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Psychosocial Intervention Programs for Family Members of Individuals with Bipolar Disorder: A Systematic Review

Bipolar Bozukluk Tanılı Bireylerin Aile Üyelerine Yönelik Psikososyal Müdahale Programları: Sistematik Derleme

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ABSTRACT

Bipolar disorder can create a dynamic that complexly affects not only the individual's life but also the entire family. Research includes a wide range of intervention strategies, from cognitive behavioral therapy to psychoeducational programs. This review aims to analyze the results of psychosocial intervention programs developed for the family members of individuals diagnosed with bipolar disorder. Studies related to the topic conducted in Türkiye and worldwide, accessible in full text, have been reviewed using the Pubmed and Scopus databases, and the results have been compiled considering the objectives of the studies. As a result of the literature review, 14 articles were included in the review. In 4 studies, Family-Focused Therapy was applied, while psychoeducation aimed at families was observed in 10 studies. The applied psychoeducation programs consist of six training sessions aimed at families, focusing on disease information and caregiving burden. In a study, psychoeducation aimed at increasing problem-solving skills was provided to individuals with a partner who has bipolar disorder and who have experienced abuse. The results of the study examined the effects of the interventions on families' caregiving burden, their level of knowledge about the illness, self-esteem, quality of life, internalized stigma, and individuals diagnosed with bipolar disorder. The studies included in the review show positive results highlighting the beneficial effects of family-based psychosocial interventions for families of individuals with bipolar disorder.

Keywords: Bipolar disorder, family members, intervention programs

ÖZ

Bipolar bozukluk, sadece bireyin yaşamını değil, aynı zamanda bütün aileyi karmaşık bir şekilde etkileyen bir dinamik yaratabilmektedir. Araştırmalar, bilişsel davranışçı terapiden psikoeğitim programlarına kadar geniş bir yelpazede müdahale stratejilerini içerir. Bu derlemede, bipolar bozukluk tanısı almış bireylerin aile üyelerine yönelik geliştirilen psikososyal müdahale programlarının sonuçlarının analiz edilmesi amaçlanmıştır. Pubmed ve Scopus veri tabanları kullanılarak Türkiye ve dünyada konu ile ilgili yapılan ve tam metinlerine ulaşılan çalışmalar gözden geçirilmiş ve sonuçlar, çalışma amaçları dikkate alınarak derlenmiştir. Literatür incelemesi sonucu 14 makale derlemeye dahil edilmişti. 4 çalışmada Aile Odaklı Terapi uygulandığı, 10 çalışmada ise ailelere yönelik psikoeğitim uygulandığı görülmüştür. Uygulanan Psikoeğitim programlarının 6 tanesi ailelere yönelik hastalık bilgisi ve bakım yükü hakkında verilen eğitimlerden oluşmaktadır. Bir çalışmada ise eşinde bipolar bozukluk olan ve istismara uğrayan kişilere problem çözme becerilerini arttırmaya yönelik psikoeğitim verilmişti. Çalışma sonuçlarında uygulanan müdahalelerin ailelerin bakım yükü, hastalık hakkında bilgi düzeyleri, benlik saygısı, yaşam kalitesi, içselleştirilmiş damgalama ve bipolar bozukluk tanılı bireyler üzerindeki etkileri incelenmiştir. Araştırma kapsamına alınan çalışmalar bipolar bozukluk tanılı bireylerin ailelerine yönelik aile temelli psikososyal müdahalelerin olumlu etkilerini ortaya koyan olumlu sonuçlar içermektedir.

Anahtar sözcükler: Bipolar bozukluk, aile üyeleri, müdahale programları

Introduction

Bipolar disorder (BD) is a chronic illness that consists of phases of exacerbation and remission and is characterised by phases of mania/hypomania and depression, which leads to a reduction in quality of life (Casarez et al. 2021). This disorder can affect not only individuals but also family members. Family members of individuals diagnosed with BD experience many difficulties, stress and pressure during the time, treatment, rehabilitation and recovery from the disease as well as the fear of relapse even during the recovery phases

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(Reinares et al. 2006, Sharif et al. 2016). Interpersonal relationship conflicts between family carers and BD patients not only affect patients' symptom fluctuations, but also have bidirectional effects on the physical and mental health of family carers. Carers may feel that looking after their own health is not as important as engaging with the patient. Patients may become frustrated and distressed because they are unable to return to work, education or other daily tasks for long periods of time (Chessick et al. 2009). Studies show that, in addition to the health and emotional problems, carers have a high care burden (Van Der Voort et al. 2009, Beentjes et al. 2012).

Family stress refers to the presence of problems, difficulties or negative events that affect the lives of people who are important to the patient, such as household members and/or their families (Platt 1985). BD is one of the diseases with the highest familial burden and ranks third in Europe (McIntyre et al. 2020, González-Pinto et al. 2021). It has been found that family members of BD patients continue to suffer from a moderate family burden even when they are in a long-term euthymic state (Goossens et al. 2008). Families take on the responsibility of caring for these patients, which places great pressure on family members, jeopardising the physical and mental health of family members and subsequently reducing the quality of care for these patients (Van Der Sanden et al. 2015, Bilir 2018). Family members may face challenges such as coping with the stress caused by the illness, maintaining healthy relationships and providing support. However, family carers may experience complex conflicts because they feel trapped, helpless and desperate. They also feel stigmatised by others because the family member they are caring for has a mental illness (Huang et al. 2009).

Family members of people diagnosed with BD experience internalised stigma because they are discriminated against and labelled by others. Internal stigma or self-stigma refers to the process by which people become aware of and eventually accept the negative attitudes of others towards them. Internalised stigma refers to a type of identity transformation in which a person loses their previous (or expected) identity and adapts to the shaming views of others (Jahnke et al. 2015, Lannin et al. 2015, Milin et al. 2016). It is therefore important to provide carers with appropriate information about the illness and to teach them constructive coping strategies. Perlick et al (2005) randomly sampled the use of mental health and primary care services by carers of people with Lyme disease and found that carers' use of services was significantly higher than in the general population. Given the significant costs associated with the use of health services, cost-effective and targeted intervention programmes for carers are needed (Perlick et al. 2005). It is important to develop practical, appropriate and acceptable interventions for carers.

Psychosocial intervention programmes for families include cognitive behavioural therapy, psychoeducation, Family Focused Therapy, psychosocial support and psychotherapies. In this context, psychosocial intervention programmes for family members of people diagnosed with bipolar disorder aim to improve the well-being of both the individual and the family. The literature suggests that psychosocial intervention programmes are feasible and accepted by family members of individuals diagnosed with bipolar disorder. However, it is noteworthy that there are no intervention programmes for family members of people diagnosed with BD in Turkey. Considering all this, this study was planned to fill this gap in the national literature and to conduct a systematic literature review of studies using psychosocial intervention programmes for family members of people diagnosed with BD.

Method

This systematic review was conducted using the PRISMA 2020 guidelines. The literature search was conducted by searching the PubMed and Scopus databases without restriction in terms of years covered. The terms 'psychoeducation', 'psychotherapy', 'psychological interventions', 'bipolar disorder' and 'family members' were used as search terms. The inclusion criteria for this systematic review are randomised controlled trials and studies with experimental design, studies conducted with family members of people diagnosed with bipolar disorder, and studies that were written in English and available in full text. As a result of the screening, 343 (PubMed: 340, Scopus: 3) articles were found. As a result of the screening, 33 studies that met the inclusion criteria were analysed. However, 19 studies, 12 of which had a patient population other than BD, six had the wrong intervention programme and one had incorrect results, were excluded from the analysis as they were not methodologically suitable for our analysis. As a result of the criteria and exclusions, 14 studies were included in the analysis.

Results

As a result of the screening, 14 studies that met the inclusion criteria were included in the systematic review.

The Prisma flow chart created as part of the study is shown in Figure 1. (Figure 1)

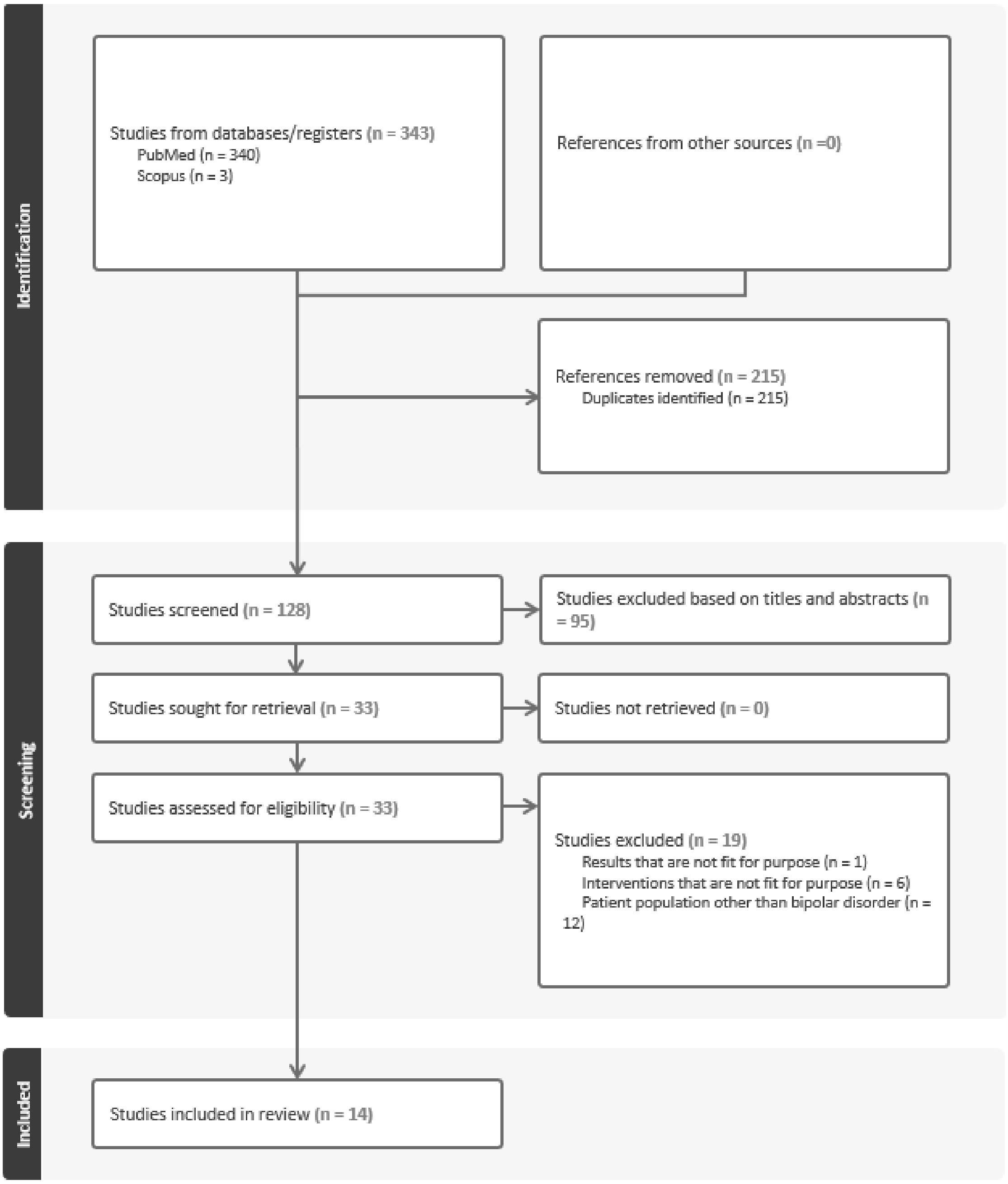

Figure 1. PRISMA flow chart

Study Features

The studies analysed are listed in Table 1. 13 of the included studies had a randomised controlled design (Simoneau et al. 1999, Reinares et al. 2004, Eisner and Johnson 2008, Perlick et al. 2010, Madigan et al. 2012, Fiorillo et al. 2015, de Souza et al. 2016, Hubbard et al. 2016, Lee et al. 2018, O'Donnell et al. 2020, Casarez et al. 2020, Seyyedi Nasooh Abad et al. 2021, Barbeito et al. 2023), 1 of which was conducted in a quasi-experimental design (Latifian et al. 2023), all of which were conducted between 1999-2022.

6 of the studies are American (Simoneau et al. 1999, Eisner and Johnson 2008, Perlick et al. 2010, de Souza et al. 2016, O'Donnell et al. 2020, Casarez et al. 2021), 4 of them are European (Reinares et al. 2004, Madigan et al. 2012, Fiorillo et al. 2015, Barbeito et al. 2023), 3 of them are Asian (Lee et al. 2018, Seyyedi Nasooh Abad et al. 2021, Latifian et al. 2023). It was conducted on the continent of Australia (Hubbard et al. 2016). In the 14 studies reviewed, the sample size was a minimum of 12 (Casarez et al. 2021) and a maximum of 148 (Barbeito et al. 2023), and 10 of the studies included family members of individuals diagnosed with bipolar disorder

(Simoneau et al. 1999, Reinares et al. 2004, Eisner and Johnson 2008, Perlick et al. 2010, Madigan et al. 2012, de Souza et al. 2016, Hubbard et al. 2016, Lee et al. 2018, Casarez et al. 2021, Barbeito et al. 2023). It was found that 3 of these were conducted in people diagnosed with bipolar disorder and their family members (Fiorillo et al. 2015, O'Donnell et al. 2020, Barbeito et al. 2023) and 1 in the spouses of people diagnosed with bipolar disorder (Seyyedi Nasooh Abad et al. 2021).

Table 1. Features of the studies

Author/Year/Country	**Aim**	**Research Design**	**Population**	**Intervention program**	**Measuring tools**	**Results**
Simoneau et al. 1999 USA	It was investigated whether these treatment effects on family interaction behavior were significant. It was investigated whether the effects of family treatment on the symptomatic course of bipolar disorder were mediated by improvements in family interaction patterns.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n=44)	9 months FFT (family focused therapy) (n: 22) and 9 months CMNF (crisis management therapy with natural follow-up) (n: 22)	-Category system for partner interactions (KPI) -Schedule for Affective Disorders and Schizophrenia-Change Version (SADS-C) -Camberwell Family Interview (CFI) -Structured Clinical Interview for the DSM-III-R, Patient Version (SCID-P)	Members of families receiving FFT showed more positive nonverbal interactional behavior than families receiving CMNF during the 1-year post-treatment problem-solving assessment, but there was no corresponding reduction in negative interactional behaviors.
O’Donnel et al. 2020 USA	This study examines whether FFT-A given with guideline-based pharmacotherapy is associated with increased levels of family cohesion and cohesion and lower levels of family conflict over 2 years in adolescents and parents with bipolar I or II disorder.	Randomized controlled trial	Individuals diagnosed with bipolar disorder and their family members (n=145)	Family-focused treatment for adolescents (FFT-A), manual-based, 9 months, 21 sessions	- Mania Rating Scale, Depression Rating Scale (K-SADS-PL) - Family Cohesion and Adjustment Evaluation Scale (FACES-II) - Conflict Behavior Questionnaire (CBQ)	Adolescent- and parent-rated family cohesion, cohesion, and conflict trajectories were analyzed over 2 years. FFT-A had a greater effect on adolescent-grade family cohesion than EC over 2 years. FFT-A and EC participants reported similar improvements in family conflict over 2 years. In the FFT-A group, low-conflict families had greater adolescent-rated family cohesion throughout the study compared to high-conflict families. High-conflict families in both treatment groups tended to show greater reductions in conflict over 2 years than low-conflict families. Family psychoeducation and skills training may improve family cohesion in the early stages of Bipolar illness. Measuring levels of family

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						conflict at the beginning of treatment may improve response to treatment in individuals receiving the FFT-A.
Perlick et al. 2010 USA	Family members of patients with bipolar disorder are pioneering a new variation of Family Focused Therapy that aims to reduce the high subjective and objective burden that puts them at risk for negative physical health and mental health outcomes. effectiveness data	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n=46)	-12-15 sessions of family-focused, cognitive-behavioral intervention [Family Focused Treatment-Promoting Health Intervention (FFT-HPI) - A health education (HE) intervention of 8 to 12 sessions delivered via videotapes	-Structured Clinical Interview for DSM-IV Axis I Disorders (SCID) - Hamilton Depression Rating Scale (HAM-D) - Young Mania Rating Scale (YMRS) - Mini International Neuropsychiatric Interview version (MINI Plus version 5.0) - Depression Epidemiological Studies Center Scale (CES-D) -Quick Inventory of Depressive Symptomatology (QIDS-C)	It was associated with significant reductions in caregiver depressive symptoms and health risk behavior, according to the FFT-HPI. Greater reductions in depressive symptoms were also observed among patients in the FFT-HPI group. The reduction in patients' depression was partially mediated by reductions in caregivers' depression levels. Reductions in caregivers' depression were partially mediated by reductions in caregivers' levels of avoidance coping.
Casarez et al. 2021 USA	The purpose of this study is to test the feasibility and potential effectiveness of a 7-week psychoeducational intervention implemented in a group setting. The intervention is based on the component of Miklowitz's Family Focused Therapy.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n=12)	12 adult family members of people with bipolar disorder were randomized to receive 7 FFT sessions either immediately or after a 7-week waiting period.	- Burden Assessment Scale (BAS) - Depressive Symptomatology-Quick Entry of Self-Report [QIDS-SR] - Warwick-Edinburgh Mental Well-Being Scale [WEMWBS] - Medical Outcomes Study 36-Item Short Form [SF-36] - plasma cortisol; plasma IL-6	There were improvement trends in some variables (caregiver burden, mental health, IL-6) from pre- to post-intervention.
de Souza et al. 2016 Brazil	To evaluate the effect of psychoeducational intervention on burden, self-esteem and quality of life levels in caregivers of patients diagnosed with bipolar disorder.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n=53)	6 sessions of psychoeducation	- Self Report Questionnaire (SRQ) - Family Burden Interview Program (FBIS) - Rosenberg Self-Esteem Scale (RSS)	There was no significant difference in objective burden levels between groups. Both groups showed improvement in subjective burden scores across interventions. Objective burden scores

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Author/Year/Country	**Aim**	**Research Design**	**Population**	**Intervention program**	**Measuring tools**	**Results**
					- 36-Item Short Form Health Survey (SF-36)	showed a significant decrease in the treatment-as-usual group (p = 0.003) and a trend towards a decrease in the psychoeducational intervention (p = 0.081). When comparing means between the intervention and non-intervention groups, there were no differences in improvement in perceived self-esteem and quality of life.
Lee et al. 2018 Northern Taiwan	Measuring primary outcomes of family functioning and secondary outcomes of perceived health status and family caregiver burden.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder receiving hospital treatment (n=36)	(Psychoeducation) compared the effects of a brief family-centered care (BFCC) program with treatment as usual (TAU).	-Family Functioning Scale (FFS) - China Health Survey (CHQ)-12 - Caregiver Burden Inventory (CBI)	showed that family caregivers in the BFCC group had significant interaction effects on overall family functioning (P = 0.03) and subscales conflict (P = 0.04), communication (P = 0.01), and problem solving (P = 0.04), however, there was no significant interaction effect on caregivers' perceived health status and caregivers' burden.
Seyyedi Nasooh Abad et al. 2021 Iranian	To evaluate the effectiveness of psychoeducational group training based on problem-solving skills for women experiencing bipolar spousal abuse.	Randomized controlled trial	Spouses of abuse victims of individuals diagnosed with bipolar disorder (n:60)	(Psychoeducation) In the intervention group, women experiencing bipolar partner abuse participated in four problem-solving skills training sessions lasting 40-50 min, and women in two groups (intervention = 30 and control = 30) completed the Partner Abuse Index at baseline and 2 months later.	- Spouse Abuse Index (ISA)	It showed that changes in abuse scores (sum of physical, nonphysical, and Partner Abuse Index) after intervention were significantly different between the two groups (p < 0.0001). Although abuse scores decreased in both the intervention and control groups, the lower abuse scores in the intervention than in the control group were statistically significant. Supports that problem-solving skills

Table 1. Features of the studies

Author/Year/Country	**Aim**	**Research Design**	**Population**	**Intervention program**	**Measuring tools**	**Results**
						training intervention may help reduce women's experience of bipolar partner abuse.
Hubbard et al. 2016 Australia	This study evaluated the effectiveness of a brief, two-session psychoeducational intervention for caregivers. It was aimed that the intervention would reduce caregiver burden and distress and increase bipolar disorder knowledge and bipolar disorder self-efficacy.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n:32)	(Psychoeducation) 2 group sessions of 150 minutes, one week apart	-Depression, anxiety, stress scale (DASS-21) -Load assessment scale (BAS) -Bipolar Disorder Knowledge Scale -Bipolar Disorder Self-Efficacy Scale	The treatment group showed large and significant reductions in caregiver burden and increases in bipolar disorder knowledge and bipolar disorder self-efficacy. These improvements were maintained or increased at follow-up. No significant change was observed in DASS-21
Fiorillo et al. 2015 Italy	It was aimed to evaluate the effectiveness of the Falloon psychoeducational family intervention (PFI) model in terms of improving the social functionality of patients and reducing the family burden.	Randomized controlled trial	Individuals diagnosed with bipolar disorder and their family members (n:137)	(Psychoeducation) Falloon psychoeducational family intervention (PFI) (n:70) compared with treatment as usual (n:67)	-Disability Assessment Schedule (DAS) - Brief Psychiatric Rating Scale (BPRS) - Personal Problems Questionnaire (PPQ) - Family Problems Questionnaire (FPQ) - Social Network Questionnaire (SNQ)	Significant improvements were found in the social functioning of patients and the burden of their relatives in the treated group. This effect of the intervention persisted after controlling for patient socio-demographic and clinical factors. The experimental intervention also had an impact on other outcome measures, such as patients' clinical status and personal burden.
Eisner and Johnson 2008 USA	The main purpose of this study was to determine whether participants showed increased knowledge about bipolar disorder, decreased anger, fewer blaming attributions, and fewer critical comments toward relatives regarding the illness.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n:28)	(Psychoeducation) Twenty-eight family members attended a 1-day or 2-evening multifamily group workshop and completed a follow-up assessment 1 week later	-Mood Disorders Understanding Questionnaire (UMDQ) - Five Minute Speech Sample (FMSS) - Causal Dimension Scale (CDS II) - State-Trait Anger Expression Inventory (STAXI) - 8-item Customer Satisfaction Questionnaire (CSQ-8) - Working Alliance Inventory (WAI)	At follow-up, participants showed greater knowledge about bipolar disorder. The number of anger, accusatory references and criticisms remained unchanged. The results of this study are consistent with others in that it is difficult to change the emotion expressed.

Table 1. Features of the studies						
Author/Year/Country	**Aim**	**Research Design**	**Population**	**Intervention program**	**Measuring tools**	**Results**
					- Behavioral Family Management Therapist Competence and Adaptation Scale (BFM-TCAS)	
Reinares et al. 2004 Spain	The purpose of this study was to evaluate the effects of psychoeducational family intervention, including assessment of caregiver burden, on caregivers of bipolar patients.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n:45)	(Psychoeducation) Twelve 90-minute psychoeducation sessions regarding bipolar disorder and coping skills were administered to the patient's relatives.	- Structured Clinical Interview for DSM-IV axis I and axis II - Hamilton Depression Rating Scale (HDRS) - Young Mania Rating Scale (YMRS) - Social and Vocational Functioning Assessment Scale - Bipolar Disorder Information Questionnaire - Family Environment Scale - Social Behavior Assessment Program	Psychoeducated caregivers' knowledge of bipolar disorder increased significantly, and both subjective burden and the caregiver's belief in the connection between objective burden and the patient decreased. No significant differences were found in the objective burden and family relations subscales
Madigan et al. 2012 Ireland	To determine whether a caregiver-focused psychoeducational program in a community-based setting increases knowledge for caregivers of people with bipolar disorder.	Randomized controlled trial	Family members of individuals diagnosed with bipolar disorder (n:47)	(Psychoeducation) -Multi-Family Group Psychoeducation (MFGP) -Solution Focused Group Therapy (SFGP) -Usual treatment (TAU)	- Structured Clinical Interview for DSM-IV (SCID-I) - Global Assessment of Functionality (GAF) - Participation Evaluation Questionnaire (IEQ) - General Health Questionnaire 12 (GHQ12)	Caregivers in both the MFGP intervention and the SFGP arm demonstrated greater knowledge and reduced burden than those in the TAU arm.
Barbeito et al. 2023 Spain	To evaluate the effectiveness of a multifamily psychoeducational program for individuals with bipolar disorder in terms of family burden: objective and subjective and variables related to the course of patients with bipolar disorder (symptoms, adjustment, functionality, hospitalizations).	Randomized controlled trial	Individuals diagnosed with bipolar disorder and their family members (n:148)	(Psychoeducation) Multifamily psychoeducational program (PROTEC)	-Strauss-Carpenter Scale -Global evaluation of functionality -Morisky Green Adaptation Scale	The multifamily psychoeducational intervention group improved family burden postintervention. Similarly, within one year, bipolar patients whose families referred to the experimental group had significant improvements in their functionality, frequency of social contact, employment status, and compliance with treatment, and their symptoms decreased. Additionally, a significant

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Author/Year/Country	Aim	Research Design	Population	Intervention program	Measuring tools	Results
						decrease in the percentage of hospitalizations was observed in the experimental group during the 2-year follow-up.
Latifian et al. 2023 Iranian	This study aims to evaluate the effectiveness of psychoeducation in improving the attitudes of family members of bipolar disorder patients towards psychological disorders and internalized stigma.	Quasi-experimental study	Family members of individuals diagnosed with bipolar disorder (n:74) 37 experimental, 37 control	(Psychoeducation) Eight 90-minute psychoeducational sessions	Internalized Stigma Scale Attitudes Towards Mental Illness Scale	It showed that psychoeducation reduced internalized stigma in family members of bipolar patients and increased their positive attitudes towards psychological disorders compared to the control group.

Measurement Tools

Studies have investigated the effects of the applications on both patients and family members. To assess the impact on the patient, measurement tools that assess the disease process have been used, such as the Young Mania Rating Scale and the Hamilton Depression Rating Scale (Perlick et al. 2010, Hubbard et al. 2016, O'Donnell et al. 2020, Casarez et al. 2021). It was found that caregiver burden scales, depression levels and family members' knowledge of the illness were used to assess the impact of the applications on the family, most commonly followed by the Bipolar Disorder Knowledge Scale, the Burden Assessment Scale and the Hamilton Depression Rating Scale (Reinares et al. 2004, de Souza et al. al. 2016, Lee et al. 2018). Only one study has investigated internalised stigma in family members of people with a BD diagnosis (Latifian et al. 2023).

Features of Interventions

Family Focused Therapy (FFT) was used in 4 of the 14 studies reviewed (Simoneau et al. 1999, Perlick et al. 2010, O'Donnell et al. 2020, Casarez et al. 2021), and 10 studies focused on psychoeducation (Reinares et al. 2004, Eisner and Johnson 2008, Madigan et al. 2012, Fiorillo et al. 2015, Hubbard et al. 2016, de Souza et al. 2016, Lee et al. 2018, Seyyedi Nasooh Abad and al. 2021, Barbeito et al. 2023, Latifian et al. 2023).

Family Focused Therapy-FFT: Family-focused therapy is an evidence-based intervention for adults and children with bipolar disorder (BD) and their caregivers, often delivered in conjunction with pharmacotherapy following an episode of illness. The treatment consists of joint psychoeducational sessions about bipolar disorder, training to strengthen communication and training in problem-solving skills (Miklowitz and Chung 2016).

Psychoeducation: A psychoeducational intervention for caregivers of BD patients can be beneficial both for those living with the patients and for the caregivers of patients with impaired functioning (Chessick et al. 2009). It aims to focus on and reinforce the positive aspects of the patient and provide a better understanding of the illness at hand. Psychoeducation, which is an effective method in the treatment of patients with mental disorders, can easily be applied to other populations. When applied to caregivers, psychoeducation helps to recognise early prodromal symptoms, relieve caregiver stress and support the patient (Justo et al. 2007). It is easy to apply and improves knowledge about the illness and the associated stress (Bernhard et al. 2006). 7 of the psychoeducation programmes used in the studies included in the review were training for families on information about the disease and the burden of care (Reinares et al. 2004, Madigan et al. 2012, Fiorillo et al. 2015, de Souza et al. 2016, Lee et al. 2018, Latifian et al. 2023, Barbeito et al. 2023).

PROTEC multifamily psychoeducation; this is a psychoeducation consisting of 8 sessions in which information about the disease, early symptoms, aetiological factors, pharmacological treatment and compliance, exacerbation symptoms and management, suicide risk, family boundaries and norms, the impact of the disease on family members and stress management are discussed (Barbeito et al. 2023).

Brief Family-Centred Care (BFCC); This is a care practise for inpatients that consists of the phases of diagnosis, social-emotional support and psychoeducation, resistance to change and termination. In the diagnosis phase, the developmental stage of the family, its functionality, the effects of the illness on the family, the family members' experiences of the illness and their coping skills are assessed. In the social-emotional support and psychoeducation phase, the family's resources and strengths are discovered, emotions are discussed, family dynamics and communication styles are discussed and information about the illness and treatment is provided. In the Resistance to Change phase, problems in the family are identified, the emotions behind the conflicts are addressed and steps for problem solving are explained to the family members. In the final phase, the family members' impact on the treatment process is assessed and a discharge plan is created (Lee et al. 2018).

Fallon's Psychoeducational Family Intervention Model (PFI); This is a psychoeducation programme that is carried out three times a month for 4-6 months. The diagnosis of the person and the family, information about the illness and treatment, symptoms of exacerbation, dealing with suicidal behaviour, communication skills and problem-solving skills are discussed (Fiorillo et al. 2015).

Multifamily Group Psychoeducation (MFGP); This is an approach that is applied jointly to people with mental disorders and their family members. The aim is to support families in coping with the illness, adherence to treatment and intra-family communication. Families learn more about the illness and create a stronger care and support network by supporting each other socially. Solution-focused group psychotherapy (SFGP): This is a model of therapy model that focuses on the individual's strengths and the search for solutions rather than their current problems. This approach is short-term and goal-orientated and helps the individual to achieve their future goals. In practise, group members learn to better utilise their internal resources through the solution processes of others (Madigan et al. 2012).

Other psychoeducation applied in the studies reviewed are important topics such as the nature of the disease, episodes, causes and symptoms of exacerbation, adherence to treatment, suicide risk, hospitalisation, rapid cycle, pregnancy, the impact of the disease on the family, the role of the family in treatment, coping skills, prevention and dealing with stress in the family. are psychotraining sessions consisting of 6 to 12 sessions in which the development of communication and problem-solving skills and access to resources are discussed (Reinares et al. 2004, de Souza et al. 2016, Latifian et al. 2023).

In the studies analysed, two of the psychoeducation sessions were short-term psychoeducation sessions consisting of 1-2 sessions (Eisner and Johnson 2008, Hubbard et al. 2016). One of the psychoeducation sessions conducted focuses on the symptoms of the illness, the model of stress vulnerability, treatment options, symptoms of mania, hypomania and depressive episodes, communication during exacerbation symptoms, creating an action plan for exacerbations, the benefits of coping skills, responses to care, maintaining the relationship with the patient and resources. It is a psychoeducation consisting of one session (Hubbard et al. 2016). Another short-term psychoeducation is acceptance-based psychoeducation. Acceptance-based psychoeducation: This is based on family-focused therapy, psychoeducation for illnesses and couples therapy. It is a psychoeducation consisting of 1-2 sessions in which information about the illness, the patient's behaviour and the reactions of caregivers as well as acceptance are discussed (Eisner and Johnson 2008).

In one of the studies analysed, people whose spouses suffered from bipolar disorder and were abused were offered psychoeducation to improve their problem-solving skills. Problem-Solving Focused Psychoeducation for spouses of abuse victims; it is a psychoeducation in four sessions, each lasting 40-50 minutes, covering communication styles, brief information about the illness, the importance of problem-solving skills and homework for these (Seyyedi Nasooh Abad et al. 2021).

Impact of Intervention

The studies reviewed show that psychosocial interventions are useful. A randomised controlled trial comparing nine months of FFT treatment with patients receiving natural follow-up showed that family members receiving FFT showed more positive interactional verbal behaviour at the 1-year post-treatment assessment for problem solving than families receiving natural follow-up, but no corresponding decrease in negative interactional behaviour was found (Simoneau et al. 1999). In a randomised controlled trial in which Family Focused Therapy for Adolescents (FFT-A) was delivered to individuals diagnosed with BD and their family members and followed for two years, improvements in family conflict and greater family harmony were noted (O'Donnell et al. 2020). In a randomised controlled trial in which the Family Focused Therapy-Health Promotion Intervention (FFT-HPI), a new version of Family Focused Therapy, was administered to family members of individuals diagnosed with BD, an association was found with a significant decrease in depressive symptoms, risky health behaviours and negative coping behaviours in caregivers (Perlick et al. 2010). In another randomised controlled trial in which FFT was administered to family members of people diagnosed with Lyme disease, significant improvements were found in caregiver burden, depression, mental health, cortisol and interleukin-6 levels before and after the intervention (Casarez et al. 2021).

In a randomised controlled trial comparing the six-session psychoeducation group with the usual treatment group for family members diagnosed with BD, it was reported that there was no significant difference in objective distress scores between the groups. However, it was found that both the psychoeducation group and the usual treatment group showed an improvement in subjective distress scores. Objective stress scores decreased significantly in the usual treatment group and tended to decrease in the psychoeducational intervention group. When comparing the mean values between the intervention and non-intervention groups, no difference was found in terms of the improvement in perceived self-esteem and quality of life (de Souza et al. 2016).

In a randomised controlled trial examining the primary outcomes of family functioning, perceived health status and family caregiver burden, psychoeducation showed significant effects on family caregivers' overall functioning, communication and problem solving, but no significant effect on family caregivers' perceived health status and burden. (Lee et al. 2018). In a randomised controlled trial in which brief psychoeducation (2 sessions) was delivered to family caregivers of individuals diagnosed with BD, a significant reduction in caregiver burden and an increase in BD knowledge and BD self-efficacy. It was reported that no significant change was observed in the DASS-21 scale, which measures depression, stress and anxiety (Hubbard et al. 2016). In a randomised controlled trial in which twelve sessions of psychoeducation were delivered to family members of individuals diagnosed with bipolar disorder, it was reported that caregivers' knowledge of bipolar disorder increased significantly and caregivers' belief in the relationship between subjective distress and objective distress and the patient decreased (Reinares et al. 2004).

In a randomised controlled trial in which multi-family group psychoeducation and solution-focused group therapy were conducted and compared with the usual treatment group to determine whether knowledge about BD increased among caregivers of people with BD, caregivers in both the multi-family group psychoeducation and solution-focused group therapy groups showed higher levels of anxiety than those in the usual treatment group. It was reported that they gained knowledge and their distress decreased (Madigan et al. 2012). In a randomised controlled trial in which the Multi-Family Psychoeducation Programme (PROTEC) was delivered to individuals diagnosed with BD and their family members, family distress was reported to improve after the intervention and similarly, a significant decrease in the percentage of hospitalisations was observed over the two-year follow-up period (Barbeito et al. 2023). In a randomised controlled trial comparing the Falloon Psychoeducational Family Intervention (PFI) in people diagnosed with BD and their family members with the usual treatment group, significant improvements were observed in the social functioning of patients and the care burden of their relatives in the treated group. It was reported that this effect of the intervention persisted even after controlling for socio-demographic and clinical factors (Fiorillo et al. 2015). In a randomised controlled trial in which family members of twenty-eight people diagnosed with BD received psychoeducation and were followed up one week later, participants showed that they had more knowledge about BD. It was reported that the number of anger, accusatory attributions and criticism did not change (Eisner and Johnson 2008).

In a quasi-experimental study investigating the attitudes of family members of individuals diagnosed with BD towards mental disorders and internalised stigma, eight ninety-minute psychoeducation sessions were conducted for family members. It was reported that internalised stigma decreased in family members and positive attitudes towards mental disorders increased after the intervention (Latifian et al. 2023). A randomised controlled trial with an experimental and a control group in which abused spouses with bipolar disorder were offered problem-solving skills-based group psychoeducation showed that changes in abuse scores (the sum of changes in the Physical, Nonphysical, and Spouse Abuse Index) after the intervention were significantly different between the two groups. Although abuse scores decreased in both the intervention and control groups, the lower abuse scores in the intervention group compared to the control group were found to be statistically significant (Seyyedi Nasooh Abad et al. 2021).

Discussion

This study systematically reviewed the existing literature examining the effects of psychosocial intervention programmes on family members of individuals diagnosed with bipolar disorder. The studies reviewed found that family-based psychosocial interventions increased family members' knowledge of the illness, improved their coping mechanisms and generally reduced their burden of care. For example, the studies by Lee et al. (2018) and

Fiorillo et al. (2015) show that family-based interventions have a positive effects on family members, reduce depressive symptoms and reduce the level of internalised stigma. These findings are consistent with the results of the current study and support the effectiveness of family-based programmes. However, some studies have not examined the effects of family-based practises on patients thoroughly enough. For example, the studies by Simoneau et al. (1999) and Perlick et al. (2010) observed that patient-centred effects were not assessed. This suggests that the effects of family-based psychosocial interventions on both family members and patients should be investigated more comprehensively. Therefore, it is important that future studies take a more comprehensive approach and consider both patient and family member experiences.

Our study has some limitations. The selection of studies reviewed from certain databases may have led to some important studies being overlooked. In particular, the lack of studies conducted in Turkish and in Turkey meant that we did not include these studies. In addition, the heterogeneity of the methods used in the studies makes it difficult to compare the results. Variations in studies conducted in different cultural and socio-economic contexts can affect the generalisability of the results obtained. It is important that future studies overcome these limitations by utilising a larger database and relying on meta-analysis methods. In this context, it is assumed that meta-analyses on the effectiveness of psychosocial intervention programmes can contribute to the literature in a way that strengthens the general results.

Conclusion

This study was conducted to systematically evaluate studies using psychosocial intervention programmes for family members of people diagnosed with bipolar disorder. Bipolar disorder is a relapsing chronic illness that presents a physical and psychological challenge for both the person affected and their family caregivers. When the studies are examined, psychosocial intervention programmes are applicable because bipolar disorder increases the burden of care on family members, impairs social functioning and increases stress levels. In the studies reviewed, family-based practises were found to increase family members' knowledge of the illness, develop effective coping mechanisms and reduce care burden, stress levels and internalised stigma. The impact of family-based practises on patients has been investigated in only a few studies (Simoneau et al. 1999, Perlick et al. 2010, O'Donnell et al. 2020, Casarez et al. 2021). More studies are needed to investigate the effects of family-based programmes on the patient and the disease. The results show that such interventions have a positive effects on the mental health of family members. Participants' knowledge of the disease, support and communication skills, family harmony, problem-solving skills and perceived self-esteem increased; caregiver burden, family conflict, depressive symptoms and internalised stigma were shown to be reduced. These results emphasise the importance of psychosocial interventions for family members of people with BD. This suggests that psychosocial intervention programmes for family members of people diagnosed with bipolar disorder have significant benefits and that such interventions should be supported by further research. Increasing the effectiveness of family-based intervention programmes can significantly improve the quality of life of both sufferers and family members. In this context, it is recommended that future research be conducted with a broader perspective for both patients and family members.

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