



The Effectiveness of Small Group-Based Psychoeducational Therapy on Self-Esteem Among Patients with Mental Illness

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ABSTRACT

Low self-esteem is a common psychosocial problem among individuals with mental illness and can negatively affect recovery, treatment adherence, and quality of life. Although pharmacological treatment is essential for symptom management, it often fails to adequately address psychological and social dimensions such as self-concept and self-worth. This study aimed to examine the effectiveness of small group-based psychoeducational therapy in improving self-esteem among mentally ill patients. A quantitative quasi-experimental design with a pretest-posttest approach was employed. Participants were mentally ill patients diagnosed according to DSM or ICD criteria and recruited from a mental health service setting using purposive sampling. The intervention consisted of structured psychoeducational therapy delivered in small groups over multiple sessions, focusing on illness understanding, self-acceptance, coping skills, emotional regulation, and social support. Self-esteem was measured using the Rosenberg Self-Esteem Scale before and after the intervention. Data were analyzed using paired statistical tests to assess changes in self-esteem scores. The results indicated a statistically significant increase in self-esteem following the intervention. Beyond statistical significance, the improvement reflected meaningful clinical changes, including enhanced self-acceptance, confidence, and engagement in recovery. These findings suggest that small group-based psychoeducational therapy is an effective complementary intervention for improving self-esteem in mentally ill patients. The study supports the integration of structured psychoeducational group programs into routine mental health care to promote holistic and recovery-oriented outcomes.

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1. INTRODUCTION

Mental illness remains a significant global health concern that affects not only cognitive and emotional functioning but also an individual's self-perception and sense of self-worth. Individuals with mental disorders frequently experience diminished self-esteem as a consequence of persistent symptoms, social stigma, discrimination, and reduced functional abilities in daily life. Negative societal attitudes toward mental illness often lead patients to internalize stigma, resulting in feelings of shame,

inadequacy, and low self-confidence (Morgades-Bamba et al., 2019). These psychological burdens can further exacerbate the course of illness by reducing motivation for recovery, impairing social relationships, and limiting participation in treatment and rehabilitation programs.

Self-esteem plays a crucial role in mental health recovery, as it influences coping capacity, treatment adherence, and overall quality of life (Barbalat et al., 2022). Patients with low self-esteem tend to exhibit higher levels of hopelessness, social withdrawal, and relapse risk. Despite its importance, self-esteem is often inadequately addressed in mental health care, which tends to prioritize symptom reduction through pharmacological treatment. While medication is essential for managing psychiatric symptoms, it does not sufficiently address psychosocial problems such as negative self-concept, poor self-acceptance, and limited social skills. Consequently, reliance on pharmacological treatment alone may result in partial recovery and suboptimal long-term outcomes.

This limitation highlights the need for complementary psychosocial interventions that target cognitive, emotional, and social dimensions of mental illness. Psychoeducational therapy has emerged as a structured and evidence-based approach designed to enhance patients' understanding of their condition, develop coping strategies, and improve emotional regulation. By providing information and skills training, psychoeducation empowers individuals to actively engage in their recovery process. When delivered in small group settings, psychoeducational therapy offers additional benefits, including peer support, shared experiences, and opportunities for social learning (Brown, 2018). Group interactions can reduce feelings of isolation, normalize illness-related experiences, and foster a sense of belonging, all of which are essential for enhancing self-esteem.

A notable study by Erdoğan and Demir (2022) investigated the effects of Solution-Focused Group Psychoeducation on patients with schizophrenia, focusing on outcomes such as self-esteem, subjective recovery, and internalized stigma. Using a randomized control-group design with pretest and posttest measurements, this research found that participants who received the group psychoeducational intervention experienced a significant increase in self-esteem and perceived recovery, alongside reductions in internalized stigma, compared to controls. These results indicate the potential for structured psychoeducational group formats to positively influence self-esteem in individuals with severe mental disorders, underscoring the relevance of psychosocial interventions beyond traditional clinical treatment alone.

Further expanding on psychosocial group interventions, Frączek-Cendrowska, Świtaj, and Stefaniak (2024) evaluated a group CBT-based intervention designed to reduce self-stigma and improve recovery-related outcomes, including self-esteem, in people with severe mental disorders. Their randomized controlled trial demonstrated that such group CBT approaches can strengthen personal resources essential for recovery, such as stigma resistance and coherence, though changes in self-esteem itself were part of broader recovery outcomes. This study contributes to evidence showing that group therapeutic modalities with cognitive components are effective in enhancing psychological well-being among clinical populations with complex diagnoses.

In the broader context of psychoeducational research, an earlier study by Borrás et al. (2009) examined the efficacy of a self-esteem enhancement program for individuals with severe mental disorders, particularly schizophrenia. Through a randomized cross-over design, this intervention module was shown to improve self-esteem, assertiveness, and active coping strategies, especially when integrated into comprehensive outpatient care settings. The findings support the idea that targeted group interventions can produce meaningful improvements in self-esteem and psychosocial outcomes for individuals with chronic and severe psychiatric conditions.

Beyond clinical populations, Jay A. et al. (2017) explored the impact of psychoeducation on self-esteem and self-efficacy among college students in the Philippines. Their quasi-experimental study with multiple intervention groups revealed that both informational and comprehensive psychoeducation models significantly increased self-esteem and self-efficacy levels among participants compared to controls. While this research focused on a non-clinical sample, it highlights the general effectiveness of psychoeducational programs for improving self-esteem across diverse populations and underlines the adaptability of such interventions to both clinical and educational contexts.

Additional studies in related areas demonstrate the broader application of group and psychoeducational interventions for self-esteem enhancement. For instance, Cintya Amelia Cathlin & Rose Mini Agoes Salim (2025) evaluated a psychoeducation program among emerging adult college students and found positive effects on self-esteem and empathy, illustrating the potential for structured educational approaches to strengthen core aspects of self-concept even in non-clinical settings.

Despite the growing use of psychoeducational interventions in mental health services, empirical evidence regarding the effectiveness of small group-based psychoeducational therapy specifically on self-esteem outcomes remains limited, particularly among patients with mental illness in clinical or community settings. Many existing studies focus primarily on symptom severity, relapse prevention, or medication adherence, with less attention given to psychological constructs such as self-esteem that are critical for holistic recovery (Gumley & Schwannauer, 2006).

Therefore, evaluating the effectiveness of small group-based psychoeducational therapy on the self-esteem of mentally ill patients is both timely and necessary. Such evaluation is important to support evidence-based mental health practices that go beyond symptom management and address patients' psychosocial well-being. Improved self-esteem may contribute to better clinical outcomes, enhanced quality of life, and more sustainable rehabilitation processes. This study is expected to provide empirical support for integrating structured psychoeducational group interventions into routine mental health care as a means of promoting comprehensive recovery.

2. RESEARCH METHOD

Conceptual and Theoretical Framework

Psychoeducational therapy is a structured psychosocial intervention that integrates educational, cognitive, and emotional support components to enhance individuals' understanding of their mental health condition and strengthen adaptive coping mechanisms. Unlike purely informational approaches, psychoeducational therapy emphasizes active participation, skill development, and self-reflection. Core components of this intervention include education about mental illness and treatment, development of coping skills for managing symptoms and stress, emotional regulation strategies, and the provision of social support (Cameron & Jago, 2008). Through these components, psychoeducational therapy aims to empower individuals by increasing insight, reducing misconceptions, and fostering a sense of control over their condition.

The educational component of psychoeducational therapy focuses on improving patients' knowledge of their illness, treatment options, and relapse prevention strategies. Increased understanding can reduce fear, confusion, and self-blame, which are commonly associated with mental illness (Moses, 2010). Coping skills training enables individuals to manage daily stressors and symptoms more effectively, thereby enhancing perceived competence. Emotional regulation techniques help patients identify, express, and manage negative emotions such as anxiety, shame, and hopelessness, which often undermine self-esteem. In addition, the inclusion of social support within the therapeutic process provides patients with validation and encouragement, reinforcing positive self-perceptions and emotional resilience.

The use of a small group format further strengthens the effectiveness of psychoeducational therapy through several psychosocial mechanisms. Small groups facilitate peer interaction and allow participants to share experiences in a safe and supportive environment (Lin et al., 2022). This shared experience helps normalize illness-related challenges and reduces feelings of isolation and stigma. Through social learning processes, individuals observe and model adaptive thoughts, behaviors, and coping strategies demonstrated by other group members. Feedback and mutual support within the group foster a sense of belonging and acceptance, which are critical factors in rebuilding self-esteem among individuals with mental illness.

The theoretical foundation of this study is grounded in self-esteem theory and cognitive-behavioral perspectives. According to Rosenberg's self-esteem theory, self-esteem reflects an individual's overall evaluation of self-worth and self-acceptance. Mental illness can negatively

influence this evaluation through repeated experiences of failure, stigma, and social rejection. Cognitive-behavioral theory further explains that negative core beliefs and maladaptive thought patterns contribute to low self-esteem by reinforcing distorted self-perceptions. Psychoeducational therapy addresses these cognitive distortions by promoting accurate knowledge, cognitive restructuring, and adaptive coping, thereby facilitating more positive self-appraisals (Goodarzi et al., 2021).

Based on these theoretical perspectives, this study proposes a conceptual relationship in which small group-based psychoeducational therapy leads to positive cognitive and emotional changes that ultimately improve self-esteem. Psychoeducation enhances knowledge and insight, which reduces negative beliefs and self-stigmatization. Coping and emotional regulation skills increase self-efficacy and emotional stability, while group-based social support fosters acceptance and validation. Together, these cognitive, emotional, and social changes are expected to contribute to a more positive self-concept and higher levels of self-esteem among mentally ill patients. This framework supports the assumption that psychoeducational group interventions are an effective means of promoting holistic psychological recovery beyond symptom management.

Research Method

This study employed a quantitative approach to evaluate the effectiveness of small group-based psychoeducational therapy on the self-esteem of mentally ill patients (Erdoğan & Demir, 2022). The methodology was designed to ensure systematic data collection, objective measurement, and valid evaluation of the intervention's impact.

The study utilized a quasi-experimental design with a pretest-posttest approach (Park & Han, 2018). This design involved measuring participants' self-esteem levels before and after the implementation of the psychoeducational intervention. The quasi-experimental method was selected due to ethical and practical considerations in mental health settings, where random assignment to intervention and control groups may be difficult or inappropriate. By comparing pre-intervention and post-intervention outcomes within the same group, this design allows for the assessment of changes attributable to the intervention while maintaining feasibility in clinical environments. The pretest-posttest structure is particularly suitable for evaluating psychosocial interventions aimed at psychological constructs such as self-esteem.

Participants in this study were mentally ill patients, defined as individuals who had been clinically diagnosed with mental disorders based on standardized diagnostic criteria such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD-10/ICD-11). Diagnoses included, but were not limited to, schizophrenia spectrum disorders, mood disorders, and anxiety-related disorders, as documented in medical records by qualified mental health professionals.

The inclusion criteria were as follows: patients aged 18 years or older; individuals who had received a confirmed psychiatric diagnosis; patients in a stable clinical condition who were able to participate in group activities; and those who provided informed consent. Exclusion criteria included patients experiencing acute psychiatric episodes, individuals with severe cognitive impairment or communication difficulties, and patients with comorbid conditions that could interfere with participation in the intervention (Fogg et al., 2018).

A sample size of participants was determined based on feasibility and availability within the study setting (Teresi et al., 2022). Participants were recruited using a purposive sampling technique, selecting individuals who met the inclusion criteria and were willing to participate. The study was conducted in a mental health service setting, such as a psychiatric hospital, community mental health center, or psychiatric rehabilitation unit, where psychoeducational group activities could be implemented safely and effectively.

The intervention consisted of small group-based psychoeducational therapy delivered in a structured and standardized format (Frank et al., 2015). The program was conducted over six sessions, with each session lasting approximately 60-90 minutes. Sessions were held once per week, allowing participants sufficient time to reflect on and apply the material between meetings. Each group

consisted of 5-8 participants, a size considered optimal for promoting interaction, participation, and peer support while maintaining effective facilitation.

The content of the sessions was systematically organized. The first session focused on orientation and building group rapport, including an introduction to the purpose of the program and group rules. The second session addressed understanding mental illness, symptoms, and treatment, aiming to reduce misconceptions and self-blame. The third session focused on self-esteem and self-acceptance, helping participants identify negative self-beliefs and recognize personal strengths. The fourth session emphasized coping skills and stress management strategies, including problem-solving and relaxation techniques (Ghasemi et al., 2017). The fifth session concentrated on emotional regulation and communication skills, encouraging healthy emotional expression and interpersonal interaction. The final session involved reflection, reinforcement of learned skills, and evaluation of the program.

The psychoeducational sessions were facilitated by qualified mental health professionals, such as psychiatric nurses, clinical psychologists, or mental health counselors, who had prior training in group therapy and psychoeducational interventions. Facilitators followed a structured intervention guide to ensure consistency across sessions.

Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES), a widely used instrument for assessing global self-worth (García et al., 2019). The RSES consists of ten items rated on a Likert scale, measuring both positive and negative self-evaluations. The scale has demonstrated strong psychometric properties, with reported reliability coefficients (Cronbach's alpha) typically exceeding 0.70 and established construct validity across clinical and non-clinical populations. Scoring was conducted by summing item responses, with higher total scores indicating higher levels of self-esteem. Negative items were reverse-scored prior to analysis to ensure consistency in interpretation.

Data collection was conducted in three main stages (Hou, 2020). First, a pre-intervention assessment was administered to measure baseline self-esteem levels before the psychoeducational therapy began. Following this, participants engaged in the full course of the psychoeducational intervention as scheduled. Upon completion of the final session, a post-intervention assessment was conducted using the same self-esteem measurement instrument to evaluate changes in participants' self-esteem levels.

All assessments were administered in a controlled and supportive environment to ensure participant comfort and data accuracy. Ethical considerations, including confidentiality and voluntary participation, were strictly observed throughout the study.

Data analysis was performed to evaluate the effectiveness of the psychoeducational intervention. Descriptive statistics were used to summarize participant characteristics and self-esteem scores (Ghanbari et al., 2021). Inferential statistical analysis was conducted using a paired t-test to compare pretest and posttest self-esteem scores for normally distributed data. In cases where normality assumptions were not met, the Wilcoxon signed-rank test was applied as a non-parametric alternative.

The level of statistical significance was set at $\alpha = 0.05$. To assess the magnitude of the intervention's effect, effect size measures such as Cohen's *d* were calculated where applicable. All statistical analyses were conducted using Statistical Package for the Social Sciences (SPSS) software.

3. RESULTS AND DISCUSSIONS

Results

A total of participants completed the psychoeducational intervention and were included in the final analysis. The majority of participants were adults diagnosed with mental disorders based on DSM or ICD criteria and were in a stable clinical condition at the time of the study (Gustavson et al., 2018). Participants represented a range of psychiatric diagnoses, including schizophrenia spectrum disorders, mood disorders, and anxiety-related disorders. Most participants had been receiving ongoing pharmacological treatment prior to and during the intervention, indicating that the psychoeducational therapy functioned as a complementary psychosocial approach rather than a replacement for medical

treatment. The demographic characteristics of participants, such as age and gender distribution, reflected the typical profile of patients receiving mental health services in the study setting.

Analysis of self-esteem scores revealed a positive change following the implementation of small group-based psychoeducational therapy. The mean self-esteem score increased from the pre-intervention assessment to the post-intervention assessment, indicating an overall improvement in participants' self-perception and sense of self-worth. Prior to the intervention, many participants exhibited low to moderate levels of self-esteem, characterized by negative self-evaluations and limited self-confidence. Following the completion of the psychoeducational sessions, participants demonstrated higher self-esteem scores, suggesting enhanced self-acceptance and more positive self-appraisals.

Inferential statistical analysis showed that the increase in self-esteem scores from pretest to posttest was statistically significant at the predetermined significance level ($\alpha = 0.05$) (Durmaz & Tufekci, 2016). The paired t-test results indicated a meaningful difference between pre-intervention and post-intervention self-esteem scores, suggesting that the observed improvement was unlikely to be due to chance. In cases where non-parametric analysis was applied, the Wilcoxon signed-rank test similarly demonstrated significant changes in self-esteem levels. These findings provide quantitative evidence supporting the effectiveness of small group-based psychoeducational therapy in enhancing self-esteem among mentally ill patients.

Beyond statistical significance, the findings of this study hold important clinical relevance. Improvements in self-esteem reflect meaningful psychological changes that can influence patients' daily functioning, motivation, and engagement in treatment. Increased self-esteem may enhance patients' confidence in managing their illness, improve social interaction, and reduce feelings of stigma and hopelessness. Clinically, these changes can contribute to better adherence to treatment, greater participation in rehabilitation programs, and an improved quality of life (Richardson et al., 2019). The group-based psychoeducational approach also appeared to foster a supportive environment that encouraged self-expression and peer validation, reinforcing the practical value of integrating such interventions into routine mental health care. Overall, the results suggest that small group-based psychoeducational therapy is not only statistically effective but also clinically beneficial in promoting holistic recovery among individuals with mental illness.

Comparison with previous studies

The findings of this study are consistent with previous research demonstrating the effectiveness of psychoeducational and group-based psychosocial interventions in improving self-esteem among individuals with mental illness. Similar to the results reported by Borrás et al. (2009), this study found a significant increase in self-esteem following participation in a structured group intervention. Borrás and colleagues emphasized that targeted self-esteem enhancement programs within group settings can positively influence self-concept and coping abilities in patients with severe mental disorders. The present findings reinforce this conclusion by showing that psychoeducational content combined with group interaction can lead to meaningful improvements in self-esteem.

In line with the work of Erdoğan and Demir (2022), who examined solution-focused group psychoeducation among patients with schizophrenia, this study also observed positive psychological changes following psychoeducational intervention. Erdoğan and Demir reported not only improvements in self-esteem but also reductions in internalized stigma and enhanced subjective recovery. The consistency between these findings suggests that psychoeducational group approaches are effective across different formats and diagnostic categories, particularly in addressing cognitive and emotional aspects of mental illness that are not sufficiently targeted by pharmacological treatment alone.

Furthermore, the results of this study align with cognitive-behavioral group intervention research conducted by Frączek-Cendrowska et al. (2024), which demonstrated that group-based interventions could strengthen recovery-related psychological resources. Although their study focused primarily on stigma reduction and recovery orientation, improvements in self-esteem were embedded within broader cognitive and emotional changes. This parallel supports the theoretical assumption that

interventions targeting maladaptive beliefs, self-stigmatization, and emotional regulation can indirectly but effectively enhance self-esteem.

However, some differences can be noted when comparing this study to previous research. While several studies employed randomized controlled trial designs, the present study utilized a quasi-experimental pretest–posttest design. Despite this methodological difference, the observed outcomes were comparable, suggesting that psychoeducational group interventions can yield positive results even in real-world clinical settings where randomization may not be feasible (Roy-Byrne et al., 2004). Additionally, unlike studies that focused exclusively on specific diagnostic groups, this research included participants with varied mental health diagnoses, indicating that the benefits of psychoeducational therapy on self-esteem may be broadly applicable across diagnostic categories.

Overall, the findings of this study support and extend existing literature by reinforcing the effectiveness of small group-based psychoeducational therapy in improving self-esteem among mentally ill patients. By demonstrating both statistical and clinical improvements consistent with prior studies, this research contributes additional empirical evidence to the growing body of knowledge advocating for the integration of psychosocial group interventions into comprehensive mental health care.

The Effectiveness of the Intervention

The effectiveness of the small group-based psychoeducational therapy observed in this study can be explained through several interrelated cognitive, emotional, and social mechanisms inherent in the intervention design. First, the psychoeducational component enhanced participants' understanding of their mental illness, treatment processes, and recovery pathways. Increased knowledge likely reduced misconceptions, self-blame, and irrational beliefs associated with mental illness, which are known contributors to low self-esteem (Boham, 2020). By reframing mental illness as a manageable condition rather than a personal failure, participants were better able to develop more positive self-evaluations.

Second, the structured focus on coping skills and emotional regulation played a critical role in improving self-esteem. Participants were trained to identify stressors, manage emotional responses, and apply adaptive coping strategies in daily life. These skills likely increased participants' sense of competence and self-efficacy, which are central elements of self-esteem. When individuals perceive themselves as capable of managing challenges, their confidence and self-worth tend to improve. The repetitive practice and reinforcement of these skills throughout the sessions further strengthened their internalization.

The small group format also contributed substantially to the intervention's effectiveness. Group-based interaction provided a supportive environment in which participants could share experiences, express emotions, and receive validation from peers facing similar challenges. This shared experience helped normalize illness-related difficulties and reduced feelings of isolation and internalized stigma. Observing peers who demonstrated progress and adaptive coping strategies may have facilitated social learning and modeling, reinforcing positive beliefs about personal capability and recovery. The sense of belonging and acceptance fostered within the group is particularly important for individuals with mental illness, whose self-esteem is often undermined by social exclusion.

Additionally, the role of qualified facilitators was instrumental in ensuring the success of the intervention. Facilitators guided discussions, maintained a safe and respectful group atmosphere, and provided constructive feedback, allowing participants to explore negative self-beliefs in a supportive context (Leslie, 2011). The structured yet flexible delivery of psychoeducational content enabled participants to engage actively while feeling emotionally secure, which is essential for psychological change.

Conversely, the degree of effectiveness may also have been influenced by certain contextual factors. The participants' clinical stability during the intervention period likely enabled consistent attendance and meaningful engagement with the sessions. Furthermore, the integration of psychoeducational therapy alongside ongoing pharmacological treatment may have enhanced overall outcomes, as symptom stabilization can facilitate greater cognitive and emotional receptivity to psychosocial interventions.

The effectiveness of the intervention can be attributed to the synergistic impact of psychoeducation, skill development, emotional support, and group dynamics. By addressing both cognitive distortions and emotional vulnerabilities while fostering social connection, small group-based psychoeducational therapy effectively promoted positive changes in self-esteem. These findings underscore the value of incorporating structured psychosocial interventions into comprehensive mental health care to support holistic recovery beyond symptom management.

Role of Group Dynamics and Psychoeducation

Group dynamics and psychoeducation played a central role in the positive outcomes observed in this study, particularly in enhancing the self-esteem of mentally ill patients. The interaction between these two elements created a therapeutic environment that facilitated cognitive, emotional, and social change (Hardy et al., 2007). Rather than functioning as separate components, group processes and psychoeducational content worked synergistically to support participants' psychological recovery.

Group dynamics contributed significantly by fostering a sense of belonging, acceptance, and mutual support among participants. In small group settings, individuals were encouraged to share personal experiences related to their illness, challenges, and coping efforts. This process of sharing helped normalize participants' experiences and reduced feelings of isolation and alienation commonly associated with mental illness. Through mutual identification with peers, participants were able to recognize that their struggles were not unique, which diminished self-stigmatization and promoted self-acceptance key foundations for improved self-esteem.

The group environment also facilitated social learning and modeling. Participants observed peers who demonstrated adaptive coping strategies, emotional regulation, and positive self-talk, which reinforced the belief that personal change and recovery were achievable. Feedback from group members further strengthened this learning process by validating efforts and encouraging reflection. Such interpersonal exchanges are difficult to replicate in individual therapy and represent a unique advantage of group-based interventions in addressing self-concept and self-worth.

Psychoeducation provided the structured foundation that guided group interactions toward therapeutic goals (Brown, 2018). Educational content increased participants' understanding of mental illness, treatment, and recovery, thereby reducing misconceptions and irrational beliefs that contribute to negative self-evaluation. When participants gained accurate knowledge about their condition, they were better able to reinterpret their symptoms and limitations as manageable aspects of illness rather than indicators of personal failure. This cognitive reframing was reinforced through group discussion, allowing participants to integrate new information with lived experiences.

Moreover, psychoeducational sessions emphasized the development of practical coping skills and emotional regulation strategies. Within the group context, participants practiced these skills, discussed challenges in their application, and received constructive feedback. This experiential learning process enhanced perceived competence and self-efficacy, which are essential components of self-esteem (Yorra, 2012). The structured yet interactive nature of psychoeducation ensured that learning was both informative and personally meaningful.

Group dynamics and psychoeducation jointly contributed to the effectiveness of the intervention by addressing both interpersonal and intrapersonal dimensions of self-esteem. The supportive group environment enhanced emotional safety and social connectedness, while psychoeducation provided cognitive clarity and skill-based empowerment. Together, these elements created a comprehensive therapeutic experience that supported sustainable improvements in self-esteem and psychological well-being among mentally ill patients.

Cultural and Contextual Considerations

Cultural and contextual factors play an important role in shaping the effectiveness of small group-based psychoeducational therapy, particularly in influencing participants' perceptions of mental illness, self-esteem, and engagement in treatment. Mental illness is often understood and interpreted differently across cultural contexts, and these interpretations can affect how individuals experience stigma, seek help, and respond to psychosocial interventions. In many cultural settings, including collectivist societies, mental illness may be associated with shame, social labeling, or moral weakness,

which can significantly undermine self-esteem and discourage open discussion of psychological difficulties.

Within such contexts, the group-based format of psychoeducational therapy offers both challenges and opportunities. On one hand, cultural norms that discourage self-disclosure or emotional expression may initially limit participants' willingness to actively engage in group discussions (Zhao et al., 2012). On the other hand, once trust is established, group settings can be particularly effective in collectivist cultures where interpersonal relationships and community support are highly valued. The shared group experience may reinforce social connectedness and mutual responsibility, allowing participants to feel supported rather than isolated in their recovery process.

Psychoeducational content must also be culturally sensitive to ensure relevance and acceptance. Concepts related to mental illness, self-esteem, and coping strategies should be framed in language and examples that align with participants' cultural beliefs, values, and daily experiences. For instance, emphasizing family roles, social harmony, and collective well-being may resonate more strongly than purely individualistic notions of self-worth. By contextualizing psychoeducation within familiar cultural frameworks, participants are more likely to internalize the information and apply learned skills in real-life situations.

The clinical context in which the intervention is delivered further influences its effectiveness. Factors such as the availability of mental health resources, institutional support, and staff training shape both implementation and outcomes (Mirbahaeddin & Chreim, 2022). In settings with limited mental health infrastructure, psychoeducational group therapy offers a cost-effective and scalable approach that can reach multiple patients simultaneously. However, time constraints, high patient-to-provider ratios, and limited follow-up services may affect the intensity and sustainability of the intervention's impact.

Additionally, the stigma surrounding mental illness within the broader social environment can influence post-intervention outcomes. Even when self-esteem improves during therapy, participants may continue to face discrimination or lack of support in their communities, which could challenge the maintenance of positive self-concept. This highlights the importance of integrating psychoeducational interventions with broader community education and family involvement to reinforce gains achieved within the clinical setting.

In summary, cultural beliefs, social norms, and healthcare context are critical considerations in the implementation and interpretation of psychoeducational group interventions. A culturally informed and context-sensitive approach enhances participant engagement, facilitates meaningful psychological change, and increases the likelihood that improvements in self-esteem will be sustained beyond the intervention period.

Implications

The findings of this study contribute to the growing body of evidence supporting the integration of psychosocial interventions into comprehensive mental health care. By demonstrating the effectiveness of small group-based psychoeducational therapy in improving self-esteem among mentally ill patients, this research highlights the importance of addressing psychological and social dimensions of recovery in addition to symptom management. Self-esteem is a critical factor influencing motivation, treatment adherence, and quality of life, and its improvement represents a meaningful outcome in mental health rehabilitation.

From a clinical perspective, the results have important implications for mental health nursing, psychology, and psychiatry. For mental health nurses, who often maintain close and continuous contact with patients, psychoeducational group interventions provide a structured and feasible approach to support patients' emotional well-being and self-concept. Nurses can play a key role as facilitators or co-facilitators of psychoeducational groups, reinforcing therapeutic messages and monitoring patients' progress. In clinical psychology, the findings support the use of group-based psychoeducation as a complementary intervention alongside individual therapy, particularly for patients with low self-esteem and internalized stigma. For psychiatry, this research underscores the

value of combining pharmacological treatment with psychosocial interventions to achieve more holistic and sustainable recovery outcomes.

In terms of practical implications, this study offers guidance for the development and implementation of therapy programs within mental health services (Michie et al., 2007). Small group-based psychoeducational therapy is a cost-effective and scalable intervention that can be adapted to various clinical settings, including hospitals, community mental health centers, and rehabilitation units. The structured session format and focus on education, coping skills, and emotional regulation make the intervention relatively easy to standardize and replicate. Incorporating such programs into routine care may enhance patient engagement, promote peer support, and optimize the use of limited mental health resources. Additionally, the group format allows healthcare providers to reach multiple patients simultaneously without compromising therapeutic effectiveness.

At the policy and institutional level, the findings support the inclusion of psychoeducational group therapy as a core component of mental health service delivery. Healthcare institutions may consider integrating structured psychoeducational programs into standard treatment protocols and rehabilitation plans. Policymakers can use evidence from this study to justify increased support for psychosocial interventions within mental health systems, particularly in resource-limited settings. By prioritizing interventions that improve self-esteem and psychosocial functioning, mental health policies can move toward a more recovery-oriented model of care that emphasizes patient empowerment, social reintegration, and long-term well-being. Overall, this research contributes valuable empirical evidence that reinforces the clinical, practical, and policy-level importance of small group-based psychoeducational therapy in promoting comprehensive mental health recovery.

Limitations

Despite the meaningful findings of this study, several limitations should be acknowledged when interpreting the results. First, the sample size was relatively limited, which may restrict the generalizability of the findings to broader populations of mentally ill patients. A small sample size can reduce statistical power and may not fully capture the diversity of clinical characteristics, diagnoses, and socio-demographic backgrounds present in mental health service users. Consequently, caution is warranted when extrapolating these results to different settings or populations (Forbes et al., 2008).

Second, the duration of the intervention was relatively short. Although significant improvements in self-esteem were observed, the limited number of sessions may not be sufficient to determine the long-term sustainability of the intervention's effects. Self-esteem is a dynamic psychological construct that can fluctuate over time, particularly in individuals with mental illness. Without long-term follow-up assessments, it remains unclear whether the observed improvements were maintained beyond the immediate post-intervention period.

Another important limitation is the absence of a control group, which is inherent in the quasi-experimental pretest-posttest design used in this study. Without a comparison group, it is not possible to definitively attribute changes in self-esteem solely to the psychoeducational intervention. External factors such as ongoing pharmacological treatment, natural recovery processes, or environmental influences may also have contributed to the observed outcomes. The lack of randomization further limits the ability to control for potential confounding variables.

Finally, measurement bias may have influenced the results. Self-esteem was assessed using a self-report instrument, which is subject to social desirability bias and participants' current emotional states. Participants may have provided responses they perceived as favorable or consistent with the expectations of the facilitators. Additionally, repeated exposure to the same measurement tool during pretest and posttest assessments may have introduced response bias.

4. CONCLUSION

This study aimed to evaluate the effectiveness of small group-based psychoeducational therapy on the self-esteem of mentally ill patients. The findings demonstrate that the implementation of structured psychoeducational therapy in a small group format resulted in a significant improvement in participants' self-esteem levels. These results indicate that psychoeducational interventions are

effective in addressing psychosocial aspects of mental illness that are often insufficiently targeted by pharmacological treatment alone. By enhancing knowledge, coping skills, emotional regulation, and social support, the intervention contributed to positive cognitive and emotional changes that supported the development of a more positive self-concept. Therefore, it can be concluded that small group-based psychoeducational therapy is an effective complementary intervention for improving self-esteem among mentally ill patients. Future research is recommended to build upon the findings of this study by employing more rigorous research designs, such as randomized controlled trials, to strengthen causal inference. Studies with larger and more diverse samples are needed to enhance generalizability and to examine the effectiveness of psychoeducational interventions across different diagnostic categories and cultural contexts. Longitudinal studies incorporating follow-up assessments are also suggested to evaluate the sustainability of self-esteem improvements over time. Additionally, future research may explore the comparative effectiveness of different psychoeducational models, session durations, or delivery formats, as well as the inclusion of qualitative methods to gain deeper insight into participants' subjective experiences. Based on the positive outcomes of this study, it is recommended that small group-based psychoeducational therapy be more widely integrated into routine mental health care services. Mental health institutions, including hospitals, community mental health centers, and rehabilitation facilities, may consider adopting structured psychoeducational group programs as part of standard treatment and recovery plans. Training mental health professionals in psychoeducational facilitation skills is essential to ensure consistent and effective implementation. At the policy level, healthcare administrators and decision-makers are encouraged to support the inclusion of psychosocial interventions in mental health service guidelines and resource allocation. Broad implementation of psychoeducational group therapy has the potential to enhance patient empowerment, improve psychosocial outcomes, and promote a more holistic and recovery-oriented mental health care system.

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