



Lentora Nursing Journal

e-ISSN 2776-1622

Volume 7 Issue 1, 2026, 54-63

DOI: [10.33860/lmj.v7i1.4385](https://doi.org/10.33860/lmj.v7i1.4385)

Website: <https://jurnal.poltekkespalu.ac.id/index.php/LNJ>

Publisher: Poltekkes Kemenkes Palu

Original Article

Family Visits and Recorded Recovery Status Among Psychiatric Inpatients in Central Sulawesi

Putri Amelia¹, Dina Palayukan Singkali^{1*}, Ismunandar Wahyu K¹

¹Nursing Science, Widya Nusantara University, Central Sulawesi, Indonesia

²Nursing Science, Tadulako University, Central Sulawesi, Indonesia

 Corresponding author: dinasingkalipalu@gmail.com



ARTICLE INFO

Article History:

Received: 2026-06-30

Accepted: 2026-10-30

Published: 2026-10-30

Keywords:

Family visits;
family involvement;
psychiatric
inpatients;
recovery;
mental health
nursing

ABSTRACT

Background: Family involvement is relevant to psychiatric care, but visit frequency is distinct from structured family intervention. This study examined the cross-sectional association between family visit frequency and recorded recovery status among psychiatric inpatients at UPT RSUD Madani, Central Sulawesi, Indonesia.

Methods: Forty inpatients were selected using purposive sampling in a cross-sectional study conducted from December 18 to 30, 2025. Observation sheets recorded family visit counts and a binary recovery classification. All patients with zero or one visit were classified as less recovered, whereas all patients with two or three visits were classified as recovered. The data were analyzed using the two-sided Fisher–Freeman–Halton exact test.

Results: Twenty-three patients (57.5%) received one visit, seven (17.5%) received none, seven (17.5%) received two, and three (7.5%) received three. Ten patients were classified as recovered (25.0%; 95% CI, 14.2%–40.2%), and 30 (75.0%) as less recovered. Aggregate-table analysis indicated an association ($p < .001$).

Conclusion: Visit frequency was associated with recorded recovery status in this sample.



©2026 by the authors. Submitted for possible open-access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>)

INTRODUCTION

Recovery in mental health extends beyond symptom reduction. Functional recovery concerns everyday participation, while personal recovery concerns living a meaningful life, including when symptoms persist. These domains overlap but cannot be used interchangeably. Contemporary evidence therefore supports assessing outcomes that reflect patients' experiences alongside clinical status ([Correll et al., 2025](#); [Yu et al., 2022](#)).

Studies of schizophrenia illustrate the multidimensional nature of recovery. Changes in symptoms may accompany changes in functioning, yet personal recovery follows partly distinct trajectories. A longitudinal meta-analysis found only modest improvements in overall personal recovery and subjective quality of life, emphasizing the need for care that addresses more than clinical stabilization ([Van Eck et al., 2025](#); [de Winter, Jelsma, Vermeulen, van Weeghel, et al., 2025](#); [de Winter, Jelsma, Vermeulen, Vellinga, et al., 2025](#)).

Family relationships can provide emotional and practical support during treatment. Families may contribute to treatment planning, communication about changes in mental state, and continuity after discharge. Nevertheless, their participation depends on the quality of relationships, the patient's preferences, and the organization of services ([Tham & Solomon, 2024](#); [Saroca & Sargent, 2022](#)). Studies have linked social support and resilience with personal recovery in community populations, but these findings do not establish that increasing visit counts improves inpatient outcomes ([Thongsalab et al., 2024](#); [Li et al., 2023](#)).

Structured family interventions offer a related, but distinct, evidence base. A randomized trial of brief family psychoeducation reported lower relapse risk and improvements in several caregiver outcomes, whereas a cluster trial delivered by psychiatric visiting nurses found no significant reduction in caregiver burden. These differing results indicate that intervention content, context, and outcomes matter ([Yasuma et al., 2024](#); [Tessier et al., 2023](#)). Family empowerment and culturally adapted psychoeducation also emphasize coping, hope, self-efficacy, and the resources available to patients and caregivers ([Egger et al., 2025](#); [Iswanti et al., 2024](#)).

Hospital settings present additional challenges. Nurses describe organizational constraints on recovery-oriented inpatient care, and studies of nursing attitudes indicate that recognizing the value of families does not automatically ensure their involvement ([Hallberg et al., 2025](#); [Khatib & Khatib, 2025](#)). Implementation research identifies inconsistent routines, limited resources, and uncertainty about roles as barriers, while confidentiality introduces ethical considerations requiring explicit attention ([Hem et al., 2022](#); [Hansson et al., 2022](#)).

Routine family visits are a practical form of contact during psychiatric hospitalization. However, evidence about structured family interventions and community-based recovery does not directly establish whether routine visit counts are associated with locally recorded inpatient recovery categories. At UPT RSUD Madani, examining this association may help identify questions for subsequent assessment of family engagement. This study therefore assessed the cross-sectional association between family visit frequency and recorded recovery status among psychiatric inpatients.

METHODS

Study design and setting

A cross-sectional correlational study was conducted at UPT RSUD Madani, Central Sulawesi Province, Indonesia, from December 18 to 30, 2025. Recorded visit counts and recovery classifications were examined as observed during inpatient care.

Participants and sampling

The study population comprised psychiatric inpatients receiving care at UPT RSUD Madani. Forty participants were selected using purposive sampling and included in the analysis. Patients were eligible for inclusion if they were aged 18 years or older, had a mental disorder documented in their medical records and were receiving inpatient care at UPT RSUD Madani, Central Sulawesi Province, during the study period, were clinically stable enough to participate in the study assessment, were able to understand the study information and provide informed consent, and had information on family visit frequency available for the defined observation period, including a documented absence of visits.

Patients were excluded if they: experienced an acute psychiatric or medical emergency that prevented safe participation or assessment, had severe cognitive or communication impairment that prevented them from understanding the study information or completing the required assessment, and declined participation or withdrew consent before data collection was completed.

Participants were excluded from the final analysis if data on family visit frequency or recorded recovery status were incomplete. Patients discharged before data collection were recorded separately as not enrolled.

Of the 56 eligible psychiatric inpatients at UPT RSUD Madani, seven declined participation and five were discharged before data collection could be conducted. Data were collected from the remaining 44 participants. Four participants were subsequently excluded from the analysis because information on family visit frequency or recovery status was incomplete. The final analysis included 40 participants, representing 71.4% of eligible patients

Variables and data collection

Family visit frequency was the recorded number of visits during inpatient care, categorized as none, one, two, three, or four or more. The outcome was the binary classification recorded on the observation sheet: “less recovered” or “recovered.”

Statistical analysis

Categorical variables were summarized using frequencies and percentages with N = 40 as the denominator. The Pearson statistic was used to describe association strength.

Ethical considerations

This study was approved by the Research Ethics Committee, and informed consent was obtained from all participants before data collection.

RESULTS

Participant characteristics

The analysis included 40 psychiatric inpatients. Most were aged 26–35 years (n = 24, 60.0%), followed by 36–45 years (n = 10, 25.0%). Thirty-two participants (80.0%) were male (Table 1).

Table 1. Characteristics of participants (N = 40)

Characteristic	n	%
Age group in years		
17–25	5	12.5
26–35	24	60.0
36–45	10	25.0

Characteristic	n	%
46–55	1	2.5
Sex		
Female	8	20.0
Male	32	80.0

Family visits and recovery status

One visit was the most common exposure category (n = 23, 57.5%). Seven patients received no visits, seven received two, and three received three; none received four or more. Ten patients (25.0%; Wilson 95% CI, 14.2%–40.2%) were classified as recovered, and 30 (75.0%) as less recovered (Table 2).

Table 2. Distribution of family visits and recovery status (N = 40)

Variable and category	n	%
Family visit frequency		
No visits	7	17.5
One visit	23	57.5
Two visits	7	17.5
Three visits	3	7.5
Four or more visits	0	0.0
Recovery status		
Less recovered	30	75.0
Recovered	10	25.0

Association between visits and recovery status

All seven patients with no visits and all 23 with one visit were classified as less recovered. All seven with two visits and all three with three visits were classified as recovered (Table 3). Thus, the within-category proportions classified as recovered were 0%, 0%, 100%, and 100%, respectively. The two-sided exact test indicated an association ($p < .001$).

Table 3. Family visit frequency by recorded recovery status (N = 40)

Family visits	Less recovered n (%)	Recovered n (%)	Total n (%)	
None	7 (17.5)	0 (0.0)	7 (17.5)	
One	23 (57.5)	0 (0.0)	23 (57.5)	
Two	0 (0.0)	7 (17.5)	7 (17.5)	
Three	0 (0.0)	3 (7.5)	3 (7.5)	
Four or more	0 (0.0)	0 (0.0)	0 (0.0)	

($p < .001$)

Family visits	Less recovered n (%)	Recovered n (%)	Total n (%)
Total	30 (75.0)	10 (25.0)	40 (100.0)

DISCUSSION

Interpretation of the association

Visit frequency was associated with recorded recovery status in this sample. Evidence from community and first-episode psychosis populations provides context for the association. Studies have linked social support and resilience with personal recovery, and a proxy measure of family involvement with selected cognitive outcomes ([Thongsalab et al., 2024](#); [Soler-Andrés et al., 2023](#); [Li et al., 2023](#)). These findings concern different measures and populations.

Quality of contact is likely to matter alongside contact frequency. Qualitative research describes family support as relevant to dignity and family resilience, while a comparison of expressed emotion across family and residential settings illustrates the complexity of interpersonal environments ([Ferentinos et al., 2024](#); [Amiri et al., 2025](#); [Sari & Duman, 2025](#)). Counting visits cannot establish whether interactions were reassuring, critical, wanted, or useful to the patient. The present data therefore support examining family contact as one aspect of inpatient care rather than treating each visit as an equivalent therapeutic exposure.

Comparison with family intervention evidence

Structured psychoeducation involves planned educational and relational components that were not measured in this study. [Tessier et al. \(2023\)](#) reported reduced relapse risk in a small randomized trial, without a corresponding change in medication adherence. Preliminary comparative evidence from another small study reported improved adherence, whereas a naturalistic evaluation of Profamille examined changes in adherence and suicide attempts ([Tessier et al., 2023](#); [Iuso et al., 2023](#); [Hode et al., 2024](#)). These outcomes and designs differ from cross-sectional inpatient recovery categories and should not be presented as direct replication of the current findings.

The intervention literature also contains important null results. [Yasuma et al. \(2024\)](#) found no significant between-group reduction in caregiver burden, and the telehealth-based FIRST trial did not demonstrate improvement in its primary patient outcome or caregiver burden measures ([Yasuma et al., 2024](#); [Mueser et al., 2022](#)). A Cochrane review found insufficient evidence that collaborative care improves key medium-term outcomes compared with standard care ([Reilly et al., 2024](#)). Thus, a favorable observational association should not be used to promise that more frequent visiting will necessarily improve clinical outcomes.

Evidence on possible mechanisms is more informative than assuming a universal effect. A mediation analysis of the culturally adapted KUPAA trial examined hope and self-efficacy as pathways to functioning and quality of life. Qualitative work on the Calgary Family Intervention Model emphasized shared learning, awareness, and support ([Egger et al., 2025](#); [Duman et al., 2022](#)). Family empowerment literature similarly highlights coping resources and resilience ([Iswanti et al., 2024](#)).

Meaning and measurement of recovery

Three-quarters of participants were classified as less recovered, while the estimated proportion classified as recovered was 25.0%, with a 95% confidence interval of 14.2%–40.2%. Research distinguishes personal recovery from symptoms, functioning, and self-management ([Van Eck et al., 2025](#); [Mori et al., 2024](#); [Roosenschoon et al., 2024](#); [Yu et al., 2022](#)), and reviews identify resilience and affective symptoms as additional relevant factors ([Franco-Rubio et al., 2024](#)).

Validated measures could improve future work, but local validation and feasibility must guide instrument choice. Studies of the Questionnaire about the Process of Recovery and the Brief INSPIRE-O demonstrate approaches to assessing personal recovery with explicit psychometric evaluation ([Munuera et al., 2024](#); [Moeller et al., 2024](#)). Findings on internalized stigma and sense of coherence further show that recovery can involve experiences that a clinician-recorded binary category may miss ([Kuramoto et al., 2024](#)). Longitudinal evidence indicates that improvements across symptom, functioning, and personal recovery domains do not necessarily proceed together ([de Winter, Jelsma, Vermeulen, van Weeghel, et al., 2025](#); [de Winter, Jelsma, Vermeulen, Vellinga, et al., 2025](#)).

Implications for mental health nursing

A practical service response would be to ask each patient whom they wish to involve, agree on appropriate contact with that person, and document the purpose and content of family communication. This is a practice proposal, not an intervention evaluated in the present study. Recovery-oriented nursing literature supports collaborative relationships, and research on hospitalization stress highlights the relevance of interpersonal and family context ([Hallberg et al., 2025](#); [Khatib & Khatib, 2025](#); [Chai & Kim, 2025](#)). Work around discharge also emphasizes individual clinical circumstances and subjective recovery ([Owusu et al., 2025](#)).

A feasible approach requires service routines, staff preparation, and attention to consent. Implementation studies identify the value of designated roles, shared knowledge, leadership support, and clear procedures; guideline adaptation research emphasizes matching recommendations to local resources and family preferences ([Tham & Solomon, 2024](#); [Dehbozorgi et al., 2025](#); [Hansson et al., 2022](#)). Confidentiality should be addressed through patient-specific agreements about information sharing rather than assuming that any family member is entitled to clinical details ([Hem et al., 2022](#)).

Limited visiting should prompt inquiry rather than judgment. Caregiver resilience research identifies emotional and financial demands, and family accounts of flexible assertive community treatment describe the need for accessible, continuous professional support ([Tailaiti et al., 2025](#); [Martinsen et al., 2025](#)). Evidence on racial inequities in family psychoeducation further cautions that engagement can reflect structural barriers rather than lack of concern ([Gibbs et al., 2022](#)).

Where acceptable to patients, services could assess the feasibility of a planned family meeting or remote contact when in-person visiting is difficult. The choice should reflect patient preference, clinical suitability, caregiver availability, and privacy. A Ugandan qualitative evaluation found family involvement acceptable when supported by suitable meeting arrangements and preparation ([Turiho et al., 2024](#)). Evidence on remote psychosocial care suggests feasibility but remains limited for family psychoeducation ([Best et al., 2023](#)). Local evaluation should record acceptability and clinical outcomes; this study cannot justify prescribing a minimum number of visits.

Limitations and future research

The study was cross-sectional, used purposive sampling, and included only 40 patients at one hospital. Baseline severity, medication exposure, previous admissions, admission type, family circumstances, and length of stay could not be adjusted for. Patients hospitalized longer may have had more opportunities for visits and different opportunities for improvement.

Future prospective work should prespecify eligibility and recovery scoring, separate visit exposure from the outcome definition, record exposure before subsequent assessment, and compare visits over equivalent periods. Clinical and patient-reported recovery should be assessed separately, consistent with multidimensional outcome frameworks ([Correll et al., 2025](#); [Franco-Rubio et al., 2024](#)).

CONCLUSION

Family visit frequency was associated with recorded recovery status among 40 psychiatric

inpatients at UPT RSUD Madani. Their practical contribution is to support a more rigorous prospective evaluation of patient-preferred family engagement alongside standardized recovery assessment.

Author's Contribution Statement: PA: Conceptualization, methodology, investigation, data curation, and writing—original draft. DPS: Supervision, validation, formal analysis, and writing—review and editing. IWK: Supervision, methodology, validation, and writing—review and editing.

Conflicts of Interest: The authors declare no financial or nonfinancial conflicts of interest related to this study.

Source of Funding Statement: This research received no specific funding from any public, commercial, or nonprofit funding agency.

Acknowledgments: The authors thank the management and nursing staff of UPT RSUD Madani, Central Sulawesi Province, for facilitating this study. We also express our gratitude to all participants for their time and participation.

Declaration of Artificial Intelligence Use: ChatGPT (OpenAI) assisted with English language editing, manuscript restructuring, literature identification, and calculations using the reported aggregate table. AI assistance did not generate participant records. The authors are responsible for verifying the final text, references, and statistical results before submission.

REFERENCES

- Amiri, E., Ebrahimi, H., Habibzadeh, H., & Baghaei, R. (2025). Family caregivers' role in dignity of people with schizophrenia: A qualitative study. *Nursing Ethics*, 32(6), 1911–1925. <https://doi.org/10.1177/09697330251319372>
- Best, M. W., Romanowska, S., Zhou, Y., Wang, L., Leibovitz, T., Onno, K. A., ... Bowie, C. R. (2023). Efficacy of remotely delivered evidence-based psychosocial treatments for schizophrenia-spectrum disorders: A series of systematic reviews and meta-analyses. *Schizophrenia Bulletin*, 49(4), 973–986. <https://doi.org/10.1093/schbul/sbac209>
- Chai, S., & Kim, G. (2025). Factors that influence hospitalization stress in patients with chronic schizophrenia: A cross-sectional study in psychiatric hospitals. *Journal of Psychiatric and Mental Health Nursing*, 32(1), 102–111. <https://doi.org/10.1111/jpm.13090>
- Correll, C. U., Cortese, S., Solmi, M., Boldrini, T., Demyttenaere, K., Domschke, K., ... McIntyre, R. S. (2025). Beyond symptom improvement: Transdiagnostic and disorder-specific ways to assess functional and quality of life outcomes across mental disorders in adults. *World Psychiatry*, 24(3), 296–318. <https://doi.org/10.1002/wps.21338>
- de Winter, L., Jelsma, A., Vermeulen, J. M., van Weeghel, J., Hasson-Ohayon, I., Mulder, C. L., ... de Haan, L. (2025). Long-term changes in personal recovery and quality of life among patients with schizophrenia spectrum disorders and different durations of illness: A meta-analysis. *Schizophrenia Bulletin*, 51(1), 37–53. <https://doi.org/10.1093/schbul/sbae045>
- de Winter, L., Jelsma, A., Vermeulen, J. M., Vellinga, A., van Weeghel, J., Hasson-Ohayon, I., ... de Haan, L. (2025). Interrelationships of changes in outcome domains in patients with schizophrenia spectrum disorders: A meta-analysis. *Acta Psychiatrica Scandinavica*, 152(1), 6–26. <https://doi.org/10.1111/acps.13808>
- Dehbozorgi, R., Shahriari, M., Fereidooni-Moghadam, M., & Moghimi-Sarani, E. (2025). The adaptation of clinical practice guideline recommendations regarding family-centered collaborative care of people living with schizophrenia, major depressive disorder, and bipolar mood disorder in the Iranian context: Using the resource toolkit for guideline adaptation. *BMC Palliative Care*, 24(1), 69. <https://doi.org/10.1186/s12904-025-01703-8>

- Duman, Z. Ç., Sari, A., & Tuncer, G. Z. (2022). Calgary family intervention model-based family support and psychoeducation related intervention experiences of family members caring for patients with a chronic mental illness: "we are all in the same boat". *Issues in Mental Health Nursing*, 43(10), 929–935. <https://doi.org/10.1080/01612840.2022.2072550>
- Egger, J. R., Kaaya, S., Lawala, P., Swai, P., Thadei, B., Minja, A., ... Baumgartner, J. N. (2025). Mediators of functioning and quality of life among people living with schizophrenia participating in the culturally adapted family psychoeducation (KUPAA) trial in Tanzania. *Social Psychiatry and Psychiatric Epidemiology*, 60(8), 1971–1981. <https://doi.org/10.1007/s00127-025-02896-2>
- Ferentinos, P., Douki, S., Yotsidi, V., Kourkouni, E., Dragoumi, D., Smyrnis, N., & Douzenis, A. (2024). Family in crisis: Do halfway houses perform better than families with expressed emotion toward patients with schizophrenia? A direct adjusted comparison. *Healthcare*, 12(3), 375. <https://doi.org/10.3390/healthcare12030375>
- Franco-Rubio, L., Puente-Martínez, A., & Ubillos-Landa, S. (2024). Factors associated with recovery during schizophrenia and related disorders: A review of meta-analysis. *Schizophrenia Research*, 267, 201–212. <https://doi.org/10.1016/j.schres.2024.03.021>
- Gibbs, J. S., Kriegsman, S., & Brown, H. E. (2022). Dismantling racial inequities in early psychosis family psychoeducation. *Psychiatric Services*, 73(9), 1065–1068. <https://doi.org/10.1176/appi.ps.202100459>
- Hallberg, P., Graneheim, U. H., & Olsson-Tall, M. (2025). Promoting personal recovery within psychiatric inpatient care-nurses' experiences. *International Journal of Mental Health Nursing*, 34(1), e13504. <https://doi.org/10.1111/inm.13504>
- Hansson, K. M., Romøren, M., Pedersen, R., Weimand, B., Hestmark, L., Norheim, I., ... Heiervang, K. S. (2022). Barriers and facilitators when implementing family involvement for persons with psychotic disorders in community mental health centres - a nested qualitative study. *BMC Health Services Research*, 22(1), 1153. <https://doi.org/10.1186/s12913-022-08489-y>
- Hem, M. H., Molewijk, B., Weimand, B., & Pedersen, R. (2022). Patients with severe mental illness and the ethical challenges related to confidentiality during family involvement: A scoping review. *Frontiers in Public Health*, 10, 960815. <https://doi.org/10.3389/fpubh.2022.960815>
- Hode, Y., Padovani, R., Hikmat, W., Guillard-Bouhet, N., Attal, J., Bralet, M. C., ... Willard, D. (2024). Family psychoeducation in schizophrenia and schizophrenia related disorder, treatment compliance, and suicidal risk reduction: Questions about their relationship from a naturalistic observation. *Frontiers in Psychiatry*, 15, 1370566. <https://doi.org/10.3389/fpsyt.2024.1370566>
- Iswanti, D. I., Nursalam, N., Fitryasari, R., Mendrofa, F. A. M., & Kandar, K. (2024). Family empowerment strategies for relapse prevention in individuals with schizophrenia: A scoping review. *Journal of Psychosocial Nursing and Mental Health Services*, 62(5), 19–27. <https://doi.org/10.3928/02793695-20231018-02>
- Iuso, S., Severo, M., Trotta, N., Ventriglio, A., Fiore, P., Bellomo, A., & Petito, A. (2023). Improvements in treatment adherence after family psychoeducation in patients affected by psychosis: Preliminary findings. *Journal of Personalized Medicine*, 13(10), 1437. <https://doi.org/10.3390/jpm13101437>
- Khatib, A., & Khatib, A. (2025). Nursing staff attitudes toward family involvement in the care of psychiatric inpatients. *Archives of Psychiatric Nursing*, 55, 151861. <https://doi.org/10.1016/j.apnu.2025.151861>
- Kuramoto, A., Saito, S., & Watanabe, K. (2024). The relationships among internalized stigma, sense of coherence, and personal recovery of persons with schizophrenia living in the community. *Acta Medica Okayama*, 78(2), 171–184. <https://doi.org/10.18926/amo/66926>

- Li, K. Y., Wu, Y. H., & Chen, H. Y. (2023). Predictors of personal recovery for individuals with schizophrenia spectrum disorders living in the community. *Clinical Psychology & Psychotherapy*, 30(1), 179–187. <https://doi.org/10.1002/cpp.2791>
- Martinsen, R., Landheim, A. S., & Bronken, B. A. (2025). A turning point after FACT: A qualitative study of family members' experiences and follow-up provided by flexible assertive community treatment. *BMC Health Services Research*, 25(1), 1254. <https://doi.org/10.1186/s12913-025-13485-z>
- Moeller, S. B., Larsen, P. V., Austin, S., Slade, M., Arendt, I. T. P., Andersen, M. S., & Simonsen, S. (2024). Scalability, test-retest reliability and validity of the Brief INSPIRE-O measure of personal recovery in psychiatric services. *Frontiers in Psychiatry*, 15, 1327020. <https://doi.org/10.3389/fpsy.2024.1327020>
- Mori, T., Hattori, R., Irie, K., Tsurumi, K., Murai, T., Ishii, R., & Inadomi, H. (2024). Relationship between personal recovery, autobiographical memory, and clinical recovery in people with mental illness in the acute phase. *Heliyon*, 10(4), e26075. <https://doi.org/10.1016/j.heliyon.2024.e26075>
- Mueser, K. T., Achtyes, E. D., Gogate, J., Mancevski, B., Kim, E., & Starr, H. L. (2022). Telehealth-based psychoeducation for caregivers: The family intervention in recent-onset schizophrenia treatment study. *JMIR Mental Health*, 9(4), e32492. <https://doi.org/10.2196/32492>
- Munuera, C., Felix, S., Prouteau, A., Caiada, M., Guionnet, S., Valéry, K. M., ... M'bailara, K. (2024). Characterizing personal recovery in severe mental illness: French psychometric validation of the Questionnaire about the Process of Recovery (QPR-Fr). *Psychiatric Rehabilitation Journal*, 47(2), 177–187. <https://doi.org/10.1037/prj0000601>
- Owusu, E., Mao, W., Shalaby, R., Elgendy, H. E., Agyapong, B., Eboreime, E., ... Agyapong, V. I. O. (2025). Resilience, personal recovery, and quality of life for psychiatric in-patients prior to hospital discharge: Demographic and clinical determinants. *Frontiers in Psychiatry*, 16, 1494493. <https://doi.org/10.3389/fpsy.2025.1494493>
- Reilly, S., Hobson-Merrett, C., Gibbons, B., Jones, B., Richards, D., Plappert, H., ... Planner, C. L. (2024). Collaborative care approaches for people with severe mental illness. *Cochrane Database of Systematic Reviews*, 5, CD009531. <https://doi.org/10.1002/14651858.cd009531.pub3>
- Roosenschoon, B. J., Deen, M. L., van Weeghel, J., Kamperman, A. M., & Mulder, C. L. (2024). Illness (self) management, clinical and functional recovery as determinants of personal recovery in people with severe mental illnesses: A mediation analysis. *PLOS ONE*, 19(11), e0313202. <https://doi.org/10.1371/journal.pone.0313202>
- Sari, A., & Duman, Z. Ç. (2025). Family resilience experiences of individuals with schizophrenia-family caregivers dyads: Qualitative study. *Journal of Psychiatric and Mental Health Nursing*, 32(1), 125–137. <https://doi.org/10.1111/jpm.13091>
- Saroca, K., & Sargent, J. (2022). Understanding families as essential in psychiatric practice. *Focus (American Psychiatric Publishing)*, 20(2), 204–209. <https://doi.org/10.1176/appi.focus.20210035>
- Soler-Andrés, M., Díaz-Pons, A., Ortiz-García de la Foz, V., Murillo-García, N., Barrio-Martínez, S., Miguel-Corredera, M., ... Ayesa-Arriola, R. (2023). A proxy approach to family involvement and neurocognitive function in first episode of non-affective psychosis: Sex-related differences. *Healthcare*, 11(13), 1902. <https://doi.org/10.3390/healthcare11131902>
- Tailaiti, A., Luopa, N., Tuo, Y., Ma, G., Kudelati, Z., & Wang, H. (2025). Influencing factors for psychological resilience of family caregivers of schizophrenia patients: A qualitative study. *Medicine*, 104(31), e43690. <https://doi.org/10.1097/md.00000000000043690>

- Tessier, A., Roger, K., Gregoire, A., Desnavailles, P., & Misdrahi, D. (2023). Family psychoeducation to improve outcome in caregivers and patients with schizophrenia: A randomized clinical trial. *Frontiers in Psychiatry*, 14, 1171661. <https://doi.org/10.3389/fpsyt.2023.1171661>
- Tham, S. S., & Solomon, P. (2024). Family involvement in routine services for individuals with severe mental illness: Scoping review of barriers and strategies. *Psychiatric Services*, 75(10), 1009–1030. <https://doi.org/10.1176/appi.ps.20230452>
- Thongsalab, J., Yunibhand, J., & Uthis, P. (2024). Navigating personal recovery: Multinomial logistic regression analysis of schizophrenia outcomes in community-dwelling individuals. *General Psychiatry*, 37(2), e101325. <https://doi.org/10.1136/gpsych-2023-101325>
- Turiho, A. K., Musisi, S., Alinaitwe, R., Okello, E. S., Bird, V. J., Priebe, S., & Sewankambo, N. (2024). Perceived feasibility, acceptability and impact of the family involvement intervention for severe mental illness: A qualitative study in Masaka - Uganda. *International Journal of Mental Health Systems*, 18(1), 23. <https://doi.org/10.1186/s13033-024-00634-w>
- Van Eck, R. M., Jelsma, A., Blondeel, J., Burger, T. J., Vellinga, A., de Koning, M. B., ... de Haan, L. (2025). The association between change in symptom severity and personal recovery in patients with severe mental illness. *The Journal of Nervous and Mental Disease*, 213(1), 1–6. <https://doi.org/10.1097/nmd.0000000000001809>
- Yasuma, N., Sato, S., Yamaguchi, S., Matsunaga, A., Shiozawa, T., Tachimori, H., ... Kawakami, N. (2024). Effects of brief family psychoeducation on family caregiver burden of people with schizophrenia provided by psychiatric visiting nurses: A cluster randomised controlled trial. *BMC Psychiatry*, 24(1), 445. <https://doi.org/10.1186/s12888-024-05884-z>
- Yu, Y., Zhou, W., Shen, M., Wang, Y., Xiao, S., & Tebes, J. K. (2022). Clinical and personal recovery for people with schizophrenia in China: Prevalence and predictors. *Journal of Mental Health*, 31(2), 263–272. <https://doi.org/10.1080/09638237.2021.2022635>