

ผลของกลุ่มจิตบำบัดแบบประคับประคองร่วมกับการฝึกสติต่อความผาสุกทางใจและการเห็นคุณค่าในตนเองของผู้ที่มีปัญหาทางจิตเวช: การทดลองแบบสุ่มและมีกลุ่มเปรียบเทียบ

Effects of Group Supportive Psychotherapy with Mindfulness Training on Psychological Well-being and Self-esteem of Persons with Psychiatric Problems: A Randomized Controlled Trial

นิพนธ์ต้นฉบับ

Original Article

อรวรรณ จันทร์มณี*

คณะพยาบาลศาสตร์ มหาวิทยาลัยศรีนครินทรวิโรฒ อ.องครักษ์ จ.นครนายก 26120

* Corresponding author: aurawon@g.swu.ac.th

วารสารไทยเภสัชศาสตร์และวิทยาการสุขภาพ 2567;19(1):12-19.

Aurawan Janmanee*

Faculty of Nursing, Srinakharinwirot University, Ongkharak, Nakhonnayok, 26120, Thailand

* Corresponding author: aurawaon@g.swu.ac.th

Thai Pharmaceutical and Health Science Journal 2024;19(1):12-19.

บทคัดย่อ

วัตถุประสงค์: เพื่อทดสอบผลของจิตบำบัดแบบประคับประคองร่วมกับการฝึกสติต่อความผาสุกทางใจและการเห็นคุณค่าในตนเองของผู้ที่มีปัญหาทางจิตเวช วิธีการศึกษา: การวิจัยเชิงทดลองแบบสุ่มและมีกลุ่มควบคุมคัดเลือกผู้ที่มีปัญหาทางจิตเวชจำนวน 60 คนมีคุณสมบัติตามที่กำหนด แล้วสุ่มเข้ากลุ่มทดลองและกลุ่มควบคุมกลุ่มละ 30 คน กลุ่มทดลองได้รับโปรแกรมกลุ่มบำบัดแบบประคับประคองร่วมกับการฝึกสติ 4 สัปดาห์ ๑ ละ 2 ครั้ง ๑ ละ 60 นาที กลุ่มควบคุมได้รับการดูแลตามปกติ ใช้แบบสอบถามประเมินความผาสุกทางใจและการเห็นคุณค่าในตนเองที่ก่อนและหลังโปรแกรม ทดสอบการเปลี่ยนแปลงคะแนนด้วย t test ผลการศึกษา: คะแนนเฉลี่ยความผาสุกทางใจและการเห็นคุณค่าในตนเองของกลุ่มทดลองภายหลังการทดลองสูงกว่าก่อนการทดลองอย่างมีนัยสำคัญทางสถิติ (P -value < 0.001 ทั้งสองค่า) และผลต่างของค่าเฉลี่ยคะแนนความผาสุกทางใจและการเห็นคุณค่าในตนเองในระยะก่อนและหลังการทดลองในกลุ่มทดลองสูงกว่ากลุ่มควบคุมอย่างมีนัยสำคัญทางสถิติ (P -value < 0.001 ทั้งสองค่า) สรุป: โปรแกรมกลุ่มบำบัดแบบประคับประคองร่วมกับการฝึกสติสามารถเพิ่มความผาสุกทางใจและการเห็นคุณค่าในตนเองของผู้ที่มีปัญหาทางจิตเวชได้

คำสำคัญ: กลุ่มจิตบำบัดแบบประคับประคอง, การฝึกสติ, ความผาสุกทางใจ, การเห็นคุณค่าในตนเอง, ผู้ที่มีปัญหาทางจิตเวช

Abstract

Objectives: To examine the effectiveness of the group supportive psychotherapy with mindfulness training in improving psychological well-being and self-esteem of persons with psychiatric problems with the usual care. **Method:** This randomized controlled trial enrolled and randomized 60 persons with psychiatric problems who met the criteria to either the group supportive psychotherapy with mindfulness training (test group) or usual care (control group), 30 each. The test group attended the 4-week training twice weekly, 60 3minutes per session. Psychological well-being and self-esteem were assessed before and after the training. Data were analyzed by using t test. **Results:** In the test group, scores of psychological well-being and self-esteem after the training increased significantly from before the training (P -value < 0.001). Increases in psychological well-being and self-esteem from before the training in the test group were significantly higher than those of the control group (P -value < 0.001). **Conclusion:** The group supportive psychotherapy with mindfulness training improved psychological well-being and self-esteem in persons with psychiatric problems.

Keywords: group supportive psychotherapy, mindfulness training, psychological well-being, self-esteem, persons with psychiatric problems

Editorial note

Manuscript received in original form: March 16, 2023;

Revision notified: April 11, 2023;

Revision completed: May 18, 2023;

Accepted in final form: May 27, 2023;

Published online: March 30, 2024.

Journal website: <http://ejournals.swu.ac.th/index.php/pharm/index>

Introduction

Psychiatric illnesses are increasingly more prevalent and need long-term continuous care. In the US, a survey showed that 4.1% of the population aged 18 years or older had serious mental illness (SMI) with the most prevalence in those aged 26 - 49 years old followed by 18 - 25 years old.¹ In Thailand, in 2022, prevalence of chronic psychiatric illnesses was 0.88% with the highest rate among individuals aged 15 - 59 years old. Of the 2,216,828 psychiatric patients in 2022, 1,916,828 were registered with 910,174 men and 1,006,657 women.² The upward trend of psychiatric illnesses has been expected among Thai population.

With their chronically progressing nature, psychiatric illnesses cause suffering and low self-esteem.² Among negative attributes of psychiatric problems, low self-esteem is a major hindrance in improving the illnesses. Continuous community-based treatment is the cornerstone of non-disruptive care for psychiatric patients who need lifelong treatment. Such modality could allow for a better relapse prevention and normal living.² Patients with remission usually have difficulties adjusting to living with their family thus a long-term good control or cure could not be achieved.² With poor adjustment, relapse is usually expected. Patients with

longstanding chronic psychiatric illnesses are difficult to treat and restore to the normal psychiatric stage. Therefore, they face low self-esteem and psychological well-being.³

Psychological well-being reflects health status or quality of life of psychiatric patients. Patients with high psychological well-being usually have self-acceptance, proper attitude toward themselves, self-confidence, control on life matters, clear life target and purpose, and good relationship with others.⁴ Psychiatric patients with good psychological well-being are able to self-care and effectively manage thought and negative feeling. Psychological well-being is positively related to the person's growth and development consisting of six components namely self-acceptance, good interpersonal relationship, self-confidence, environment control and management, purpose in life, and growth. Based on Ryff and Keyes, psychological well-being includes physical and mental health, social acceptance, adjustment, and living in community and society.⁴

Previous research indicates that psychological well-being among psychiatric patients has not been fully understood. Most studies focused on mental health such as depression, knowledge about the illnesses, and self-care. Understanding factors that affect psychological well-being could help healthcare providers provide effective care. Based on Ryff and Keyes⁴, self-esteem affects all stages of life. It allows for positive mental health⁵, adjustment emotionally and socially and in learning. Emotional and social capability is rooted in self-esteem. Individuals with self-esteem are capable of facing life obstacles, accepting events of disappointment or despair, having confidence for hope and courage, having happiness, and living a happy life.⁶ Self-esteem is also associated with self-care and health-promoting behavior. Individuals with self-esteem know their worth, being able to realistically assess themselves. Individuals with no acceptance or attention from others, or no success in life would be more likely to have low self-esteem which could lead to low self-confidence. Self-esteem could be learned and developed.^{7,8}

Group supportive psychotherapy of Yalom⁹ helps psychiatric patients learn and develop skills to handle problems and build their mental strength using the Here-and-Now concept. The therapy helps members realize the cooperation among themselves within a brief period of time. With therapeutic effects of group activities, group members build interpersonal relationship which allows them to feel comfortable to disclose to each other, realize their own

potential and self-efficacy, and develop determination to modify behaviors.⁹

Mindfulness is individuals' sustained awareness at each moment in thoughts, emotion, and feeling toward physical being, environment and surrounding. Mindfulness also includes acceptance of thoughts and feelings as they are with no judgement. Mindfulness training reduces mind wandering, heightens being in the moment, lessens obsessing with the past and being anxious about the future, and emphasizes mindful pondering on facts using cognition other than emotion. All of these attributes of mindfulness training enforce living with concrete objective with no judging or reacting to the actual occurrence of the temporary matter, its existence, and its disappearance.^{10,11}

With a limited number of supportive treatment modalities to improve well-being and self-esteem through therapeutic factors-based group activities in persons with psychiatric problems, the group supportive psychotherapy with mindfulness training was in need.⁹ Specifically, this study aimed to compare 1) scores of psychological well-being and self-esteem between and after the group supportive psychotherapy with mindfulness training and 2) scores of psychological well-being and self-esteem at the end of the group supportive psychotherapy with mindfulness training between the patients attending the training (test group) and those who did not (control group).

Conceptually, this study was based on the group therapy of Yalom⁹ for the application of the group supportive psychotherapy with mindfulness training to improve psychological well-being and self-esteem in psychiatric patients. The group therapy of Yalom emphasizes sharing and learning to enhance interpersonal relationship among group members. As a simulated community, group activities allow group members perform the behaviors they expressed in their actual community.⁴ Practically, once all activities of the three development stages are completed, 11 therapeutic factors could emerge as follows.

Regarding the 11 therapeutic factors of the supportive group therapy⁹, the first one was altruism which is the self-worth from helping others. The second factor, group cohesiveness, is the trust and hope from participating and sharing with each other. The third factor, universality, allows the participants to realize their problems are not unique therefore solutions are possible. The fourth factor, interpersonal learning, allows participants to learn and

improve themselves from interacting with group members. The fifth factor, imparting information, reinforce the person's potential as their information and experience shared could be useful for others. With the sixth factor, catharsis allows the members to release stress associated with the problem and be able to find the solution or get solutions offered by the group members. The seventh factor, which is imitative behavior facilitates adopting positive behaviors they have learned from the others. The eighth factor, corrective recapitulation of the primary family group member, encourages expression of the learned behavior which could be corrected by the members if inappropriate. The ninth factor, development of socializing techniques, allows the members to understand each other and members in the society. The tenth factor, instillation of hope, helps the members be optimistic and hopeful from encouragement from the members. The eleventh factor, existential factors, helps the members to be realistic about life, being responsible for their own problems, and being able to let go. In short, these therapeutic factors facilitate the changes in feeling, thoughts, cognition and ultimately appropriate behaviors. One of the 11 therapeutic factors (8th factor) enhances psychological well-being and self-esteem. Members who are desperate or hopeless could be strengthened by learning from others with more severe problems. More optimistic attitude toward problems could be developed which potentially allows people to be hopeful.⁵ the researcher developed eight sets of activities as the intervention in this study.

The program consists of three phases namely initiating, working and terminal phases. In the initiating phase, relationships and trusts among group members the trainer were built. The working phase was the main part of the program with various activities including familiarizing with their illness and self-care and management, realizing and facing problems of their own and others, setting path to the life target, positively reflecting about themselves, realizing their self-esteem, and accepting their limitations. Repeated training was encouraged. In the terminal phase, all realizations and acceptance were re-enforced.

At the terminal phase, the members express bond, cooperation, and support among themselves as a result of trust and feeling of group-belonging built among them. At this point, members realize their problems and how to manage and solve the problems based on experiences they learn from each other.

The eight sets of activities in the three phases were as follows. In the initiating phase, the first activity was to build relationship. In the working phase, the second to seventh activities were to help group members to be mindful in realizing their illness, realizing the problem, solving the problem, realizing their self-esteem, moving on, and optimistically talk, think and live their life. In the terminal phase, the eighth activity was to allow group members to support each other. All of these activities were expected to enhance psychological well-being and self-esteem.

Methods

In this randomized control study, a single blind was used. The author randomized the participants and carried out the 4-week group supportive psychotherapy with mindfulness training program. Officers at the midway home performed assessment before and after the 4-week intervention not knowing the assignment status (i.e., test or control group) of the participants.

For the sample size, the mean score and standard deviation of self-esteem from a previous study was used for calculation.¹² The study examined effects of group art therapy program on depression and self-esteem in older adults with depression.¹² Using two-sample parallel and test for superiority, a type I error of 5%, and a power of 80%, a sample size of 23 per group was required.¹³ To compensate for an attrition rate of 30%, a total of 29 participants per group were needed.¹⁴ Finally, a total of 60 participants were obtained, 30 each for each group.

In this study, target population was female psychiatric patients while study population was those residing in the female midway home in Pathumthani province of Thailand. To be eligible, they had to be 25 to 45 years old with psychiatric illness including schizophrenia, depression, or bipolar disorder, taking medications for psychiatric illness for at least 5 years, being able to understand Thai language, having good conscience (i.e., good perception on time, place, and person), having no sight and hearing problems, having no physical problems to perform group activities, and being Buddhist. Those who had dementia based on the score of lower than 23 points of the Thai Mental State Examination (TMSE), had complications or exacerbation of chronic diseases (i.e., heart disease, hypertension, diabetes, or asthma) at a level that

prevent participation, or were unable to complete the whole experiment process due to medical reason referral.

In the randomization process, 60 individuals eligible for the study were randomly selected and later randomized using an opaque cardboard box to the test and control groups, 30 each. Participants in the test group attended the 4-week group supportive psychotherapy with mindfulness training program while those in the control group did not but received usual care. After the study, participants in the control group attended the 4-week group supportive psychotherapy with mindfulness training program after the post-test assessment of self-esteem and psychological well-being.

Research instruments

The instruments were the 4-week group supportive psychotherapy with mindfulness training program and the questionnaires to assess self-efficacy and psychological well-being.

The 4-week group supportive psychotherapy with mindfulness training program based on the concept of Yalom⁹ to improve psychological well-being and self-esteem among psychiatric patients. The group therapy activities enhanced interpersonal relationships, learning and sharing, distinguishing and understanding the interpersonal relationship. As they participated in simulated community, they acted as if they were in their actual community.¹⁹ After completing the three phrases of the group activities, therapeutic factors emerged and enhanced each other in promoting self-esteem and psychological well-being.⁹ The psychological disposition is also based on the Buddhism-based mindfulness concept of Kabat-Zinn¹⁰ stating that internal psychological factors namely greed, hatred, and unawareness are the cause of illnesses and sufferings. To alleviate pain and sufferings, one needs to realize the body, mind, and experience. This 4-week training program incorporated such elements to improve psychiatric problems such as disorders of emotion and behavior. Strengthening

Table 1 Objectives and activities of the 4-week group supportive psychotherapy with mindfulness training program.

Week/ activity	Phase	Objectives	Activities
1/1	Initiating phase	<ol style="list-style-type: none"> To build relationships among group members. To reduce social anxiety and build trust. To provide group members with the objectives of the activities, roles and responsibilities of members, and logistics. To provide group members with the benefits of the activities. 	<p>Activity 1: Building interpersonal relationship between members and between members and the trainer to create relaxing atmosphere.</p> <ul style="list-style-type: none"> Members were instructed to introduce themselves. The trainer provided objectives, process and benefits of the training. The roles and responsibilities of the members were explained. Understanding and trust were built to better cooperation.
1/2	Working phase	<ol style="list-style-type: none"> To help group members be aware of illnesses and self-care at the midway home. To encourage group members to use the knowledge to self-care and manage drug side effects effectively. 	<p>Activity 2: Being mindfully aware of their illness.</p> <ul style="list-style-type: none"> The trainer set issues for discussion including happiness and life worth and members were encouraged to express opinions and feelings. Members were encouraged to share experiences of problems. Members were guided to realize they were facing problems like others. This was supposed to bond each other and alleviate their suffering. Members were encouraged to share their successful problem solving to strengthen their will to face the problem.
2/1		<ol style="list-style-type: none"> To have members realize their problems. To allow members to release their frustration that made them desperate and hopeless. To have group members learn about the other's problems. 	<p>Activity 3: Realizing their problems.</p> <ul style="list-style-type: none"> Members were trained with mindfulness awareness to avoid being absent-minded and prohibition in all activities (doing, speaking, feeling, and thinking).
2/2		<ol style="list-style-type: none"> To allow members to share experience and thoughts about illnesses and treatment. To have members help each other in facing and solving problems effectively. 	<p>Activity 4: Mindfully solving problems.</p> <ul style="list-style-type: none"> Members were trained with being at-the-moment awareness toward thoughts, physical being, and surrounding.
3/1		<ol style="list-style-type: none"> To help members understand more on what happening to them. To help members realize their self-esteem, accept their limitations and be able to manage problems better. 	<p>Activity 5: Tree of life for self-esteem.</p> <ul style="list-style-type: none"> Members drew trees with their strengths and weaknesses to represent themselves. Members presented the tree to the group. Members accepted themselves and worth to be able to change thought, attitude, and behavior to solve the problem.
3/2		<ol style="list-style-type: none"> To help members set possible, proper life target. To help members set path to reach the life target. 	<p>Activity 6: Mindfully moving on.</p> <ul style="list-style-type: none"> Members shared their experiences for the other members to apply in their lives. They encouraged and strengthened each other to face the problem.
4/1		<ol style="list-style-type: none"> To help members know how to positively reflect about themselves. To facilitate members to share thoughts about positively reflecting about themselves. To facilitate members to train themselves in positively reflecting. 	<p>Activity 7: Rightful words, thoughts, and living.</p> <ul style="list-style-type: none"> Members were trained to be able to timely recognize absent-mindedness in talking, thinking, fixating on things.
4/2	Terminal phase	<ol style="list-style-type: none"> To allow members to express opinion. To allow members to ask questions. To facilitate members to summarize what their group had learned. To reinforce members facing problems. To help members to end the group training with no anxiety. To end group training. 	<p>Activity 8: Friends reinforcing friends.</p> <ul style="list-style-type: none"> Members shared experiences, advices and helps which allowed for stress release, solutions to problems, support, optimism, and hope.

mindfulness allows individuals to understand themselves and perceive their own power to face sufferings and to promote their self-esteem.²⁰ The author conducted the 4-week training. In the test group, 30 participants were put in 3 groups. Groups 1, 2 and 3 were trained at 9.00 – 10.00, 10.00 – 11.00, and 11.00 – 12.00 AM. Each session lasted 60 minutes. With 8 sets of activities, 8 sessions were held, i.e., 2 sessions per weeks for a total of 4 weeks.

Data collection tool

The **first part** of the data collection tool was questions to collect demographic and clinical characteristics of the participants including age, marital status, education level, occupation, and duration of psychiatric diagnosis.

The **second part** of the questionnaire was to assess self-esteem and psychological well-being assessment. The **self-esteem questionnaire** was from the original work Rozenberg.¹⁵ It assessed self-acceptance on self-esteem, confidence, satisfaction and self-respect. The questionnaire was translated to Thai language by Mahasittawat.¹⁶ The ten questions consisted of 5 positive and negative statements each. The response was a 4-point rating scale ranging from 1-most disagree, to 2-disagree, 3-agree, and 4-most agree. The scores of negative statements were reversed. With a total score of 10 – 40 points, self-esteem level was categorized as low, moderate and high (10 – 20, 21 – 30, and 31 – 40 points, respectively). The Thai version of self-esteem questionnaire had a high internal consistency reliability with a Cronbach's alpha coefficient of 0.90.¹⁶

The psychological well-being questionnaire was originally developed based on the satisfaction on the elderly life by Ryff and Keyes.^{6,17} It was translated by Wijitsiri and Sawangsopakul.^{6,18} The 18 questions with 10 positive and 8 negative statements, consisted of six aspects of well-being namely self-acceptance, interpersonal relationship, self-confidence, environment management, life purpose, and personal development and growth.⁶ The response was a rating scale ranging from 1-mostly disagree, to 2-disagree, 3-agree, and 4-mostly agree. The scores for the negative statements were reversed. With a total score of 18 – 72 points, overall psychological well-being level was categorized as low, moderate, and high (18 – 36, 37 – 54, and 55 – 72 points, respectively). Each of the six aspects of psychological well-being was also categorized as low, moderate, and high (3.00

– 6.00, 6.01 – 9.00, and 9.01 – 12.00 points, respectively). The Thai version of psychological well-being questionnaire had a high internal consistency reliability with a Cronbach's alpha coefficient of 0.93.¹⁸

Participant ethical protection

The study was approved by the Ethics Committee for Human Study of Srinakharinwirot University (approval number: SWUEC-163/2565E; approval date: September 15, 2022). The researcher was permitted to conduct the research at the midway home in Pathumthani province. The researcher met with prospective participants to provide information about objectives, process, benefits of participating in the study, and voluntary nature of the study. They could withdraw from the study at any time with no reasons needed and no negative consequences on the care they received.

Data analysis

Descriptive statistics including mean with standard deviation and frequency with percentage were used to summarize demographic and clinical characteristics and study variables. Differences of characteristics between the two groups were tested by Chi-square test or Fisher's exact test as appropriate for categorical variables and independent t test or Mann-Witney U test as appropriate for ordinal and interval/ratio variables. Within the test group, scores of psychological well-being and self-esteem before and after the program were compared using paired dependent-test or Wilcoxon signed rank test as appropriate. Between the two groups, changes of before-and-after scores of psychological well-being and self-esteem were compared using independent t-test. Significance level was set at a type I error of 5% (or P-value < 0.05). All statistical analyses were done using SPSS version 20.

Results

All of the 60 female participants completed the experiment. Most of them were in their 36 – 45 and 25 – 35 years of age (67.80% and 32.20%, respectively). All of them were married (100.00%). The majority of them completed primary school both in the test and control groups (50.10% and 50.10%, respectively), followed by followed by no formal education or incomplete primary school (32.00 and 49.90%, respectively). The majority had no job (83.39% and 78.98%, respectively),

followed by general labor (16.61% and 21.01%, respectively). Duration of psychiatric diagnosis was mostly in 1 – 10 years (54.47% and 55.32%, respectively), followed by 11 – 20 years (30.43% and 30.16%, respectively), and more than 21 years (15.10% and 14.52%, respectively). All of these differences between the two groups were not statistically significant.

Within the test group, scores of psychological well-being (mean = 55.35 ± 2.50 points) and self-esteem (mean = 32.45 ± 2.28 points) after the training were significantly higher than those before the training (mean = 22.34 ± 4.25 and 19.78 ± 4.12 points, respectively, $P < 0.001$) (Table 1).

Between the two groups, the differences in psychological well-being from before to after intervention in the test group (mean = 33.01 ± 3.72 points) was significantly higher than that in the control group (mean = 1.01 ± 2.07 points) ($P < 0.001$). Similarly, significant difference of self-esteem between the test and control groups was found (mean = 12.67 ± 3.82 and 0.69 ± 2.15 points, respectively, P -value < 0.001) (Table 2).

Table 2 Scores of psychological well-being and self-esteem before and after the training between the test and control groups (N = 60).

Study variables	Scores				P-value*
	Test group (N = 30)		Control group (N = 30)		
	Mean ± SD	Difference	Mean ± SD	Difference	
Psychological well-being					
Before	22.34 ± 4.25		19.22 ± 2.41		
After	55.35 ± 2.50	33.01 ± 3.72	20.23 ± 4.06	1.01 ± 2.07	< 0.001
P-value†	< 0.001				
Self-esteem					
Before	19.78 ± 4.12		18.33 ± 3.05		
After	32.45 ± 2.28	12.67 ± 3.82	19.02 ± 4.32	0.69 ± 2.15	< 0.001
P-value†	< 0.001				

* Between-group comparisons of before-and-after differences in scores between the two groups using independent t test.

† Within-group comparisons of scores before and after the training using paired t test.

Discussions and Conclusion

In this randomized control trial, the 4-week group supportive psychotherapy with mindfulness training improved scores of psychological well-being and self-esteem of female psychiatric patients residing in the midway home in Pathumthani, Thailand. Specifically, in the test group (i.e., participants attending the training program), scores of psychological well-being and self-esteem significantly improved (i.e., increased) from before to after the training program. The training program was also better than the usual care as the increases of scores of psychological well-being and self-esteem in the test group were significantly higher than those in the control group.

Based on the group therapy concept of Yalom, the 4-week group supportive psychotherapy with mindfulness training improved psychological well-being and self-esteem in female psychiatric patients at a midway home. The interactions enhanced sharing and learning among the group members. The training aimed to strengthen the mind of individuals with suffering and worthlessness. Psychiatric patient group members expressed their feeling and discussed their problems which allowed for learning among all members. Such learning could lead to changes in proper feeling, thought and behavior. The members understood more about their illness and therapeutic factors emerged which enhanced their way of living. From a study of Chuchuen et al, group therapy program improved self-esteem among chronic psychiatric patients significantly.²¹ A study of Salasawadi and colleagues also showed that Yalom-based group supportive psychotherapy program significantly improved depression in patients with schizophrenia.²² They received reinforcement from group members; hence, optimistic view was strengthened and hope in their illness and treatment was developed. They also perceived more self-esteem, more willing to solve problems, and had more pride and confidence. In this work of Salasawadi et al, depression decreased significantly (P -value < 0.05).

Group psychotherapy based on Yalom theory is applicable for nurses to help these psychiatric patients.⁹ The 4-week program aimed to remedy signs and symptoms of psychiatric problems and develop a strong psychological mechanism. The psychological dispositions were changes at a cognitive level. This psychotherapy helps patients with problems of thought, emotion and behavior to alleviate their suffering. This modality is consistent with the work of Ivezic et al where group psychoeducation program significantly reduced self-stigma, improved self-esteem and empowerment, reduced perceived discrimination of persons with schizophrenia.²³

Mindfulness is the core of the Buddhism-based mindfulness training of Kabat-Zinn.¹⁰ The awareness arising from being mindful was cultivated to reduce suffering which could benefit these psychiatric patients. Participating in the 8 sessions of activities improved psychological well-being and self-esteem. Despite being Buddhist with belief and faith in Buddha's teaching, participants did not have a chance to practice Buddhism to pay attention to physical and mental health. Being in the moment allows the individuals to timely recognize their thought, emotion, feeling to physical being and

surrounding. Being in the moment also reflects acceptance. The individuals observe their thought, feeling and emotion in the moment with no judgement. The individuals' mind stays with the present emotion with no yearning or obsession with the past or anxiety with the future. In the study of Yüksel A et al, 20 patients with schizophrenia who attended mindfulness-based psychosocial skills training had their living skill, self-esteem, understanding on their illness improved than those who did not.²⁴ Our finding is also consistent with the work of Yılmaz and Okanlı where the 8-week, twice-weekly mindfulness-based psychosocial skills training significantly improved insight, functional recovery, pleasant living, and self-esteem among schizophrenic patients compared with those used as controls.²⁵ It is consistent with the study of Lopez-Montoyo et al where the psychological mindfulness-based intervention significantly improved depression at post-intervention and at 6-month follow-up.

The 4-week group supportive psychotherapy with mindfulness training allowed participants to express the problems of discomfort and uneasiness, to identify the causes of the problems, and to identify ways to solve the problems and their causes. This cognitive process cultivates calmness, peace, and wisdom. Thus, the training program helps the individuals change perception, thought and attitude which further lead to more psychological well-being and self-esteem. They accepted their suffering to the point that they were not threatened or bothered by the problem but viewed the problems objectively. This state of mind allows the individuals to feel relieved. These individuals shared their experiences which were useful for each other. Their useful contribution helped boost their self-esteem. The appreciation of their good deeds led them to seek productive means and develop their cognition to overcome the suffering. Being exposed with the other members' expression of suffering and the release of emotion, conflict, desire, and hidden complex helped everyone feel relieved. They could achieve a good mental health status, psychological well-being, self-esteem, and self-worth.^{27,28}

This study has certain limitations. A relatively large number of activities needed a lot of time. Psychiatric problems caused a delay since the participants had slow thinking and speaking which needed more time.

Based on study findings and conduct, it is feasible for psychiatric nurses to learn and implement the 4-week group supportive psychotherapy with mindfulness training for psychiatric patients to improve self-esteem and psychological

well-being. For further research, the 4-week group supportive psychotherapy with mindfulness training for psychiatric patients could be tested in other settings such as the sub-district health promoting hospitals and to other groups such as the elderly.

Acknowledgement

The author would like to thank the director and staff of the midway home, Pathumthani province for assistance and all participants for their invaluable contribution. The author also thank Srinakharinwirot University for financial support.

References

1. World Health Organization. Comprehensive mental health action plan. 2013-2030. (Accessed on May. 11, 2022, at <https://www.who.int/mental-health/publications/actionplan/en/>)
2. Department of Mental Health. Psychiatric patients in Thai people. 2022. (Accessed on Jun. 20, 2022, at <https://dmh.go.th/>) (in Thai)
3. Choi H, Shin S, Lee G. Effects of positive psychotherapy for people with psychosis: a systematic review and meta-analysis. *Issues Ment Health Nurs* 2023;44(3):180-193.
4. Ryff CD. Psychological well-being revisited: advances in the science and practice of eudaimonia. *Psychother Psychosom* 2014;83(1):10-28.
5. Rashid T. Positive psychotherapy: a strength-based approach. *J Posit Psychol* 2015;10(1):25-40.
6. Schrank B, Brownell T, Jakaite Z, et al. Evaluation of a positive psychotherapy group intervention for people with psychosis: pilot randomised controlled trial. *Epidemiol Psychiatr Sci* 2016;25(3):235-246.
7. Benavides C, Brucato G, Kimhy D. Self-esteem and symptoms in individuals at clinical high risk for psychosis. *J Nerv Ment Dis* 2018; 206(6):433-438.
8. Kim EY, Jang MH. The mediating effects of self-esteem and resilience on the relationship between internalized stigma and quality of life in people with schizophrenia. *Asian Nurs Res Korean Soc Nurs Sci* 2019; 13(4):257-263.
9. Yalom ID, Leszcz M. The theory and practice of group therapy, 6th ed. New York. Basic Books, 2020.
10. Kabat-Zinn J. Mindfulness. *Mindfulness* 2015;6(6):1481-1483.
11. Wang LQ, Chien WT, Yip LK, Karatzias T. A randomized controlled trial of a mindfulness-based intervention program for people with schizophrenia: 6-month follow-up. *Neuropsychiatr Dis Treat* 2016;7(12): 3097-3110.
12. Sautao Y, Dallas JC, Nabkasorn C, Bovornkiti L. Group art therapy for older adult with depression. *Buddhachinaraj Med J* 2018;35(3):372-378. (in Thai)
13. Kaewkangwan J, Singhasivanont P, Sample size in clinical trials. In: Pitisuthitham P, Pichiansunthorn C (eds.). *Clinical research textbook*. Bangkok. Amarin Printing and Publishing, 2011. (in Thai)
14. Burns N, Grove SK. The practice of nursing research, conduct, critique, and utilization. 9th ed. Philadelphia. W.B. Saunders Company, 2020.
15. Rosenberg M. Society and the adolescent self-image. Princeton, NJ. Princeton University Press, 1965.

16. Mahasittawat Y. The relationship between perceived physical, psychosocial changes: Self-esteem and health behaviors of the elderly in Muang District, Saraburi. Bangkok. Mahidol University, 1986. (in Thai)
17. Ryff CD, Keyes CL. The structure of psychological well-being revisited. *J Pers Soc Psychol* 1995;69(4):719-727. (doi: 10.1037//0022-3514.69.4.719)
18. Wijitsiri P, Sawangsopakul B. Wisdom, social support and psychological well-being of elderly in the elderly club at WatSarod, Ratburana district, Bangkok. *J Soc Sci Human* 2012;38(2):139-151. (in Thai)
19. Lee KH. A randomized controlled trial of mindfulness in patients with schizophrenia. *Psychiatry Res* 2019;275:137-142. (doi: 10.1016/j.psychres.2019.02.079)
20. Langer ÁI, Schmidt C, Mayol R, et al. The effect of a mindfulness-based intervention in cognitive functions and psychological well-being applied as an early intervention in schizophrenia and high-risk mental state in a Chilean sample: study protocol for a randomized controlled trial. *Trials* 2017;18(1):233-241. (doi: 10.1186/s13063-017-1967-7)
21. Chuchuen U, Winrun S, Nuchawart W. Effect of group therapy program on self-esteem among chronic psychiatric patients. *J Psy Nurs Ment Health* 2014;28(3):13-25. (in Thai)
22. Salasawadi P, Soontaradechakit R, Klanprapan P, Suriyachai S. Effects of group supportive psychotherapy program on depression on patients with schizophrenia. *J Psy Nurs Ment Health* 2016;30(3):121-133. (in Thai)
23. Ivezic SS, Sesar MA, Mužinic L. Effects of a group psychoeducation program on self-stigma, empowerment and perceived discrimination of persons with schizophrenia. *Psychiatr Danub* 2017;29(1):66-73.
24. Yuksel A, Bahadır-Yılmaz E. The effect of mindfulness-based psychosocial skills training on functioning and insight level in patients with schizophrenia. *Commun Ment Health J* 2021;57(2):365-371. (doi: 10.1007/s10597-020-00658-9)
25. Yılmaz E, Okanlı A. Test of mindfulness-based psychosocial skills training to improve insight and functional recovery in schizophrenia. *West J Nurs Res* 2018;40(9):1357-1373. (doi: 10.1177/0193945917697222)
26. Lopez-Montoyo A, Quero S, Montero-Marin J, et al. Effectiveness of a brief psychological mindfulness-based intervention for the treatment of depression in primary care: study protocol for a randomized controlled clinical trial. *BMC Psychiatry* 2019;19(1):301-313. (doi: 10.1186/s12888-019-2298-x)
27. Cerna C, García FE, Téllez A. Brief mindfulness, mental health, and cognitive processes: A randomized controlled trial. *Psych J* 2020;9(3):359-369. (doi: 10.1002/pchj.325)
28. Böge K, Hahne I, Bergmann N, et al. Mindfulness-based group therapy for in-patients with schizophrenia spectrum disorders - feasibility, acceptability, and preliminary outcomes of a rater-blinded randomized controlled trial. *Schizophr Res* 2021;228:134-144. (doi: 10.1016/j.schres.2020.12.008)