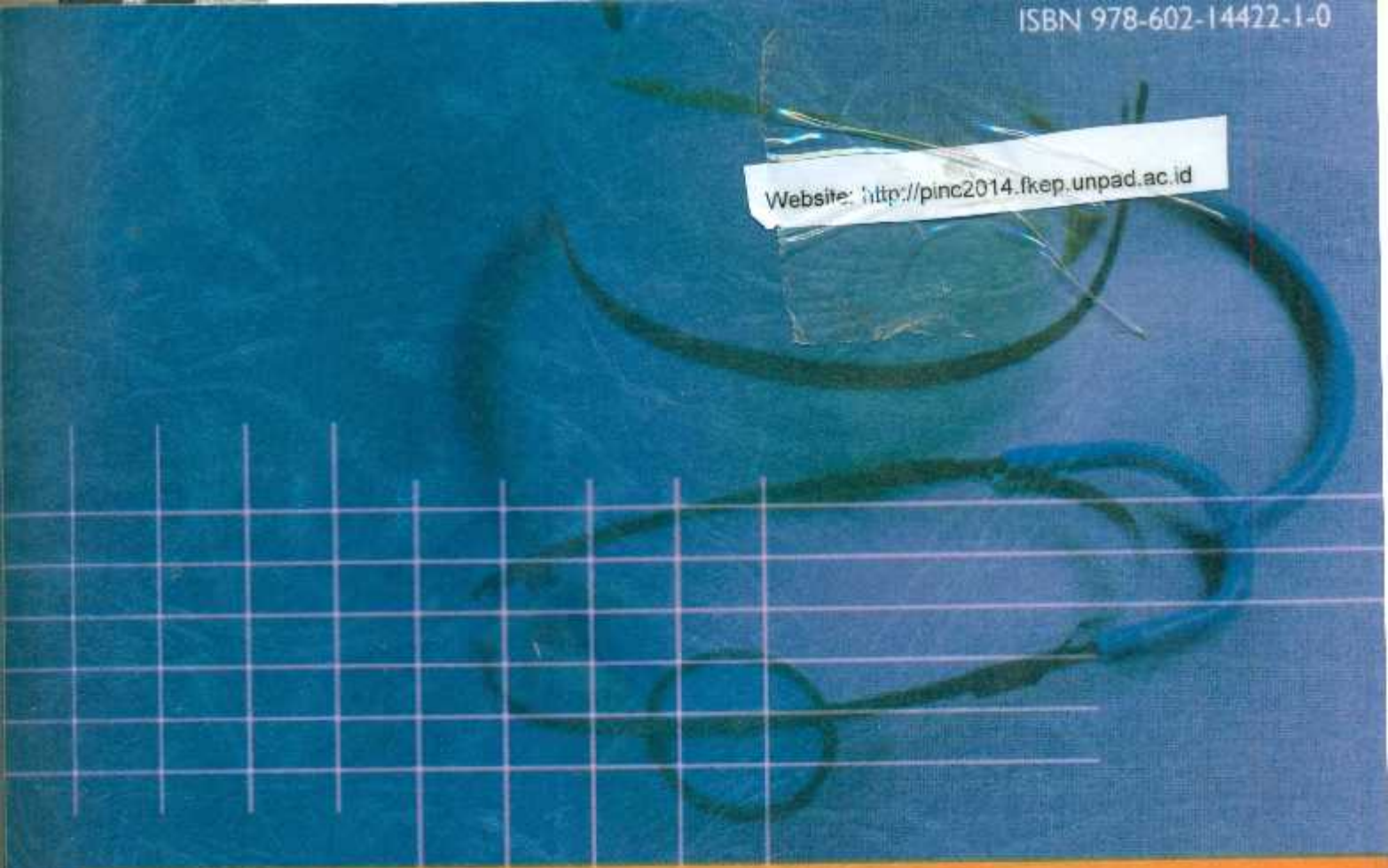
ISBN 978-602-14422-1-0



The 4th Padjadjaran International Nursing Conference 2014

Improving Quality of Life through Interdisciplinary Approach in Health Care Settings

HORISON BANDUNG HOTEL

JL. PELAJAR PEJUANG 45 NO. 121 BUAH BATU

BANDUNG CITY - WEST JAVA, INDONESIA

TUESDAY TO THURSDAY, 3 - 5 JUNE 2014

Queensland University of Technology

University of New Hampshire

Quality of Live of People with Mental Illness

By

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Presented at

The 4th Padjadjaran International Nursing Conference 2014
"Improving Quality of Life through Interdisciplinary Approach in Healthcare Settings"

Bandung, 3 – 5 April 2014

Abstract

There has been a change in mental health services where the services no longer focus only on treatment but rather to how people who experience mental illness can have a good quality of life. Regarding this trend, mental health nursing should enhance quality of care for people with mental illness. However, do we really understand what it is like being someone who lives with mental illness ? Do they experience a good quality of life ? How to measure their quality of life ? What are the factors that influence their quality of life? Current research regarding this issue will be explored. Conceps and models related to quality of life of people with mental illness will be described and dscussed. The relationship between quality of life and recovery will also be explored as well as the role of nurses and families in supporting them to achieve a good quality of life.

A. Background

Mental health is “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively , and is able to make a contribution to her or his community” (WHO, 2014). Globally, 1 in 4 (25%), suffer from mental illness in both developed and developing countries. Mental illness do not discriminate their victim. They can affect anyone: men, women and children, regardless of gender, race, ethnicity, and socio-economic status. (WHO, 2014). In Indonesia with the total population of 251 million the Prevalence of severe mental disorder increase from 0,5 % (2007) to 1.7% (2013).

Mental illness (especially chronic mental illness) has become the global burden of disease since the sufferer cannot live productively (cannot work) cause of handicap and disability. This condition bring the changing in mental health services. Mental health services are no longer focus only on treatment, but rather on recovery after treatment to better quality of life. Therefore, mental health nurses should to enhance the quality of care for people with mental illness.

B. Changing the understanding about mental illness

According to DSM IV, mental disorders is a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability (American Psychiatric Association, 2000). The DSM IV seem to see psychiatric symptoms as indicators of disease, not deviance. Mental illness is different from other diseases. Mental illness cannot be determined by objective assessment and laboratory tests. Diagnosis in mental illness does not lead to an

understanding of the cause and the appropriate treatment. The cause of mental illness is not single but multicausal including biologic factors, psychosocial stressor, traumatic live event, personal coping, psichoeducational factors and faith.

Mental illness as human experience. Mental illness is tot just part of sign and symptom of a disease. Only individuals who experience a phenomenon completely understand what is the essence of that phenomenon (Adame & Knudson, 2007). This concept challenge the existing conceptualization of mental illness in DSM IV-TR to move from a biological or psychopathological understanding to a recovery model in which individuals' capacity to heal is recognized and respected (Davidson, 2005; Adame & Knudson, 2007; Coffey, & Hewitt, 2007). The common case of Mental Illnesses are Depression, anxiety, psychosomatic and schizophrenia.

C. **Myths of Mental Illness**.

There are several myths about mental illness. First, mental illness cannot be recovered. This myths is not entirely true because in fact, most diagnosed individuals can be recovered. Second, the mentally ill are violent and dangerous. This is also not true because most of them are victims of violence. For example most of them "dipasung", "dirantai" and also be secluded". Third, people with a mental illness are not smart. In fact, numerous studies have shown that many have average or above average intelligence.

D. Quality of Life

D.1. Defenition.

Many experts has defined the term of quality of live such as Kaplan, Burlinger, Greer, Williams, Patrick and Erickson, Spilker, Cella and Tulsky (Theofilou, 2013). Quality of live is “Individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns**.** It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment” (WHO, 1997).

D.2. Tools to measure quality of life

There are 2 tools that can be used to measure quality of live including The WHOQOL-100 and the WHOQOL BREF. The WHOQOL is now available in over 20 different languages. *The WHOQOL instruments place primary importance on the perception of the individual.* Another tool is *Health related quality of life (HRQL.*This tool is used for specific condition related to disease experienced by the patients (WHO, 1997).

D.3. Quality of life’ as a basis for outcome measurement.

There are two approach in measuring quality of life including subjective or objective orientation (Theofilou, 2013). A subjective orientation may emphasise the importance of ‘being’. This mean that the quality of life is determine by the experience of current happiness or pleasure, or self-fulfilment, and realisation or actualization. While a subjective approach asking individual to rate how satisfied them with their lives. An

objective approach emphasis on meeting needs such as have sufficient income for food, satisfactory living conditions, well educated, have access to resources (Theofilou, 2013). A good quality of life is characterized by Feelings of wellbeing, control and autonomy, a positive self-perception, a sense of belonging, participation in enjoyable and meaningful activity, and a positive view of the future. In contrast, a poor quality of life is associated with Feelings of distress, lack of control over symptoms and life in general, a negative perception of self, stigmatization and rejection, diminished activity and difficulties with day to day functioning, and a negative outlook. (Connell, et al, 2012).

D.4. Model in quality of Life

There are three models of Quality of life in psychiatric literature (Angermeyer and Kilian, 2006) including: the “subjective satisfaction model”. In this model, the QoL level experienced by individuals depend on whether their actual living conditions meet their needs and wishes. The “combined subjective satisfaction/importance model”. This model gives different weights to different life domains. The “role functioning model”. This model assume that the individuals will have a good quality of life if they performed adequately and their needs are satisfied appropriately.

E. Quality of life of people with mental illness

Some studies found that the quality of life of people with mental illness are poor. A study by Singh, Sharan, Kulhara (2002): 95% of participants had financial difficulties,

87% developed problems with sexual performance and 81% experienced disruptive relationships with their family. Poor social and emotional functioning resulting in loss of employment and difficulty in forming social relationships (Lysaker & LaRocco, 2009) Patients who heard negative content such as being criticised, experienced negative emotions such as feeling distressed and powerless to control the voices (Beavan and Read, 2010).

However, several studies found that people living with mental illness have high quality of life. Some of them who have high quality of live such as Leonardo da Vinci (Italy), Hana Alfaqih (Indonesia), Jaque Dillon (United Kingdom), Rufus May (United Kingdom), Eleanor Longden (Australia), and Jame Leliefre (Australia).

People who have high quality of live characterize by: Hopefull and high spirit (Kelly & Gamble, 2005), beleive in own self, positive attitude toward self, acceptance, resiliency and capability to heal (Ochocka et al., 2005) and self conficence (Chamberlin, 1990). While people who have low quality of live characterize by: Negative attitude toward self (Ochocka et al., 2005), no hope and low spirit (Kelly & Gamble, 2005), denial or rejection (Eleanor Longden, 2010), unconfidence (Chamberlin, 1990) and low self esteem (Suryani, 2010).

F. Nursing intervention to improve quality of life in people with mental illness.

Nursing intervention to improve quality of life in people with mental illness should include: a careful assessment of the patients' need, a careful monitoring of depressive and anxiety symptoms. The interventions should stress a strengthening of the social support of the clients (Hanson, 2006). The nurse's role is as a mediator of changes in

the clients' effort to recover, therefore nurse should fasilitate the clients to have confidence, hope, spirit, beleive in self, and good support from their family.

G. Conclusion

In conclusion, quality of life of people with mental illness are depend on how they perceived their life (their subjective quality of life) and how the real life of them in term of living condition that include job, housing, saving money, ect (their objective quality of live). For those who have high quality of life they can accepted of their condition, have high spirit and hope, beleive in their own self, positif thinking and feeling, and self confidence. As fasilitator, nurses should fasilitate the client in their process of recovery to achieve high quality of life.

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