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A Systematic Literature Review on the Effectiveness of Psychoeducational Interventions for Anxiety and Depression

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Abstrak: *Anxiety and depression are global mental health challenges that require preventive and accessible interventions. This study aims to evaluate the effectiveness of psychoeducational interventions for anxiety and depression. The method used was a Systematic Literature Review (SLR) following the PRISMA protocol, analyzing 12 international empirical articles (2016–2026) obtained from the ScienceDirect, Sage, Taylor & Francis, and Wiley databases. The review results indicate that psychoeducation effectively reduces cognitive distortions, automatic thoughts, and improves depression literacy and psychological well-being, among clinical patients, students, and family caregivers. This intervention has proven to be flexible, capable of being delivered through both in-person formats and self-directed digital platforms with comparable outcomes. However, its effectiveness is influenced by the duration of the intervention, sociocultural barriers, societal stigma, and the complexity of the subjects' conditions. The study's conclusions affirm that psychoeducation is an adaptive and flexible method for improving mental health literacy and self-efficacy. The novelty of this study lies in its comprehensive synthesis of the transformation of digital psychoeducation as a solution for expanding access to integrated mental health services.*

INTRODUCTION

Anxiety disorders and depression are two of the most pressing mental health challenges that can affect the quality of life for individuals worldwide. The rise in cases of anxiety disorders and depression in recent years has led to social, economic, and health issues. Competitive work environments, lifestyle changes, and exposure to chronic stress contribute to increased psychological vulnerability across various age groups (Carneiro et al., 2025). Inadequate management from the early stages of anxiety and depression in individuals can reduce the effectiveness of interventions. García-Huércano et al. (2025) state that this condition also increases the likelihood of relapse and worsens the overall prognosis for recovery.

Although conventional psychological interventions such as Cognitive Behavioral Therapy

(CBT) have proven effective, access to these services still faces various barriers. The shortage of mental health professionals, relatively high treatment costs, and the social stigma associated with seeking psychological help are major barriers (Kao et al., 2025). These barriers are felt even more acutely by individuals with chronic illnesses or severe medical conditions, where their psychological needs have not been optimally integrated into healthcare services (S. Zhang et al., 2024).

The gap between the need for and availability of such services has spurred the development of more preventive and empowerment-based intervention approaches, one of which is psychoeducation. Psychoeducation is a structured intervention aimed at improving individuals' understanding of the psychological conditions they are experiencing, their underlying causes, and problem-solving strategies for managing symptoms independently (Dolan et al., 2021). Various empirical studies have demonstrated that this method is highly effective in reducing levels of depression, anxiety, and stress (Nadhirah et al., 2025).

The strength of psychoeducation lies in the flexibility of its delivery formats ranging from in-person and group sessions to digital based approaches which enables a broader reach of interventions at a relatively low cost. Several studies have found that short-term psychoeducation is less effective in reducing severe symptoms, although it still yields significant improvements in mental health literacy and self-awareness (Papageorgiou et al., 2025). These findings suggest that the effectiveness of psychoeducation is not universal but rather context-dependent.

Although the fundamental benefits of psychoeducation have been recognized, recent literature findings still indicate that its effectiveness is significantly influenced by several factors, such as the duration of the intervention, the delivery format, and participant demographics. For example, several systematic literature reviews and meta-analyses indicate that brief or single-session psychoeducational interventions administered immediately following a traumatic experience do not always significantly reduce mental health symptoms (Brooks et al., 2021). Psychoeducation is often perceived positively by participants and can enhance initial knowledge or attitudes regarding mental health. Meanwhile, a study Papageorgiou et al. (2025) on community-based interventions for school students concluded that structured and sustained psychoeducation programs tend to be more effective in helping to reduce subclinical anxiety symptoms and improve emotional regulation. These differing results highlight the complexity of implementing psychoeducation across various settings.

The inconsistency in findings and the need for evidence-based outcomes of psychoeducational services underscore the necessity of a comprehensive literature review as the foundation for implementing such services. With the emergence of web-based and digital platform innovations in psychoeducation, there is an urgent need to comprehensively evaluate the feasibility and effectiveness of these methods. Thus, this journal article, A Systematic Literature Review on the Effectiveness of Psychoeducational Interventions for Anxiety and Depression, was compiled with the aim of critically evaluating the effectiveness of various formats of psychoeducational interventions. Through the synthesis of data from various international studies, this research is expected to provide comprehensive insights into the best intervention strategies that can be implemented to optimize the mental health of the community.

RESEARCH METHOD

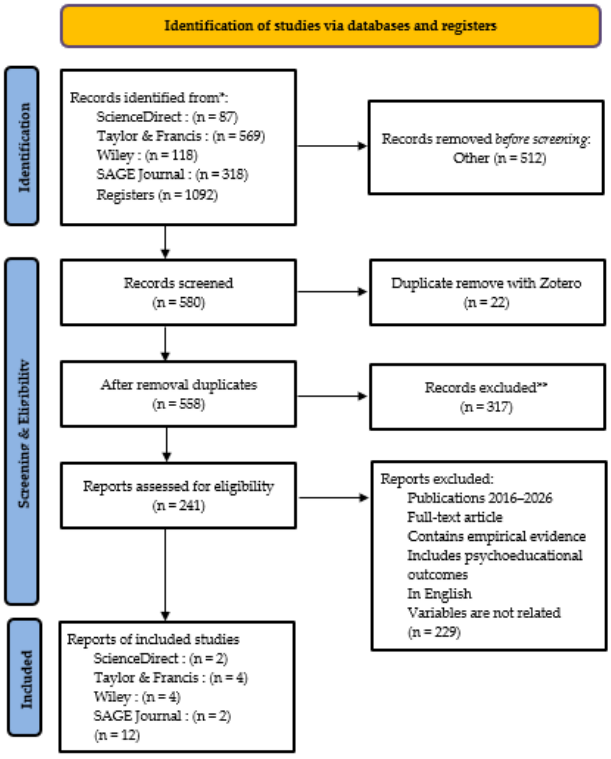
This study employed a Systematic Literature Review (SLR) design to evaluate the effectiveness of psychoeducational interventions for anxiety and depression. A systematic literature search was conducted in reputable international journal databases, including ScienceDirect, Sage Journals, Taylor & Francis, and Wiley, covering publications from 2016 to

2026. The search terms used included ("psychoeducation" OR "psychoeducational intervention") AND ("anxiety" OR "anxiety disorder" OR "depression" OR "depressive symptoms") AND ("effectiveness" OR "efficacy" OR 'impact' OR "outcome"). Inclusion criteria stipulated that articles must be empirical studies, published in peer-reviewed scientific journals, available in full text in English, and specifically measuring the outcomes of psychoeducation in reducing symptoms of anxiety or depression.

Table 1. PICOS Framework

Components	Description (Inclusion Criteria)
P (Population)	Various population groups (adolescents, adults, clinical patients, or other vulnerable groups).
I (Intervention)	All forms of psychoeducational interventions (face-to-face, group, self-directed, or digital-based).
C (Comparison)	Control groups (no treatment), usual care, or other intervention methods.
O (Outcome)	Reduction in anxiety and depression symptom scores
S (Study Design)	Empirical studies such as Randomized Controlled Trials (RCTs), quasi-experimental studies, or pre-post test studies.

The study selection process was conducted in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) protocol to ensure transparency and replicability. It consisted of four main stages: identification, screening, eligibility assessment, and inclusion. In the initial stage, duplicate articles with identical titles and content were removed. Subsequently, both researchers independently screened titles and abstracts based on predefined criteria. Eligible articles were then analyzed in full to ensure methodological relevance. Data extracted from each selected study included author names, year of publication, participant characteristics, type of psychoeducational intervention provided, duration of the intervention, and measurement instruments used.



Picture 1. Prisma Flow Diagram

Based on the eligible studies, a total of 241 articles were identified. An identification process was then conducted to filter out irrelevant articles. At this stage, 229 articles were excluded because they did not meet basic criteria such as topic focus and keywords. Only 12 articles proceeded to the next stage, which involved a full-text review to assess overall eligibility. No reports were excluded at this stage. All 12 articles were deemed to meet the eligibility criteria and were included in the systematic review.

RESULTS AND DISCUSSION

Table 2. Study Characteristics & Intervention

Writer (Year)	Intervention	Time Settings	Group Leader	Number Of Groups	Population	Sample
		a) Number Of Sessions b) Long Duration c)				
Sağbaş et al. (2025)	*Brief Group Psychoeducation*(Short group psychoeducation)	a) 2 sessions b) 12 weeks c) 90–120 minutes	Researcher/ Psychiatrist	2 groups (Experimental: 29, Control: 23)	Patients with Major Depressive Disorder (MDD)	52 people.
Bernal et al. (2019)	CBT + TEPSI (Parent Psychoeducation)	a) 8 TEPSI sessions & 12 CBT sessions b) Not mentioned. c) 120 minutes	Therapist assistant	2 groups (CBT+TEPSI vs CBT only)	Adolescents (ages 13-18 years) with major depression	120 teenagers.
Günaydin (2022)	Group psychoeducation (Stress coping)	a) 8 sessions b) 4 Weeks c) Not mentioned	Researchers	2 groups (Experimental: 18, Control: 20)	Turkish university nursing student.	66 students.
Delibaş & Erdoğan (2022)	Psychoeducation Program (PP)	a) 10 sessions b) 10 weeks c) Not mentioned	Researcher/ Psychiatrist	2 groups (Psychoeducation: 20, Control: 23)	Families of patients with psychotic disorders.	43 patient families.
Primasari et al. (2025)	*Heal Wounds*(PL) - Web-based psychoeducation	a) 4–7 sessions (modules) b) Not mentioned c) Not mentioned	Independent (web-based)	2 groups (Intervention: 64, Control: 66)	Students experience trauma-related symptoms.	95 students.
Damnée et al. (2026)	On-site psychoeducation for family caregivers	a) 7 sessions b) 7 weeks c) 120 minutes	Geriatricians, psychologists, and nurses	1 group (single-arm study, 138 caregivers)	Family caregivers of elderly people in nursing homes	26 caregivers.
Walther et al. (2025)	Male-specific psychoeducation (MSP) vs CBT	a) 1 session (online text) b) 1 time administration c) Not mentioned	Independent (online)	2 groups (MSP vs CBT, total 152 men)	Men experience mental distress and depression.	108 men.

Melin et al. (2018)	*Affect School and Script Analysis*(ASSA)	a) 8 sessions & 10 sessions b) 8 weeks c) 120 minutes & 60 minutes	Researchers	1 group (pilot study, 36 patients)	Patients on sick leave due to depression, anxiety, or fibromyalgia.	48 patients.
Maheshwari et al. (2021)	Psychoeducation (for the elderly)	a) b) 14 sessions c) 2 weeks 60 minutes	Researchers	1 group (Pre-experimental)	Elderly people living in a nursing home in Punjab, India.	60 elderly.
Kenwright et al. (2025)	Brief CBT-based psychoeducation	a) b) 1 session c) 1 week Not mentioned	Researchers	1 group (Observational cohort)	Health nursing students	56 students.
Lieutaud et al. (2021)	Somatic Psychoeducation (SPE)	a) 10 sessions b) Not mentioned c) Not mentioned	Practitioner	2 groups (Program & reference group)	Somatic psychoeducation (SPE) clients	114 clients.
Lawrence et al. (2024)	Web-based psychoeducation (PostpartumCare.ca)	a) Not specified b) 4 weeks c) 37 minutes	Independent (web-based)	2 groups (Intervention & waiting control)	Postpartum women who experience symptoms of depression or anxiety.	104 women.

The characteristics of psychoeducational interventions show significant variation in terms of duration and number of sessions, which are tailored to the clinical conditions and needs of the target population. Intensive interventions generally last between 7 and 14 sessions, as seen in programs for caregivers of older adults (Damnée et al., 2026), families of psychotic patients (Delibaş & Erdoğan, 2022), and older adults in nursing homes (Maheshwari et al., 2021) On the other hand, there is a trend toward the use of brief interventions (brief psychoeducation) consisting of only 1 to 2 sessions, as applied to patients with major depression (Sağbaş et al., 2025) and nursing students (Kenwright et al., 2025) The duration of each session also varies, ranging from brief 37-minute sessions to intensive 120-minute sessions, demonstrating the flexibility of this method in reaching various participant groups

Psychoeducational interventions are now conducted not only in person by professionals but have also expanded to self-directed digital platforms. Traditional group leaders typically involve researchers, psychiatrists, geriatricians, psychologists, or nurses to facilitate the sessions (Damnée et al., 2026; Sağbaş et al., 2025). However, web-based innovations now allow participants to engage in interventions independently, such as the "Pulihkan Luka" program for trauma-affected students (Primasari et al., 2025) and the "PostpartumCare.ca" service for postpartum women (Lawrence et al., 2024). This diversity demonstrates that psychoeducation has evolved into an adaptive method, encompassing a broad population from diverse backgrounds, ranging from men with mental distress to patients with chronic illnesses (Melin et al., 2018; Walther et al., 2025).

Table 2. Outcome Study

\	Targeted results	Effectiveness of Intervention	Supporting Factors service	Inhibiting Factors service	Follow-up session
Sağbaş et al. (2025)	Decreased cognitive	Effective in reducing cognitive distortions	A practical approach that emphasizes	There were no significant	Yes, evaluation

	distortions, automatic thoughts, and improved functioning in MDD patients	and automatic thoughts compared to medication alone.	cognitive processes is cost-effective and sustainable even in clinics with limited resources.	differences in functioning levels and depression/anxiety scores compared to the control group.	after 12 weeks of sessions
Bernal et al. (2019)	Decreased depressive symptoms, MDD diagnosis, and increased family functioning in adolescents	Not Completely Effective: The addition of psychoeducation did not significantly optimize CBT in the patient domain. However, CBT (with or without TEPSI) alone was effective.	Positive feedback from parents parental involvement helps understand the seriousness of the adolescent's condition and reduces attrition rates.	The complexity of family processes is beyond the scope of a brief psychoeducational intervention.	Yes, 1 year after treatment
Günaydin (2022)	Decrease in depression, anxiety, stress, and increase in coping styles in nursing students	Effective for stress and coping styles, but no significant difference for anxiety and depression (although scores decreased).	Stress coping style teaching is recommended for managing mental health symptoms.	A culture that encourages sharing problems only within the family; fear of societal stigma and perceptions of personal weakness.	Yes, observation 1 month after intervention
Delibaş & Erdoğan (2022)	Reduction in disease burden, depression, and anxiety levels in relatives of psychotic patients	Effectively significantly reduced caregiver burden (ZCBS), anxiety (BAI), and depression (BDI) scores.	Integration of psychoeducational programs into community mental health center rehabilitation.	The heavy burden of caregiving due to the patient's severe symptoms can affect the caregiver's quality of life.	Yes, post-program evaluation
Primasari et al. (2025)	Reducing trauma-related symptoms in Indonesian students.	Effective as a first step or as an adjunct to regular care.	The desire of psychologists to integrate it into practice, helps explain mental health problems.	Financial barriers, stigma, lack of mental health literacy, and institutional barriers at universities.	Not mentioned.
Damnée et al. (2026)	Feasibility and initial changes in anxiety, depression, and coping.	Effectively shows positive initial changes.	Interventions are carried out early during the transition to the nursing home.	Not mentioned in detail.	Not mentioned.
Walther et al. (2025)	Reducing symptoms of depression in men with mental distress.	Effectively identify gender-specific needs to increase therapy efficacy.	Use of male-specific diagnostic instruments.	Strong traditional masculinity (TMI) can increase externalizing symptoms and suicide risk.	Not mentioned.
Melin et al. (2018)	Symptom improvement in patients on sick leave in primary care.	Effective (pilot study) in the context of primary care.	Focus on affect theory and interactive group discussions.	Not mentioned in detail.	Yes, it involves 8 group sessions.
Maheshwari et al. (2021)	Reduce psychological distress and	Effectively there is a significant difference in the initial and final tests.	A structured approach to addressing mental health challenges in older age.	Increasing life expectancy poses new challenges for public mental health.	There isn't any.

	increase self-esteem.				
Kenwright et al. (2025)	Reducing the impact of social anxiety on nursing students' mental health simulation.	Effective students reported lower levels of social anxiety (ES: 0.3).	Practice skills and focus on self-focused attention.	Simulations are often anxiety-provoking because interpersonal skills are monitored and criticized.	Yes, 1 week after the intervention.
Lieutaud et al. (2021)	Reduces anxiety and increases self-esteem.	Effective reduction of anxiety by 30% after one session and significant long-term effects.	A combination of life experience and practitioner involvement.	No negative effects were found from differences in practitioners.	There is. involves a series of 10 SPE sessions.
Lawrence et al. (2024)	Addressing postpartum depression (PPD) and anxiety (PPA).	Effective symptoms reduced significantly after 4 weeks of service	User-centered approach and easy access to eHealth.	Lack of involvement in web resource development decision making.	Yes, 2 weeks after the intervention.

Psychoeducational interventions have demonstrated significant effectiveness in improving various mental health parameters, particularly in reducing cognitive distortions, anxiety, and psychological burden. Research has shown that brief group psychoeducation is more effective at reducing automatic thoughts in patients with MDD than medication alone (Sağbaş et al., 2025). Similar results were found among families of psychotic patients, where psychoeducation programs (PP) significantly reduced caregiver burden, anxiety, and depression scores (Delibaş & Erdoğan, 2022) Additionally, Somatic Psychoeducation (SPE) techniques have been reported to reduce anxiety levels by 30% in just one session (Lieutaud et al., 2021), while interventions for the elderly have been shown to significantly improve self-esteem (Maheshwari et al., 2021). These successes are supported by a practical, cost-effective approach, integration into community health centers, and the use of user-centered instruments (Lawrence et al., 2024; Sağbaş et al., 2025)

However, the effectiveness of psychoeducation remains influenced by various barriers, both from the social environment and the complexity of the cases. Social stigma, low mental health literacy, and financial barriers are major challenges, particularly in web-based interventions (Primasari et al., 2025). Cultural factors also play a significant role; the tendency to share problems only within the family environment can hinder the reduction of depressive symptoms among college students (Günaydin, 2022). Furthermore, in adolescent populations with major depression, the addition of parental psychoeducation was found not to significantly optimize CBT outcomes due to the complexity of family processes that extend beyond the scope of the intervention (Bernal et al., 2019). Therefore, although psychoeducation is effective as an adjunct to treatment, external factors such as traditional masculinity and a lack of user involvement in decision-making remain important considerations in its development (Lawrence et al., 2024; Walther et al., 2025).

The Effectiveness of Psychoeducational Interventions in Reducing Symptoms of Anxiety and Depression

Based on the existing literature review, psychoeducation is an effective intervention for reducing symptoms of depression and anxiety, particularly through cognitive change mechanisms. The various studies analyzed indicate that psychoeducation can help individuals identify and modify cognitive distortions and negative thoughts, which are the primary factors contributing to the depressive and anxiety disorders they experience. Psychoeducational interventions integrated

with cognitive-behavioral principles have been shown to have a significant impact on improving emotional regulation and reducing psychological distress. This is consistent with the findings in Thurston et al. (2024) which state that education-based psychological interventions make a tangible contribution to the improvement of depressive symptoms by enhancing individuals' understanding of their condition.

Furthermore, the analyzed literature also confirms that improved understanding of mental health is a key factor in the effectiveness of psychoeducational services. Individuals with a better understanding of symptoms, risk factors, and coping strategies for mental disorders tend to demonstrate increased self-efficacy in managing their psychological conditions, which directly leads to reduced levels of depression and anxiety. Rathi et al. (2024) found that psychoeducational interventions significantly improve depression literacy and psychological well-being. Increased knowledge enables individuals to identify early signs of anxiety and depression.

The transition of psychoeducation to a digital format is also a key finding in this review. Web-based and app-based interventions demonstrate effectiveness comparable to conventional face-to-face therapy, particularly when designed using a user-centered approach and integrating cognitive-behavioral techniques. This aligns with the research by Lawrence et al. (2024) which found that digital psychoeducational interventions have moderate to high effects in reducing symptoms of mental disorders such as depression and anxiety. This suggests that technology can be a solution for expanding access to mental health services through psychoeducation without compromising the quality of the interventions.

This discussion also found that the benefits of psychoeducation are not limited to individuals experiencing mental health disorders such as anxiety and depression, but also extend to caregivers and nurses. Psychoeducational programs involving families or caregivers have been shown to reduce psychological burden, improve coping skills, and strengthen social support. These factors contribute to the creation of a more conducive and sustainable recovery environment for patients (Delibaş & Erdoğan, 2022).

The findings of this literature review confirm that psychoeducation is an effective, flexible, and relatively low-cost intervention for treating depression and anxiety. Integrating psychoeducation into the healthcare system, whether through conventional or digital means, is a strategic step toward improving the accessibility and sustainability of the intervention. Psychoeducation can be positioned as a core component of mental health services, rather than merely a supplementary intervention.

Factors That Hinder Psychoeducational Interventions

The effectiveness of psychoeducational interventions can also be influenced by their duration and timing, which do not always align with participants' needs. Based on the findings, interventions that are too brief or consist of only a single session are not sufficiently effective in producing significant long-term impacts on social functioning or severe depression levels. The study by Sağbaş et al. (2025) on brief group psychoeducation for patients with MDD showed no significant difference in depression scores compared to the control group, indicating that a short duration may not be sufficient to internalize complex behavioral changes. This aligns with the study by Carneiro et al. (2025) which showed that the effectiveness of psychoeducation is highly influenced by variations in the duration and intensity of the intervention, as well as the need for long-term impact evaluation, since short-term results alone do not sufficiently reflect the overall success of the intervention

Population characteristics also serve as a barrier to psychoeducational services, particularly in relation to family dynamics and pre-existing psychological burdens. In adolescent populations with

major depression, as demonstrated in the study by Bernal et al. (2019) the addition of parental psychoeducation was found not to significantly optimize therapeutic outcomes due to the complexity of family processes that extend beyond the scope of such brief interventions. Furthermore, for family caregivers, the extremely heavy burden of care resulting from the patient's severe symptoms can act as a barrier to the effectiveness of psychoeducation in reducing anxiety and depression to improve their quality of life (Damnée et al., 2026). These findings align with the results of a systematic review by (Zhang et al., 2025) which showed that although psychoeducation has the potential to reduce the burden, anxiety, and depression in informal caregivers, its effectiveness varies greatly and is often limited to conditions with high levels of stress and demanding caregiving burdens, thus confirming that brief psychoeducational interventions are not always sufficient to address complex psychological problems.

Sociocultural barriers and social stigma remain major challenges hindering the widespread acceptance of psychoeducational interventions. The findings of the systematic literature review indicate that a culture that encourages individuals to share their problems only within the family circle, as well as the fear of being stigmatized as weak, can act as barriers among the student population. Another issue among the male population is that, as Walther et al. (2025) state, traditional masculinity values often lead them to avoid professional help or increase the risk of external symptoms that are not addressed by standard psychoeducation. Similar to the findings of Kim & Kim (2025) who found that mental health stigma and traditional masculinity norms significantly hinder help-seeking behavior for mental health among men, with the social stigma of always being perceived as strong and avoiding showing vulnerability being a major factor in reducing the acceptance of professional psychological services

Psychoeducational interventions, particularly those that are digital or web-based, face different technical and structural barriers compared to in-person methods. Although they offer flexibility, web-based interventions such as "Pulihkan Luka" are often hindered by low mental health literacy, financial constraints, and a lack of user involvement in the initial service design process (Primasari et al., 2025). The lack of direct interaction in self-directed interventions can reduce participants' adherence to the provided modules. A literature review by (Eisner et al., 2025) indicates that low engagement, low service usability, and technical challenges such as service design and mismatches with user needs are major barriers to sustaining user participation and engagement in digital interventions, ultimately leading to low adherence to the provided modules.

The effectiveness of psychoeducation can be hindered by external factors beyond the technical control of the intervention, such as a lack of integration with the broader healthcare system (Dolan et al., 2021). In some educational simulation examples intended to assist subjects or learners, the process actually triggers anxiety due to strict supervision and criticism during the session. Therefore, psychoeducational services must be adapted to the social and cultural context and the readiness of the support system. Psychoeducational interventions, whether brief or intensive, also struggle to achieve their full potential in reducing symptoms of depression and anxiety when dealing with severe cases of these conditions. Future psychoeducational service strategies require a more comprehensive and integrated approach to address these barriers.

CONCLUSION

This study concludes that psychoeducational interventions are an effective, flexible, and adaptive method for reducing symptoms of anxiety and depression through cognitive restructuring, improved understanding of mental health, and enhanced self-efficacy. Its effectiveness is proven to be significant in both conventional face-to-face formats and web-based digital innovations, and it provides broad benefits not only for patients but also for caregivers in reducing psychological

burden. Nevertheless, the success of this intervention is greatly influenced by session duration, sociocultural factors, societal stigma, and the complexity of the conditions faced by the subjects. As a recommendation for implementation, mental health services are advised to integrate psychoeducation as a structured core component, incorporating digital platforms to expand accessibility. For future research, a more in-depth study is needed regarding strategies to improve subject adherence when conducting self-directed psychoeducational interventions, as well as an evaluation of long-term impacts to ensure the sustainability of positive behavioral changes in more specific groups.

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