



## Role of Mental Health Nurses in Supporting Families and Facilitating Recovery for Patients with Schizophrenia: Review

<sup>1</sup>-Maryam Saleh Aladhab,<sup>2</sup>-Shada Hussain Muhammed Asiri,<sup>3</sup>-Saud Daifallah Darraj,<sup>4</sup>- Manal Najea Mohammed Somili,<sup>5</sup>-Turkia Ali Baidy,<sup>6</sup>-Asiyah Abdulmonem Alkhalifah,<sup>7</sup>- Fatimah Mohammed Algarni,<sup>8</sup>-Abdu Mohammed Faqihi,<sup>9</sup>- Wael Ali Ahead Hakami,<sup>10</sup>- Fahad Abdu Aziz Asiri Hadadi,<sup>11</sup>-Omar Salem Aldossary,<sup>12</sup>-  
Nasser Taheer Habeb Alhassan

1. KSA, Ministry Of Health, King Fahed Hospital Hofuf
2. KSA, Ministry Of Health, Al-Khalediah Phcc
3. KSA, Ministry Of Health, Abu Arish General Hospital
4. KSA, Ministry Of Health, Samtah General Hospital
5. KSA, Ministry Of Health, Abu Arish General Hospital
6. KSA, Ministry Of Health, Phc Hazem Almubaraz
7. KSA, Ministry Of Health, RIYADH FIRST HEALTH CLUSTER (PLANNING AND QUALITY DEPARTMENT)
8. KSA, Ministry Of Health, Security Forces Hospital Program
9. KSA, Ministry Of Health, Eradh Mental Health Hospital Jazan
10. KSA, Ministry Of Health, AL Ardah
11. KSA, Ministry Of Health, Alkhalidiya Emergency Center
12. KSA, Ministry Of Health, King Salman Specialist Hospital In Hail

### Abstract

**Background:** Schizophrenia is a significant global health challenge, impacting the physical, psychological, and social well-being of affected individuals and their families. Recovery-oriented care, which emphasizes empowerment and self-determination, has emerged as the leading approach in mental health treatment. However, the role of Mental Health Nurses (MHNs) in implementing these services remains ambiguous, hindering effective recovery support.

**Methods:** An extensive integrative literature review was conducted across various databases, including ScienceDirect and Scopus, utilizing materials published from 1993 to 2023. The review focused on synthesizing both qualitative and quantitative studies related to recovery-oriented nursing practices for community-dwelling adults with schizophrenia.

**Results:** The findings revealed two main themes: direct nursing assistance and indirect nursing care. Direct care practices identified included therapeutic nurse-patient relationships, psychoeducation, cognitive behavioral therapy, coping skills training, medication adherence strategies, and social functioning skills training. Indirect care encompassed support activities that enhance the effectiveness of direct interventions, such as community integration and collaboration with peer support workers.

**Conclusion:** This review underscores the critical role of MHNs in facilitating recovery-oriented care for individuals with schizophrenia. Despite the challenges in defining their roles, MHNs can significantly impact recovery trajectories by fostering therapeutic relationships and integrating diverse support resources. Enhanced training and clearer role definitions are essential for optimizing nursing practices within recovery-oriented frameworks.

**Keywords:** Schizophrenia, Mental Health Nursing, Recovery-Oriented Care, Therapeutic Relationships, Community Integration

## 1. Introduction

Schizophrenia is a major global health issue and is classified among the top 10 illnesses worldwide (1). This disorder significantly influences a person's physical, psychological, and social well-being, impacting both the afflicted individuals and their families (2). Recovery-oriented treatments have evolved as the predominant paradigm for delivering mental health care to persons with schizophrenia (3). These treatments are based on the personal recovery paradigm, which prioritizes the viewpoints of persons with mental illness and their proactive engagement in restoring a meaningful life and esteemed responsibilities (4). Essential components of this paradigm are the promotion of hope, empowerment, autonomy, and self-determination. Recovery-oriented service methodologies promote mental health treatments and services that focus on the ambitions and needs of persons with mental illness. Moreover, they use a comprehensive strategy that utilizes individual strengths instead of only concentrating on the management of psychotic symptoms and sticking to a biological perspective of mental disease (5).

The notion of recovery-oriented service has garnered acknowledgment for its advancement, provision, and assessment of mental health practices and services (6). The ideas and attitudes foundational to recovery-oriented services have mostly been established within outpatient and community mental health treatment environments (7). Mental health nurses (MHNs) are pivotal in delivering recovery-oriented treatments, given their position as the predominant cohort of mental healthcare practitioners worldwide. Nonetheless, the execution of recovery-oriented nursing services has faced obstacles, chiefly owing to the ambiguous independent position of mental health nurses. The absence of clarity affects the delineation of the mental health nursing function and service principles, resulting in role overlap and diversification, hence complicating the establishment of a separate identity for mental health nurses (8).

Empirical research has concentrated on facilitating the personal recovery trajectory of individuals with schizophrenia via the deployment of recovery-oriented services (9,10) and predominantly examines the incorporation of recovery services within the mental health professional team, encompassing mental health nurses (MHNs) (11). Nonetheless, there is an absence of thorough review studies that integrate qualitative and quantitative research especially related to recovery-oriented nursing care. The current research supports the claim that the autonomous functions and services of Mental Health Nurses (MHNs) are ambiguous, and this ambiguity in recovery-oriented nursing practice creates a disparity between the ideal and real execution of nursing care (12). This scenario may affect persons with schizophrenia, who need superior recovery-oriented nursing care for their enduring mental health requirements. Therefore, it is crucial to elucidate the nursing practices that facilitate the rehabilitation of patients with schizophrenia in the framework of recovery-oriented care. This study is to provide a thorough overview of nursing practices in recovery-oriented mental health treatments for community-dwelling adults with schizophrenia. This review aims to enhance understanding and advocate for effective nursing treatments that facilitate the recovery of patients with schizophrenia via the analysis and synthesis of existing evidence.

## 2. Methods

An extensive integrative literature search was performed across many databases, including ScienceDirect and Scopus. The investigation spanned from the introduction of the recovery-oriented services concept in 1993 until 2023.

## 3. Nursing practices and services

This review sought to assess and synthesize existing information about nursing practices and services within recovery-oriented initiatives for patients with schizophrenia. This review's findings are arranged and discussed according to two main themes: Direct nursing assistance, which includes six sub-themes: social functioning (SF), cognitive behavioral therapy (CBT), coping skill training (CST), psychoeducation (PE), therapeutic nurse-patient relationships (TNPR), and measures to improve medication adherence (IMA) and indirect nursing care.

#### 4. Direct Patient Care

Direct nursing care is the active provision of care to patients via interactions, counseling, and socialization, which are recognized as direct responsibilities in nursing (13). Direct care responsibilities pertain to nursing activities that include personal interaction with patients (14,15). Nurses in direct care practice significantly impact the quality of treatment delivered. They possess several options to use diverse nursing techniques designed to facilitate personal rehabilitation inside recovery-oriented programs. This study identifies six fundamental nursing practices in direct nursing care.

Primarily, the establishment of therapeutic connections is fundamental to nursing care for patients with schizophrenia (16). Therapeutic connections are essential for facilitating the recovery process, since obstacles to these interactions might impede the commencement of recovery (17). Challenges in building trust or reluctance to engage in treatment might hinder progress. The therapeutic connection is crucial for therapeutic procedures and significantly impacts the overall recovery of patients with schizophrenia (18). Multiple research studies have shown the beneficial influence of therapeutic connections on individual recovery, underscoring their essential significance (18,19).

Psychoeducation is crucial in therapeutic programs as it imparts vital knowledge on patients' illnesses and treatment alternatives while addressing pertinent subjects (20). This nursing practice is essential for facilitating recovery by equipping patients with a foundational comprehension of mental illness and its requisite treatment. When patients hold this information, they are more inclined to adhere to their treatment plan and participate more successfully in targeted therapy procedures. Psychoeducation improves patients' capacity to engage in their recovery process, resulting in better results and heightened treatment compliance.

Coping skills training is fundamentally based on Bandura's social cognitive theory, which highlights the need to practice new actions to improve self-efficacy and foster good outcomes (21). In the setting of schizophrenia, cultivating adequate coping skills is essential for people's rehabilitation process. Studies have repeatedly shown that insufficient coping skills correlate with worse recovery results (22). Individuals with schizophrenia who use maladaptive coping mechanisms often encounter personal failures and heightened discomfort (23). Consequently, offering suitable coping skills training is crucial for assisting persons with schizophrenia in cultivating adaptive methods to manage stressful circumstances and improve their overall well-being. Equipping people with good coping methods enhances their capacity to handle obstacles, cultivate resilience, and advance their recovery process.

Fourth, schizophrenia is often associated with considerable cognitive deficits (24). Various programs, including cognitive remediation and brain stimulation approaches, have been developed to treat these deficiencies (25). This research focused on cognitive and behavioral techniques, which were often referenced in the chosen papers, highlighting the practical importance of mental health nurses in their implementation. Cognitive behavioral strategies have been acknowledged for their efficacy in facilitating personal rehabilitation, as shown by systematic reviews and meta-analyses (26). These strategies have significantly influenced functional results, including enhanced quality of life, occupational performance, and social interactions. Mental health nurses may enhance the overall well-being and functional results of patients with schizophrenia by integrating cognitive and behavioral methods into their practice.

Ensuring medication adherence in patients with schizophrenia is paramount, given the essential role of antipsychotic medication in therapy and symptom control. Nonadherence to medicine may result in detrimental outcomes, such as an increased chance of psychotic relapse, which may diminish quality of life and escalate hospitalization rates. These adverse effects may obstruct healing, resulting in delays or partial recuperation (27,28). Consequently, treatments aimed at enhancing medication adherence are crucial for fostering good treatment outcomes and aiding the rehabilitation of patients with schizophrenia.

Sixth, social functioning skill training is a crucial element of therapies for persons with schizophrenia, designed to improve their interpersonal interactions and promote independent living, therefore enhancing their community engagement (29). Social impairment is often encountered by persons with schizophrenia,

profoundly impacting their quality of life and overall rehabilitation trajectory. Improving social functioning is intricately linked to functional healing. Numerous Cochrane reviews and research have consistently shown the efficacy of social skills training in enhancing social skills and psychosocial functioning while diminishing negative symptoms (30). Consequently, integrating social functioning skill training into recovery-oriented treatments might beneficially influence persons with schizophrenia, enhancing their social integration and general well-being.

## **5. Indirect Nursing Care**

Indirect nursing care serves a supporting function in augmenting the efficacy of direct care interventions. These responsibilities include tasks conducted for patient treatments without direct engagement or hands-on care (13). These actions occur when nurses provide support in environments that do not entail direct patient interaction or when patients are not actively engaged (14,15). For example, the ACT program includes actions such as engaging with family members, promoting community integration, and coordinating with community rehabilitation programs (31,32). Nonetheless, these tasks cannot be included together since they lack direct consumer contact. Instead, they include altering the environment or affecting the circumstances around the individual to facilitate their rehabilitation.

Current data indicates that several elements facilitate personal healing in persons with mental illness. Strong family support is correlated with a sense of progress in recovery, since it affects emotions of satisfaction and life fulfillment (33,34). Furthermore, community perceptions of mental health are essential in assisting people to surmount stigma and reclaim autonomy over their life (35). Moreover, work is a crucial element in enhancing social inclusion, cultivating a sense of identity and self-worth, alleviating symptoms, decreasing rehospitalization rates, and elevating the overall quality of life (36,37).

Within nursing practices, Mental Health Nurses (MHNs) participating in programs like Assertive Community Treatment (ACT) significantly contribute to indirect care. They participate in community orientation, collaborate with rehabilitation programs, and integrate resources to assist clients rather than directing them to other providers. It is important to acknowledge that other practices within programs like as WRAP, PSW, BRIDGES, and Recovery is Up to You (a peer-led course) correspond with indirect care. In these instances, MHNs function as coaches, instructing persons with personal experiences of mental illness to become peer support workers who can convey their experiences and provide aid to clients.

A multitude of randomized controlled studies has shown the efficacy of peer support workers in promoting favorable patient outcomes (38,39). The employment of peer support workers has shown success in facilitating personal rehabilitation (40,41). This practice, categorized as indirect care, is essential for nurses to acknowledge its importance. Peer support workers enhance the process of sustained rehabilitation. Consequently, MHNs must actively participate in appropriate nursing practices that include successful collaboration with peer workers to support and enhance personal rehabilitation for persons with schizophrenia in the community. By using the contributions of peer support workers, mental health nurses may improve the entire healing process for their patients.

## **6. Constraints**

Despite doing a thorough and methodical search, there is a danger of omitting pertinent material owing to the variety of search terms and keywords. Moreover, restricting the selection of research to just English papers may lead to the omission of pertinent non-English publications. It is crucial to observe that no papers were identified that specifically delineate the exact processes or programs in which Mental Health Nurses (MHNs) participate within recovery-oriented service initiatives in community organizations, despite the acknowledgment of nurses' roles in delivering treatment by each program. Consequently, to investigate the activities and practices that Mental Health Nurses (MHNs) may engage in inside these programs, it is essential to expand the parameters of extraction and synthesis using content and theme analysis methodologies. This methodology will elucidate the distinct roles and duties of Mental Health Nurses in facilitating recovery-oriented treatments.

## 7. Consequences for Nursing Practice

According to the results, it is essential for mental health nursing policy efforts to emphasize knowledge acquisition and promote the implementation of recovery-oriented nursing services via extensive training programs. To facilitate the recovery process of patients, mental health nurses must emphasize the incorporation of recovery-oriented nursing services into mental health policy and the healthcare system. Clinical practice should prioritize interventional research that seeks to provide durable and pragmatic solutions for recovery trajectories and outcomes, particularly via collaboration with peer support workers. Future research on recovery should progressively use mixed methods techniques to have a thorough grasp of the topic. Thus, a more comprehensive and balanced strategy may be used to promote and facilitate rehabilitation in people with mental health disorders.

## 8. Summary

Despite the endeavors of mental health nurses (MHNs) in facilitating personal rehabilitation, it is apparent that their responsibilities often intersect with those of other mental health nursing professionals (MNPs). This result underscores the crucial importance of nursing and nursing practices in recovery-oriented care. Nursing practice in this environment centers on the mental health nurses' comprehension of person-centered care and their active participation in both direct and indirect nursing care. MHNs are crucial in forming therapeutic interactions with clients, which is vital for successful therapy. They also enhance medication adherence, provide coaching and support for coping skills, improve social capacities, and coordinate with diverse support resources, including peer support workers. Moreover, these nursing techniques are essential in cultivating optimism, enhancing community ties, and elevating persons' overall quality of life. As the profession shifts towards recovery-oriented ideas, it is incumbent upon mental health nurses to ensure that their behaviors embody these ideals. This involves connecting their practice with the fundamental ideals of recovery, including empowerment, self-determination, and holistic treatment. Additional study and comprehension of the execution of recovery-oriented procedures will enhance ongoing advancements in the healthcare system and facilitate rehabilitation for persons with mental health disorders.

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دور ممرضى الصحة النفسية في دعم العائلات وتعزيز التعافي لدى مرضى الفصام: مراجعة

#### الملخص

**الخلفية:** يُعد الفصام تحديًا صحيًا عالميًا كبيرًا يؤثر على الرفاهية البدنية والنفسية والاجتماعية للأفراد المصابين وعائلاتهم. وأصبحت الرعاية الموجهة نحو التعافي، التي تركز على التمكين وتقرير المصير، النهج الرائد في علاج الصحة النفسية. ومع ذلك، يظل دور ممرضى الصحة النفسية (MHNS) في تنفيذ هذه الخدمات غير واضح، مما يعيق تقديم دعم فعال للتعافي.

**المنهجيات:** تم إجراء مراجعة أدبية تكاملية شاملة عبر قواعد بيانات متنوعة، بما في ذلك ScienceDirect وScopus، باستخدام مواد منشورة في الفترة من 1993 إلى 2023. ركزت المراجعة على دمج الدراسات النوعية والكمية المتعلقة بممارسات التمريض الموجهة نحو التعافي للبالغين الذين يعيشون في المجتمع ويعانون من الفصام.

**النتائج:** كشفت النتائج عن موضوعين رئيسيين: المساعدة التمريضية المباشرة والرعاية التمريضية غير المباشرة. شملت الممارسات المباشرة التي تم تحديدها العلاقة العلاجية بين الممرض والمريض، والتنقيف النفسي، والعلاج السلوكي المعرفي، وتدريب مهارات التأقلم، واستراتيجيات الالتزام بالعلاج الدوائي، وتدريب مهارات الوظائف الاجتماعية. أما الرعاية غير المباشرة فقد شملت أنشطة الدعم التي تعزز فعالية التدخلات المباشرة، مثل التكامل المجتمعي والتعاون مع العاملين في دعم الأقران.

**الخلاصة:** تؤكد هذه المراجعة على الدور الحاسم لمرضى الصحة النفسية في تعزيز الرعاية الموجهة نحو التعافي للأفراد المصابين بالفصام. وعلى الرغم من التحديات في تحديد أدوارهم، يمكن للمرضى النفسيين أن يؤثروا بشكل كبير على مسارات التعافي من خلال تعزيز العلاقات العلاجية ودمج موارد الدعم المتنوعة. ويُعد تحسين التدريب وتوضيح الأدوار أمرًا ضروريًا لتحسين ممارسات التمريض ضمن أطر الرعاية الموجهة نحو التعافي.

**الكلمات المفتاحية:** الفصام، التمريض النفسي، الرعاية الموجهة نحو التعافي، العلاقات العلاجية، التكامل المجتمعي.