

ORIGINAL RESEARCH

Satisfaction, independent living skills and perceived change of patients undergoing community psychiatric treatment

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ABSTRACT

To estimate quality parameters in the treatments offered, these criteria be evaluated in a continuous and integrated manner, considering patients' and family members' perspectives as well as that of professionals. Literature has highlighted the need to evaluate the results of treatment in psychosocial care facilities from the user point of view. From a quantitative perspective, some studies seek to identify a "degree" of social reinsertion, presenting some variables. Thus, the present study evaluated parameters considered as possible indicators of good results in the psychosocial rehabilitation process, constituting a tool for the planning of managers and mental health professionals. This is an observational study performed between January 2015 and August 2016 in Brazil. The study included 84 patients invited to a verbal interview. The sample consisted of 84 patients treated by Psychosocial Care Facility. The results obtained reveal the achievement of a satisfactory mean regarding the service, about which 85% of the users declare themselves satisfied. However, we found that patients need significant support to perform simple tasks. Independent living skills and perceived change have a lower score when related to satisfaction with the services provided, suggesting, then, that rehabilitation needs to focus on the acquisition of independent living skills, so that the patient can seek a life as close to normal as possible.

Key Words: Community mental health services, Evaluation studies, Scales, Psychiatric nursing

1. INTRODUCTION

According to the world health organization (WHO)'s estimation, about 700 million people worldwide suffer from some type of mental, neurological, or behavioral disorder that causes great individual and social suffering, representing 13% of all diseases in the world and one-third of non-communicable pathologies.^[1]

When using the concept of disability-adjusted life year (DALY), a study suggests that mental disorders represent

24.9% of all DALYs. Among these, depressive and anxiety disorders occupy the first and second place, respectively. Third, schizophrenia accounts for 6% of DALYs.^[2]

Considering the current model of psychiatric care, patients with mental disorders have their care, gradually and preferably, in community mental health services (Psychosocial Care Centers). With this care model, the patient maintains contact with the family and community, encourages the strengthening of their family and social bonds, thus sup-

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porting the proposal for the treatment of mental disorders outside the psychiatric hospital institution.^[3]

When treatment does not allow improvement, the patient with mental illness can be readmitted. One study showed that between 2002 and 2011, the readmission rate remained above 20%, showing a deficiency in the social reintegration of this patient. It also emphasizes that treatment should include the patient's considerations.^[4] In this sense, the WHO recommends the importance of the patient's opinion in their treatment, since there is greater adherence of these users in the treatment received in mental health services, which empowers them and makes them part of the process.^[5]

Studies that analyzed readmission in Europe (Spain and Portugal) found a prevalence of 10% of readmissions. This same analysis in the United States showed a rate above 79.8% of new hospitalizations in the two years prior to the survey. In Brazil, there are few studies with criteria to measure the relevant factors of readmissions, such as studies conducted in the city of Rio Grande do Norte and São Paulo with rates of 34% to 60.3% of patients who had cases of readmissions.^[6]

To estimate quality parameters in the treatments offered, WHO also recommended that these criteria be evaluated in a continuous and integrated manner, considering patients' and family members' perspectives as well as that of professionals. Literature has highlighted the need to evaluate the results of treatment in psychosocial care facilities from user point of view. It is necessary to perform more studies about this theme.^[1]

From a quantitative perspective, some studies seek to measure a possible "degree" of social reinsertion, presenting some variables, such perception of change with the treatment offered, and satisfaction with the service. In this sense, the convergent measures for psychosocial rehabilitation start from the psychometric theory that understands it as something that can be measured.^[7]

Among the proposed study measures were the evaluation of the changes perceived by patients due to the treatment received (Perceived Change Index - PCI), which assesses the changes that occurred during treatment.^[8] We also used the Patient Satisfaction with Mental Health Services Scale, by which patients assess satisfaction with the service (SATISBR).^[9] The Independent Living Skills Survey (ILSS) verifies if patients have skills related to activities of daily living, such as eating, hygiene, dressing, transportation, money management, among others.^[10]

Among the various existing psychometric instruments, the 3 presented are configured as the most appropriate in terms of the psychosocial rehabilitation process.

The patient's experience with mental suffering and treatment is unique, as well as its responses to the demands of reality since their understanding of the reality of care confirms the increase in their participation during the therapeutic process, and the nursing team contributes by strengthening this process, stimulating this participation and assisting in the development of independent living skills.^[10]

Thus, the present study evaluated parameters considered as possible indicators of good results in the psychosocial rehabilitation process, constituting a tool for the planning of managers and mental health professionals.

2. METHODS

This research is an observational study performed between 2015 and 2016 in the interior of the state of Paraná, Brazil. According to data from the Brazilian Institute of Geography and Statistics obtained in 2016, it estimates that the city of Londrina has a Human Development Index of 0.778 and an approximate population of 553,393 inhabitants.^[11] The City's Psychosocial Care Network is composed of Primary Healthcare, Reference Centers in Social Work, Street Clinic, Psychosocial Care Facilities - facilities for alcohol and drugs, Infant and psychiatric hospitalization beds.

2.1 Ethical considerations

The research was duly authorized by the Ethics Committee on Research with Human Beings and carried out according to ethical principles in research. The criteria for selecting patients to interview were demonstrating the ability to adequately understand the questions asked by the interviewers and undergoing treatment for at least six months.

2.2 Data analysis

For data analysis, the Software SPSS was used v.21. At first, the Kolmogorov-Smirnov test was performed to identify the distribution of the normality; Spearman's correlation test was then performed, for presenting data with non-normal distribution, mostly.

2.3 Data Collection Instruments and individuals

The study included 84 patients invited to a verbal interview. In addition to sociodemographic and clinical data, the study used the following scales.

a) Satisfaction with mental health service: The SATIS scales assess the satisfaction of users of mental health services. To globally evaluate the degree of patient satisfaction, it is necessary to calculate the mean of the answers obtained for the 12 items of the brief scale (questions 1 to 12 of the scale), which is distributed in 3 factors or subscales. The first factor is satisfaction in the relationship with the team; the second

factor refers to users' satisfaction with the general better working conditions and quality of care, and the third factor, appreciation of the service. The global reliability score is 0.84.^[9]

b) Perceived change: The PCI scale aims to assess the changes perceived by users at different levels of their lives, resulting from the treatment received at mental health services. The validated instrument has an internal consistency of 0.84 for the global scale.^[12]

The first subscale, Occupation, and Physical Health, assesses the changes perceived by the patients in the following aspects of their life such as energy, leisure activities, chores, ability to perform activities of daily living, make decisions, express interest in work activities.

The Psychological aspects and Sleep subscale evaluates the transformations: feeling of confidence in oneself, mood; personal problems; interest in life; ability to deal with difficult situations; and sleep. The last subscale (Relationships and Emotional Stability) assess familiarity with friends, family, and other people; and the stability of emotions. Each PCI item has three response options, which are distributed on a Likert scale: 1 = worse than before; 2 = absence of change; and 3 = better than before.

c) Independent Living Skills Survey (ILSS): This scale was adapted and validated^[10] from the original scale Independent Living Skills Survey, elaborated in 1986. It has 86 items that assess the autonomy of chronic patients in nine areas of daily life, in terms of the frequency in which they present the necessary skills to act independently in the community. These areas are eating, personal care, household tasks, food preparation and storage, health, leisure, money management, transportation, and job. Scores range from 0 to 4. Score 0 means the lowest degree of autonomy; and score 4, the highest. The global reliability score is 0.95.

3. RESULTS

3.1 Sociodemographic and clinical characterization

Eighty-four users registered in the survey treated by Psychosocial Care Facility. Regarding gender, the patients were 58% women and 42% male. Marital status: 53.6%, single; 19% married or living with partners. Age: they are 18 to 69 years old, mean (m) of 40.79, and standard deviation (SD) of 11.52 years. Education: 12% of patients have up to elementary school, 10% have high school and only 1% have incomplete university education. Income: 22.6% mentioned as the primary source of income that of the spouse/partner; only 13% reported informal employment as the primary income, and 3% did not answer the question. The value of family income varied between R\$ 1,058 and had an SD of

R\$ 853.32. The number of relatives ranged from 1 to 12 people, with an average of 3.3 people and SD of 2.11.

Eighty-four per cent of patients reported their diagnosis as some type of schizophrenia, and 22.8% of those had bipolar affective disorder. The number of psychiatric hospitalizations ranged from 0 to 40, with a mean of 5.3 times and SD 8.5 times. Regarding the duration of treatment, 26.7% had been under treatment for six months; 9.3%, from 7 to 12 months; 9.3%, from 13 to 24 months; 18.7%, from 25 to 60 months; and 36% from 61 months onwards—all groups attended the service at least once a week.

Tables 1-3 present the results of the correlation analyses. Due to limited space, only domains with statistical data are registered. We did not highlight correlations between domains of the same instrument. For the interpretation of correlations, the following values were adopted as reference: 0.10 to 0.20, very low; between 0.21 and 0.40, low; between 0.41 and 0.60, moderate; between 0.61 and 0.80, high; and between 0.81 and 0.99, very high.

Table 1 indicates that 58% of the patients are female; 53%, single; 45% have incomplete elementary school; only 2.4% have formal employment; 20.2% are pensioners, and 25% live from other sources of income not mentioned. Regarding the services used by patients, 100% of these patients attend psychosocial care facilities.

According to Table 2, it is possible to note that, in the domains Satisfaction with the service and Perceived Change, the global means represent, respectively, 85% and 86% of the maximum score, considering that the score of the SATIS scale goes from 1 to 5; as, in perceived change, it ranges from 1 to 3. However, concerning independent living skills, the global mean represents 63% of the maximum score, since its score ranges from 0 to 4.

The correlations found between Perceived change, in the domain Interpersonal relationship, and satisfaction with the service, in the domains of quality of care ($r = 0.39$; $p < .001$), reveal that these two variables explain the shared variance for only 15.2% of the data. That is, there is 84.8% of data variability that is not explained by them. In practical terms, this means that the change perceived by the patient, in the interpersonal relationship domain, is little explained by satisfaction with the mental health service; and there are, thus, several other unknown variables to which a higher correlation could be attributed.

The correlations found between the perceived change in the Occupation domain and the independent living skills in the Leisure domains ($r = 0.46$; $p < .001$) and Money Management ($r = 0.28$; $p < .05$) demonstrate that these two variables

explain the shared variance for only 21.16% of the data. That is, they do not explain 78.84% of data variability. This finding means that patients, at a moderate intensity, relate leisure to the perception of improvement of physical well-being. However, when analyzing the correlation of this domain with Money Management, it is possible to perceive that it was a low score, the lowest coefficient of all valid ones.

Table 1. Sociodemographic characteristics of psychiatric patients in Londrina-PR, Brazil, 2015-2016

Variables	Categories	N	%
Gender	Female	49	58
	Male	35	42
Marital Status	Single	45	53.6
	Married or living with a partner	19	22.6
	Divorced	5	6
	Widow/widower	12	14.3
	Other	3	3.5
Education	Incomplete elementary school	38	45
	Full elementary education	10	12
	Incomplete high school	27	32
	Complete high school	8	10
	Incomplete higher education	1	1
Main income	Informal employment	13	15.5
	Formal employment	2	2.4
	The income of spouse or partner	19	22.6
	Paid sick leave	4	4.8
	Pensioner	17	20.2
	Retirement	5	4.8
	Don't know/rather not say	3	3.6
	Other	21	26.1
Family Income	Up to 1 minimum wage	10	20.8
	1 to 2 minimum wages	23	47.9
	2 to 3 minimum wages	4	8.3
	3 to 5 minimum wages	7	14.5
	more than five minimum wages	1	2
	Did not answer	3	6.5
Number of family members	From 1 to 3 members	29	60.4
	From 4 to 6 members	17	35.4
	Over 12 people	2	4.2
Do you know your diagnosis?	Yes	70	84
	No	14	16
How long have you been in the service?	Within six months	20	26.7
	7 to 12 months	7	9.3
	From 13 to 24 months	7	9.3
	From 25 to 60 months	14	18.7
Which service do you attend?	61 months onwards	27	36
	Psychosocial Care Facility	84	100
Total		84	100

4. DISCUSSION

Mental disorders make up the top ten causes of disability worldwide, increasing economic and social security costs. For the reorganization of public mental health policy, it is

essential to consider common mental disorders as a priority alongside other chronic health conditions. That is because mental health problems correlate with the various predisposing factors, such as economic precariousness, gender, age, conflicts, physical diseases, and family environment.^[13-15]

The sociodemographic data of the present study follow the trend of studies conducted in recent years in mental health, considering the data collected from the evaluated users.^[16] The mean age of the patient sample was 43.46 years old, ranging from 20 to 65 years old, reaching an economically active or productive age group, with young adults who could be inserted in the labor market or looking for a job, with better financial prospects for them and their family.^[16]

One of the essential predictive factors in the evolution and course of mental disorders is gender. Among others, genetic nature contributes to the disorganization of personality, and cultural, psychological, and biological variables are also relevant. A study conducted in Fortaleza-Ceará showed that disorders are more prevalent among women, which this study also confirms, where most patients were women (51.20%).^[17]

Table 2. Satisfaction with the service, perceived change and independent living skills of patients in Psychosocial Care Facility, Londrina-PR, Brazil, 2015-2016

Scales/Domains	Mean (M)	Standard deviation (SD)
Satisfaction with mental health service	4.23	0.60
Relationship with the team	4.28	0.60
Conditions and quality of service	4.10	0.68
Appreciation of the service	4.30	0.67
Perceived change	2.58	0.48
Occupation	2.54	0.53
Psychological dimension	2.62	0.50
Interpersonal relationship	2.66	0.50
Physical health	2.50	0.40
Independent Living Skills	2.52	0.90
Eating	2.81	0.77
Personal care	2.67	0.68
Household tasks	3.07	1.06
Food preparation and storage	2.84	1.17
Health	2.60	0.84
Money management	2.08	0.88
Transportation	2.95	0.83
Leisure	2.02	0.82
Job	1.71	1.05

Despite portraying realities from different regions of the country, research conducted in psychosocial care centers in the Northeast and South showed a similar profile regarding age, education, and marital status: active users were young

adults. Also, they are single (54.7%) and have incomplete elementary education or high school (50%).^[18] Another study, conducted in three mental health services (outpatient clinics) in the city of São João Del Rei, Minas Gerais, also confirms the research data. The study demonstrated that

the patients in the sample of this municipality, mostly, were female (68.20%), singles (38.20%) and literate (97.30%), and the predominating education was an incomplete elementary school (65.60%) plus a mean age of 42.11 years old (± 10.77).^[19]

Table 3. Spearman correlation coefficients (ρ), Coefficient of Determination (CD) and statistical significance levels (p) between Perceived Change (PCI), Service Satisfaction (SATIS) and Independent Living Skills (ILSS) of outpatients of Psychosocial Care Facility, 2015-2016, Londrina, Paraná-BR

Domain/Spearman ρ /CD/ p	Service Satisfaction		Perceived change
Perceived change	Relationship with the team	Quality of Service and Care	Occupation
Interpersonal relationship	0.36 (13%) ($p < .001$)	0.39 (15.2%) ($p < .001$)	0.51 (26%) ($p < .001$)
	Independent Living Skills		
Leisure	0.17 (2.9%) ($p > .05$)	-0.02 (0%) ($p > .05$)	0.46 (21.2%) ($p < .001$)
Money management	0.04 (0%) ($p > .05$)	-0.06 (0%) ($p > 0.05$)	0.28 (7.8%) ($p < 0.05$)

4.1 Satisfaction with the service, perceived change, and independent living skills

According to Table 2, we observed that the individuals who attend the service are satisfied with it, presenting a significant perception of the improvement obtained. However, in the evaluation of the degree of independence, the score obtained was median. According to a study conducted at the Minas Gerais State (Brazil), the global mean of patient satisfaction was 4.52 on a scale ranging from 1 to 5 points. These results indicate that the evaluation of patients on this service is between satisfaction (score 4) and high satisfaction (score 5).^[19] Thus, the results obtained by previous studies^[20,21] suggest the same data analysis profile, which allows us to have a good comparison with the data elucidated in the present study.

Concerning the service provided to the patient, there was a moderate level of satisfaction, with a mean score of 3.69 on the SATIS-BR scale. This research indicated that the levels of patient satisfaction varied according to the aspects evaluated (personal experience and understanding, assistance during treatment, and service structure). In the present study, in Table 2, the mean of the Independent living skills domain, concerning the Leisure domain, was 2.02, with a standard deviation of 0.82. For the domain Money management, we found a mean of 2.08; and for the job, a mean of 1.71. Other studies conducted,^[22] in this sense point out in their results that, in the areas evaluated, the lowest scores found relate to the Money management (2.06; SD = 1.41), leisure (1.94; SD = 1.03) and job (1.0; SD = 1.19). Considering that the scores found for these areas were all lower than 2.5 (half of the

highest possible score), we suggest a low performance of the individuals studied concerning these aspects. Another conducted survey^[10] can identify schizophrenia carriers, record low scores on life skills, especially when it comes to managing money 0.54; transport 0.23; leisure 0.47; 0.98 and 0.81 labor in maintaining work.

Although this previous study presented a low score for life skills in patients with schizophrenia, another, describes that work would still be one of the most productive ways, in cognitive terms, for these patients. That is because cases in which the patient remains in the labor market present a minimized degree of impairment that the disease will develop throughout life.^[22] A study on the changes perceived in users of Psychosocial Care Facilities in southern Brazil, which evaluated 1,957 patients using 40 psychosocial care services, found that there was a perception of improvement in 84.9% of the participants of the study.^[23]

Stigma and lack of employment for patients with mental disorders is one of the factors that prevent these users from entering the job market and entering the social environment. According to the present study, the predominance of patients with elementary school education level and income of one to two minimum wages suggests that the process of exclusion and the difficulty of social reintegration of patients with mental disorders persists. This reality, consequently, is evidenced by the lack of employment opportunities, resulting in the financial dependence of government aid, retirement, or pension, reported by most patients.^[24]

Experience of assessment of mental health services in Acre, Brazil^[25] considered that scales are important indicators of

the quality of services, and their results allow the identification of factors that contribute to improving the satisfaction of patients and family members with the service.

A national study^[26] of a multicenter character, focused on a sample of patients undergoing psychiatric treatment, examining their insertion in the labor market. It found that only the minority was active, predominating rural workers and domestic workers. The income obtained from such occupations was low and often subtracted from the patients by someone close to them. Regarding the associated factors, we found a higher rate of temporary leave among women, in the group of single, divorced, or widowed, among those who reported unstable residence. History of lifelong psychiatric hospitalization, more severe diagnosis, first treatment, or hospitalization occurred before adulthood were also associated with temporary absence from work. Disability retirement was more frequent among older adults, among those who attended school for less than five years, having a history of hospitalization in psychiatric hospitals and among those diagnosed with more severe disorders. Surprisingly, the rate of those who are not inserted in the labor market (temporarily or permanently due to disability) was lower among patients who reported using alcohol and non-injection drugs.

In the population of alcoholics, in the interior of the state of Paraná, Brazil, a study reports the impact of art therapy workshops on the reduction of alcohol consumption, together with the Brief Intervention, which was high, suggesting that such procedure should be better studied to evaluate better their results when aiming social reintegration.^[27]

A research conducted in northeastern Brazil in 2017 presents a tool that can be better applied in health services given the social reintegration of these mental health patients by improving the work with the Therapeutic Workshops, which aim to deconstruct an obsolete psychiatric vision and build a new model, concerned with the care and rights of mental health patients. In this study, through the results of these workshops, professionals believe they are an appropriate tool that can lead patients to a more effective social rehabilitation in search of a path of being social and active.^[28]

4.2 Limitations

As limitations of this study, we can infer that, when compared to research on alcohol and other drugs, there are not

so many studies that used these instruments in such a continuous, updated and systematized way. This fact reduces the power of comparing the data. However, the research highlights, for making it possible to survey the information presented here.

4.3 Implications for clinical practice

The data obtained in this research suggest that although there is satisfaction with the care provided, the stigma of mental illness and the almost inexistence of work bonds are aspects that need more attention from health professionals and Society.

5. CONCLUSION

The present study demonstrated patient satisfaction with the work offered by the Psychosocial Care Facility in the city of Londrina-PR. The results obtained reveal the achievement of a satisfactory mean regarding the service, about which 85% of the users declare themselves satisfied. However, we found that patients need significant support to perform simple tasks. Independent living skills and perceived change have a lower score when related to satisfaction with the services provided, suggesting, then, that rehabilitation needs to focus on the acquisition of independent living skills, so that the patient can seek a life as close to normal as possible.

The mental health service offered by the Psychosocial Care Facilities, in addition to seeking the patient's clinical improvement, aims to reinsert the patient. The relationship found between work and job maintenance highlights the real need for the implementation of measures aimed at reintegration into the labor market, either through the training of the patient or by the active search for opportunities for holistically improving the situation of the assisted person. We emphasize the need for further studies in order to expand the discussion on the quality of mental health care, and that it is possible to achieve even more effective services for outpatients and family members.

CONFLICTS OF INTEREST DISCLOSURE

It should be noted that all authors declare that there is no potential conflict of interest in this study.

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