULTOS: UN ANÁLISIS DE LA EXPERIENCIA VIVIDA DESDE LA COMUNIDAD****INTERVENÇÕES PSICOEDUCACIONAIS EM ADULTOS: UMA ANÁLISE DA EXPERIÊNCIA VIVIDA PELA COMUNIDADE**

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ABSTRACT

The following work seeks to understand the perception of a parish community on the implementation of psychoeducation based on mental health promotion, through interventions of workshops, participatory dialogue and person to person interaction. The need for mental health promotion in its different dimensions is highlighted as an imperative issue, due to the worrying rates of mental health deterioration in recent years, accentuated after the SARS-CoV-2 pandemic. For this purpose, ten workshops were planned based on the educational needs of the community and the results were evaluated through a survey designed by those in charge of the workshops. The results allow a breakdown in concepts of the experience lived by the community, showing a significant learning and an increase in their self-perception of well-being. Therefore, psychoeducational interventions are suggested as an optimal tool for the promotion of mental health.

Keywords: Health Education, Psychiatric Nursing, Community Health Nursing, Psychosocial Intervention, Quality of Life.

RESUMEN

El siguiente trabajo busca comprender la percepción de una comunidad parroquial sobre la implementación de psicoeducaciones basada en la promoción de salud mental, mediante la intervención de talleres, diálogo participativo y la interacción persona a persona. Se destaca la necesidad de la promoción de salud mental en sus diferentes dimensiones como un tema imperante, debido a los preocupantes índices del deterioro de la salud mental en los últimos años, acentuados posterior a la pandemia por SARS-CoV-2. Para ello, se planificaron diez talleres basados en las necesidades educativas pesquisadas de la comunidad y se evaluaron los resultados, a través de una encuesta diseñada por los encargados de dichos talleres. Los resultados permiten el desglose en conceptos de la experiencia vivida por la comunidad, exponiendo un aprendizaje significativo y un aumento de la autopercepción de bienestar de los misma. Es por ello que se sugieren las intervenciones psicoeducativas como una herramienta óptima para la promoción de salud mental.

Palabras clave: Educación en Salud, Enfermería Psiquiátrica, Enfermería en Salud Comunitaria, Intervención Psicosocial, Calidad de Vida.

RESUMO

O presente trabalho busca compreender a percepção de uma comunidade paroquial sobre a implementação de psicoeducações baseadas na promoção da saúde mental, por meio de oficinas, diálogo participativo e interação pessoal. Destaca-se a necessidade da promoção da saúde mental em suas diferentes dimensões como um tema urgente, devido aos preocupantes índices de deterioração da saúde mental nos últimos anos, agravados após a pandemia de SARS-CoV-2. Para isso, foram planejadas dez oficinas com base nas necessidades educativas identificadas pela comunidade, e os resultados foram avaliados por meio de uma pesquisa elaborada pelos responsáveis por essas oficinas. Os resultados permitem a compreensão dos conceitos da experiência vivida pela comunidade, evidenciando uma aprendizagem significativa e um aumento na autopercepção do bem-estar da mesma. Portanto, sugere-se as intervenções psicoeducativas como uma ferramenta ideal para a promoção da saúde mental.

Palavras-chave: Educação em Saúde, Enfermagem Psiquiátrica, Enfermagem em Saúde Comunitária, Intervenção Psicossocial, Qualidade de Vida.

INTRODUCTION

According to the World Health Organization (WHO), mental health is a perceived state of well-being that allows people to cope with stressors and develop skills and abilities to contribute to the improvement of society. Mental health is the foundation of individual abilities and is intimately linked to cognitive processes, the development of interpersonal relationships, and life itself. Consequently, it is considered essential for personal, community, and socioeconomic development.¹

In recent years, mental health has been a matter of public interest, as it has suffered significant disruption and deterioration due to the COVID-19 pandemic. Experts agree that isolation has an impact on the mental health of societies in the short, medium, and long term, resulting in wide-ranging effects that have increasing magnitude and occur at the personal, family, community, and institutional levels, interrupting the ability of individuals to function in the different dimensions of daily life.² At the time, 56% of Chileans described their mental health as worsened, with numbers that positioned Chile in second place within a ranking of thirty countries that were analyzed.³

Before the pandemic, 23.3% of the indicator of years lost due to disability or death was attributed to mental health problems and neuropsychiatric conditions in Chile.⁴ In addition, 27% of sick leaves issued by *Fondo Nacional de Salud* (FONASA) are due to mental health, this being the first cause of sick leave since 2008. In 2022, according to the latest *Termómetro de la salud Mental* (“Mental Health Thermometer”) study, although slight improvements were observed compared to the height of the pandemic, there was a significant increase in moderate to severe symptoms of anxiety.⁵ Based on this scenario, it becomes necessary to promote and strengthen the population’s mental health.

Governments and health institutions recognize how crucial is mental health as a key asset to confront the pandemic and its consequences, both immediate and over time. Accordingly, they offer several strategies to address mental well-being. One of their objectives is to reduce the risks that increase the vulnerability of the population by strengthening the psychosocial aspects that protect mental health and promoting the development of knowledge, practices, and competencies around it, according to the territorial context and the forms of daily life. Regarding areas of work, these organizations emphasize psychoeducation as one of the best means to fulfill this mission.⁶

Due to the age range of the subjects in this study, the fact that the demographic pyramid has been inverted in recent decades, resulting in a predominance of adulthood over births, must be acknowledged. This encourages the development of therapies aimed at adults in the Chilean population, especially older adults. As of 2000, the number of people over 60 years was almost 1.5 million (10% of the population), but this group is projected to reach 3.8 million by 2025 (20% of the population), and 5.7 million by 2050 (28%). This would be nearly 3.5 times its size in 2000.⁷

Psychoeducation, as a community intervention, seeks to provide specific information on the promotion, prevention, treatment, and prognosis of diseases, based on current scientific evidence. In this way, it aims to offer tools for change that involve each person’s unique cognitive, biological, and social processes to guarantee autonomy and improve the quality of life for both individuals and the community. Psychoeducation reduces the feeling of incapacity and favors the emotional, physical, and social release of distress, fear, discomfort, stigma, and isolation. On the other hand, it promotes the training of skills that enable the empowerment and reintegration of the individual into social spaces.⁸

Moreover, WHO confirms the significance of psychoeducation as a means to achieve the goal of transforming mental health by increasing the value people give to it. Thus, a call is made to act from and on the physical, social, and economic characteristics of the environments where people develop, as well as to strengthen healthcare from an accessible, affordable, and quality community network.¹

Similarly, the mental health guideline created by WHO mentions protective factors such as life skills, stress management, socioemotional growth, social skills and conflict management, problem-solving skills, the ability to confront adversity and frustration, social support from family and friends, good communication, access to community services, self-esteem, emotional intelligence, and a sense of control and safety, among others.⁹ These protective factors are addressed progressively throughout the psychoeducation sessions, in order to deliver the tools that are needed for psychological well-being, consciously addressing the limitations and needs of the community as well as their abilities, and with the mental health team applying helping relationship techniques.

Additionally, the design of the learning capsules is based on Jane Vella’s dialogic model of participatory education for adults and Joyce Travelbee’s human-to-human relationship theory. According to this model, psychiatric nursing enhances the interpersonal process in which mental health promotion and recovery, as well as the prevention and management of mental health conditions are provided to individuals, families, or communities. Interpersonal relationships, where a person is recognized as a unique and irreplaceable being, develop in a planned and deliberate manner, between

a person requiring help and another who can offer it through skills and abilities acquired through training. It is a dynamic process that evolves and creates change for everyone involved.¹⁰ The structure of the psychoeducational program will depend on the contents and objectives that need to be addressed. It is usually organized in multiple, systematized sessions that are planned beforehand and follow a deductive sequence that begins with theoretical contents and ends in the practice of daily life skills.⁸

For the members of the community to integrate the knowledge, it is necessary to apply the principles described by Jane Vella in her model, which is person-centered, maintains the person's dignity at all times, and works on a problem that is relevant to them. In this way, the approach seeks to evoke cognitive, psychomotor, and affective responses, thus, education is described as part of a whole.¹⁰ It is necessary to consider its political and participatory aspects since, for it to be effective, all participants must be protagonists of the process and heard in their freedom of expression. Furthermore, participants and facilitators maintain a horizontal relationship. Finally, regulated and detailed planning is required to achieve the objectives defined for the community members. This is achieved through an eight-step method where the following questions are asked: why, for what, who, when, where, how, what, and what is the result. Within the 'how', there have to be activities for introducing the topic, for input, implementation, and integration.¹¹

Based on what has been described above, this research aims to understand the community's perception of the implementation of a psychoeducational program.

METHODOLOGY

Type of Study

Mixed study, with a quantitative stage for sample characterization and satisfaction, and a qualitative stage with a phenomenological approach.

Universe and sample

Those attending psychoeducation sessions were considered as part of the sample (n = 24).

Inclusion criteria

The inclusion criterion for this study was people over 18 years old who voluntarily agreed to participate in the study and had attended the learning sessions.

Context of the study and participant invitation

The study was carried out in the context of a course developed in a private university in Chile, where nursing graduates had to integrate and apply their knowledge through community interventions with a focus on mental health promotion.

A parish church from Puente Alto, in the Metropolitan region, was contacted through the Pastoral team (a program that applies Christian principles to carry out the mission of the Catholic Church) and the nursing school of the same university.¹² The need for mental health promotion and community building, both of which were impacted due to the isolation required in the pandemic (2020-2021), was detected.

The person in charge of initial contact and organization was the parish priest, who invited the participants to a diagnostic session. Subsequently, the team that developed the psychoeducation sessions contacted the participants by phone to confirm their attendance. The sessions were held in a room suitable for the number of people and in compliance with the health and safety requirements

applied during the pandemic. The interventions were carried out twice a week in the evening, lasting approximately one and a half hours each, as this was convenient for the attendants.

Instruments

Two instruments were designed and applied during the first and last sessions. These were provided to the participants alongside informed consent informing them of their purpose.

The purpose of the first instrument was to define and characterize the sample, collecting information about the sex, age, educational level, occupation, comorbidities, habits, and living arrangements of the subjects.

The second instrument consisted of a brief questionnaire that included six questions with a 5-point Likert scale to measure satisfaction ('strongly disagree' to 'strongly agree'), an appreciation scale between 1 and 5 (1 being 'very poor' and 5 being 'outstanding'), and a general score to rate the team on a scale of 1 to 7 (1 being 'very poor' and 7 being 'very outstanding'). In addition, it included a series of open questions on the following aspects: the applicability of the contents, their impact on the lives of service users, and the feeling of well-being at the end of the workshop, compared to the beginning.

Intervention design

In the nursing process (ADPIE), training is organized into assessment, diagnosis, planning, intervention, and evaluation of objectives. This is applied in a generic and specific manner since during the person-to-person interaction, and due to the nature of the contents, individual problems might arise that require immediate resolution. Because it aims to analyze an experience, this study is evaluated in qualitative terms.

A total of 10 psychoeducation sessions were carried out, the first of them being an introductory and community diagnostic session, where the educational needs of the population were analyzed. Based on this, eight psychoeducational workshops were planned (Table 1). To determine the contents of the sessions, the participants were asked which topics they would like to address that were fundamental for mental health promotion. Multiple topics emerged based on this practice, finding repetition and consensus for some of them and grouping others according to concept cohesion, to form coherent categories.

In line with the paradigm that underlies this study, each capsule included induction, input, implementation, and integration activities.¹³ These were carried out with the help of physical resources such as paper, pencils, cards, and didactic activities like word search and sudoku, among others. Before the beginning of each session, "warmup" activities were offered to encourage participation and promote relaxation. These activities included music, art therapy, mobility exercises and more, all related to the topic of the session.

Data analysis

The quantitative data were used only to characterize the sample and measure the level of satisfaction of the subjects with the instruments. As for qualitative data, a thematic descriptive analysis was carried out by the five researchers, seeking the theoretical saturation of the sample.

Ethical aspects

Informed consent was provided to the participants, where the voluntary nature of the study was explained, as well as the option to withdraw at any point, which would not affect their participation in the sessions. This was reviewed by the teaching staff of the university before its application, following the bioethical principles of autonomy, justice, beneficence, and non-maleficence.

Table 1. Specifics of the psychoeducational sessions. Chile, 2022 (n = 10)

<p>Session 1: First contact with the community *ADPIE: Assessment</p> <p>Objective: Getting to know the community and detecting educational needs with a focus on mental health</p> <ul style="list-style-type: none"> • Welcoming the group. • Activity for the participants to get to know each other. • Setting agreements. • Knowing what the community understands about mental health. • Detecting the community's educational needs regarding mental health. • Choosing a name for the community ("Mentes fortalecidas" [Strengthened minds]).
<p>Session 2: Grief</p> <p>Objective: Delivering tools to effectively cope with grief</p> <ul style="list-style-type: none"> • Knowing what grief means to the community. • Identifying the stages of grief. • Recognizing healthy and pathological grieving (including protective and risk factors). • How to approach grief and help a person experiencing it.
<p>Session 3: Emotions and emotional intelligence</p> <p>Objective: Delivering tools to effectively manage emotions</p> <ul style="list-style-type: none"> • Recognizing emotions. • How to advance towards emotional intelligence. • The importance of experiencing emotions. • Advice to "cope with invading emotions" (Step Out).
<p>Session 4: Relaxation techniques for managing anxiety and stress</p> <p>Objective: Delivering tools to effectively manage anxiety, depression, and stress through relaxation techniques.</p> <ul style="list-style-type: none"> • Recognizing the signs of stress, anxiety, and anxiety attacks. • Relaxation activities (progressive relaxation, one-minute meditation, diaphragmatic breathing, and yoga).
<p>Session 5: Emotional first aid, depression, and suicide prevention, how to be more sensitive with ourselves?</p> <p>Objective: Delivering tools for effective emotional first aid, management of depression, and suicide prevention.</p> <ul style="list-style-type: none"> • Learning what is the prevalence of depression and suicide in older people. • Understanding the concepts of depression and suicide. • Recognizing warning signs in depression for suicide prevention. • Getting acquainted with the skills and attitudes of helping relationships. • Understanding emotional first aid in suicide prevention.
<p>Session 6: Sleep hygiene</p> <p>Objective: Delivering tools to improve sleep hygiene</p> <ul style="list-style-type: none"> • Art therapy and music therapy activities. • Understanding the architecture of sleep. • Learning tools and techniques for good sleep hygiene. • Implementing a "Sleep journal".
<p>Session 7: Healthy Aging</p> <p>Objective: Delivering tools that promote healthy aging</p> <ul style="list-style-type: none"> • Recognizing the processes involved in aging. • Understanding the concept of healthy and active aging. • Knowing the factors that influence change in healthy and active aging. • Recognizing ways to promote healthy and active aging.
<p>Session 8: Alzheimer's and dementia in older people: Prevention and management</p> <p>Objective: Delivering tools that help manage diseases linked to cognitive deterioration in older people</p> <ul style="list-style-type: none"> • Understanding the concepts of dementia, Alzheimer's, and delirium. • Recognizing cognitive and/or behavioral warning signs to consult with a specialist. • Integrating prevention strategies for dementia.
<p>Session 9: Sexuality in Older People</p> <p>Objective: Delivering tools that promote healthy sexuality in older people</p> <ul style="list-style-type: none"> • Getting to know the community's prejudices and conceptions about sexuality. • Recognizing changes in sexuality throughout life. • Activity to re-signify sexuality ("Breaking down prejudice")
<p>Session 10: Farewell and closure of the intervention *ADPIE: Assessment</p> <p>Objective: Concluding the psychoeducation process with the community</p> <ul style="list-style-type: none"> • Community lunch. • Thanking the group for their participation. • Handing participation diplomas to the group.

Source: Own elaboration

RESULTS

Characterization of the sample

Twenty-four participants (23 women and 1 man) attended the first session. The average age was 62 years, the youngest person being 24 years old and the oldest 80. Concerning their health status, it was found that 79.17% of the participants had at least one chronic disease, the most frequent ones being arterial hypertension, Type II Diabetes, and Dyslipidemia.

Regarding health habits, 34.2% of the subjects consumed alcohol in social settings, while the rest of the sample did not consume alcohol. The vast majority were non-smoking, with 17.4% who actively smoked. As for illegal substance use, none of the participants used them.

Of the total sample, 12.5% lived by themselves, while the rest lived with at least one other person. As for occupation, 75% were homemakers.

With respect to educational level, a significant majority (75.1%) had completed secondary education.

Table 2. Characterization of the sample. Chile, 2022 (n = 24)

		n	%
Gender	Man	23	95.83%
	Woman	1	4.17%
Educational Level	Incomplete primary education	2	8.33%
	Complete primary education	1	4.17%
	Incomplete secondary ed.	3	12.50%
	Complete secondary education	10	41.67%
	Complete technical education	3	12.50%
	Incomplete higher education	1	4.17%
	Complete higher education	4	16.67%
Occupation	Homemaker	13	54.17%
	Caring for another person	4	16.67%
	Retired	3	12.50%
	Pensioned	2	8.33%
	Active worker	3	12.50%
Comorbidities	Arterial Hypertension	13	54.17%
	Diabetes Mellitus	6	25.00%
	Dyslipidemia	5	20.83%
Habits	Consumes alcohol	8	33.33%
	Does not consume alcohol	16	66.67%
	Uses tobacco	4	16.67%
	Does not use tobacco	20	83.33%
	Uses illegal drugs	0	0.00%
	Does not use illegal drugs	24	100.00%
Living Arrangements	Living by themselves	3	12.50%
	Living with other people	21	87.50%

Source: Own elaboration

Satisfaction

The satisfaction survey, applied at the end of the study, was completed by 22 of the 24 participants (two women withdrew their participation at the end of the study, deciding not to attend the sessions voluntarily anymore due to personal reasons, therefore, they were not included in the final analysis). This means there was a response rate of 91.66%. Table 3 shows that 81.8% of the participants were very satisfied with the psychoeducation sessions, and 18.2% were satisfied. In other words, 95.5% rated the dynamics, activities, and contents as ‘very good’ at least.

Participant experiences

To explain the phenomenon of what was experienced during the psychoeducation sessions, the conversations held with members of the community were considered, as well as the essay questions from the satisfaction survey. Theoretical saturation was reached by the tenth survey completed by the members (22 participants), with strong similarities between the results. The concepts that are drawn to define this phenomenon are:

a) Applicability of the contents in daily life:

The participants reported applying the contents of the interventions in their day-to-day lives, meaning that they have started to make changes in their health habits and have even shown their intention to

continue to improve. Thus, they have become the managers of their own health and promoters of healthy and active aging, with a focus on mental health.

“...from the contents of the workshops, I could apply the one about stress, doing my chores more slowly, putting aside time for myself. Healthier eating habits with better schedules. As for physical activity, I go for walks every day. The importance of sleeping better and being more relaxed...leaving aside the judgments about age and sexuality...” – MM

Table 3. Participant satisfaction according to level of agreement. Chile, 2020 (n = 22)

Item	Strongly Disagree		Disagree		Do not Agree or Disagree		Agree		Strongly Agree		Mean
	n	%	n	%	n	%	n	%	n	%	
In general, do you consider that the syllabus and the materials delivered during the education sessions have been understandable and adequate?	0	0.00%	0	0.00%	0	0.00%	0	0.00%	22	100.00%	5.00
How do you rate the dynamics and activities carried out during the session?	0	0.00%	0	0.00%	0	0.00%	1	4.55%	21	95.45%	4.95
How do you rate the contents, knowledge, and explanations delivered by the students?	0	0.00%	0	0.00%	0	0.00%	1	4.55%	21	95.45%	4.95
In general, the interaction between the students and the community was appropriate and pleasant	0	0.00%	0	0.00%	0	0.00%	1	4.55%	21	95.45%	4.95
When I had doubts/questions/problems, the team of students and teachers answered them	0	0.00%	0	0.00%	0	0.00%	2	9.09%	20	90.91%	4.91
My level of satisfaction with the education sessions and their contents is	0	0.00%	0	0.00%	0	0.00%	4	18.18%	16	72.73%	4.36
Overall, the score I would give to the team and their interventions is											6.81

Source: Own elaboration

b) Improving how effectively they cope with situations:

The participants reveal that, through psychoeducation, they have been able to improve their management of emotions, including mood swings, and irritability, and in general increasing their capacity to communicate their emotions, in addition to coping with them.

“...mental health is paying attention to the signs or characteristics of behaviors, and being more understanding with my family and myself, reducing a bit of the blame around the different stages each of us are living ...” - ML

c) Better perception of day-to-day life:

As was mentioned by the participants, there was an improvement in how they perceive daily life. There was a search for personal problems affecting the community, which revealed difficulties in effectively handling issues or a lack of concept comprehension. The last meetings and the survey (Table 3) show that they were able to perceive an improvement in their daily quality of life and an understanding of their problems.

“...psychoeducation impacted my life to a very high degree, I decided to make many changes to feel healthier and better enjoy life from now on...” – MM

d) Opportunity for socializing:

The community states that they have found, through the interventions, a safe space in which to socialize, especially after the impact the pandemic had on this aspect. Several members report having exchanged phone numbers and attending external workshops with another member of the community, revealing common tastes between them.

“...you learn to share with other people what is happening to you, leaving prejudice behind and above all focusing more on yourself to be able to serve others and feel better, shutting down is not good, suffering by ourselves either. I grew as a person thanks to the lessons...” - AS

e) Mutual help:

Something notorious and highlighted by the participants is how, on several occasions, they helped each other by sharing advice and life experiences, to help from empathy. It is noteworthy that, during breaks, the participants got together, talked about their issues, and looked for possible strategies to resolve them. This is confirmed by grateful comments, both verbal and written, about building this new community.

“...they are necessary, having the knowledge to face it when it happens to you or a close person, to be able to help them. The worst thing that can happen to a person is to be unaware of things. For this reason, the workshop has been really useful for me, I appreciate it and I am grateful...” - UN

f) Personal growth:

Several participants mentioned that the workshops created an opportunity for personal growth, offering concepts that were relevant to them. This was especially clear after the session “Emotional Intelligence”, where the participants described a critical shift in how they viewed emotions, a “personal growth”. They identified coping with emotions as a barrier, mainly due to the model with which they were raised. Thus, allowing themselves to experience emotions enhanced their perception and sensitivity based on empathy, both at a personal and interpersonal level.

“...emotional intelligence with my classmates. I realized that each person is a world in themselves, but if we add many years of life to that, I was able to discover and see myself in their life experiences and see my own frustrations when caring for my parents, to understand their processes better...” - NG

g) Learning regardless of age:

The results show that the participants were able to challenge the internalized stigma that places age as a detrimental factor for learning new skills. In this context, it is evident that abundant knowledge has been acquired, and that the ability to learn is recognized as inherent to humans in every stage.

“...Regarding my life experience, I started remembering mundane things that sometimes we do not treasure or value, that are never too late to learn...” - RB

DISCUSSION

Psychoeducational therapies have been shown to have positive effects on various aspects of life when applied in heterogeneous groups of adults. This is especially true for personal growth and improving psychological well-being.⁸ The results of the surveys show that for a group of adults comprised of both older and middle-aged people, having a safe space in which to share experiences helps them cope with emotions, thereby being able to better understand the feelings of others and develop empathy. This entails establishing interpersonal relationships which makes this a context where support networks can be created. Overall, it is possible to observe the benefit of psychoeducation on people's lives, in areas such as facing self-stigmatizing, the creation or improvement of healthy habits, and community building. This can be observed both in the breakdown of the phenomenological part

of the study and in the high degree of satisfaction found in the final survey, where 95.5% was obtained regarding the development of the sessions, syllabus, and group interaction, among others, with a final mean score of 6.81.

As for the contents, upon reflecting on the results, what WHO proposes is confirmed: mental health education is an optimal and efficient measure to transform mental health and empower service users.¹ Now, regarding education as a part of the role of nursing, Soto, Masalán and Barrios show, in their systematic review, that educational programs aimed at patients help improve their skills and self-care, thereby impacting their quality of life. These conclusions are corroborated by the phenomenological results obtained in this study. According to the effectiveness evaluation carried out in the review, it is established that in most of the cases, the interventions achieved significant results, both regarding content learning and behavioral change. In the cases where the objectives were not met, there was no significant worsening of what they sought to improve.¹⁴

In these cases, emphasis was put on adjusting the methodological design to the sociopolitical contexts where people are inserted. Psychoeducation is part of the phenomenon of education, and although this study worked from a perspective of prevention with individuals who were relatively healthy or had stabilized conditions, the aforementioned review shows that when working with groups with various pathologies (mainly chronic), psychoeducation is a cost-effective and favorable tool. This is due to its flexibility, which allows it to be applied in different contexts, and to its scope regarding said diseases or conditions. This is demonstrated in the conclusion of one of the studies included in the review, which was carried out nationally and determined that educational programs coordinated by nursing teams are effective in different contexts, including secondary healthcare.¹⁴

Concerning the methodological design developed to study these experiences, the exhaustive literature review carried out on psychoeducation highlights the need to be cautious regarding measures, to ensure both internal and external validity, since there is often variation between study designs. This can be attributed to the personalized and unique nature of each intervention and the characteristics of the group, which makes comparison and systematizing difficult. This is added to the fact that sample sizes tend to be small, therefore, generalizing the results becomes even more complex.⁸

Although personalization could be perceived as an obstacle, it is a vital component of nursing since it allows for relevant care to be provided. Thus, this type of therapy shows the bespoke nature of nursing, which can approach the community and adapt to its context, being the organizing group that adds the final touch of quality. In order to achieve this kind of nursing care an explicit participatory diagnostic process is essential, which should be applied consistently. It can be deduced that relevance directly correlates with the perception of how effective the workshops were since they address needs that were expressed by the service users themselves. This means that naturally, there is greater sensitivity towards the topic of the sessions, which is consistent with the fact that participation is where the effectiveness of the intervention lies.⁸

Although the organizing team is satisfied with the quality of the designs, both of the educational capsules and this research, it is important to note that the credibility of this study could be strengthened by performing member checks with the participants to corroborate the results, because it was only possible to make two calls during the duration of the study. Additionally, it would be advisable to use in-depth interviews, typical of the phenomenological method, instead of a questionnaire. This is because, in the latter, the participant's potential to express themselves is limited, in contrast to the opportunity to expand on their thoughts during an interview.

Regarding adults, as mentioned previously, population aging poses a challenge for healthcare systems to promote better aging, by tackling issues that affect older people, such as loneliness and grief. Based on the results, psychoeducation is proposed as an optimal tool to address healthy aging, where it is

necessary to develop activities that are meaningful for the lives of older people, moving away from social isolation and encouraging volunteering and socializing.¹⁵ This matches the perception of the community, who refer to psychoeducation as an instance to socialize, appreciating it as a path to fulfill the needs that arise in old age. Similarly, they highlight these sessions as a means for learning that could therefore be used as a massive educational resource to achieve the health goals of the population with a preventive approach.

Finally, as in any study, it is necessary to create a reference framework of contents and knowledge by analyzing other articles. During this process, the lack of qualitative evidence regarding the phenomenon of psychoeducation became noticeable, finding mostly evidence of specific mental health pathologies from the perspective of other professionals, adding an originality factor to this study. In this way, this article contributes to the field of research in Nursing and its educational role, by supporting the use of psychoeducation and, through the results, adding objectivity to this tool as an aid to improve both the general and mental health of the adult population. It would be beneficial for this area, as well as for future applications of psychoeducation, to carry out a greater number of qualitative studies that can confirm the obtained phenomenological concepts and achieve theoretical saturation. This would allow the experience of psychoeducation to be interpreted more confidently.

The limitations found during the development of the workshops are related to a series of factors that will be described below.

Firstly, the fact that the community was comprised mainly of women may have generated a gender bias since, according to what the Panamerican Health Organization (PAHO) proposed in 2010, both men and women have different needs, perceptions, and ways of accessing healthcare.¹⁶ Therefore, it is recommended that future studies recruit similar numbers of men and women.

Secondly, having a short time frame for the study and activities negatively impacts both the research and the community. Although it is known that mental health includes several aspects that need to be addressed, in this setting the contents had to be compressed to a period of a month and a half, making it difficult to measure the changes and the potential learning that was achieved.

CONCLUSIONS

From the psychoeducation sessions and the present study, it is clear that the experiences of the participants during this process had a positive and significant impact on the community, in areas such as effectively coping with stressful situations, tearing down stigmas, group learning, and the ability to socialize.

More interventions and studies are recommended to ensure a broad understanding of the experience of the community throughout the psychoeducation process, in order to acquire a wide variety of tools that can transversally validate the emotional world of the population. This could make it possible to have access to methods and conceptual frameworks that guide the implementation of these programs in different subjects.

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