

Efficacy of Psychoeducation and Relaxation Interventions on Stress-Related Variables in People With Mental Disorders: A Literature Review



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ABSTRACT

This paper aimed to critically review and summarize empirical evidence concerning the efficacy of psychoeducation or relaxation-based stress management interventions on stress-related variables in people with mental disorders. Electronic databases were used during the literature search. Thirteen articles that fulfilled the preset eligible criteria were included in the review. Findings indicated that psychoeducation and relaxation-based interventions mitigated stress and depression; and enhanced relaxation intensity and knowledge on stress management. However, mixed results were obtained on anxiety. In addition, interventions using virtual reality technology revealed positive effects on depression, relaxation intensity and anxiety. Limitations and recommendations for future research are discussed.

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Mental disorders refer to clinically significant behavioural or psychological syndromes in an individual that lead to impaired functioning (American Psychiatric Association, 2000). Examples of mental disorders include mood disorders, anxiety disorders, adjustment disorders, and schizophrenia. Persistent, on-going and high levels of stress caused by various stressors can put one at risk for a mental disorder (Danese & Pariante, 2008). Simultaneously, the symptoms associated with the mental disorder can lead to further stress, depression and anxiety which can worsen the condition (Wilson, 2009). The resulting vicious cycle is disruptive for the individual's health and, thus, necessitates effective treatments to assist the individual to lead a fulfilling life with stress maintained at healthy levels.

Existing treatments for mental disorders usually focus on psychopharmacology (Buila, 2009), which consist of five major groups: antipsychotics, antidepressants, anxiolytics, mood-stabilisers, and stimulants. Studies showed that medications are effective in relieving symptoms of mental disorders (Gaudiano, Weinstock, & Millier, 2008). However, as much as these medications are indispensable, they may be insufficient when used alone (Buila, 2009). Many medications such as antidepressants require about 2 to 6 weeks to

exert maximum therapeutic effects and, hence, there is a time gap in providing individuals in the inpatient setting with a therapeutic option (Knubben et al., 2007). In addition, various side effects associated with medications (especially for antipsychotics) lower adherence such that more than 60% of individuals with mental disorders are at least partially non-adherent to medications (Gaudiano et al., 2008). Among the most debilitating side effects are weight gain, adverse cardiovascular and nervous system complications and extrapyramidal symptoms (such as pseudo-parkinsonism and tardive dyskinesia) (Fretwell & Fretce, 2006). Even with the new generation of medications with fewer side effects, costs of these medications remain high (Patel, 2008). The various disadvantages of psychopharmacological treatments described above emphasize the need for non-pharmacological interventions.

Stress management interventions, one of the non-pharmacological treatments, are theory-based programmes developed to help individuals improve personal efficacy in managing stressors (Weber, 2001). Two widely-used stress management interventions are psychoeducation and relaxation interventions. Psychoeducation is the provision of clinically-relevant information to address psychological variables in individuals with a physical or psychological disorder (Donker, Griffiths, Cuijpers, & Christensen, 2009). It can include the nature of psychological health issues and strategies to manage them. Psychoeducation can be carried out through face-to-face interaction or through audio-visual aids (such as brochures or videos) (Donker et al., 2009).

In clinical settings, increasing emphasis has been placed on the knowledge an individual possesses about their condition. A study on a needs-based psychoeducation programme among patients with mental disorders revealed that knowledge about stress management

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was cited as a major need among the patients (Chien, Leung, & Chu, 2012). Another study on patients suffering from mood disorders suggested that the lack of knowledge (on what a mood disorder is and how to manage it) contributed to the patients' anxiety (Proudfoot et al., 2009). Conversely, studies showed that equipping individuals with major depressive disorder (MDD) or bipolar disorder (BD) with the illness-related knowledge helped improve depression, anxiety and other health outcomes (Danese & Pariente, 2008; Kronmuller et al., 2007). Furthermore, patients who had significantly more knowledge about mood disorders had more stable remission rates compared to those with lower knowledge levels (Kronmuller et al., 2007).

Relaxation interventions (such as meditation, yoga, muscle relaxation, abdominal breathing, and guided imagery) have been widely used among patients in various health settings (Donker et al., 2009; Jorm, Morgan, & Hetrick, 2009). In the state of relaxation, individuals retreat mentally from their surroundings to decrease tension and induce calm/relaxed feelings (Demarco-Sinatra, 2000). The relaxation response undoes the stress response, leading to reduced sympathetic nervous arousal and the activation of the parasympathetic nervous system (Friedman, Myers, & Benson, 2001). This activation results in decreased muscle tension, blood pressure, heart rate and respiration rate. The relaxation response also activates the limbic system, which might help alleviate depression and anxiety (Hoch et al., 2012).

Psychoeducation and relaxation interventions complement each other by providing theoretical and practical approaches to alleviate stress, depression and anxiety. Unlike psychopharmacology, both methods are cost-effective and are not associated with disabling side effects (Walsh, 2011). In addition, the knowledge and skills acquired from the interventions may contribute to the long-term self-management of mental disorders.

Despite the various benefits of psychoeducation and relaxation, their effects on people with mood disorders are not adequately known. Therefore, this literature review aimed to summarize current empirical evidence regarding the efficacy of psychoeducation and relaxation interventions on stress, depression, anxiety, perceived relaxation, or knowledge in individuals with mental disorders.

METHODS

A literature search was conducted using four electronic databases: CINAHL, PsycINFO, PubMed and Scopus. These databases were chosen as they contain a wide range of potentially relevant journals to the phenomenon of interest. The following keywords were permuted and used in the search: *mental disorders, psychoeducation, relaxation and stress management*. The inclusion criteria for this review were: (a) studies used randomized controlled trials (RCT) or quasi-experimental design, (b) outcome variables included subjective or objective stress, depression, anxiety, relaxation, or knowledge levels, (c) participants were adults (aged 21–65 years old) with mental disorders, and (d) articles were written in English and published in the past 10 years (from 2003 to 2013). Studies were excluded if samples involved healthy individuals or if their mental disorder was secondary to a medical condition.

RESULTS

Of the 7431 studies yielded from the literature search, 82 abstracts and subsequently 27 full articles were evaluated (Figure 1). Finally, 13 articles were selected and carefully reviewed. Five studies included people with MDD, BD, dysthymic disorder or dysphoria. Four studies had post-traumatic stress disorder (PTSD), two had anxiety disorder, one involved PTSD, adjustment disorder (AD) or pathological grief (PG), and another one had schizophrenia. Six studies were quasi-experimental in design and the remaining ones used RCTs. Within the RCT studies, control groups received standard routine care/alternative interventions or were placed on a waiting list. Three studies incorporated virtual reality (VR) technology into their interventions. VR refers to the integration of real-time computer graphics and audio input to create a visual display delivered through a screen attached to a head mounted device (Gregg & Tarrier, 2007). The presence of a vivid realm serves as a powerful visual imagery tool to trigger relaxation and enhance pleasant mood making VR a therapeutic tool used in the mental

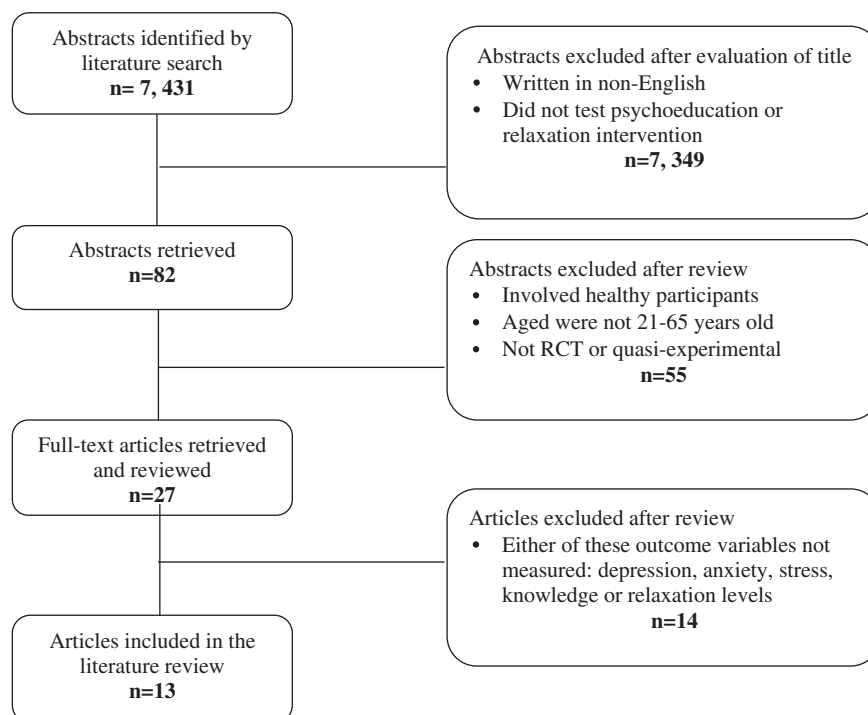


Fig 1. Summary of literature search on psychoeducation and relaxation interventions.

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