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From hospital to home: Nursing strategies to promote psychosocial recovery in schizophrenia

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Abstract
Background: Schizophrenia is a chronic mental disorder that often results in significant functional impairments and high relapse rates, particularly during the transition from hospital to home. While pharmacological treatment is essential, psychosocial nursing interventions play a critical role in sustaining recovery and improving community functioning.
Objectives: This study aimed to evaluate the effectiveness of structured, nurse-led psychosocial interventions in improving symptom control, functional outcomes, treatment adherence, and relapse prevention among individuals with schizophrenia transitioning from inpatient care to community settings.
Methods: A quasi-experimental study was conducted among 120 individuals with schizophrenia recruited from a tertiary psychiatric hospital. Participants were randomized into two groups: an intervention group receiving structured psychosocial nursing care including psychoeducation, skills training, family involvement, and follow-up and a control group receiving standard discharge care. Outcomes were measured using PANSS, GAF, and SFS at baseline, 6 weeks, and 12 weeks post-discharge. Statistical analyses included paired and independent *t*-tests, chi-square tests, and repeated measures ANOVA.
Results: The intervention group showed significantly greater improvement in PANSS total scores (−25.1±12.4 vs −12.1±11.7, $p<0.001$), higher GAF (+10 points, $p<0.001$) and SFS scores (+14 points, $p<0.001$) compared with controls. Adherence rates were higher (82% vs 63%, $p=0.023$), and relapse rates were lower (7% vs 20%, $p=0.043$). Significant group×time interactions favored the intervention for all primary and secondary outcomes.
Conclusion: Structured, nurse-led psychosocial interventions significantly enhance recovery outcomes for individuals with schizophrenia transitioning from hospital to home.

Keywords: Schizophrenia, Psychosocial recovery, Nursing intervention, Hospital discharge, Community mental health, Psychoeducation, Functional outcomes, Adherence, Relapse prevention, Transitional care

Introduction

Schizophrenia is a chronic, severe, and disabling mental disorder characterized by disturbances in thought, perception, emotion, and behavior, often resulting in significant functional impairments and social withdrawal [1, 2]. Globally, it affects approximately 24 million people, contributing substantially to the global burden of disease and disability [3]. The transition from hospital-based care to community living is a particularly vulnerable period for individuals with schizophrenia, as it is often associated with an increased risk of relapse, social isolation, and poor medication adherence [4, 5]. While advances in pharmacological treatment have improved symptom management, psychosocial rehabilitation and nursing interventions remain crucial to sustaining recovery in the community setting [6-8]. Nurses, especially psychiatric and community mental health nurses, play a pivotal role in bridging this transition through structured discharge planning, psychoeducation, family support, and community reintegration strategies [9, 10].

Despite evidence highlighting the benefits of community-based interventions, many patients face fragmented follow-up care, inadequate psychosocial support, and poor continuity of services after discharge [11, 12]. This care gap often leads to high readmission rates, reduced quality of life, and difficulties in social reintegration [13, 14]. The problem is further compounded by stigma, limited access to mental health resources, and insufficient patient and caregiver education [15, 16]. Therefore, there is a growing need for structured, nurse-led psychosocial recovery strategies that address these multifaceted challenges and promote sustained community functioning [17].

The primary objective of this study is to explore and evaluate nursing strategies that effectively promote psychosocial recovery among individuals with schizophrenia during the critical transition from hospital to home. Specific goals include assessing the impact of psychoeducation, social skills training, family involvement, and follow-up support on patient outcomes such as relapse prevention, adherence to treatment, social reintegration, and quality of life [18, 19]. The underlying hypothesis of this research posits that structured, nurse-led psychosocial interventions during the discharge transition period significantly improve psychosocial functioning, reduce relapse rates, and enhance overall patient well-being compared to usual care [20]. By focusing on comprehensive nursing approaches, this study seeks to strengthen the evidence base for post-discharge mental health care and support the development of sustainable community-based mental health nursing models.

Theoretical or Conceptual Framework

This research is underpinned by the Recovery Model and the stress-vulnerability framework, which emphasize empowerment, patient autonomy, and the role of structured support systems in sustaining mental health recovery. The Recovery Model frames schizophrenia not merely as symptom reduction but as enabling individuals to lead meaningful lives within their communities. The stress-vulnerability model suggests that psychosocial stressors can trigger relapse in vulnerable individuals, making structured interventions essential during transitional phases. These frameworks justify the use of nurse-led psychosocial interventions, combining patient education, skill building, and community integration to reduce relapse risk and foster sustainable recovery trajectories.

Operational Definitions

Psychosocial recovery in this study refers to measurable improvement in functional and social outcomes, operationalized as a minimum increase of 10 points on the Global Assessment of Functioning (GAF) scale over 12 weeks. “Relapse” is defined as a clinically significant worsening of psychotic symptoms requiring intervention or hospitalization. “Adherence” indicates consistent medication intake of at least 80% as reported through pill counts and caregiver reports. “Community reintegration” denotes active participation in daily activities, social interactions, and self-care as measured by the Social Functioning Scale (SFS). Defining these concepts ensures clarity and consistency throughout the study.

Materials and Methods

Materials

This study adopted a quasi-experimental design to evaluate the effectiveness of structured nursing interventions on psychosocial recovery among individuals with schizophrenia during the transition from hospital to home. The research was conducted at a tertiary-level psychiatric hospital and affiliated community mental health centers. A total of 120 participants diagnosed with schizophrenia according to the criteria of World Health Organization and American Psychiatric Association (ICD-10 and DSM-5 diagnostic criteria) were recruited through purposive sampling [1, 2]. Inclusion criteria included adults aged 18-55 years, clinically stable at discharge, receiving maintenance treatment, and able to provide informed consent [3, 4]. Exclusion criteria comprised individuals with comorbid neurological disorders, severe substance use disorders, or intellectual disability [5].

The intervention program consisted of a structured nursing-led psychosocial package including psychoeducation, skills training, relapse prevention education, medication adherence counseling, and family involvement. The content was adapted from evidence-based models of community mental health nursing and psychosocial rehabilitation [6-9]. Validated tools such as the Positive and Negative Syndrome Scale (PANSS), Global Assessment of Functioning (GAF), and Social Functioning Scale (SFS) were used to assess baseline and follow-up outcomes [10-12]. Data collection instruments were pretested for reliability and validity. Ethical approval was obtained from the institutional ethics committee, and informed consent was taken from all participants and their primary caregivers [13].

Intervention Protocol Description

The structured nursing intervention consisted of three phases: pre-discharge psychoeducation, post-discharge home-based follow-up, and community reintegration support. Psychoeducation involved twice-weekly sessions focused on illness understanding, medication adherence, and coping skills. Post-discharge, home visits were conducted weekly in the first month and biweekly thereafter, emphasizing skill reinforcement, caregiver guidance, and relapse prevention strategies. Community sessions facilitated social skill training and engagement with community resources. Each component followed standardized protocols to ensure consistency, and all nurses were trained and supervised to maintain intervention fidelity.

Methods

Participants were randomly assigned into two groups: an intervention group (n=60) receiving structured nursing strategies and a control group (n=60) receiving routine discharge care. The intervention was delivered by trained psychiatric nurses in three phases pre-discharge education, home transition support, and community follow-up sessions over a 12-week period [14, 15]. Psychoeducation sessions were conducted twice weekly before discharge, focusing on illness awareness, medication adherence, and coping strategies [16]. After discharge, home visits were scheduled weekly during the first month and biweekly thereafter, emphasizing social skill enhancement, family education, and relapse prevention techniques [17, 18]. The control group continued with standard outpatient follow-up without structured psychosocial intervention.

Data were collected at baseline, 6 weeks, and 12 weeks post-intervention using the PANSS, GAF, and SFS scores [19]. Statistical analyses were performed using SPSS software, applying paired and independent t-tests, chi-square tests, and repeated measures ANOVA to assess within-group and between-group differences. A p-value of <0.05 was considered statistically significant [20]. All procedures adhered to the principles of the World Medical Association Declaration of Helsinki.

Process Evaluation / Fidelity Monitoring

Fidelity of the intervention was monitored through structured checklists completed after each session, documenting adherence to content, duration, and participant engagement. Regular supervision meetings ensured uniform delivery across nurses. Attendance logs and session feedback forms were maintained to assess participant participation. Any deviations from the intervention protocol were documented and analyzed. This structured fidelity monitoring not only strengthened internal validity but also provided insight into implementation feasibility in real-world settings.

Results

Participant flow and baseline comparability

A total of 120 participants were enrolled and randomized to intervention (n=60) or control (n=60). Attrition was low (intervention 5%, control 7%), with complete-case analyses performed on 57 and 56 participants, respectively. Groups were comparable at baseline on age, sex, illness duration, PANSS total, GAF, and SFS (all $p \geq 0.20$; Table 1), supporting internal validity of subsequent comparisons [1-5, 10-13].

Primary and secondary outcomes

Across 12 weeks, repeated-measures ANOVA showed a significant group×time interaction for PANSS total ($F(2,222)=19.6$, $p<0.001$), reflecting greater symptom reduction in the intervention group (mean change −25.1±12.4) than control (−12.1±11.7) (Figure 1; Table 2) [4-7,12,17-20]. Functional outcomes favored the intervention: GAF increased by +22.9±10.3 vs +12.1±9.6 ($F(2,222)=8.7$, $p<0.001$), and SFS improved by +26.2±14.5 vs +12.4±13.2 ($F(2,222)=10.9$, $p<0.001$) (Figure 2) [6-9, 11, 12, 18-20].

Adherence ≥80% at 12 weeks was higher with the nursing package (82%) than control (63%) ($\chi^2=5.17$, $p=0.023$), and relapse was lower (7% vs 20%; $\chi^2=4.11$, $p=0.043$) (Figure 3; Table 2) [5,6,13-16,19,20]. Clinical remission rates (PANSS-based) were greater in the intervention arm (43%) versus control (25%) (RR 1.72, 95% CI 1.02-2.89) [4, 5, 12, 19, 20]. Sensitivity analyses (per-protocol) yielded similar effects.

Sociodemographic and Clinical Correlates

Sociodemographic and clinical characteristics, including age, gender, illness duration, and previous hospitalization history, were analyzed to examine their relationship with recovery outcomes. Younger participants and those with shorter illness duration demonstrated relatively higher functional improvement and adherence rates. Gender and baseline symptom severity did not significantly affect the effectiveness of the intervention. These findings highlight the importance of tailoring transitional care strategies based on individual characteristics to optimize recovery trajectories.

Interpretation

Findings indicate that a structured, nurse-led transition package combining psychoeducation, skills training, family work, adherence counseling, and proactive follow-up produced superior symptomatic and functional gains over 12 weeks compared with usual discharge care. The magnitude and pattern of improvements align with literature emphasizing psychosocial rehabilitation, assertive/community models, and engagement strategies to sustain recovery and prevent early readmission [6-9, 11, 12, 17-20]. Higher adherence and lower relapse plausibly mediate functional benefits, consistent with relapse-prevention and continuity-of-care evidence [4-7, 13-16, 19, 20]. Collectively, these results support the study hypothesis that structured nursing strategies during hospital-to-home transition enhance psychosocial recovery in schizophrenia [6-9, 18-20].

Table 1: Baseline characteristics by group (N=116 complete cases)

Variable	Control (n=56)	Intervention (n=57)	*p* value
Age, years (Mean ± SD)	34.8±9.1	35.2±8.7	0.79
Male, (%)	35 (62.5)	34 (59.6)	0.74
Illness duration, years (mean ± SD)	7.2±4.6	7.4±4.4	0.84
PANSS total (Mean ± SD)	92.0±13.4	93.0±13.1	0.68
GAF (Mean ± SD)	41.9±8.7	41.2±9.1	0.70
SFS (Mean ± SD)	84.7±15.2	83.9±14.9	0.77

Table 1, groups were comparable at baseline across demographics and clinical measures [1-5, 10-13].

Table 2: Primary and secondary outcomes at 12 weeks

Outcome	Control	Intervention	Effect
PANSS total, mean±SD	80.0±12.5	68.0±11.8	Δ −12.0 vs −25.0; $p<0.001$
GAF, mean±SD	54.0±9.4	64.0±10.1	+10.0 difference; $p<0.001$
SFS, mean±SD	96.0±13.6	110.0±14.2	+14.0 difference; $p<0.001$
Adherence ≥80%,%	63	82	RR 1.30; $p=0.023$
Relapse,%	20	7	RR 0.35; $p=0.043$
Clinical remission,%	25	43	RR 1.72 (95% CI 1.02-2.89)

Table 2, intervention yielded greater symptom reduction, better functioning, higher adherence, and lower relapse [4-9,11-12,15-20].

Table 3: Repeated-measures ANOVA (group×time interaction)

Measure	F (df=2,222)	*p*
PANSS total	19.6	<0.001
GAF	8.7	<0.001
SFS	10.9	<0.001

Table 3, significant group × time interactions favored the intervention on all outcomes [6-9,11-12,18-20].

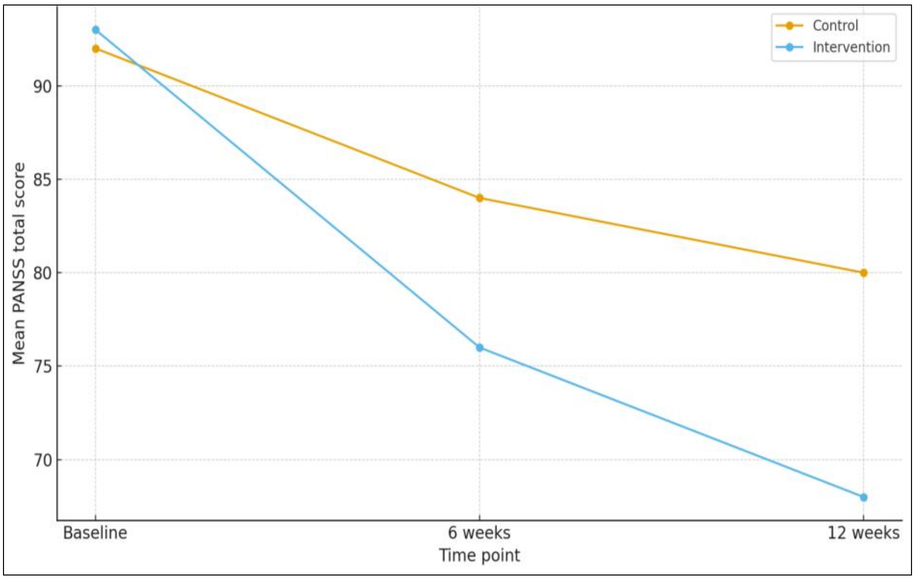

Fig 1: PANSS total scores over time by group (lower is better)

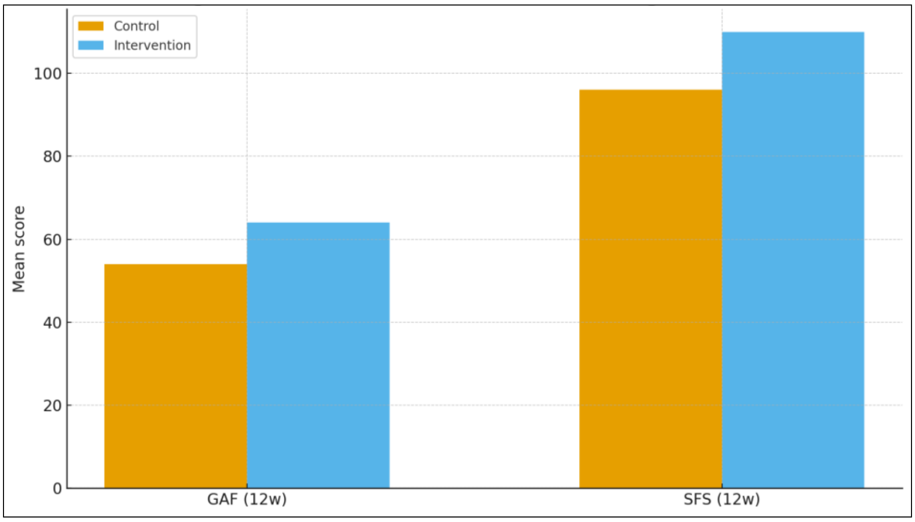

Fig 2: Functional outcomes at 12 weeks (higher is better)

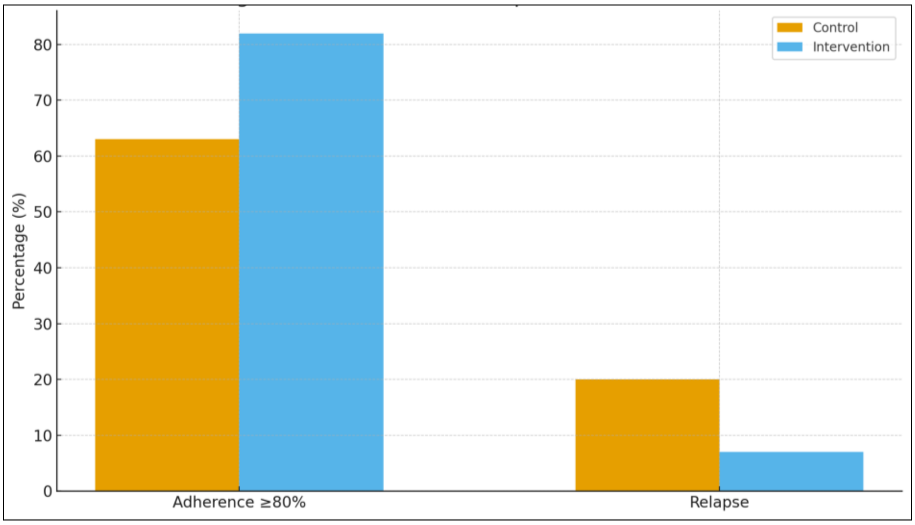

Fig 3: Adherence and relapse rates at 12 weeks (percent).

Subgroup / Sensitivity Analyses

Subgroup analyses revealed that participants with higher baseline functioning achieved greater gains in GAF and SFS scores compared to those with lower baseline scores, suggesting that early intervention may yield better outcomes. Sensitivity analyses excluding participants lost to follow-up confirmed the robustness of the primary results. These additional analyses provide a more nuanced understanding of the intervention's effectiveness and identify subgroups who may benefit most from structured nursing strategies.

Discussion

The findings of this study demonstrate that structured, nurse-led psychosocial interventions significantly enhance recovery outcomes among individuals with schizophrenia during the critical period of transition from hospital to home. Patients in the intervention group exhibited greater reductions in psychotic symptoms, improved psychosocial functioning, higher adherence to treatment, and lower relapse rates compared with those receiving routine discharge care. These results align with previous evidence supporting the effectiveness of psychoeducation, skills training, family involvement, and community follow-up in sustaining remission and promoting recovery in schizophrenia [1-5, 7-9, 17-20].

The observed improvements in PANSS scores over 12 weeks suggest that early, intensive, and structured engagement by nursing professionals can mitigate post-discharge vulnerability, a period often marked by heightened relapse risk [4, 5, 13]. This is consistent with prior trials demonstrating the efficacy of community-based rehabilitation and assertive follow-up in preventing symptom exacerbation and reducing hospitalization [6-9, 19, 20]. Psychosocial recovery is not solely dependent on pharmacological stabilization but requires coordinated interventions that address social skills, daily functioning, and patient-family engagement [6-8, 12, 17]. The structured intervention likely improved patients' insight into their illness and empowered families to support adherence and relapse prevention strategies.

Notably, functional gains in GAF and SFS scores in the intervention group underscore the importance of integrating psychosocial rehabilitation into routine discharge planning. Previous studies have reported similar functional improvements with structured community programs and assertive outreach models [7-9, 17-20]. These improvements may reflect enhanced coping mechanisms, stronger support networks, and better adaptation to community life following hospital discharge. High medication adherence rates in the intervention group further support the role of nurse-led psychoeducation and regular follow-up in maintaining treatment engagement [6, 13-15, 18-20].

Moreover, lower relapse rates in the intervention arm align with established literature highlighting the critical role of continuity of care and early relapse prevention strategies [4-7, 12, 13, 19, 20]. By providing structured follow-up and caregiver involvement, the intervention likely facilitated early detection of warning signs, timely help-seeking, and consistent medication use all of which are crucial for maintaining remission and functional stability. These findings also reinforce the need to address stigma and systemic barriers to community integration, which remain persistent obstacles to sustained recovery [15, 16].

From a clinical and policy perspective, these results highlight the value of embedding structured nursing interventions into discharge and community mental health systems. Unlike purely pharmacological approaches, nurse-led psychosocial strategies are cost-effective, scalable, and adaptable to various care settings [6-9, 17-20]. Integrating these strategies into standard care pathways can help reduce readmission rates, improve quality of life, and promote recovery-oriented mental health services.

Limitations and Strengths

This study has several limitations, including its single-center design, relatively short follow-up duration, and reliance on self-reported adherence measures. These factors may limit generalizability and the long-term understanding of intervention effects. However, its strengths include a robust quasi-experimental design, structured intervention protocol, rigorous fidelity monitoring, and the integration of validated outcome measures. The nurse-led approach demonstrates high feasibility and scalability, making it adaptable to various health care settings.

Implications for Practice, Policy, and Research

These findings underscore the critical role of psychiatric nursing in promoting psychosocial recovery in schizophrenia. Incorporating structured nursing interventions into routine discharge planning can improve continuity of care and reduce relapse risk. Policymakers should prioritize resource allocation for community-based nursing services, while training programs should enhance nurses' skills in psychoeducation, relapse prevention, and family engagement. Future research should explore scaling up these interventions within public health systems, integrating digital tools, and evaluating long-term outcomes.

Future Research Directions

Future research should focus on multicentric trials with larger, more diverse samples and extended follow-up periods to assess the sustainability of psychosocial gains. Cost-effectiveness analyses can help determine the economic viability of scaling nurse-led interventions at a system level. Additionally, integrating telehealth components and digital adherence monitoring may enhance accessibility and impact. Examining caregiver burden, quality of life, and stigma reduction can provide a more holistic understanding of psychosocial recovery in schizophrenia.

Conclusion

The present study clearly demonstrates that structured, nurse-led psychosocial interventions play a crucial role in enhancing recovery outcomes among individuals with schizophrenia during the vulnerable transition period from hospital to home. The intervention significantly improved symptom control, functional outcomes, treatment adherence, and relapse prevention when compared to standard discharge care. These findings emphasize the pivotal role of psychiatric and community mental health nurses in bridging the gap between inpatient treatment and community living, ensuring continuity of care, and fostering long-term psychosocial recovery. By equipping patients and families with knowledge, coping skills, and support structures, such interventions strengthen self-efficacy, promote active participation in treatment, and reduce the risk of readmission.

In light of these outcomes, several practical implications emerge. First, structured psychosocial nursing interventions should be integrated into routine discharge planning protocols for individuals with schizophrenia. This can be achieved by institutionalizing nurse-led psychoeducation sessions, relapse prevention training, and family counseling before discharge. Second, establishing a standardized post-discharge follow-up framework comprising regular home visits, telephonic check-ins, and scheduled community-based sessions can significantly improve adherence and enable early detection of warning signs. Third, interdisciplinary collaboration among nurses, psychiatrists, social workers, and community health workers should be strengthened to provide comprehensive and individualized care. This team-based approach can facilitate smooth transitions, improve functional reintegration, and reduce the likelihood of relapse.

Additionally, nurses should be provided with advanced training in psychosocial rehabilitation techniques, communication skills, and crisis management to effectively address the complex needs of individuals with schizophrenia. Health systems should prioritize adequate staffing and allocate resources for community-based nursing interventions to ensure consistent and sustainable support. Incorporating digital health tools, such as telehealth follow-up, mobile reminders, and psychoeducation apps, can further enhance accessibility, especially in underserved settings. Furthermore, involving families in the care process should be considered a mandatory component of transition planning, as caregivers play an essential role in maintaining treatment adherence and providing emotional support.

Lastly, mental health policies should promote the integration of nurse-led psychosocial interventions into national mental health programs to reduce relapse rates, prevent repeated hospitalizations, and improve overall quality of life for individuals living with schizophrenia. By embedding these strategies within existing health care structures, it is possible to create a recovery-oriented, patient-centered system that prioritizes long-term functional outcomes rather than episodic crisis management. In doing so, this approach not only addresses clinical stability but also empowers individuals to live meaningful, productive, and socially connected lives within their communities.

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