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Practicing Psychoeducation at the University Psychiatric Service in Marrakech

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Abstract: Objective: to take stock of the state of psychoeducation at the service level of psychiatry and to evaluate the participation of nursing staff in education therapeutic. Material: This is a descriptive cross-sectional study conducted in May 2021 at the university psychiatric service in Morocco on a sample of 70 staff, 62 nurses and 8 psychiatrists. Results: 87 % of caregivers had notions about psychoeducation. 53, 3% reported having received training, 90% of which had benefited from it at the basic curriculum level. the entire personnel involved in the investigation asserted the existence of therapeutic effects of the psychoeducation. 37.09% reported that psychoeducation has an effect on adherence to care and 33.87% considered that the effect of psychoeducation is on behavioural change. 67.74% considered psychoeducation as a therapeutic intervention that did not requires no medical prescription. 85.48% of the surveyed population estimated that the absence of psychoeducation hinders the patient's overall therapeutic plan. the majority of staff felt that psychoeducation is influenced by related factors 40, 32% reported that the level of education in the A good practice of psychoeducation. Only 22.58% have acknowledged having tried psychoeducation in their practice. 51.61% estimated that the lack of training is the reason why psychoeducation is not integrated in management of patients. In the majority of cases, patients who have received education was schizophrenic and bipolarAll participants in the survey had asserted the therapeutic effect of psychoeducation. The majority affirmed the importance of patient family involvement in psychoeducation. 72, 58% of staff having practiced psychoeducation reported having done so for families. 80.64% have done so on their own initiative. 100% of caregivers were motivated to participate in a psychoeducation training. Conclusion: Adoption by medical staff and paramedical approach to education in their daily practice should be the rule, However, the lack of training of caregivers remains an essential obstacle.

Keywords: Psycheducation, Psychiatry, MentalHealth

1. Introduction

Chronic diseases are the main source of physical disabilities, mental and social in the world [1]. In Morocco, nearly 350,000 Moroccans Population are suffering from mental illnesses [2].

Mental illness, They rank 3rd in terms of prevalence and are responsible for a One-quarter of disabilities [1] and 5 mental illnesses among the top 10 diseases Worrying for the 21st century: schizophrenia, bipolar disorders, addictions, Depression and obsessive-compulsive disorders. [3]

In mental health, therapeutic education includes the term Psychoeducational therapies, born in 1980 [4]. Psychoeducation is aimed at all Patients with psychiatric disorders who can be integrated into a programme Of social rehabilitation. It is defined as a didactic and therapeutic intervention Systematic to inform patients and their families about the different aspects of Psychiatric disorder and to promote abilities to do so. [5-8].

Our study which started from the observation of the insufficiency of the practice in psychoeducation In all mental health facilities on the city of Marrakech with absence of premises dedicated to it, aims to describe the state of the art, to evaluate the motivation of staff to Involvement in psychoeducation programmes, to haracterize the involvement of the Caregivers in the notion of psychoeducation and to describe barriers that Impede psychoeducation sessions within a service Psychiatric.

2. Material and Method

1-Type of study:

Descriptive cross-sectional study conducted in May 2021 at the University Psychiatric Service in Marrakech, Morocco.

2-Study population:

A sample of 70 health personnel divided as follows: 62 nurses, 8 psychiatrists.

3-Data collection and analysis:

Data collection was conducted by two medical specialists using a Questionnaire divided into three sections: the first section assesses the knowledge of the Staff on psychoeducation, the second evaluates psychoeducation in relation to Patients with mental pathology, the third focuses on the place of the Family in psychoeducation. The data were collected in accordance with Anonymity and confidentiality of information. Data collected has been captured and processed using computer equipment including: EPI Info, Word –EXCEL.

3. Results

We received 43 responses out of 70 questionnaires distributed to health care staff (8 Doctors, 62 nurses), of which 28% were completed by female staff.

3.1. Staff Knowledge

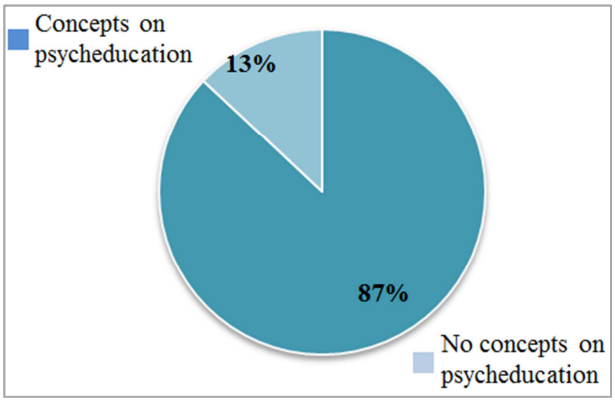

Figure 1. *Proportion of caregivers with knowledge of psychoeducation.*

Comment: 87% of caregivers had notions about psychoeducation.

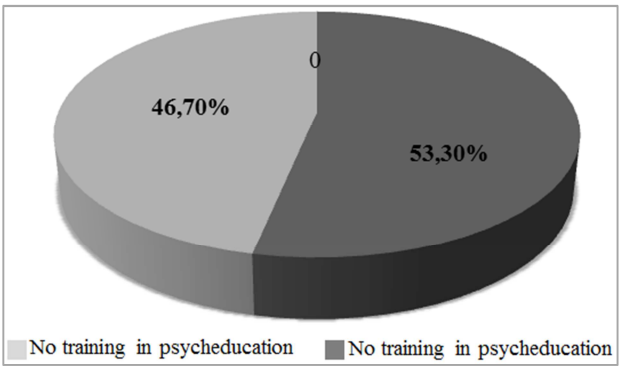

Figure 2. *Proportion of caregivers trained in psychoeducation.*

Comment: More than half of the caregivers (53.30%) in the study did not receive training in Psychoeducation.

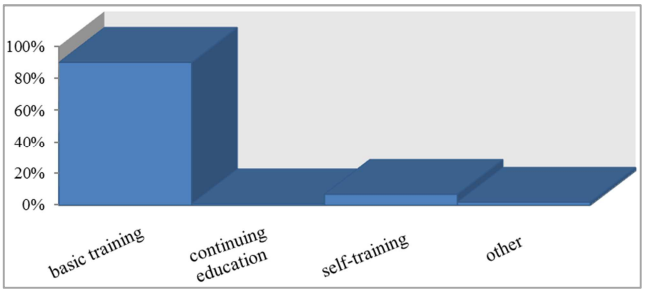

Figure 3. *level of training in psychoeducation.*

Comment: 90% of staff surveyed reported having received initial training at the basic curriculum level.

3.2. Staff Perceptions of Psychoeducation

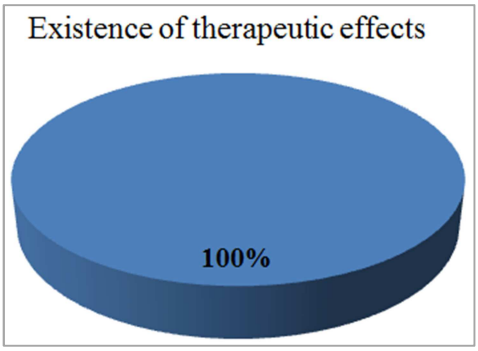

Figure4. *Therapeutic Perceptions of Psychoeducation in Psychiatry by Caregivers.*

Comment: All staff who participated in the survey reported the existence of therapeutic effects of psychoeducation.

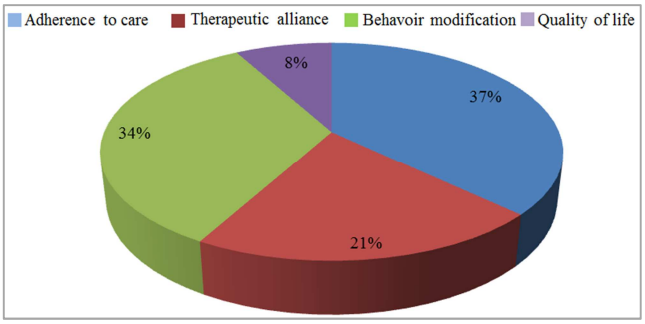

Figure 5. *The nature of the effects of psychoeducation as perceived by caregivers.*

Comment: 37.09% reported that psychoeducation has an effect on adherence to care and 33.87% considered that the effect of psychoeducation is on behavioural change.

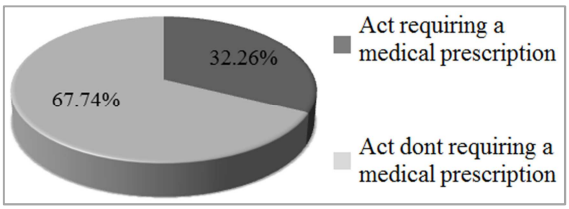

Figure 6. *Origin of the indication of psychoeducation in service functioning according to staff.*

Comment: 67.74% considered psychoeducation as a therapeutic intervention that does not require a medical prescription.

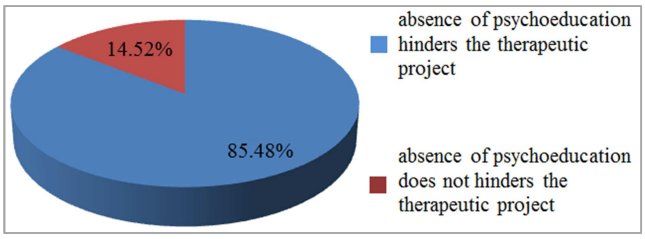

Figure 7. *Psychoeducation and the global therapeutic project.*

Comment: 85.48% of the surveyed population felt that the absence of psychoeducation hinders the patient's over all therapeutic project.

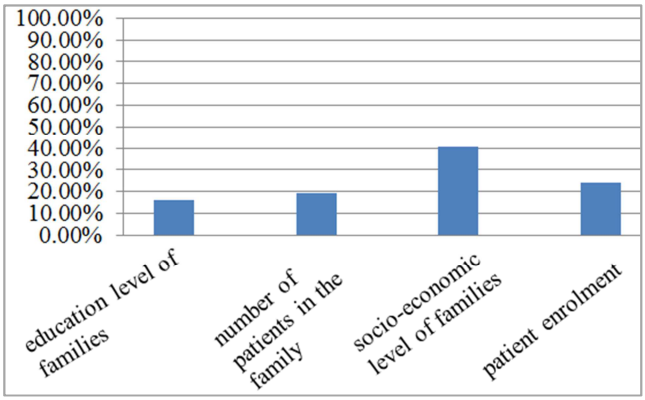

Figure 8. *Factors that may influence the psychoeducation of a mentally ill per.*

Comment: the majority of staff felt that psychoeducation is influenced by factors mainly related to the family, 40,32% reported that the level Family education conditions a good practice of psychoeducation.

3.3. Practice of Psychoeducation

Comment: 77.42% of the staff surveyed said they did not integrate psychoeducation in their management of patients.

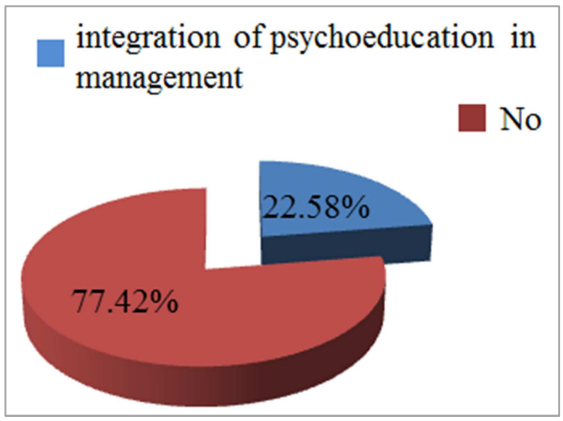

Figure 9. *The integration of psychoeducation in the overall management of patients.*

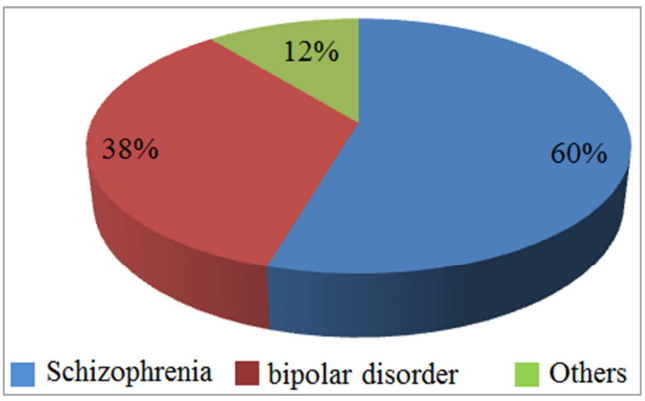

Figure 10. *The type of pathologies that have benefited from psychoeducation.*

Comment: In the majority of cases, patients who have received education were schizophrenics or bipolar.

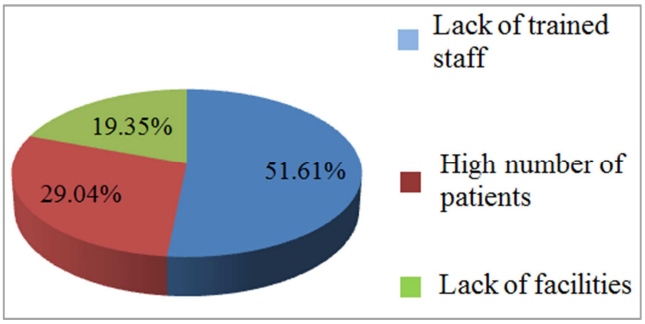

Figure11. *Reasons why psychoeducation is not integrated into patient management.*

Comment: 51.61% of staff responded that lack of training is the reason for which psychoeducation is not integrated into patient management.

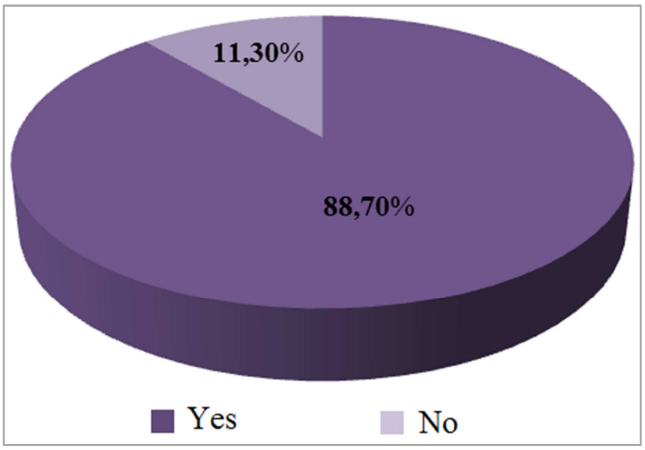

Figure 12. *Staff Interest in Family involvement.*

Comment: The majority of caregivers who participated stated the importance involvement of patient s' families in psychoeducation.

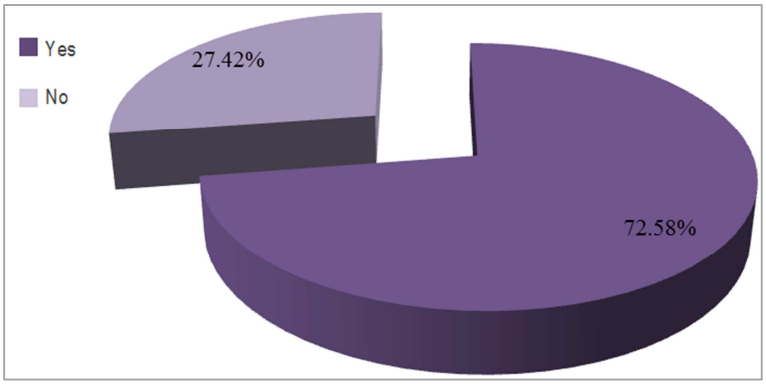

Figure 13. *Share of families among staff with psychoeducation.*

Comment: 72.58% of staff reported having done so for families.

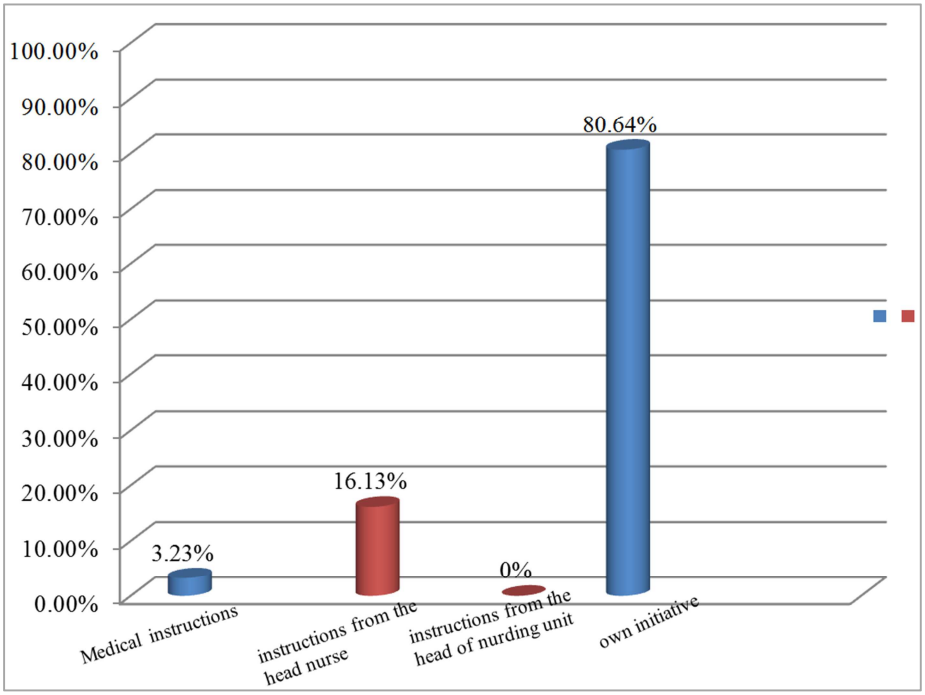

Figure 14. *Source of Psychoeducation Guidance for Families.*

Comment: 80.64% of staff who have carried out psychoeducation for families On their own initiative, only 3.23% of the medical prescriptions.

Comment: 100% of caregivers were motivated to participate in training on psychoeducation.

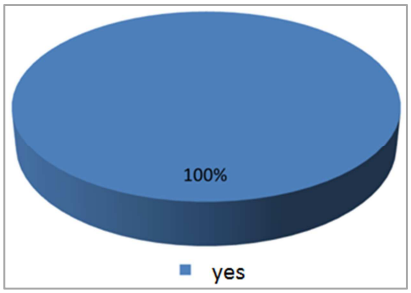

Figure 15. *Motivation of caregivers to participate in psychoeducation training.*

4. Discussion

Psychoeducation is defined as a process of training a person suffering a psychiatric disorder in the areas of treatment and rehabilitation, Promote acceptance of the disease and promote active cooperation in treatment [4], it must be carried out by health professionals trained in the Patient therapy and teaching techniques [4]. In our study 87% of Staff had notions about psychoeducation, 46.7% reported having benefited Training most often within the framework of the basic curriculum which is still very inadequate In our opinion.

Pathologies that have benefited from psychoeducation are dominated by schizophrenia And bipolar disorder, this is understandable since these pathologies come first Rank at service level with more frequent hospitalizations, this is two

Psychiatric pathologies for which research in this field is most active [9, 10] In this context and especially because of the lack of psychiatric beds in Morocco, the Psychoeducation can play an important role in reducing hospitalizations.

There is a great objective and subjective burden borne by the family [11, 12]. The use of work stoppages or hospitalizations is more common with a higher depressive symptomatology among family members of schizophrenic patients [13, 14]. There is evidence that psychoeducational interventions with families reduce the rate of patient relapse,, as well as the length of hospitalizations, and facilitate drug compliance [15, 16]. In a recent review of the literature on this topic, it has been shown that the effectiveness of working with the family of the schizophrenic subject is well established by a series of international studies [17]. Despite all these results, the number of families benefiting from such a program would be at best 10%, but most often between 0 and 2%. There are two reasons for this, the first is the frequent lack of knowledge about the value of these programs, the second is that families are rarely considered partners [19, 20]. In our sample 72.58% of the personnel practising psychoeducation reported that they carried it out for families and not for patients and often on their own initiative. This is due, in our opinion, to the fact that the demand for information on the disease often comes from the family and therefore the caregivers passively engage in a psychoeducational approach. Indeed, it has been shown that Family psychoeducation can reduce the total medical cost through the prevention of hospitalizations [18].

The results of the studies indicate that the use of psychoeducational programs appears to promote knowledge in patients about their disease and its treatments and to improve the therapeutic alliance with the health care team [21]. In our case, no programs were available to staff and all educational behaviours were therefore random, in addition no staff mentioned the need for structured programs to make a practice emerge.

It is clear that the caregivers of the our hospital are little associated with the. Educational approach in daily practice and psychoeducation remains to be promoted.

Moreover, This reality and stressed by a lack of training, a high number of. Patients and a insufficiency of the equipped premises.

5. Conclusion

Psychoeducation pursues and intensifies the paradigmatic change of the last Years that sees the sick caregiver relationship evolve from a prescription model to A model of education and autonomy. This mode of intervention changed the relationship Between caregivers, patients and relatives to make them partners in the treatment and to increase their power to act. However, only the effectiveness of Structured programs has been demonstrated. The adoption by medical and paramedical staff of an educational approach in their daily practice should be the rule. However, the lack of training of caregivers remains an essential obstacle in our context.

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