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Original Article

Determination of the discharge preparation needs and satisfaction level of chronic psychiatric patients and their caregivers*

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Abstract

Objectives: This study was designed to examine the needs of patients with chronic psychiatric disorders in preparation for discharge from a clinic as well as those of their caregivers, and to evaluate their satisfaction with the process.

Methods: This descriptive study was conducted using the responses of 181 patients and 140 caregivers of psychiatric patients hospitalized over the course of a year in the adult psychiatric unit of a university hospital in a province in the Aegean region of Turkey. Questionnaires were used to collect data related to the discharge process and the satisfaction of the patients and their caregivers.

Results: More than half of the patients in this study reported that they felt they had not received sufficient information at discharge about matters such as their legal rights, resources to help them manage their condition, the potential effects of stressors and daily life on the transition and disease, and resources available to them for support after discharge. More than half of the caregivers surveyed also reported that they were also insufficiently prepared. They stated that they did not receive adequate information about items such as available support resources, how to cope with the effects of the disease post hospitalization, methods to improve social relationships, side effects of medications, how to manage the home environment after discharge, what to do when a patient refuses to take medication, patient legal rights, and information on the causes of the disease.

Conclusion: The results of the study indicated that while offered in some form, in most cases, discharge planning was inadequate, and did not begin on the first day of hospitalization, as recommended. Most of the caregivers were not included in the process. Most of the patients reported that the education provided was insufficient to cope with the stresses caused by the symptoms of the disease after release. It is important to conduct additional studies that evaluate the needs of patients and caregivers related to the post-discharge period and to provide patient monitoring services.

Keywords: Caregiver satisfaction; chronic mental illness; discharge planning; inpatient psychiatric clinics; patient satisfaction.

Changes in healthcare systems have led to shortened periods of hospitalization for psychiatric patients. Therefore, the evaluation process and approaches used in psychiatric clinics have also been altered. Effective discharge planning that can provide for adequate care after hospitalization has become increasingly important.[1–3]

Discharge preparation is a process that ideally begins at admission and is updated using an interdisciplinary approach with the participation of the patient and family/caregivers throughout the treatment period to provide the means for optimal care after discharge.[4–6] This process includes determining the needs of patients and caregivers, providing informa-

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What is presently known on this subject?

- Changes in healthcare systems have led to the need for greater emphasis on a holistic approach, but rapid assessment and discharge have become more common and reduce the ability to provide care with that comprehensive approach. Effective discharge planning plays a critical role in the quality of life of psychiatric patients post discharge. Discharge planning should be a collaborative, interdisciplinary process that begins at the time of admission and includes the participation of patients and caregivers. The goal is to provide the patient with the ability to access the necessary resources to support successful disease management and reintegration after leaving the psychiatric unit and the appropriate evaluation of progress and care.

What does this article add to the existing knowledge?

- The results of this study indicated that while some discharge planning was typically provided, it did not meet the optimal standards recommended in the literature. Among the problems noted was the lack of involvement and preparation of caregivers and failure to begin an early and thorough process of planning for life after hospitalization.

What are the implications for practice?

- Comprehensive discharge planning and services that meet patient and caregiver needs could yield significant benefit to patients, caregivers, and society. The findings of this research could help psychiatric healthcare professionals to develop programs and services to improve discharge planning and post-discharge monitoring.

tion about how to access helpful resources, and preparation for continuity of care and a supportive environment following release.[1,7,8] Several studies in the literature have examined the education and preparation of patients with a psychiatric diagnosis prior to release. Perrault et al.[9] found that 67.4% of their patients reported a desire for more information about the side effects of medication and 65.1% expressed a need for more information about what to do in case of emergency. In the study conducted by Cleary, Horsfall, and Hunt,[10] 41% of the patients stated that they wanted more detailed information about how others have coped with similar problems, 39% wanted written information about the effects of medication, 37% wanted written information about the discharge process, and 37% wanted more detailed information about what to do if they do not feel well.

In a study conducted by Duran and Gürhan[11] in Turkey, 26.7% of patients with psychiatric diagnosis stated that they did not feel ready for discharge, 35.1% did not receive information about the diagnosis and disease process, and 51.1% did not receive discharge education. When patients were asked for discharge process recommendations, 75% of the patients stated that they wanted to be provided with detailed information. Gümüş[12] observed that 93.8% of the schizophrenia patients studied did not receive any information or guidance about their disease, and that they needed more information about symptoms indicating relapse, medication and side effects, the course of the disease, and their legal rights as a patient. In the same study, it was reported that caregivers also needed additional information about coping with recurrence symptoms, psychosocial treatments, the legal rights of schizophrenia patients, community resources (associations, special groups), and methods of coping with the difficulties of schizophrenia. Duman et al.[13] determined that 60% of the patients diagnosed with schizophrenia studied were not provided with information about the disease or treatment.

Another important issue in discharge preparation is the inclusion of caregivers. While healthcare providers are most often with the patient for a limited time during the acute period of the disease, family members or other caregivers may spend all day with the patient. Appropriate expectations and guidance as well as a thorough understanding of goals for follow-up care can be critical to success post release.[14] While caring for the patient, caregivers may exhibit intense emotional responses, such as overprotectiveness and excessive emotional involvement.[9,15] Gümüş[12] determined that 88.8% of those caring for schizophrenia patients reported changes in their lives as a result of the disease, and 31.9% felt sadness, fear, and unease/distress. Perreault et al.[9] found that 85% to 90% of patients and 88% to 97% of caregivers stated that the inclusion of caregivers in discharge preparation helped to prevent repeat hospitalization. Donisi et al.[16] examined pre-discharge variables and their relationship to readmission and also found that the social support of caregivers contributed positively to the care process and was associated with a reduced risk of rehospitalization.

Previous studies have found that patients and caregivers needed more training in medication management, coping with stress, communicating with the patient, and problem solving. Insufficient knowledge about the causes of the disease, treatment, and management were important obstacles to follow-up.[11,13,17–20] Research related to the needs of patients and caregivers and evaluation of the discharge preparation of psychiatric patients in Turkey is limited.

This study was conducted to assess the needs of psychiatric clinic patients and their caregivers regarding preparation for discharge and to evaluate their satisfaction with the process. Additional guidance on appropriate discharge preparation that meets the needs of the patients and caregivers could be very influential in guiding nurses and other team members in the creation of services and programs that would be of great benefit to society.

Research Questions

The research focused on these questions:

- What are the needs of patients and caregivers regarding discharge preparation?
- What are the satisfaction levels of patients and caregivers regarding the fulfillment of discharge preparation needs?

Materials and Method

Ethical Dimension

The Dokuz Eylül University Ethics Committee for Non-invasive Clinical Research granted approval for the study on June 26, 2014 (no: 2014/23-10). Written approval was also obtained from the Dokuz Eylül University Hospital Department of Psychiatry, the site of the research.

Participants

This descriptive research was conducted at the adult psychiatric service of a university hospital. The psychiatric patients enrolled were treated and monitored during the 1-year period of July 2014-2015. The sample calculation formula with a known universe (n= N t2pq/d2 (N-1) + t2pq) was used to determine the appropriate size of the sample. The number of inpatients in the 1-year period was taken into account (418), and it was determined that 178 patients and caregivers would need to be included to provide the desired level of precision. A random selection method, a non-probability sampling technique, was used to select the participants. In all, 181 patients and 140 caregivers were enrolled. The patients included were patients in the psychiatric clinic who had been diagnosed with schizophrenia, bipolar disorder, or depression who were discharged as a result of clinical visit and team meeting, who were literate (able to understand and complete the questionnaire forms), and who agreed to participate in the study. The caregivers were living with the patient or responsible for treatment and care, were literate, agreed to participate in the research, and had no health problems that might interfere with their understanding (e.g., mental retardation).

Tools

The data form included demographic characteristics, disease-related characteristics, details of educational background, occupational and income status, members of the home, and the discharge preparation of the patients and caregivers.

Two questionnaire forms were used to assess the level of satisfaction of the patients and the caregivers regarding discharge requirements and fulfillment of these requirements. The questionnaires included items about causes, signs, and symptoms of the disease; coping methods for symptoms of the disease; resources related to the disease, side effects of medication, early signs of symptoms, and treatment options other than medication after discharge; the frequency of follow-up after discharge; legal rights; effects of daily life on the disease process, including stress and coping, ways to improve relationships with relatives and others, and leisure activities and other means to increase activity and engagement; and information about community resources and places to seek help. These forms were prepared based on a review of the literature.[6,7,8,9,14,17,18] Two nurses working in a psychiatric clinic and 2 psychiatric nurses provided feedback on the initial list of items selected. Changes were made based on their recommendations and a preliminary version was administered to 3 patients who were discharged from the psychiatric clinic and their caregivers. Some statements were further revised for clarity and the forms were finalized.

Process

Once a discharge decision was confirmed by the nurses working in the service and the physician in charge, verbal and written information about the study was provided to the patient and the caregiver, and participant consent was obtained. The instruments were administered to patients in face-to-face interviews in their room or the interview room of the clinic, and to caregivers during a visit or during the discharge process.

Statistical Analysis

The data were analyzed using SPSS for Windows, Version 15.0 software (SPSS Inc., Chicago, IL, USA). The number, percentage, and mean were used as descriptive characteristics to measure the discharge needs and satisfaction level of the patients and caregivers.

Research Limitations

The findings cannot be generalized since they reflect the results of the patients and caregivers of the psychiatric clinic of a specific university hospital; however, the results may nonetheless be valuable to others. The inability to reach some caregivers was a significant obstacle.

Results

Patient Characteristics and Discharge Readiness

The patients in the study had a diagnosis bipolar disorder (35.9%), depression (33.7%), and schizophrenia (24.3%). Patients with disease duration of ≥11 years (38%) and patients who had been hospitalized 2-5 times (59.7%) constituted the majority of the participants. The largest portion of the patients was female (55.8%), ≥46 years (42%), and single (57.5%). Most were high school graduates (41.4%). Many of the patients lived with a spouse (with or without children) (39.8%) or their parents (34.8%). A large majority of the patients indicated that they were not members of any association or institution (93.9%).

Patients who received discharge preparation training constituted the majority (65.2%) and most were notified of their discharge schedule a week or more in advance (48.6%). The discharge planning was provided by their physician in most cases (83.4%), and conducted in the physician's office or interview room (58%). The discharge report was provided verbally in nearly all of the cases studied (97.2%) (Table 1). The patient responses related to the content of the discharge preparation revealed that while most were informed about coping with symptoms of the disease (87.8%), a specialist in charge and the recommended frequency of follow-up visits was specified (85.6%), and early signs of disease symptoms (81.2%) and symptoms of the disease (80.1%) were described, treatment options other than post-discharge medication (73.5%), side effects of medication (61.9%), methods of developing relationships with caregivers and others (60.8%), suggestions about leisure activities and hobbies as activity enhancement methods (56.4%), and effective methods for coping with stressors (55.8%) were less often supplied. Information about patient legal rights (61.3%), resources available for their disease (60.8%), effects of stressors on the disease (60.2%), other effects of daily life on the disease (60.2%), and institutions discharge (57.5%) was also limited. The patient responses regarding satisfaction with the discharge information they received are provided in Table 2.

Descriptive Characteristics of Caregivers and Discharge Readiness

Most of the caregivers in this study were the parent of the patient (42.1%), male (53.6%), aged ≥46 years (65.6%), married (81.4%), and a high school graduate (47.1%). The majority (72.9%) named family members as their sources of social support.

A large percentage of the caregivers stated that discharge had not been planned from the first day of hospitalization (74.3%), but noted that they found discharge preparation useful (94.3%). Caregiver comments about the value of planning for discharge are provided in Table 1. Caregivers stated that they were informed about the specialist in charge and follow-up after discharge (91.4%), effects of medication (89.3%), signs and symptoms of the disease (80.7%), coping with signs and symptoms (79.3%), early symptoms (changes in sleep, signs of introversion, deterioration of social relationships, change in appetite) (78.6%), institutions to contact in case of emergency (emergency services, police) (70.7%), coping with side effects of medication (62.1%), methods of coping with the difficulties of the care process (aggressive behavior, suicide attempt) (60%), and post-discharge treatment other than medication (group therapy, social welfare institutions, etc.) (58.6%). However, they also noted that they did not receive information about resources related to the disease (internet sites, books, journals, written discharge plans, healthcare providers) (77.1%), the effects of stressors and inability to cope with stressors (76.4%), health services available in case of feelings of helplessness or burnout (75%), methods of improving social relationships (73.6%), side effects of medication (72.1%), how to regulate the post-discharge home environment for the patient (69.3%), what to do if patient rejects the medication (66.4%), institutions available for assistance after discharge (associations, day hospital, community mental health centers) (59.3%), the legal rights of the patient (58.6%), and causes of the disease (55.7%). The satisfaction of the caregivers with the discharge information provided can be seen in Table 3.

Discussion

A lack of preparation of both a patient hospitalized with a psychiatric diagnosis and the caregiver greatly reduces their ability to manage the symptoms of the disease and difficult situations after the transition from the safe environment of the hospital to daily life. This can lead to a recurrence of symptoms and rehospitalization.[14,21–23] Although more than half of the patients in this study received some discharge preparation, the information and education provided was inadequate in many areas, including the signs and symptoms of the disease, medication management, and coping with stress. The vast majority of caregivers were not included in the discharge planning process. The results of this study are consistent with others in the literature. Marshall and Solomon[15] found that the relatives of patients stated that they were not included in the treatment process and that they would have trouble caring for their patients and helping them recover without better knowledge about the signs and symptoms of the disease and its treatment. Duman et al.[13] determined that 60% of the study patients diagnosed with schizophrenia did not have sufficient knowledge about the disease and treatment. Inadequate discharge preparation prior to hospital release is unlikely to adequately meet the needs of patients and caregivers post discharge. Problems that may occur after discharge are among the issues that concern patients and caregivers the most. These include the effect of stress on the disease, signs and symptoms, and how to cope with emergencies.[1,15,24–28] Nordby et al.[25] conducted a study with 18 patient relatives to determine what facilitated the successful participation of caregivers in the treatment and rehabilitation process, and reported that guidance and support according to the relatives' needs was useful to the development of successful disease-related coping skills and the post-discharge experience.

In our study, the fact that more than half of the patients stated that they had received training on preparation for discharge was a positive and important finding. In another study, Gümüş[12] found that 93.8% of the patients did not receive similar training. Hattönen et al.[29] reported that often the information provided to the patients was inadequate, the healthcare providers were reluctant to inform the patient, and that individual patient needs were not taken into account and no information specific to the patient and the disease was provided. It was also noted that many of the nurses and other clinic staff may not have received the appropriate training required for optimal pre-discharge education.

Nursing training is an important consideration. Intern psychiatric nurses are often expected to provide discharge education to patients and caregivers. Their performance is evaluated by the educator. Notably, our findings indicated that physicians provided most of the training about life after discharge, while only 22.7% reported that they received information from the interns (Table 1). Senior nursing intern practice is an important part of nursing education. During the psychiatric nursing internship, students are trained to develop communication skills, understand the feelings and challenges of patients and caregivers, determine their needs and provide the appropriate education to fulfill these needs, and develop the ability to recognize factors that might affect recovery.[30–32] Nursing intern practice, which has been implemented in the

Table 1. Characteristics of patient and caregiver discharge preparation

Characteristics	Patients (n=181)		Caregivers (n=140)	
	n	%	n	%
Notification of discharge				
On the day of discharge	19	10.5	10	7.1
One day before discharge	74	40.9	55	39.3
Other (Three days, one week, two days prior to discharge, etc.)	88	48.6	75	53.6
Discharge preparation initiated from the first day of hospitalization				
Yes	–	–	36	25.7
No	–	–	104	74.3
Caregiver included in the discharge planning process				
Yes	–	–	30	21.4
No	–	–	6	4.3
Healthcare professional who notified patient of discharge				
Physician	151	83.4	122	87.1
Nurse	6	3.3	14	10
Other (student nurse)	2	1.1	–	–
Physician and nurse	22	12.2	4	2.9
Location of discharge notification				
Physician office/interview room	105	58	88	62.9
Other (patient room during visit)	68	37.6	39	27.9
Other location in the facility	8	4.4	13	9.3
Method of discharge notification				
Written	5	2.8	26	18.6
Sözel	176	97.2	57	40.7
Discharge preparation provided				
Yes	118	65.2	–	–
No	63	34.8	–	–
Healthcare professional who provided discharge preparation education				
Physician	66	36.30	39	27.9
Student nurse	41	22.70	22	15.7
Dr. and nurse	6	3.30	13	9.3
Nurse	5	2.80	9	6.4
Caregiver provided with discharge preparation education				
Yes	123	68	83	59.3
No	58	32	57	40.7
Patient preference for caregiver to receive information				
Yes	138	76.20	–	–
No	43	23.80	–	–
Patient and caregiver opinion of the usefulness of preparation				
Not useful	51	28.20	8	5.7
Useful	130	71.80	132	94.3
Reasons for usefulness				
*Greater awareness in approach to the patient	88	48.60	–	–
*Ability to understand the patient	25	13.80	–	–
*Ability to help the patient with transition to an organized daily life after discharge	12	6.60	–	–
*Positive perspective toward the patient and accepting the disease	6	3.30	–	–
*Cannot help my patient if I do not have sufficient information	–	–	78	55.7
Other	–	–	47	33.6
*My patient may forget about conditions related to treatment; I can help if I'm informed	–	–	7	5
Total	181	100	140	100

*Other: Assisting the patient with anger control, responding to emergencies, reduced anxiety about the patient, dealing with the stress and burden of care more easily, knowing the resources available if an unexpected situation is encountered, greater awareness of the disease, ensuring medication management, knowing the effects and side effects of medication.

Table 2. Patient discharge planning information and satisfaction level

Topics	Satisfaction level													
	Informed		Not informed		Highly dissatisfied		Dissatisfied		Neutral		Satisfied		Highly satisfied	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Information on legal rights	70	38.7	111	61.3	111	61.3	0	0	2	1.1	12	6.6	35	19.3
Information on available resources related to the disease	71	39.2	110	60.8	110	60.8	2	1.1	3	1.7	17	9.4	28	15.5
Information on the effects of stressors on the disease	72	39.8	109	60.2	109	60.2	2	1.1	4	2.2	14	7.7	25	13.8
Information on the effects of daily life activities on the disease	72	39.8	109	60.2	72	39.8	0	0	11	6.1	13	7.2	58	32
Information on institutions/associations that may be helpful after discharge	77	42.5	104	57.5	77	42.5	2	1.1	4	2.2	18	9.7	58	32
Information on the use of recreational activities and other methods to increase activity	102	56.4	79	43.6	102	56.4	2	1.1	10	5.5	18	9.9	25	13.8
Information on post-discharge contact	155	85.6	26	14.4	26	14.4	0	0	1	0.6	13	7.2	93	51.4
Post-discharge follow-up frequency	155	85.6	26	14.4	26	14.4	0	0	1	0.6	16	8.8	92	50.8
Information on symptoms	145	80.1	36	19.9	36	19.3	2	1.1	7	3.9	25	13.8	88	48.6
Information on early warning signs	147	81.2	34	18.8	34	18.8	1	0.6	5	2.8	31	17.1	78	43.1
Information on coping with symptoms	159	87.8	22	12.2	22	12	2	1.1	10	5.5	31	17.1	77	42.5
Information on causes	97	53.6	84	46.4	84	46.2	1	0.6	6	3.3	16	8.8	47	26
Information on side-effects of medication	112	61.9	69	38.1	69	38.1	0	0	6	3.3	20	11	49	27.1
Information on post-discharge non-pharmacological treatments	133	73.5	48	26.5	83	45.9	0	0	3	1.7	23	12.7	48	26.5
Information on strategies for coping with stressors	101	55.8	80	44.2	80	44.2	2	1.1	5	2.8	14	7.7	27	14.9
Methods of building relationships with relatives and others	110	60.8	71	39.2	71	37.2	5	2.8	4	2.2	11	6.1	24	13.3

Table 3. Caregiver discharge planning information and satisfaction level

Topics	Satisfaction levels													
	Informed		Not informed		Highly dissatisfied		Dissatisfied		Neutral		Satisfied		Highly satisfied	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Post-discharge follow-up frequency	128	91.4	12	8.6	0	0	3	2.1	4	2.9	74	52.9	47	33.6
Information on post-discharge contact	128	91.4	12	8.6	8	5.7	7	5	0	0	68	48.6	45	32.1
Information on the effects of medication	125	89.3	15	10.7	1	0.7	3	2.1	7	5	84	60	30	21.4
Information on signs and symptoms	113	80.7	27	19.3	1	0.7	7	5	14	10	77	55	14	10
Information on coping with symptoms	111	79.3	29	20.7	0	0	1	0.7	12	8.6	79	56.4	19	13.6
Information on early symptoms (changes in sleep, introversion, deterioration of social relationships, changes in appetite)	110	78.6	30	21.4	1	0.7	3	2.1	13	9.3	71	50.7	22	15.7
Information on emergency assistance (police, emergency services)	99	70.7	41	29.3	2	1.4	1	0.7	12	8.6	63	45	21	15
Information on side effects of medication	87	62.1	53	37.9	26	18.6	49	35	0	0	4	2.9	8	5.7
Information on strategies for coping with the challenges of caregiving (aggressive behavior, suicide attempts)	84	60	56	40	0	0	42	30	12	8.6	4	2.9	26	18.6
Information on non-medication treatment options (group therapy, day hospitals, community mental health centers)	82	58.6	58	41.4	49	35	2	1.4	12	8.6	1	0.7	18	12.9
Information on legal rights	58	41.4	82	58.6	40	28.6	4	2.9	0	0	9	6.4	5	3.6
Information on institutions that may be helpful after discharge (associations, social solidarity institutions, community mental health centers)	57	40.7	83	59.3	38	27.1	3	2.1	8	5.7	0	0	8	5.7
Information on causes of the disease	62	44.3	78	55.7	31	22.1	4	2.9	7	5	2	1.4	18	12.9
Information on coping with the side effects of the medication	39	27.9	101	72.1	24	17.1	2	1.4	1	0.7	0	0	12	8.6
Information on what to do if patient refuses medication	47	33.6	93	66.4	0	0	5	3.6	6	4.3	22	15.7	14	10
Information on organizing the home environment after discharge	43	30.7	97	69.3	2	1.4	2	1.4	6	4.3	16	11.4	17	12.1
Information on the effects of stressors and not being able to cope with them on the disease	33	23.6	107	76.4	0	0	5	3.6	5	3.6	12	8.6	11	7.9
Methods of building social relationships for patients and caregivers	37	26.4	103	73.6	0	0	4	2.9	8	5.7	14	10	11	7.9
Information on healthcare services available in the event of desperation or exhaustion	35	25	105	75	1	0.7	0	0	11	7.9	13	9.3	10	7.1
Information on available resources related to the disease (Internet, books, magazines, discharge plans, healthcare professionals)	32	22.9	108	77.1	0	0	1	0.7	7	5	14	10	10	7.1

unit where the study was carried out and in hospitals affiliated with the Ministry of Health in our country, provides positive and desired effects.[33–35] A holistic evaluation of patients and their family and a thorough understanding of the diagnosis, contribute to more positive results following discharge from psychiatric care.

In our study, more than half of the patients stated that their caregivers were provided with discharge preparation and found it useful. In the study conducted by Duran and Gürhan,[11] only 39.8% of the patients stated that the person who provided care for them was trained, and Perreault et al.[9] reported that 84% of caregivers stated that healthcare professionals did not communicate with them sufficiently about discharge planning. The role of companions (primary caregivers) can have a significant effect during treatment. The adult psychiatric service of the hospital where this study was conducted, like many other inpatient services, allows for companions to remain with the patient for extended periods. While this can provide benefits to all parties, it was also noted in another study conducted in the same psychiatric facility that half (52.2%) of the healthcare team working in the service reported that patient relatives had difficulty coping with the disease, the patient, and the treatment process. Healthcare workers are often aware of the needs of the caregivers, which further supports a role in discharge planning.[33]

Research has shown that a multidisciplinary approach and teamwork are required for optimal discharge planning. Preparations should begin well before the patient leaves the hospital, with a designated coordinator and the participation of the patient, caregivers, nurses, physicians, and others (social workers, home care workers).[1,11,14,17,18,19,23,24] The results of this study show that a serious deficiency in this area remains.

Conclusion

More than half of the patients in this study received some form of discharge preparation; however, the training was inadequate to cope with the stress caused by the signs and symptoms of the disease and other experiences they faced upon discharge. It is an important element of service to start planning for discharge from the first day of hospitalization and to include the caregivers in the preparations.

Among the content provided prior to discharge, patients should be informed about such things as their legal rights, various resources they can access for information and assistance, and the potential effect of stressors in daily life. Training for caregivers should also include resources about the disease, possible side effects of medications the effect of stressors and coping with stressors and symptoms of disease recurrence, available healthcare services and other resources in the event they experience difficulty or burnout, methods to encourage social engagement, how to regulate the home environment after discharge, what to do if the patient refuses to take their medication, the legal rights of the patient, and causes of the disease. Additional studies are recommended to further examine the challenges faced by individuals with chronic mental illness and their caregivers during the post-discharge period in order to establish and improve services to monitor discharged patients and to examine the effectiveness of these services. It would be very valuable to patient families and clinics to have greater analysis of the reasons some caregivers cannot or do not participate in the discharge preparation process or provide greater cooperation during hospitalization. Thorough patient and caregiver education about life after hospital discharge could be of great value in supporting psychiatric patient recovery and quality of life.

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