

Quality of Life of Persons with Mental Illness Staying in a Psychiatric Rehabilitation Centre and Home: A Comparative Study



Medical Science

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ABSTRACT

Background: Institutionalization of individuals with disabilities is viewed negatively as it does not enjoy societal sanctions. Such discourse was further strengthened in India along with the de-institutionalization movement and associated developments in the west. But Young in 2004 initiated a discourse on the need to define quality of life and effects of chronic mental illness on persons. Evidence suggests that people affected by mental illness with prolonged treatment experience considerable deficits in terms of negative symptoms, cognitive impairments and inadequate social support disposing them severely disabled to function in the community.

Purpose: In this study, we made an attempt to compare the quality of life of persons with mental illness living in a Psychiatric Rehabilitation Centre and in Home Care. Hence, we hypothesized that mentally ill persons with a hospitalization followed by a placement in PRC is more likely to enjoy better quality of life than those whose hospitalization is followed by care at homes.

Methods: Using an explanatory research design, the quality of life data were obtained by using both quantitative and qualitative measurements such as a semi structured interviews and Lehmann's quality of life scale. In-depth interviews were analyzed using narrative thematic analysis while descriptive statistics along with t' test for independent samples, chi-square for associations were used for quantitative data analysis.

Results: The PRC group reported the better performance on daily activities and functioning, life satisfaction, health, personal safety and global life satisfaction than those who were living in home care. Besides, qualitative analysis revealed that PRC group perceived overall life conditions as positive and had better life than those who were at homes. The home care was characterized by unstructured activities and less monitoring by the family members in terms of medications and follow-ups.

Conclusion: Hospitalization followed by psychiatric home placement significantly benefits the persons with chronic mental illness since it facilitates a transition from hospitalization to community life.

Introduction

Institutionalization of individuals with disability and aging is viewed negatively as it does not enjoy the sanctions from Indian value systems and socio-cultural morale. It is often associated with giving away from the family responsibilities towards its ill member (Jose et al., 2012; in press; Thomas and Nagaraju, 2012; Sridhanya, 2012; in press; & Department of Economics and Statistics, 2009). Consistently, influenced both by the socio-cultural morale or value systems and the philosophy behind the de-institutionalization movement in Europe and other western countries, most mental health professionals in India subscribe negative views about institutionalization (Barton, 1959; Goffman, 1961; Knuze, 1985). As a result, in India also, we have observed many models of community care programmes for people with mental illness, including therapeutic community, day care centers and short and long term rehabilitation services, as evidenced in western countries (WHO, 1995).

Before the development of anti-psychotic medicines, in-patient care facilities such as nursing homes, remand homes and rehabilitation centers were heavily criticized as being "institutional like or lunatic asylums" (Knuze, 1985). It was also strengthened when Linn et al (1977), in a randomized control study on the effect of nursing home care for persons with psychiatric illness, found a significant deterioration in self care, worsening of behavioural problems, disturbance in daily activity of living and depression.

However, on the other side of the story, Young (2004) initiated a discourse on the need to define quality of life and need to understand the effects of long term psychiatric illness on persons with mental illness. This was in the background that his study evidenced that people affected by mental illness with prolonged treatment do have considerable deficits in terms of negative symptoms, cognitive impairments and lack family and social support disposing them severely disabled to function in the community. Furthermore, Timko et al (1993) in a randomized

control study of nursing home care, found that as compared to the hospital in-patients, nursing home residents had better choice, control in policies, more social and recreational activities while their subjective life satisfaction remained positive and unchanged. In addition, Thronicroft et al (1989) pointed out that the success of some community care programmes may not be generalized to elsewhere due to a variety of reasons including cultural differences, thus suggested the importance of exploring local experience of implementing community care programmes.

The current study is situated within this empirical background and attempted to compare the quality of life of persons with mental illness living in a Psychiatric Rehabilitation Centre hereafter 'PRC' and in Home Care. The current study aimed at examines the quality of life of persons with mental illness living at PRC and in Home Care. It was hypothesized that mentally ill persons with a hospitalization followed by a placement in PRC is more likely to enjoy better quality of life than those whose hospitalization is followed by care at homes.

Method

Study settings: The Psychiatric Rehabilitation Centre has a seminar hall, well equipped library and vocational training unit. Various kinds of professional and non-professional staff are employed to provide 24-hour medical care for its residents.

The current study was designed to generate explanatory level knowledge as per Rosen et al. (1999) classification of empirical knowledge (e.g., descriptive, explanatory and control form of research). For the present study, 30 persons with mental illness discharged directly from a nursing home to their respective homes and 30 mentally ill persons staying in as inpatients in at PRC were selected. The first group consisted of 30 patients clinically diagnosed as per ICD-10, by a qualified psychiatrist and having minimal symptoms and cognitive deficits, and stay-

ing for more than one year in a 'PRC' were selected. Similarly, the second group consisted of 30 study participants, clinically diagnosed as per ICD-10 by the qualified psychiatrists, fit to be discharged to their homes from nursing home with minimal symptoms and cognitive deficits were selected.

Measurements

Quality of Life Interview: Lehman's Quality of Life Interview (1988) was modified and used for this study. The reliability and validity of this scale were well established (Lehman, 1983; & Lehman, 1988). The objective quality of life indicators of living environment was modified in order to suit the special living environment in a psychiatric rehabilitation centre.

Qualitative interview: Qualitative data were collected to complement the indicators of quality of life. Five study participants were purposively selected from a group of people who had appropriate communicative skills staying at a 'PRC' and those staying at Home. A semi-structured interview schedule was used that guided in-depth interviews. The interviews were conducted on the two groups of study participants. In-depth interview explored the home environment and quality of life and were audio-taped.

Firstly, qualitative data on quality of life complemented the quantitative findings on quality of life. The qualitative data increased the understanding of study participants' life situations in home and the psychiatric rehabilitation centre. Secondly, qualitative quality of life data was used to cross check the quality of life results found by the quantitative analysis. To achieve these purposes, the authors during the qualitative interview, asked respondents some open-end questions including, viz., participants' own evaluation of their overall life conditions at current living places, relationship with caregivers and significant others, drug compliance, time management, roles and responsibilities.

Ethical considerations: The study obtained ethical clearance from the Institutional Review Board of Spandana Rehabilitation Centre, Bangalore, India. Informed consent was obtained from each study participant/or concerned family caregiver before initiating the interviews. Finally, confidentiality assured and maintained throughout the study process.

Findings

Characteristics of the study participants: The socio-demographic characteristics of the study participants based on the place of residence such as homes and psychiatric rehabilitation centre were examined. In home group, about 65% of the participants were males and in PRC group, males were about 35%. In both groups of participants, majority were married while the mean age for home group participants was 45 years and for PRC group, the mean age was 43 years. About 10% of the study participants had no formal education while about half of the study

participants studied only at primary level of education.. In home group, about 89% and in PRC group, about 90% of the study participants were suffering from Schizophrenia with a mean year of duration of illness was 15 years and 20 years for home and PRC groups respectively. The mean number of hospitalization for home group was 6 times whereas for PRC group, it was 4 times.

The present study has examined the quality of life as a multi-dimensional concept as proposed by Young [2004], which included objective and subjective quality of life indicators along with traditional indicators. The traditional indicators included the basic information on the data collected by nursing staff pertaining to deaths at the PRC, caregivers abandoning the study participants, number of patients being sent homes after discharged, behavioral problems amounting to thefts or any other offence and number of relapses and re-admission between 1-1-2011 and 1-1-2012 were collected during this period, none committed suicide and no legal issues were recorded by staff.

Objective quality of life indicators

TABLE-1 shows the differences on the sub-domains of the quality of life scale between home group and PRC groups

Sub-domains	Home Group		PRC Group		t' test	Sig
	N	Mean	N	Mean		
Living situation	30	1.7	30	1.8	---	NS
Daily activities and functioning	30	0.5	30	0.7	-2.21	.001*
Family	30	4.0	30	3.7	---	NS
Social relationship	30	3.7	30	3.3	---	NS
Finance	30	0.4	30	0.5	---	NS
Health	30	2.3	30	2.1	---	NS

* Significant at .001 level.

Table 1 shows the 't' test results on the sub-domains of objective quality of life of persons with mental illness who are living in Home and in Psychiatric Rehabilitation Centre. The test result shows that daily activities and functioning was significantly differed between persons with mental illness who are living in home and in psychiatric rehabilitation centre ($t = -4.221$; $df: 86$; $p < .001$). The result reveals that persons with mental illness living in Psychiatric Rehabilitation Centre reported higher daily activities and functioning than those who live in Home Care. This may be because; persons living in PRC undergo more structured activities of daily living which further included using public transportation, went out for temple, fields trips for recreations, movies and shopping more frequently than persons who are in Home Care. However, both the groups did not differ on other sub-domains of objective quality of life such as living environment, family relationships, social relationship, financial situation and personal safety.

Subjective quality of life

TABLE-2 shows the differences on the sub-domains of subjective life satisfaction of home group and PRC groups

Sub-domains	Home Group			PRC Group			t' test	df	Sig.
	N	Mean	SD	N	Mean	SD			
Subjective satisfaction in living condition	30	5.432	3.365	30	5.407	0.867	---	---	NS
Satisfaction in leisure	30	5.071	1.442	30	5.389	1.027	---	---	NS
Satisfaction in family relationship	30	4.758	1.894	30	5.001	1.739	---	---	NS
Satisfaction in social relationship	30	4.758	1.315	30	5.526	1.226	---	---	NS
Satisfaction in financial situation	30	4.606	1.683	30	5.134	1.375	---	---	NS
Satisfaction in personal safety	30	4.723	1.841	30	5.487	0.997	-2.842	86	.006*
Satisfaction in health condition	30	4.468	1.461	30	5.345	0.910	-3.046	86	.003*
Global quality of life (subjective)	30	4.790	1.604	30	5.569	0.975	-2.756	86	.008*

* indicates significance at 0.001 level

The 't' test analysis shows that PRC group reported better satisfaction with overall life satisfaction than those who live in home care group ($t = -2.756$; $df: 86$; $p < .001$). The mean difference shows that PRC group enjoyed better global life satisfaction (mean=5.345) than persons who are in home care

(mean=4.790). Similarly, health condition was significantly differed between PRC and Home care groups ($t = -3.046$; $df: 86$; $p < .003$) wherein mean difference shows that PRC group enjoyed better health condition (mean=5.345) than those who live in home care (mean=4.723). Finally, satisfaction with personal

safety was significantly differed between PRC and Home care groups ($t = -2.842$; $df: 86$; $p < .001$). The mean difference shows that PRC group enjoyed better personal safety (mean=5.487) than home care group (mean=4.723). No statistically significant difference was found on the sub-domains such as living situation, daily activities and functioning, family relationships, social relationship and financial situation.

Qualitative findings

Complementing to the quantitative evidences, the qualitative analysis reveals that study participants were satisfied with their lives in PRC than those who live at home. This seemed to be due to the non-stigmatized and uncritical attitude of staff members at PRC, timely professional care and support they received, flexible rules, participation in recreational and spiritual activities they engaged in and so on.

A study participant said:

"...We like staying at PRC as it is better than home. We are taken care of well by staff and we are not stigmatized because of the illness, unlike at home..."

Another study participant said:

"...We enjoy our stay at PRC, because the rules are flexible. We can talk to our family members; we are taken out frequently to temples, walks and movies sometimes. We get medicines on time and the staff takes good care of us..."

Complementing to quantitative results, the qualitative interviews supported the findings from quantitative analysis that most PRC study participants viewed their overall life conditions as positive and reported to have a better life than at Home. At home, it was found that the environment was unstructured to the participants. There was little or no time management for the study participants to get involved in any meaningful activities and minimal supervision from caregivers and other family members in terms of giving medications, bringing them repeatedly for follow-ups. Both participants and caregivers faced many stressful situations at home, expressed emotions in the form of being overcritical. This indicates poor quality of life of persons with mental illness at home which in turn could lead to relapses.

Therefore to conclude, it is evident that current study findings are from both quantitative and qualitative analysis converged in a number of areas. This convergence is consistent with the study conducted by Young (2004) in Hong Kong. The quality of life at PRC was better than that at Home. In sum, the current study shows that PRC yielded a better quality of life by improv-

ing residents' overall life satisfaction, subjective quality of life in health and personal safety, objective quality of life in daily activities than those persons with mental illness who live at their homes.

Reflections on research methodology and research strategy: The current study highlights the limitation in using of quality of life interview scale to measure subjective quality of life. It is found that this scale does not cover certain quality of life data mentioned and concerned by respondents during qualitative interview. On the other hand, data from qualitative interview supported the vital information to the data measured by quality of life interview scale.

PRC is the need of the hour: In the past few decades, there is lot of debate going on regarding care provided at institutions. It is considered that patients who are admitted in PRC have irreversible negative consequences as compared to those staying at home. With the advent of newer anti-psychotics and streamlining of legislations such as the Mental Health Act in India, there is a considerable change in the way the PRC are functioning today. We are seeing that the concept of 'family as partners in care' is slowly fading away due to high stress levels and increased burden. The PRC is actively involving the family in treatment care, by organizing family support groups, workshops to address patient-family issues and periodic therapies. Evidence suggests that residential care has its own values and has numerous advantages.

The current study demonstrated that persons affected with chronic mental illness staying in a PRC can have a satisfactory level of quality of life, including subjective and objective quality of life. This finding is supported by other research studies which have demonstrated that people with long-term psychiatric illness living a variety of community-based settings have positive and even better quality of life after their discharge from nursing homes (Lamb, 1979; & Young, 2004).

CONCLUSION

The persons affected with mental illness staying in PRC are enhanced to lead a better quality of life. Therefore, residential care should be viewed as a key component of the integrated network of community care system while considering family as the key stakeholders in management and rehabilitation of persons with mental illness. However, more methodological rigors, especially large-scale longitudinal study may be considered as research priority to substantiate the present conclusions drawn.

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