Changing Life Quality of Mental Health Patients During the Community Integration

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Abstract

The aim of this study was to explore the change of quality of life, according to the functioning areas of 10 women during the transition from the Psychiatric Hospital to an institutionalized household. This study was conducted during the transition from the hospital to an institutionalized household of these 10 women resident in the hospital. The study was based not only on subjective experiences of these women, but also on the perceptions of psychiatrists who followed this process.This is an exploratory and descriptive study. For the realization of this study were conducted semi-structured interviews with women participating in the project and the doctors of Vlora Psychiatric Hospital. Women with psychiatric disorders were on age from 30 to 58. During the study, were consulted the main theories on rehabilitation in mental health structures and recent studies in this field. The data obtained were analyzed and processed using the approach of Theory Based on Results.The study found support in previous studies conducted in other contexts.

Keywords: *mental health, rehabilitation, institutionalized household, life quality.*

1. Introduction

Most psychiatric disorders are associated with severe and prolonged in time disabilities, which requires the development of effective procedures for long-term improvement of the situation of patients. In this context, the term "psychiatric rehabilitation" is being used more and more in the field of mental health. Psychiatric rehabilitation began to take its place as a viable and credible intervention, thus being introduced gradually in jargon and work programs of mental health professionals. The field of psychiatric rehabilitation has progressed, so that already has a track record, can be described its conceptual basis and treatment strategies, work practices can be observed, monitored, and imitated, and improvement in the future be trusted to research studies.

People with psychiatric disorders previously should first be directed only to psychiatric care beds. But now a growing number of people with mental problems, try to rely on structures such as homes and families in the community with the help of professional outpatient services.

Such changes are affected not only by changes in the mental health sector, but also by the growing authority of people with psychiatric disorders and their stories in the rehabilitation process. Care should no longer focus only on symptom relief and management, but above all in the support of customers in their daily lives, in helping to integrate into the community and to develop their skills.

This considering the daunting conditions in which a part of the people found themselves after their release from a psychiatric hospital (due to delayed hospitalization), becomes a matter of special importance (Bonevik, Wolf, & Niuwenhuizen Schene, 1995a; Malm, May & Dencker, 1981; Oliver, Huxley, Bridges & Mohamad, 1996).

To make easier and less dramatic the transition from hospital to community, in Albania as well started the process of rehabilitation in the households.

Households functions as analogous family structures which provides a less traumatic transition from hospital to community.

Given that this is a new experience for our city, there is a need to assess what works and what does not during this transition, in order to positively intervene.

2. Quality of life, an important part of rehabilitation.

The concept of quality of life is a holistic perspective, which focuses on the totality of existence of the individual with

mental disabilities. One of the things it expresses is that health is not simply defined by the absence of a pathology or psychiatric symptoms. The central point is the welfare of people with psychiatric disabilities (Baker & Intagliata, 1982, Lehman, 1983, Oliver et al, 1996). Quality of life is subject to a number of definitions. They vary according to the degree of importance given to the subjective or objective aspects of the quality of life (Boevink et al, 1995b). The subjective approach understands the quality more as a universal paradigm that should be understood by phenomenological perspective. It focuses on subjective ideas, like welfare, pleasure and happiness. The objective approach focuses more on the conditions and quality of life and the quality comes from economic and social indicators. In psychiatry it is generally attempted to get the best elements of both approaches (Baker & Intagliata, 1982, Bigelow, Bodsky, Stewart & Olsen, 1982; Boeing et al, 1995; Lehmann, 1988; Malm et al, 1981). The quality of life refers to "the good" life. This "good" stends in the quality of life experiences which is evaluated subjectively and determined objectively by measuring the external conditions (Zaura & Goodhart, 1979).

In many descriptions, quality of life is seen as a test of the dynamic interaction between the individual and the environment.

It is often recognized that factors such as self-evaluation, sense of purpose, strength of ego and a sense of ownership of personal life can affect the welfare of the people (Baker & Intagliata, 1982, Bigelow et al, 1982; Lehmann, 1983). Others have emphasized the importance of a sense of personal achievement (completion of plans) and a sense of continuity in life (Cooper, 1990).

The rate at which people meet the goals and aspirations and the rate at which expect to be able to meet those, influences whether they formulate and how they formulate their needs (Waisman 1988, in Roeland 1995). Completion of the expressed need or demand is closely related to the individual's functioning in four integral areas to the quality of life. These areas are divided into subfields. Quality of life is divided into the following areas: autonomy (nutrition, hygiene, dressing, moves / acquisitions, orientation in time and space); social behavior (attitude toward others, attitude towards activities); language and communication and household activity (kitchen, laundry, maintenance of the house, clinging).

In the research on quality of life as well as in writings on methods and rehabilitation programs and on improving processes of persons with psychiatric disabilities, needs are often perceived in neutral or positive terms described above relating to pleasure obtained from life (Bigelow et al., 1982; Deegan, 1988, Farkas et al., 1981).

However, the psychiatrist has a lot dominant stream of thought that defines needs in negative terms, as a lack of health or welfare; the needs are narrowed to disabilities, symptoms and problems (Marshall, Hogg, Gath & Locwood, 1995, Phelan et al., 1995; Thomicroft et al., 1992; Weiner, 1995; Wykes, Sturt & creer, 1985). This approach orients itself towards achieving the minimum acceptable levels of health and social functioning (Brewin, 1992).

However, the work of researchers, psychologists, social workers and doctors will determine whether psychiatric rehabilitation will be a field of study and practice in development, or will remain simply a limited method. Right now, many mental health professionals recognize the need for rehabilitation interventions to complement existing approaches of treatment.

3. Methodology

The objective of this study was to explore the subjective experiences of women who pass from the Psychiatric Hospital to a household, their experiences (first in hospital and then at home protected), as they have experienced the transition and how it has changed their quality of life (feeding, dressing, hygiene, their social behavior, etc.).The study is descriptive and exploratory nature on the experiences of women. To suit the requirements of the study, qualitative research was used, applying the approach based on the Theory of Results (Grounded Theory) for data analysis (Willing, 2001; Camic, Rhodes, Yardley, 2003). In this study were involved 10 women, aged 30-58 years, diagnosed with psychiatric disorders, residents of the Psychiatric Hospital in Vlora and 5 psychiatrists of Vlora Psychiatric Hospital. These 10 women were selected after being involved in a project undertaken by the hospital to create a household. Doctors were included in the study, as were those who chose, followed and worked all the time with these women. As above, the sample was selected not randomly and intenionally.

Besides women, the interviwed persons were as well the doctors, in order to maintain the internal validity of the study. In this way the study ensures the objectivity of data, without risking the lost in the subjective repprting of patients.

The Interview process were also seen as a way to talk about the process and its mode of operation.

4. Results

From previous studies in other contexts is determined that the change in quality of life is closely related to the areas of everyday functioning, areas which in their totality determine the quality of life. Thus, in this study, in the first place it is classified the field that determine the needs associated with the patient's personal autonomy (feeding, dressing, hygiene, moves/acquisitions, orientation in time and space). Aftrewards are the needs in areas such as social behavior (attitude towards others and towards activities), language and communication and households (kitchen, laundry, home maintenance, the clinging. The purpose of this study was to explore that how changes the quality of life during the transition from the life in a hospital in a analogous structure to family structure (household). Further, we will discuss the results in light of the two questions raised at the beginning of the study.

5. Results of the survey of women during their stay in hospital

From the questions asked during the first phase, when women were still living in the hospital, it turns out that the disease has been the main reason for their stay in this institution. 4 out of 10 of these women, in addition to the initial reason (illness) have influenced the desire and intentions of the family members to institutionalize them. For the rest of the women was just the disease, the reason for hospitalization.

Asked how life in the hospital was for these women, for all of them, although for different reasons life was quite difficult. For five women life was difficult due to misconduct ion of the staff "always screaming at me during the therapy." For the other three, was monotony, lack of activities because of the difficult situation "bored all day because I have nothing to do." For the other two was the lack of physical conditions (lack of heat, lack of toilets in the room, etc)

All women were in the same mindset when it came to pass from the hospital to a new environment, conditions which were similar to a house. They claimed that one of the main differences between the structures was the large number of persons accommodated in the hospital, unlikely from the household.

6 of the surveyed patients, answered that were continuously assisted by the hospital staff. 3 of them said they were not always supported by staff, while one woman claims that staff has not supported her during her life in hospital. Following their opinion, 6 women thinks that what has been achieved was thanks to the cooperation with staff, 3 women claims that their achievements are based on a minimal help from the staff and one of them says that the change has come only relying on her personal skills.

Asked to describe a typical day in the hospital (from morning till night), they generally responded equally (waking up, eat breakfast, get therapy), doing various jobs assigned by the staff (adjustment of bed, washing floors, help in the kitchen, etc.), eat lunch, sleeping, out in the yard, watch TV, eat dinner and then sleeping). While the free time, they all agreed that the activities were very limited. In general, they were sitting in the court benches, talking to each - other, sometimes drinking coffee and listening to music.

In the rest of the questionnaire, regarding specific sites in the fields of integral quality of life they answered as follows:

5.1 Autonomy

Based on the questions about autonomy and its component parts, emerged that 10 women generally were able to use a spoon and fork, but not a knife. 8 of them have a correct attitude to the table; while two of them lie on the table inappropriately (they need to bow to their elbows). In terms of dressing, they generally say that they love to dress up and buy new clothes, although this is a limited opportunity within the hospital. They do not have many opportunities to go out and a part of ALL pension is spend on medicines. On the other hand, they claim that not knowing to manage the money; they misuse money remaining with no income in the middle of the month. They claim as well that in the case they need to go out, (for example to get their pension) they are always accompanied by a caretaker. In terms of hygiene they claim to brush their teeth every morning, the only difference is when they stress that this activity need to verbal stimulus or not. About the orientation in time and space, 7 of them are able to determine time terms (yesterday, today, tomorrow) and the date, time and exact month of the year. Three of them were not able to define the above terms.

5.2 Social behavior

In doing questionnaire, the part focused on social behavior, focused on two aspects: the attitude towards others and the

attitude towards the activities.

Regarding the attitude towards others, all women state that they love to talk with others about various topics such as relationships with family, life in the hospital, movies and soap operas, but above all they prefer to talk about their past. 3 of women claim that they like that during the conversation, the attention should be focused only to them and their problems. Some of them states that they like group activities. At this point they have two different opinions: one of them is that the selection of members of the group is not important and the second group states that it is important not only the selection of the group members, but they also require selecting their group members.

5.3 Language and communication

In terms of language and communication, the question was a general one and aimed at telling a story to see how the sentences were articulated, coherence of words in sentences and the use of the proper tense and subject pronouns. 3 of women are able to put clearly and logically the words in sentences and also use the proper tense and manner. 4 women managed to communicate and build a conversation but have difficulty in establishing proper timing and subject pronounce. 3 of the women during the interview show incoherence in their thoughts and conversations characterized by short sentences.

5.4 Domestic activity

In relation to domestic activity all women like to cook although 4 of them state they do not know how to do such a thing. Work that they do in the kitchen are related to washing fruits and vegetables, washing dishes, etc.. Most of them responded that they had difficulties in using the stove.

Asked about the use of the washing machine, most women responded that they have difficulties in using it. The rest of them stated that they know to use the washing machine, but with verbal assistance. On the other hand all women stated that they know how to hang and take off the washing from wire, but some of them assert that they have difficulties in folding. Regarding the ironing only 2 of them know how to use it.

All women say they take care about their rooms and beds. During the interview with them, some changes emerges, which is evident in the work that they say or they do (someone washes the floor, someone adjusts beds etc.). They say that the factor that affects the division of activities is the assignment of duties by the staff.

When asked about the activity of clinging, they share in embroidery, awl, knitting and sewing buttons or disassembled clothes. Some of them claim to know how to work awl or knitting, others say that wove beautifully (in these moments show embroidery, socks, shout and Centro). A part of the women said they know to sew a button, but they have trouble crossing the corners. The rest say they do not know how to sew.

6. Results of the survey of psychiatrists when women lived in hospital

At this stage of the questionnaire, the doctors that were asked what were to them this house and if these women were able to pass on such a structure, most of them replied that the household is a intermediate structure to pass from hospital to family life. According to them, such a structure, could allow women to be more independent and would help to reinstate those aspects of their operations that the hospital has hampered.

Doctors were of the opinion that not all women were at the same level of functionality, so with different women, the focus of work should be different. So their skills should be managed better and especially should be given enough time to adapt to the transition, thus avoiding the premature passing of their household from the hospital.

In terms of opportunities for these women to be rehabilitated, some doctors said that personal interests, independence and activity somehow, the desire to do something different and being in a state of mental and physical well enables them to best to change lifestyle and ultimately to be rehabilitated. The rest of the doctors stated that they possessed pensions, support staff and environmental change will impact positively on the rehabilitation of these women.

Regarding the question how diagnoses affect the quality of life of these women, doctors were divided into two groups. One group defined that diagnosis is not crucial, what most matters is the stage of the disease and the possibility that the hospital based on the work of staff, to ensure that these women have a better life quality.

The rest were more skeptical and decided by claiming that an immediate diagnosis affects negatively their quality of life. According to this group in the quality of group life affected as well the cultural and educational level of patients.

Asked about autonomy, doctors unanimously responded that women can do things themselves, but there are

other things that they need to respect not only verbal but also concrete help from the staff. In connection with the socializing behavior, doctors think that some women show interest to others especially when attention is focused on them. According to them, the rest of them are withdrawn and need constant verbal stimulus. In some cases, women demonstrate aggressive behavior as a response to dissatisfaction. Regarding the attitude towards assigned tasks (jobs), doctors stated that from the group of women, there are those who are more active and involved all the time in the tasks of the hospital, regardless of the given work. The rest of the women get involved in activities but the activities they do are stereotyped jobs (under the direction of personnel, and always do the same job every day).

Referring to the manner of communication and used language, doctors say that the language used by some women is euphoric and the oratory highlights. The rest is divided into women who are poor in thoughts and women who are incoherent in formulating the conversation.

Doctors say that women are able to contribute in domestic activity (laundry, kitchen, etc.), regardless of the quality of results achieved at work.

7. Results of the survey of women during their stay in the household

In the second phase of the survey, the stage at which women are not only accommodate the home, but also a year that lived there, they said they currently feel very well and they have found peace. Moreover, some of them say they feel like they are in their family, where they have all the conditions and where to make an independent life "are wonderfully comfortable, we found peace here."

Asked about comparisons between their life in hospital and at home, they immediately say that there was no room for comparison as the change was enormous. But the group was divided into women who had not at all difficulties to adapt and the rest of them, which stated that in the first moments they had difficulties recalling the hospital (nostalgia for friends in the hospital).

All women stated that a major change was that in the hospital they were living as in a hospital (collective life), but the house was otherwise quiet and just like a family.

Women say that in the first moments of entering the house they needed continued support from the staff. While over time they felt they needed less and less support, moreover stated that they would feel comfortable if the staff was not present anymore in their lives.

8. Autonomy

The first thing women say when asked about nutrition was that eating here was better and that can meet their preferences about food. They claimed that in the house they had the necessary spaces not only to organize the cooking menu of their choice but nice arrangement of table and with all the related vessels. They emphasized that now they can also use the knife while eating.

In terms of dressing, they said they now have greater opportunities to buy clothes and to be beautifully dressed. As for hygiene, they state that the house conditions allow them to better preserve it (can take a shower every day, nobody touches their brush teeth, etc.). Some of them do not forget to say that they have already learned to take care for their nails (manicure and pedicure).

In connection with the management of ALL, they say they still have difficulties in using them. However they now feel themselves more capable and more confident in dealing with Lek. They feel safer even if they have to move out of the house (taking retirement, going to a family doctor, walk, etc.).

During the survey, it turns out that the women surveyed were able to determine the date, month and year, but a part of them have difficulty in telling the story in accordance with the timing terms .There are women who present difficulties and confusion in determining the clock.

9. Social behavior

Women say that they like to talk with others and enjoy immensely when visitors come home. They say that they talk about various topics, but assert that a part of the discussions is about daily activities. They claim that they work together and go hiking or doing other recreational activities (birthday celebration, beach trips, etc.).

All women say they are constantly involved in housework, according to a schedule that they themselves have set. There are women in the survey who said they like to select the works, it depended on what they think they do better, but

also as a way to avoid works that for them are hard (cleaning the bathroom).

10. Language and communication

Some of the women by responding to the question posed highlighted their preference by well building the conversation in terms of grammar. Others manage to build conversation but sometimes exhibit incoherence and inadequate use of tenses and some words in the sentence.

11. Domestic activity

Regarding the cuisine all women said they like to cook. They claimed that in the home cook under a self-imposed schedule. They stated that were organized in such a way that together with a woman who knew how to cook could stay to help a woman who could not cook well. In this way one of them helped the friend that could not cook. Even in terms of the division of work in the kitchen (dish washing, paving, cleaning table, etc.) they claimed that were organized according to a schedule (e.g. the group that cooked did not wash the dishes or other work in the kitchen). They stated that already they were able to use the stove.

About the use of the washing machine a few women say they have no previous difficulties, while others say that even though they have a year at home still do not know how to use the washing machine. This group seeks the help of peers or staff. For hanging, gathering and folding clothes, they say they have no troubles anymore. Regarding ironing, it is done only by 4 women.

In terms of maintenance of the room, each of the women said that cares for her room (bed arrangement, sheet changing, washing the floor etc.), in collaboration with their roommates.

12. Results of the survey of psychiatrists during the period when women lived in the household

During questionnaire done to the doctors, one year after the living of women at home, they thought that this year women started to make a more organized life. They also said that women were in the process to set limits in order not to affect the rights and freedoms of each - other. According to them these women have begun to cooperate and if at the beginning of the year, when they went into the house that was almost spontaneous cooperation, little by little the cooperation already was beginning to become organized. Thus, they have learned to get adapted to the life at home in order to build a good life in this family.

Asked what difference was noticed in women's operation, most of the psychiatrists responded that women were more independent and more likely to be caring for themselves. In the view of quality of life domains, doctors thought that women had improved performance in each part of each area, depending on their level.

The rest of the doctors stated that although performance in the areas of quality of life had improved, women still needed support and time to achieve the desired result.

Regarding the impact of symptoms in home life women, doctors are of the opinion that it is not equally affected in all women, but in general has helped alleviate the symptoms.

Regarding autonomy, doctors say that women's skills are beginning to change. Now, they have become more independent towards different parts of autonomy. They are more attentive to hygiene, dressing or the way they lay the table or eat. According to doctors, during a year living in the home, women have learned to move themselves and to change the way they manage their incomes

Doctors felt that women's behavior after staying at home have changed. According to them, the aggressive response modes are reduced and women can better manage a pressure situation. On the other hand, they have learned how to be hospitable, going back to an old habit like the welcoming of people at home. Doctors added that this year, has served in better socialization of women between themselves and with others. Distinctive element in their involvement in activities is that now they can work better in a group. According to doctors it is noticed a small change in their language and communication. Even women who had more difficulty in building a story, now because of the tranquility of the surrounding environment can communicate more clearly, expressing their opinions freely. Doctors assert that during the stay at home, women have managed to regain skills and abilities related to domestic activity. Their practical autonomy is improved and this is evident in the functioning of the house.

13. Discussion

Results of the study reaffirmed the importance of the experiences of women as well as their main supporters in the transition from hospital to households, such as doctors.

During the data coding, based on opinions expressed by women and the doctors of the hospital, resulted that life in home was very different from life in hospital. Life at home is more relaxed, more comfortable and packed with activities, compared to the noisy life of the hospital, not organized and monotonous. Meanwhile a major difference consisted of physical and environmental conditions. If the hospital lack of personal spa room, lack of heat or private facilities this was a problem that was corrected over the household. The fact that was mentioned more was the "comfort" felt when passing from a place with many persons (240 beds), in a family environment where lived only 10 persons. From questionnaires emerged the difference of the assistance from the staff in both structures. Once women living in the hospital, they generally need more support and help from the staff (doctors, psychologists, social workers, nurses, caregivers). This support continued in the first moments of entering the house and was narrowed over time.

Also if in the hospital, women being adapted to the conditions were forced to make a routine life (always the same thing), and in accordance with the activities and tasks that do turn into a stereotype, in the household they were more organized in their daily life. Each of the women already cooperates with each - other doing different activities being organized into groups to work (e.g. to do housework, cooking, walk out etc.).

The passing of an ordinary day at home with a day spent in the hospital, is as well a change, including the free time. If at the hospital the activities were defined and schedules were set by staff, limiting the autonomy and ultimately their creativity, home life was filled with household activities as well as creative, always during the free time.

One important fact that emerged during the results coding was that these women had really been a change where the importance of life quality, was the focus, based on its component fields. The first significant change, associated with autonomy of women was organizing the eating process starting from paving of the table, to proceed further with their position on the table during meals and to end with the use of a knife as a tool that is added to the current use of spoon and fork.

Change occurred as well to the cooking menu. If at the hospital it was the personnel that decided when and what women should eat, women at home were organized in such a way that not only they were cooking as per the weekly menu, but the food was consistent with their preferences.

An important part in the change of the autonomy of the 10 women is their performance in hygiene, closely related to the opportunities created at home. In an environment such as the home, compared with hospital conditions are more favorable for keeping and maintaining personal hygiene. If in the hospital was noticed the lack of showers, personal toilets, etc., at home there is not such a thing.

Meanwhile, the best thing of the protected house is that women can now expect their friends and visitors at home. This is an indication that their relationships are not only focused on the group, but also with other people in the community. It is very obvious the fact that women love to stay in the company of others, to talk with them and create lasting relationships. Thus, both inside and outside the home has increased the number of recreational activities (birthday celebration, hiking, picnics, etc.).

In terms of language and communication, there is a notable improvement of their performance in this area. Emerges the developing of their ability to express and communicate, and to keep alive a conversation. However, it is noticed that some women continue to demonstrate the incoherence in communicating their thoughts and in some cases exceed the conversation from one topic to another. In conclusion, indoor activity during a year living at home is significantly improved. During this period, the new thing in cooking activity was that women, who knew how to cook in the hospital, gradually came to learn how to cook the other women who were not able to do so. It resulted that their selection according to graphs and determination of dishes they decided to cook themselves was successful. Some of them presented need for assistance in the use of the washing machine. The rest have improved their ability, and from the total non-use of this tool have learned to use it under the influence of verbal stimuli. An important step differently from the hospital is the selection of clothes that will be putted in the washing machine (separation of white fabric, from the color) and the selection of appropriate washing program.

However, changes occurred in their autonomy, their attitude towards others and activities, language and communication used or changes occurring in domestic activities, bring a positive impact on rehabilitation of these women and ultimately affect improving the quality of life.

14. Conclusions

In psychiatry, the changing of the life quality is closely related to the closure of the hospitals and the deinstitutionalization process. In this point of view, is better to support and cure the mental health patients in the community, offering to them shelters, daily centre or household.

The evaluation and the analysis of the process, such as the transition from a hospital structure to another one, that seems like family, is full of value and the universals rule and standards play a crucial role. However, an objective evaluation of the process is impossible and we have to avoid a subjective one.

The relationship is based on the common respect and on the willingness to learn from each-other. Professional and mental health users works together to build the situation in the past, in the present and in the future by providing in this way a contribution to theories and experiences.

Despite innovations in the mental health field is important to note that the psycho-social process just began. This means that there are many ways to do so that this process is efficient and sustainable.

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