

## Empowerment in a Mental Health Institution

Phd. Eglantina Dervishi

Head of psychology Department, Albanian University  
egladervishi@gmail.com

Doi:10.5901/ajis.2014.v3n6p229

### Abstract

*Objectives: To examine the association between empowerment and quality of life among adult forensic patients. Method: The Empowerment Scale and the Lancashire Quality of Life Profile were used to assess perception on personal empowerment and quality of life in 98 detained adult forensic patients in Prison Hospital of Tirana. Results: The proportion of adult forensic patients scoring above personal empowerment and the quality of life was significantly low in the detained group for the five factors of empowerment Hierarchical multiple regression models showed that self-efficiency-self-esteem, powerlessness, community activism, righteous anger, and optimism-control over the future were significantly low among detained adult forensic patients, indicating that detention contributed to increased symptom levels of psychiatric symptoms. Conclusions: For adult forensic patients, even brief detention is associated with a low perception on personal empowerment and a quality of life that interfere in rehabilitation plans. Governments should consider the many viable alternatives to incarceration of adult forensic patients, such as temporary placement in a supervised residential facility, to minimize the risks of psychological harm to this vulnerable population.*

**Keywords:** adult forensic patients, detention, empowerment, quality of life, rehabilitation.

### 1. Introduction

Rehabilitation is a very important process in psychiatry (Bentley et al, 2010). Rehabilitation process has passed through different changes which have strengthened the importance of the relationship client- patient (Smyth et al, 2011). This will directly influence the success or failure of the process. Anyway, it is important to emphasize that this principal is not applied everywhere, especially if we refer to rehabilitation process in psychiatric hospital.

This study aims to analyze the "empowerment" process as a personal state with a great impact in the rehabilitation process in psychiatry. The empowerment is an abstract principal but a very useful one in achieving changes in patients' life. Different researchers have tried to define and understand the term "Empowerment". McLean (1995) defines it as a personal and political process used by mental health consumers to achieve their reintegration and affirmation sense of human dignity. Nowadays, the psychiatry uses intervention techniques and tools which promote the empowerment of patient-client (Barnes e Bowl, 2003), making it in the 90's as the guideline for all professionals of mental health.

Can we talk for empowerment in detention institution? It is not easy to make the personal empowerment process happen in such a context which disfavors most of the rehabilitation intervention, since it is a "total institution" as is called by Goffman (1961) where subjects are deprived from their freedom.

A hospital is a "total institution" which can be define as a residence or working place for all persons who are excluded from the society for a limited time – and who find themselves sharing with each other a similar context- and passing most of their life in a closed regime with a lot of autocracy. Exploring the empowerment factors, we will be able to have a clear idea on how adult forensic patients perceive themselves.

### 2. Methods

The selection criteria to be a participant in the study were: being sentenced with "obligated medication" and being a resident of Prison Hospital of Tirana for at least 7 days. It was up to subjects to participate or not in the study.

For the implementation of the study, a special permission was acquired from the General Directorate of Prisons. The total population participating in the study during 2010- 2013 were 89 patients of which 87 male and 11 female.

## 2.1 Instruments

There are two instruments chosen: *the Empowerment Scale* (Rogers et al., 2010) which includes 27 items and is designed to measure the perception on subjective feelings about empowerment. With a Likert scale with 4 options which goes from "totally agree" to "totally not agree" there are measured 5 dimensions of empowerment: self-efficacy, perception on empowerment, optimization, control on the future and activation into the community. *Lancashire Quality of Life Profile* (Oliver, 1991., cit. in Ruggeri et al., 2001), it is a questionnaire with 102 items grouped in 13 scales which explore the answers of participants in an interval that goes from 2 weeks to one year ago, offering so on a wide overview on the quality of forensic patients' life. This instrument gather information on the personal characteristics of participants (age, gender, civil status, diagnose and the penal act committed), objective indicators of life quality (social indicators, behavioral abilities, psychopathological forms etc) and participants' perception on their life quality.

Both instruments were translated and were adapted in Albanian language from a group of experts in psychology. It was also managed a pilot test and a focus group in order to protect the internal validity of the instrument.

## 2.2 Procedure

Working plan was approved by ethical group of the institution. The questionnaire is always administrated between 9:30 am – 12:30 am, in order not to interfere with institution's activities and in the same time not to allow the time to influence adults patients performance (Moffoot, O'Carroll, Bennie et al, 1994). The time needed to fill the questionnaire was between 25 and 30 minutes and sometime up to 40 minutes. The questionnaire was administrated by trained persons in special area which respected in maximum their privacy. With some of the adult forensic patients, the administration procedure was lasting a week due to their mental health conditions.

## 3. Statistical Analysis

All the analyses are developed using Statistical Package for the Social Sciences (SPSS) 16.0 windows. Descriptive statistic is used for socio demographic variables. Internal consistency for both questionnaires is evaluated through Cronbach's alpha. The relationships between total points of Empowerment Scale dhe Quality of Life Profile are assessed through co relational coefficient rho of Spearman. Chi- square test ( $\chi^2$ ) was used to compare the proportions of socio-demographic variables. T test is used for independent sample and ANOVA to compare the level of empowerment between categories. To measure predictor factors of empowerment it was used regression lineare uni-variate and multi-variate. A multi-variate logistic regression analyses is used with the step wise method for the dichotomized data to identify predictor factors which empower the quality of life.

## 4. Results

Empowerment scale have a good internal consistency ( $\alpha = .802$ ). Quality of Life Profile also shows a internal consistency within the parameters accepted ( $\alpha = .711$ ) related to psychometric standards. The mean of personal empowerment was 2.56 with a standard deviation of = 0.20; points variety is from 1.65 - 3.09, showing so on the low personal empowerment in adult forensic patients.

In order to explore the effect of personal empowerment with social demographic data like civil status, age, gender, diagnoses, the act committed, the period of staying in prison, we applied an ANOVA. From the analyses of variation ANOVA, we cannot see significant differences according to civil status ( $F=0.39$   $df=4$  e  $84$ ,  $p=0.8$ ), age ( $F=0.97$   $df=5$  e  $83$ ,  $p=0.4$ ), diagnose ( $F=0.95$   $df=5$  e  $83$ ,  $p=0.4$ ), act committed ( $F=0.63$   $df=4$  e  $84$ ,  $p=0.6$ ) and the time they stayed in prison hospital ( $F=1.87$   $df=4$  e  $84$ ,  $p=0.1$ ). Through an univariate analyze, with linear regression analyses, the age resulted to be the predictor factor of personal empowerment ( $\beta=0.004$ ,  $p<0.01$ ), with the age we have an increase in the perception of personal empowerment. Through the step wise technique, the time spend in hospital ( $\beta= - 0.04$ ,  $p=0.03$ ) was a predictor factor of empowerment. It is also visible an inverse correlation, statistically significant between empowerment and the time spend in the hospital ( $\rho= -0.22$   $p=0.03$ ). There are no significant data that show the impact of gender in empowerment dimensions. There is only one exception concerning the self esteem- self efficacy dimension for women t (26)=3.11,  $p<0.01$ . The predictor factor "positive self opinion" age 55-65 years old  $\beta = -3.29$   $df = 23$ ,  $p=0.02$  and the staying period from 2 weeks to 3 months have a negative relation with self perception. At forensic patients diagnosed as psychotic we see the tendency to avoid confronting the others and the tendency to delegate to experts all their

responsibilities  $\beta = -1.87$   $df = 23$ ,  $p = 0.04$ . Through an ordinal regression made for all the items related to empowerment dimensions, it was found out that a positive self perception is related to being married or cohabitating with somebody  $\beta = 3.09$ ,  $Wald = 4.1$   $p = 0.04$ ,  $Wald = 5.203$ ,  $p = 0.02$ , and to staying in prison from 6 to 1 year  $\beta = 2.8$   $Wald = 4.7$   $p = 0.03$ . Persons diagnosed with schizophrenia have a negative self perception  $\beta = -2.87$   $Wald = 10.04$   $p = 0.002$ . There are significant data concerning the quality of life ( $F = 81.41$   $df = 22$   $e = 1973$ ,  $p < 0.01$ ). There were effectuated different ordinal regression analyses in order to find the factors which would affect the subjective perception of forensic patients about the quality of life, using the 7 points Likert scale (which goes from "it can't be worst than this" to "it can't be better than this"). Worrying about incomes to fulfill basic needs is another predictor factor significantly related to people from 18-25 years old  $\beta = 3.01$   $Wald = 4.4$ ,  $p = 0.035$ , and 26-35 years old  $\beta = 2.74$ ,  $Wald = 3.7$ ,  $p = 0.052$  and married as a civil status  $\beta = -2.10$ ,  $Wald = 5.7$ ,  $p = 0.01$ , divorced  $\beta = -2.10$ ,  $Wald = 5.7$ ,  $p = 0.01$ , single  $\beta = -2.15$ ,  $Wald = 6.1$ ,  $p = 0.01$ , diagnosed with schizophrenia  $\beta = -1.70$ ,  $Wald = 3.9$ ,  $p = 0.04$  and psychiatric problems  $\beta = -3.50$   $Wald = 6.4$ ,  $p = 0.01$ . For unpleasant feeling about life in prison hospital as a predictor factor are people from 46-55 years old  $\beta = 3.37$ ,  $Wald = 3.7$ ,  $p = 0.05$ , married  $\beta = -2.81$ ,  $Wald = 5.1$ ,  $p = 0.02$ . While, concerning unsatisfactory feeling toward the family, as predictor factors being single  $\beta = 2.44$ ,  $Wald = 8.4$ ,  $p = 0.004$  divorced  $\beta = 1.67$ ,  $Wald = 4.3$ ,  $p = 0.03$ , age 36-45 years old  $\beta = -2.50$ ,  $Wald = 4.2$ ,  $p = 0.04$ , and 46-55 years old  $\beta = -2.93$ ,  $Wald = 5.5$ ,  $p = 0.01$ . For unsatisfactory feelings concerning family meetings, predictor factors are: age 46 – 55 years old  $\beta = -2.58$ ,  $Wald = 4.6$ ,  $p = 0.03$ , schizophrenic diagnoses  $\beta = -2.19$ ,  $Wald = 6.2$ ,  $p = 0.01$ , psychoses  $\beta = -1.08$ ,  $Wald = 3.7$ ,  $p = 0.05$ , the committed act  $\beta = -2.20$ ,  $Wald = 4.1$ ,  $p = 0.04$ , destroying ownership  $\beta = -2.40$ ,  $Wald = 4.1$ ,  $p = 0.04$ ; killing temptation  $\beta = -2.60$ ,  $Wald = 5.3$ ,  $p = 0.02$ . The exploration of the relationship between perception of personal empowerment and subscales of life quality in forensic patients shows a connection between empowerment and free time activities ( $\rho = .03$ ,  $p = 0.7$ ), relationship with family ( $\rho = .45$ ,  $p = 0.01$ ), with positive emotional state ( $\rho = .29$ ,  $p = 0.01$ ), negative emotional state ( $\rho = -.55$ ,  $p < 0.01$ ), with financial state ( $\rho = .32$ ,  $p = 0.01$ ), work- looking for ( $\rho = -.005$ ,  $p = 0.07$ ), living conditions ( $\rho = .36$ ,  $p = 0.05$ ), civil status ( $\rho = .27$ ,  $p = 0.04$ ), health ( $\rho = .32$ ,  $p = 0.08$ ), with social relations ( $\rho = .21$ ,  $p = 0.04$ ) with general wellbeing ( $\rho = .32$ ,  $p < 0.01$ ), positive self concept ( $r = .32$ ,  $p < 0.001$ ) and negative self concept ( $\rho = -.37$ ,  $p < 0.01$ ).

## 5. Discussion

The empowerment is expressed through principle of participation and self help and others (Chovil et al., 2004) support between equals, power division (Converso et al., 2003; Corrigan, 2004). Through the rehabilitation process, patients have a chance to regain their hope, self-esteem and self confidence (Conger et al., 1988; Clark et al., 2002; Converso et al., 2009) which have been lost due to the stigmatization as "mentally sick" persons. From trying to understand the relation between personal empowerment and life quality, it is found out that usually patients show a low level of personal empowerment in general and more specifically: self esteem – self efficacy dimensions. Different researchers (Mowbray et al, 2000) supports the idea that persons with a low self esteem have a tendency to decrease their standard and to withdraw from activities leading a passive life for them and in relationship with the others. The empowerment process give patients the possibility to perceive power as a source of force and capacities (Saraceno & Dua, 2009). Adult forensic patient have a very pessimistic perception concerning the empowerment. The inability is related to medical conditions, living conditions, financial sources and life conditions in general which contributes to development of a negative overview on empowerment and quality of life. Institutionalization per se is an high security institution which interfere with the empowerment process of adult forensic patients (Janse van Rensburg, 2012) due to the adaption process that it demand with strict rules, financial difficulties, lack of family, long time of institutionalization etc. Nowadays, the rehabilitation process is seen as more efficient while happening in the normal social context of mental health client. There is not the optimal solution to isolate the patient and to make him live under strict circumstances. Life quality is one of the most important elements in the personal empowerment process and that influence directly the rehabilitation process. Maykut & Morehouse, 1994, cit.in Boyd, 1997 emphasizes that the empowerment process is affected by the predictor factors like: being part of a minority group, living in normal conditions, having social contacts, being happy with health conditions and being satisfied with life in general. From the results of the study it is evident that an objective and subjective judgment about the quality of life, affect positively personal empowerment of an adult forensic patient in many dimensions like: social relationships. Individuals who are happier with their social relationships have a higher level of empowerment. The same principal is applied for self esteem. A high level of self esteem is connected positively to positive self concept (Cook et al., 1996; Jackson, 2001). Individuals with a negative self concept have a lower level of personal empowerment compared to those with a positive self concept. According to Corrigan et al, 1998 the empowerment is positively correlated with the quality of life, social support, self concept, general functioning and negatively correlated with

psychiatric symptoms.

## 6. Conclusions

As a conclusion, we can say that to increase the personal empowerment of forensic patients it is needed the presence of a positive climate (Jakusovaite et al, 2014), showing interest, giving a positive feedback and not judge, to pay attention to patients' needs through an active listening of their life experiences and supporting their autonomy (Crawford MJ et al, 2012) promoting the active participation in decision taking (Secker et al, 2011) offering support and counseling to let them express their emotions, being aware that patients need time and give them the appropriate time to take their own decisions (Paterson, 2001; McWilliam et al., 1997; Cooper, 2003; Kettunen 2006; Pibernik-Okanovik 2004., cit. in Aujoulat et al 2006). It is evident that there is a need for further researches to evaluate patients needs, but this study gave us a wide overview on the empowerment perception and the quality of life of forensic patients in Prison Hospital in Tirana.

## References

- Aujoulat I, et al., (2006). Patient empowerment in theory and practice: Polysemy or cacophony?, *Patient Educ Couns*, Elsevier Ireland Ltd. doi:10.1016/j.pec.2006.09.008
- Bentley JM, Milligan P, Flisher AJ. (2010). A survey of South African psychiatrists: Demographic and practice characteristics, job satisfaction and emigration intentions. Unpublished MMed Dissertation, University of Cape Town 2010
- Chovil et al., (2004). Information for families., British Columbia Schizophrenia Society & Forensic Psychiatric Services Commission an Agency of the Provincial HAS
- Clark C.C., Krupa T. (2002). Reflections on empowerment in community mental health: giving shape to an elusive idea. *Psych. Rehab..Jour.*, 25 (4), 341 – 349.
- Conger A.Jay, Kanungo N. Rabindra., (1988). The empowerment Process: Integrating theory and practice., *Academy of Management Review.*, Mc Gill University, Vol 13, No3, 471-482
- Converso D., Hindrichs I., (2009). "Il potere in gioco nell'empowerment. Un processo di emancipazione che coinvolge la sfera individuale, sociale e politica", *Animazione sociale*, giugno- luglio 2, 39, n234, 64-69.
- Converso, D., Piccardo, C. (2003), "Il profitto dell'empowerment, formazione e sviluppo organizzativo nelle imprese non profit". Raffaello Cortina Editore, Milano.
- Cook, J. A., Pickett, S. A., Razzano, L., Fitzgibbon, G., Jonikas, J. A., & Cohler, J. J. (1996). Rehabilitation services for persons with schizophrenia. *Psychiatric Annals*, 26, 97-104.
- Corrigan P., (2004). How Stigma Interferes With Mental Health Care. *American Psychological Association* Vol. 59, No. 7, 614–625.
- Crawford MJ et al. (2012). Group art therapy as an adjunctive treatment for people with schizophrenia: Multicentre pragmatic randomised trial. *British Medical Journal* 2012; 344: e846. DOI: 10.1136/bmj.e846
- Jackson, R. L. (2001). The clubhouse model: Empowering applications of theory to generalist practice. Belmont, CA: Wadsworth/Brooks/Cole.
- Jakusovaite, Irayda, Luneckaite, Zydrune, Riklikiene, Olga (2014). The Place of Medical Humanities in Medical Education in Lithuania; *Trames*, Volume 18, Issue 1, 237-258.
- Janse van Rensburg B. The South African Society of Psychiatrists (SASOP) and SASOP State Employed Special Interest Group (SESIG) position statements on psychiatric care in the public sector. *South African Journal of Psychiatry* 2012;18(3):133-147. [http://dx.doi.org/10.7196/SAJP.374]
- Mowbray, C., Schwartz, S., & Oyserman, D. (2000). Mothers with a mental illness: Stressors and resources for parenting and living. *Families in Society*, 81, 118-129.
- Rogers S, Ralph R, Salzer M, (2010). Validating the Empowerment Scale with a multisite sample of consumers of mental health services. *Psychiatric Services*, vol. 61, No 9, 933- 936.
- Ruggeri M, Warner R, Bisoffi G, Fontecedro L, (2001) Subjective and objective dimensions of quality of life in psychiatric patients: A factor analytical approach. The South-Verona Outcome Project 4. *British Journal of Psychiatry*, 178:268-275, 2001
- Saraceno B, Dua T. Global mental health: The role of psychiatry. *Eur Arch Psychiatry Clin Neurosci* 2009;259:S109-117. [http://dx.doi.org/10.1007/s00406-009-0059-4]
- Secker J, Loughran M, Heydinrych K, Kent L. (2011). Promoting mental wellbeing and social inclusion through art: Evaluation of an arts and mental health project. *Arts & Health* 2011; 3(1): 51-60
- Smyth G, Harries P, Dorer G (2011) Exploring mental health service users' experiences of social inclusion in their community occupations. *British Journal of Occupational Therapy*, 74(7), 323-31.