

Enhancing Self-Concept in Individuals with Mental Disorders Through Mental Health Nursing Interventions: An Integrative Literature Review

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Abstract

Introduction: Self-concept is a multidimensional, multi-faceted, and broad construct that has increasing significance when it comes to the mental care-related sphere. Self-esteem, identity, role performance and body image are its primary elements. In mentally ill persons, any breakdown in any of these elements may cause poor self-concept. Find, evaluate, and summarize mental health nursing-related interventions that strengthen the self-concept of persons with mental disorders. The study is an integrative literature review that was carried out through the EBSCO platform or more specifically CINAHL Complete and MEDLINE Complete databases in June 2021. In the search strategy, one used the Boolean combination, Mental disorder AND Self-concept AND Psychiatric nursing. They qualified to be taken into consideration should they be published between January 2011, and January 2021, written in Portuguese or English, with people aged between 13 and 64 having mental disorders, and addressing nursing interventions that would target the self-concept in any given setting of care. There were 648 articles at the start of the search, yet only 2 passed the inclusion criteria. Studies that were included in the study were of quantitative, observational, longitudinal design. The nursing interventions addressed mainly on self-esteem by targeting recovery programs in the form of a group. Even though none of the studies tackled all levels of self-concept, both of them yielded positive results of enhancement of self-esteem after intervention. An integrative review conducted has found an available group of mental health nursing interventions that concentrate on self-esteem and self-image. They were comprised of psychoeducation, cognitive restructuring and behavioural skills, which are based on cognitive-behavioural models.

Keywords: Mental disorders, self-concept, psychiatric nursing, self-esteem, cognitive-behavioral interventions.

1.Introduction

Over the past decades, more attention has been given to the conceptual framework of self concept, not least at an academic and clinical level and in the sphere of mental health specifically. Self-concept is abstract in nature, but it plays a central role in the development of people perception towards themselves, hence their behavioral patterns, socialization and psychological condition. It is known to be a complex and multiplex psychological construct which consists of basic aspects like self esteem, role performance, identity, and body image. All these components determine the manner in which the individuals understand their value and their life, not only in their own eyes, but also in the world that they are part of. This is what makes self-concept a very pinnacle element in comprehending how mental health disorders have the capability of interfering with personal integrity and emotional harmony. It follows closely that any change in any of its elements, which is not unusual among those who suffer mental illness can result to a larger problem in how a person identifies oneself, or lack of identity in other cases, and loss in confidence, as well as social skills(1).

Psychology and nursing has provided different though overlapping definitions of self-concept in the past. Serra (1988) has defined it as the concept of including self-images, its self-esteem as well as personal identity and Potter and Perry (2006) have further developed the concept by adding role performance and body image to the picture. This view is further strengthened by the theoretical framework given by Callista Roy in her Adaptation Model by stressing that the self-concept consists of two aspects, i.e., both sides of self, i.e., the physical self and the personal self. This model does not only reflect the internal mental and emotional aspect of self-awareness, but recognizes the impact of external responses and ideas of other people. Roy believes that the physical self is linked with perceptions and bodily image since personal self embraces the moral, spiritual, and ethical ideals. All these aspects are interconnected and imply that the self-concept of a person never exists in a vacuum but it is developed dynamically under the influence of both personal thoughts and social feedbacks.

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It is reinforced empirically that the disturbances of self-concept do not occur equally in all populations. Self concept variability is said to be affected by gender and age. Research has indicated that women more than men, and the older adults more than the adolescents and young adults report lower levels of self-esteem and satisfaction with their body image. In addition, the role of environmental, social, and psychological factors is extremely important in the formation of self-concept. As an example, the body image is slowly being seen as not only being individualized but a social and cultural construct as well, so again self-concept is being seen as a complex but social construct.

Various special values are attached to self concept in mental health context. Psychiatric patients have defective conceptualizations vis-a-vis themselves, and this further complicates their mental conditions and delays their recovery. Mental disorders are a growing social health issue as the proportion of the world population with mental disorder is reported to be around 12 percent and in more developed countries, the percent is found to be 23 percent. It is thus not only important but also necessary to address the self concept of persons with mental illnesses so as to facilitate holistic recovery(2). Negative self-perception, poor identity and disadaptation are common phenomenon when people internalize the stigmas or poor societal reactions towards their ailment. The professionals of nursing, especially the ones focused on mental health can play a special role in intervening at this point facilitating the adoption of therapeutic strategies aimed at restoring a more complex and resourceful self-concept.

The recent preoccupation with self-concept in mental health nursing is one dimension of a more general paradigm shift in which medicine turns to person-centered care. Mental health nurses and especially those approved as Specialist Nurses in Mental Health (EESMP) have the skills necessary to apply various kinds of interventions, and also psychotherapeutic to psychoeducational, as a way to enable patients gain an optimistic self-concept back. Their job is essential to create and provide interventions that would not only mitigate the symptoms but help the person adjust the notion of self in a constructive, non-judgmental setting.

That is why, in view of the significance of this theme, the authors performed an integrative literature review (ILR) with the purpose to identify, analyze, and synthesize the mental health nursing interventions that particularly address self-concept of mental ill people. This review is guided by the PICO framework, Population, Interest, and Context in search of the answers to the following question: What are the nursing interventions to the self-concept in people with mental illness? The general aim is twofold in that we would seek to explain what current nursing practices exist to facilitate self-concept improvement, and what dimension/s of self-concept improvement are being addressed by such practices.

The main intention of this investigation is to enhance clinical practice and academic discussion by providing more promising information about the effective means towards the enhancement of psychological health of people with mental disorders. Embracing self-concept as one of the key concepts of identity and recovery, the specified advancement is consistent with the current perspectives on rehabilitation emphasizing the importance of the integrity of personality and self-perfection to the aspects of mental health treatment. By exhaustively identifying evidence-based nursing practice, this research will make informative contributions that will be adapted and implemented in various healthcare facilities that will assist persons to rebuild their ideas about themselves and gain their autonomy.

2.Methods

2.1 Methodology and Research Design Framework

It is based on integrative literature review (ILR) framework since this is the most appropriate methodological approach in case of research evidence synthesis among other various study designs. Both quantitative and qualitative studies can be included in an ILR, providing the in-depth insight into the existing knowledge about a particular topic(3). Here, the main interest is on the in-depth investigation of mental health nursing interventions, which enable an advancement of the self-concept of persons living with mental illnesses. The selection of an ILR was also tactical and is meant to lead to a comprehensive development of an understanding of interventions and their efficacy in different healthcare environments, patient groups, and cultures.

In order to enhance methodological rigor, the review complied with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), which is an international standard that governs systematic review conduct and reporting activities. There are four primary steps within a PRISMA framework that include the identification of the problem of a research, literature search, data extraction and its examination, and results

representation. These phases offered logical and clear succession that gave credibility and replicability of reviews undertaken.

2.2 PICo Strategy and Research Question

The guiding research question was arrived at with the help of PICo approach, which would especially benefit the framing of qualitative and mixed method studies. PICo is the acronym that means:

- P (Population): 13-64 year-olds with mental disorders.
- Nursing interventions that affect self-concept or that enhance self-concept (I, Interest).
- Co (Context): A nursing care setting (hospital, community, residential care etc.).

In accordance with this framework, the research question was formulated as follows: What are the nursing interventions that target at having improved self-concept of people with mental disorders? This question guided the whole process of research and guided the process of identifying the studies to be used and those that fitted the objective of identifying interventions that were based on self concept.

2.3 Inclusion and Exclusion Criteria

Well-laid out inclusion and exclusion criteria were used to enrich the specificity and relevance of the review. Studies inclusion criteria were that:

- Published in-between January 2011 and January 2021.
- Be in Portuguese or in English.
- Engage the population with the age range of 13-64 years.
- Target populations are people with mental illness, irrespective of comorbidities, gender, and care setting.
- Clearly outline mental health nursing interventions aiming at enhancing oneself.
- On the other hand, the studies were denied entry in case:
- Referred to interventions that are nurse-specific (e.g., non-specific or multi-professional programs lacking with distinct nursing roles).
- They characterized the self-helping measures that lacked a nursing element.
- Concentrated on the population that is not within the age of interest or pathologies that are not related to mental disorders. Was not available in full-text to be analyzed adequately.

These requirements provided an effective scrupulous examination, and the articles that mainly discussed the occurrence of the articulation between nursing care and psychological self-concept in individuals with mental illness were given the priority(4).

2.4 Search Strategy in DB

The search of literature was also carried out in June 2021 via the EBSCOhost database with two large databases related to the area of health sciences, CINAHL Complete and MEDLINE Complete. Such databases were selected because they were extensively indexed literature in the field of nursing, psychiatry, and behavioral science that are peer-reviewed.

The search terms have been well chosen and organized in such a way that they were maximized in relevance and sensitivity via the use of Boolean operators. It was searched using the following string:

Mental disorder OR Psychiatric illness OR Mental Illness AND Self-Concept AND (Mental Health Nurs OR Nursing Care OR Psychiatric Nurs*)

Controlled vocabulary of CINAHL subject headings and MeSH (Medical Subject Headings) 2020 edition was used to check the terms on semantics of the indexed texts. It also included natural language terms with the view of taking into consideration the fact that terminology may differ in various studies.

2.5 Selection of the Articles

The first search produced 648 articles. The PRISMA flow was adhered to in the process of the selection, starting with the removal of the duplicates (n = 106). screening of articles was then made based on title (n = 533) and abstract (n = 14) to gauge on its relevance. The other 7 articles were thoroughly read to check their eligibility. Of the total inclusion/exclusion criteria that were applied, there were only 2 articles that were realized to be fully eligible to be included in the ILR.

Though the selected sample was small, the studies were very relevant as they concentrated on interventions led by nurses and applied to people with mental disorders and directly discussed self-esteem which is one of the main aspects of the self-concept(5).

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2.6 Data Synthesis and Extraction

Standardized table was created in order to pull out and compile important details of each study and analyze it. The fields of data were:

- Books and dates of publishing
- Country of origin
- Methodology and study design
- Sample and demographics of the participants
- Assessment tools
- Nursing interventions description
- Primary results and assessed indicators
- Targeted dimensions of self-concept

This architecture allowed comparing different researches and forming general intervention strategies, awareness of gaps in previous research. To increase objectivity in the studies, each reviewer was able to analyze his/her work separately. Differences of inclusion or interpretation were solved by discussion or by referring to a third reviewer.

TABLE 1 Overview of Methodological Framework

Component	Description
Design	Integrative Literature Review (ILR) combining qualitative and quantitative studies
Framework Followed	PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)
Search Databases	EBSCOhost (CINAHL Complete and MEDLINE Complete)
Search Terms	<i>Mental disorder OR Psychiatric illness AND Self-Concept AND Mental Health Nurs*</i>
Search Date	June 2021
Inclusion Criteria	Published 2011–2021, English/Portuguese, Ages 13–64, nursing-led interventions, full-text
Exclusion Criteria	Non-nursing interventions, unrelated population/pathologies, not full-text available
Selection Process	PRISMA Flow: 648 → 106 duplicates removed → 533 screened → 14 abstracts → 7 full texts → 2 final
Research Question	What are the nursing interventions that target improved self-concept in people with mental disorders?
Strategy Tool	PICo (Population, Interest, Context)

2.7 Evaluation Instruments

Both studies involved recourse to validated tools in the assessment of self-esteem and emotions and, therefore, gave quantitative evidence in support of interventions efficacy:

Rosenberg Self-Esteem Scale (RSES): Popularly applied to measure overall self esteem and self confidence.

Profile of mood states (POMS): Evaluates moods like tension, fatigue and vigor.

The other instruments were cognitive bias scales, subjective well being inventories and psychiatric assessment instruments such as brief psychiatric rating scale (BPRS).

Such instruments allowed conducting a thorough evaluation of the impact of nursing interventions on psychological well-being, which specifically concerned the improvement of positive self-perception and the alleviation of negative states of emotions.

3. Results

The integrative literature review (ILR) ended with only two eligible studies, which had been carried out in Japan by research groups, sharing authors. Although 648 articles were retrieved with the use of methods such as the CINAHL Complete and MEDLINE Complete databases, the use of rigorous inclusion criterion diminished the sample considerably. The exclusions included the reasons that the studies could not be related to the focused area, the absence of therapeutic nursing interventions, interventions not focused on people with mental disorders, or the

lack of methodological clarity. The last selection was found to include two quantitative, observational, longitudinal studies, published in 2016 and 2020, both of which revealed that nursing interventions conducted in the form of cognitive behavioral therapy thus targeting the enhancement of self-esteem among individuals with mental disorders.

The two studies had common features. They addressed the program of group-based therapy conducted by nurses with an experience in psychiatry and knowledge of cognitive-behavioral therapy (CBT). Specifically, the interventions were aimed at boosting self-esteem, because it was revealed as the most important dimension of self-concept that was taken care of. Although others like, identity, body image, and role performance are all parts of the self-concept, none of them found its way into the interventions and the measurement of the outcomes(6). This implies reducing, though narrowing the way of conceiving and implementing the construct of autoconceito (self concept) in clinical practice.

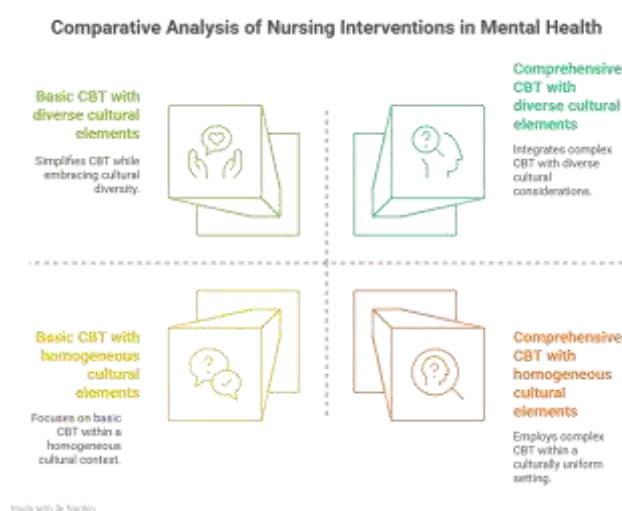


FIGURE 1 Comparative Analysis of Nursing Interventions in Mental Health

In participant profile, the research conducted by Kunikata, Yoshinaga, Shiraishi, and Okada (2016) sample population was comprised of 41 population members living in one regional community in Japan. The sample consisted of persons with diagnosis of schizophrenic (n=25), mood (n=8), alcohol-related (n=6) and pervasive developmental disorders (n=2). There were no exclusion criteria when measured in the severity of diagnosis. Conversely, the Kunikata, Yoshinaga, Yoshimura, and Furushima (2020) 2020 study used 51 participants aged between 25 and 65 years and all the participants were diagnosed with mental illness but not hospitalized. In this research, the exclusion criteria were stricter; no one with dementia, serious physical or cognitive impairment and/or personality disorders that would hamper participation in a group series was included in addition to those who had been previously exposed to CBT. Such parameters indicate that the community-living persons with good conditions or by the current stage of recovery were mostly used, and not the individuals that were in the course of acute psychiatric crises, as the tests were carried out on the interventions.

In the two studies the interventional design was similar as they all used 12 group sessions. They however differed in pace and time. In study of 2016 we had sessions which occurred twice a week and took up 2 hours as compared to the 2020 study which adopted a 90 minutes session per week. The number of persons in a group was limited (five to six people), which provided therapeutic closeness and the chance to have an individual twist on a group session. Both interventions were based on cognitive-behavioral framework, yet the study of 2016 incorporated some other approaches too, including the elements of Acceptance and Commitment Therapy (ACT) and assertiveness training(7).

- The interventions which were common between the two studies were:
- Psychoeducation (abouts the forms of cognitive distortions, coping skills)
- Reconstructing thoughts (framing off thoughts)
- Behavioral methods (activation plan and homework assignment)

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In the 2016 program, that therapeutic palette was deepened: laughter yoga, problem-solving games, relaxation breathing exercises, recreational group activities, and relapse prevention tools. In spite of these improvements, the results pertaining to both studies were fairly similar, and it can be assumed that even the minimum elements of CBT will work correctly under the right conditions done by the same competent nurses.

Regarding assessment tools, the two studies used Rosenberg Self-Esteem Scale (RSES) to analyze the difference in the perception of self-worth. They also utilized the profile of mood states (POMS) to address the changes of emotions with time. The research conducted in 2020 has involved the additional supplement of other instruments such as the EQ-5D-5L measuring the relation of the perceived quality of life to economics in healthcare, or Cognitive Bias Scale measuring the lopsided ways of thinking. In 2016, the Subjective Well-Being Inventory (SUBI) and the Brief Psychiatric Rating Scale (BPRS) with the aim to assess the broader emotional and psychiatric functioning were introduced(8).

The results of the two studies were encouraging. In the study, the RSES scores increased by 2.73 points, reaching an outcome of 27.58 at the 3 months post-intervention time at research point. In the same vein, in the 2020 study, RSES showed an improvement in the comparisons of the baseline (20.87) and post-intervention (23.63) scores, where 2.76 points were gained. This stability shows that self-esteem in two populations was influenced and significantly changed by the interventions on a permanent basis.

There was also improvement of moods as measured by POMS sub scales. Both surveys reported improvement in the level of tension and anxiety and the participants said that their level of fatigue and confusion went down after the intervention. Positive affective change was further demonstrated by an increase in the vigor scores (energy and motivation). The study conducted in 2020 demonstrated improvement in emotional parameters to be more significant, which, probably, can be explained by a more regular schedule of sessions and closer attention to the participants.

The value addition that can be done to the 2020 study includes the analysis of the cost-effectiveness. Applying the EQ-5D-5L and by measuring decreased use of healthcare services, the authors made a conclusion that nurse-led CBT schemes in addition to enhancing the psychological wellbeing also had a beneficial effect on reducing the direct medical expenses. This is a significant financial angle which could be used to incorporate such interventions in the mainstream of the public health systems particularly in the mental health sectors which have limited resources.

Irrespective of such positive results, the limitation of both studies is that they concentrated solely on the self-esteem aspect of the self-concept. Other elements (i.e., body image, identity formation, and playing out of social roles) were not the focus of the intervention or evaluation either. Also, there is the cultural homogeneity of the sample, which is completely Japanese, and there are no randomization or control groups that decrease the overall applicability of the findings(9).

However, the studies provide strong support lines of argument to the effect that mental health nurses are in excellent condition to provide therapeutic interventions in such a way that they act to bolster the self-esteem of patients. This makes it even stronger to advocate the use of nursing professionals in psychotherapeutic treatments, particularly in the provision of psychotherapeutic services in the community. The interventions reveal that self-concept is not an abstract theoretical notions of the field but a concrete viable target of therapeutics, and the effect of the same when borne upon through well-formed, evidence-based nursing practice is definitely convertible in the lives of people.

4. Discussion

The review of the two chosen articles presents a rather narrow but valuable glimpse of the potential of nursing-based cognitive-behavioral interventions to enhance the dimension of self-esteem in the self-concept of persons with mental disorders. Even though the sample size of studies was small, not only in numbers but also in terms of geographical diversity, presented evidence demonstrates positive results. The nurses with superior knowledge in the field of psychiatry planned and provided the interventions, which is a helpful practice model. Remarkably, the interventions produced time-consistent and measurable enhancements, occurring in both self-esteem and emotional well being, as exhibited with the use of validated tools. Nevertheless, when such findings are discussed, both strengths and limitations of the existing knowledge in the area can be outlined as well as specific theoretical, clinical and methodological implications, which require further investigation.

Insight in Self-Esteem: Weaknesses and Strengths

One of the fundamental conclusions of both of the study is the fact that they have used self esteem as the sole variable in representing self concept. Whereas self-esteem is a core aspect of self-concept, the latter is a complex construct, covering, as it does, matters concerning identity, role play, and body image. The reduced attention, although reasonable in terms of operations and measurement, narrows the overall perspective of how persons with mental disorders view themselves and cope with this sense of self-image given to them in various domains of life. Self-image was mentioned partially only in one study (Kunikata et al., 2016) but remained outside the focus of assessment and intervention and out of the scope of broader concerns about whether identity was deformed as it is often linked, but a complicated problem with a psychiatric population(10).

This gap serves to point at a lost opportunity to discuss self-concept in its theoretical completeness, after the works and descriptions made known by nursing theorist Callista Roy, whose Adaptation Model, defines self-concept as one out of four most important adaptive modes. In this paradigm, the physical self (body image, sensation), as well as the personal self (self-ideal, ethical awareness, moral self) plays an essential role in holistic adaptation. By focusing too narrowly on self-esteem, the interventions did not complete what Roy based her model on, which means that there will be some possibilities to extend the theory and conduct some new nursing interventions by concentrating more.

Fidelity and Delivery Therapeutic Therapeutic Fidelity and Delivery

With regard to the clinical implementation, in both studies, therapeutic fidelity was high. The interventions were well planned, evidence-based, and the nurses providing the same had considerable training in psychiatry and cognitive-behavioral domains. Both programs involved 12 group sessions; however, they were different in the session duration and frequency (biweekly sessions and weekly sessions, respectively.) What both of them had in common, though, was a consistent and supportive group dynamic, which was designed to fit those, who climbed to the second step of mental illness treatment. The selection of this phase was also aimed at ensuring maximum patient readiness to change since the participants were not in an acute psychiatric crisis.

The research of 2016 integrated more elements than the previous one, including the Acceptance and Commitment Therapy (ACT), assertiveness training, and recreational methods, offering a wider scope of activity. However, despite these further introductions, the results were more comparable to the leaner CBT-centered program in the 2020 study. The youth implies that although the enrichment of the contents can be quantitatively useful, simplified and targeted CBT interventions might be enough to achieve great progress in the outcomes of self-esteem, assuming a competently and therapeutically administered intervention and favorable surroundings.

Instrumentation and Consistency of Outcome

In both studies, strong psychometric instruments, the Rosenberg Self-esteem Scale (RSES) and Profile of Mood States (POMS) were used that also enabled a finer form of longitudinal monitoring. Outcomes of these tools were always observed to be highly positive ($P < .001$) in terms of self-esteem, improvement in anxiety and confusion and presentence ($P < .001$) in terms of vigor levels, which were maintained at three months follow up tests. This consistency in terms of outcome over time supports the clinical applicability of nurse-led interventions and points toward their relative long-term psychological effects.

Nevertheless, discrepancy in secondary outcomes (like mood subscales) across the studies indicates that session frequency and intensity of the programs can be of impact on mood stabilization. The study design of 2020 based on the weekly structure led to greater mood changes than the 2016 biweekly design. This might serve as an indicator of the positive effects of the higher frequency of sessions that might contribute to the increase of the engagement of the participants, their retention and learning, and reinforcement of the cognitive reconstruction.

Health Policy Implication and Economic Value

A valuable addition that was made to the 2020 study was the prescription of cost-effectiveness analysis, proving a decrease in the direct healthcare costs once the intervention took place. Considering the long-term effect on healthcare costs in chronic psychiatric conditions and the increasing pressure added by the cost burden in care systems, this finding implies that a nurse-led group intervention could be an effective model of psychosocial care because it could be cost-effective. They are scalable, low-resource, compared to psychiatrist-led models, and based upon relational continuity which is a heavily contributing fixing to the therapeutic alliance. Although preliminary, these economic data can be useful in terms of defining mental health policy, especially in resource-limited or primary care environments.

Cross-Disciplinary Alignment

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Interestingly, quite a number of techniques applied such as psychoeducation, cognitive restructuring and behavioral activation are recommended in clinical psychology and occupational therapy literature too. This interprofessional validation increases the validity of the interventions and establishes a basis of interprofessional work. Indeed, recent literature (e.g., Jensen & Bonde, 2018; Loftus et al., 2017) places an additional focus on art and social interventions as methods of enhancing self-esteem and self-concept, and this aspect is likely to supplement the cognitive-behavioral approach. The researchers in the nursing field have grouped these types of interventions under nursing taxonomies, validating their professional status and making the provision of care standardized (Butcher et al., 2018; Sequeira, 2020).

Nevertheless, even with these similarities, the distinguishing factor of the nursing contribution is the relational model upon which the interventions operate- the focus on presence, emotional aid, and the helping relationship, which is central to the image of nursing. Nursing as a distinct holistic structure therefore provides a special dimension of therapy to intervention which when used strictly in a technical or cognitive form may be viewed as such.

5. Conclusion and Future work

Through this integrative literature review, the conclusion that comes through supports the emergence of the relevance of mental health nursing intervention in raising self-concept, that is, self-esteem in persons diagnosed with mental disorders. The results convey strong evidence that cognitive-behavioral group-therapy programs facilitated by nurses have the potential to generate positive effects in aspects of emotional well-being and the perceived value by the patients, despite the small number of studies that could be considered. The two of the chosen studies revealed that, by using systematic psychoeducational practice, cognitive restructuring, and behavioral interventions, nurses could be the influential agent of therapeutic progress of people with psychiatric disorders.

The one thing that can be highlighted as the result of the synthesis of the two studies is that it is the self esteem part of the self concept that reacted favorably to these interventions. Its benefits were not only statistically significant but also long-term, the participants ended up having higher scores in self-esteem even after three months. These were confirmed by the results of both Rosenberg Self-Esteem Scale and Profile of Mood States. This would imply that when correlated with cognitive-behavioral thinking, nursing care provides an effective non-pharmacological route towards augmenting psychological resilience in mentally ill patients. The observed outcomes are consistent with current demands within the realm of mental health policy, which should make more patient- and holistic-oriented interventions, and nursing can become the first line entrusted with the ability to create therapeutic change beyond established patterns of clinical practice.

However, the conceptual domain of the reviewed interventions is quite limited in that both articles concentrated on self-esteem only, skipping other aspects of self-concept like personal identity, body image and social role performance. The relevance of these components in psychiatric population is especially true where identity disruption, distorted perception of self and stigmatized social roles often accompany the diagnostic symptoms. Lack of assessment tools addressing multidimensional concept of the self in such interventions restricts the ability to assess the entailing entire psychosocial implications of the provided therapies. Future research must thus seek to expand on the definition and quantification of the self-concept so that the influence of nursing interventions on the overall self-concept of the patient can be better comprehended.

Moreover, the limitation of the geographic and cultural scope of the two studies, as the studies are carried out within a few and singular country, Japan, which may limit the study is also noted. The social attitude towards mental illness and self-worth as well as participation in therapy differs widely across different cultures. What works well in one environment may not have the same effect, or even be possible in another. Future studies should thus attempt to re-load and modify such interventions to different cultural and healthcare settings such as Western, African and Latin Americans. Cross-cultural research would provide more information about the universality or even cultural specificity of nursing approaches aiming at restoring the self-concept in the mental patients.

Another prospective area of research is an economic aspect, which is discussed in the 2020 article. Proving that nurse-led interventions are capable of lowering direct healthcare expenditures accentuated by less dependency on medications or lesser healthcare service necessities indicates that these treatments are potentially to be regularly sustained in the community based health schemes financially. Yet additional cost-benefit research in other diverse healthcare regimes is needed to confirm these preliminary results. Such interventions will be better supported by

randomised controlled trials (RCTs) with more numerous, heterogeneous samples and extended follow-up durations as evidence and facilitate policymaking to make such interventions available to more people.

Besides, the literature review demonstrates the existing research gap in regard to the issue of mental health nurses as psychotherapeutic agents. Most mental health systems lack the use of nurses in providing structured psychological intervention despite the fact that they are qualified, experienced, and closest to patients. The analysed papers confirm that under the conditions of applying the opportunity and proper training on the basis of which nurses take the lead of therapeutic processes that enhance the main psychological outcomes, it is possible to achieve positive results. Future research regarding intervention outcomes ought not to lose sight of the training models, supervision guidelines as well as institutional support systems that assist nurses to perform widened therapeutic roles.

Another idea that can be investigated in the future is extending the scope of the conceptual and cultural domain as well as complementary modalities, not limited to cognitive-behavioral ones. Art therapy, narrative therapy, mindfulness-based intervention tools, and digital tools have demonstrated positive effects in enhancing emotional regulation and self-perception. The inclusion of these into nursing practice would allow adopting multi-modal approaches to treatment, which serves various learning styles and psychological needs. Moreover, to have a more convenient access, it is a possibility to consider using technology-assisted delivery such as mobile applications, virtual groups in the field.

It is also necessary to study the effects of these interventions over the entire mental illness syndrome, such as more severe pronunciations of schizophrenia spectrum disorders, treatment-resistant depression, and bipolar disorder. The existing studies did not consider people with acute symptoms or those who had to be hospitalized, but these groups need help with their vulnerable or broken concept of self the most. Studies that adequately practice and administer nursing intervention in varying clinical instances would help in inclusive, fair care practices.

Lastly, this review indicates the significance of the use of theoretical nursing models in developing as well as testing the interventions e.g. Callista Roy Adaptation Model. Such models provide comprehensive framework by which action in nursing is linked to conceptual clarity so that, instead of being merely evidence-based, the care becomes philosophically based. They encourage comprehensive care, which considers the biological, psychological and the social responses, as being part of a unified treatment plan.

In sum, despite being narrow in extent, evidence that is available shows beyond a doubt, that mental health nurses have an opportunity to enhance fundamental psychic effects in mentally-ill patients with properly-designed group therapies. The imputed success in the area of the self-esteem, emotional regulation and even the healthcare cost justify the relevance of these practices. Nevertheless, additional empirical research is required to accumulate more knowledge, improve intervention theories and their relevance to various aspects of self-concept, patient population and healthcare environments. By fortifying this line of research one would not only enhance the science of nursing but this would also have direct benefit to those individuals who face the ravaging effects of altered self-concept as a result of mental illness.

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Conflicts of interest

The authors have no conflicts of interest to declare

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