



Quality of life, loneliness, and social contact among long-term psychiatric patients

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Abstract

Quality of life (QoL) has been recognized as an important outcome of s Long-Term Psychiatric treatment, yet the determinants of QoL for patients with Long-Term Psychiatric are not well known. Research has consistently found psychiatric symptoms to be negatively related to QoL, however, findings concerning the strength of these relationships have been mixed, making it difficult to determine the degree to which such symptoms are related to poor QoL. This research presents a systematic meta-analysis of studies examining the relationship between psychiatric symptoms and QoL.

Keywords: functional outcome, psychopathology, wellbeing, well-being

Introduction

The quality of life is a term that was used by medical professionals but is now an aspect that everyone cares about offering. According to WHO (2014), quality of life is “a state of complete physical, mental, and social well-being not merely the absence of disease”. An aspect of life satisfaction and level of acceptance towards what the current condition that gives an explanation to why people would at times refer to a disabled person as having an excellent quality of life. Loneliness, on the other hand, is a sadness or distress feeling that makes one feel detached from people him or her. In other words, it is a state of mind that makes one feel unwanted, empty, and alone hence making it difficult to form connections with people yet they are craving for human contact. Then there is social contact which is “conversations that take place between people who have lived experience of mental health problems and those who may not”. A social contact can take place during events, in one-to-one conversations or on online platforms.

All these three aspects (Quality of Life, Loneliness, and Social Contact) are factors that have been considered in coming up with this research article about long-term psychiatric patients. Psychiatric patients are patients with mental illnesses which disturbs their moods, behavior and thinking. This condition, as diagnosed by mental health professionals, may lead to pain, loss of freedom, disability risks, and death. The study was, therefore, done to get to how psychiatric patients apprehend the situation they are currently living in.

Methods

The subjects of this research article are human beings; psychiatric patients in a hospital. The hospital had a total of 68 psychiatric patients at the time of research where 6 (9%) of them did not want to participate while the remaining 62 (91%)

participated. Out of the 62 patients, 42 (68%) were males while as 20 (32%) were females. Most of the psychiatric patients were in-patients as they were 52 in number. The other 10 were outpatients but receiving care from the hospital. However, all of them but two were in regular communication with the mental health practitioners at the hospital.

Study Procedure

Official procedures were made to ensure the whole process was approved by the regional medical research committee. They were also made to seek permission to conduct this research and arrangements made with the hospital management about the whole procedure. The interview process was conducted by one person, I the research article reporter, with assistance from the nurses. Each interview process was scheduled for a maximum of 30 minutes and a break of 30 minutes too. Therefore, the whole interview process took 8 working days from 28th May 2018 to 6th June 2018. This is because each day, the researcher was able to interview 8 patients apart from the last day where the last six were interviewed.

To measure the quality of life, the researcher organized with the hospital such that records of diagnosis and assessing improvements were made available during the interview process. There was also the filling of the general health questionnaire of each patient with assistance from the nurse in charge. To measure loneliness tried and tested scales were used namely; “The Campaign to End Loneliness Measurement tool, The De-Jong Giervald 6-Item Loneliness Scale, The UCLA 3-Item Loneliness Scale and Single-Item questions”. The table below shows some of the statements to get statistics on loneliness using the UCLA Loneliness Scale (R-UCLA) and Three-Item Loneliness Scale.

Table 1: UCLA Loneliness Scale (R-UCLA) a and Three-Item Loneliness Scale

<i>R-UCLA Loneliness Scale</i>				
Directions: Indicate how often you feel the way described in each of the following statements. Circle one number for each.				
<i>Statement</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
1. I feel in tune with the people around me. ^b	1	2	3	4
2. I lack companionship.	1	2	3	4
3. There is no one I can turn to.	1	2	3	4
4. I do not feel alone. ^b	1	2	3	4
5. I feel part of a group of friends. ^b	1	2	3	4
6. I have a lot in common with the people around me. ^b	1	2	3	4
7. I am no longer close to anyone.	1	2	3	4
8. My interests and ideas are not shared by those around me.	1	2	3	4
9. I am an outgoing person. ^b	1	2	3	4
10. There are people I feel close to. ^b	1	2	3	4
11. I feel left out.	1	2	3	4
12. My social relationships are superficial.	1	2	3	4
13. No one really knows me well.	1	2	3	4
14. I feel isolated from others.	1	2	3	4
15. I can find companionship when I want it. ^b	1	2	3	4
16. There are people who really understand me. ^b	1	2	3	4
17. I am unhappy being so withdrawn.	1	2	3	4
18. People are around me but not with me.	1	2	3	4
19. There are people I can talk to. ^b	1	2	3	4
20. There are people I can turn to. ^b	1	2	3	4
<i>Three-Item Loneliness Scale</i>				
<i>Lead-in and questions are read to respondent.</i>				
The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.				
<i>Question</i>	<i>Hardly Ever</i>	<i>Some of the Time</i>	<i>Often</i>	
First, how often do you feel that you lack companionship: Hardly ever, some of the time, or often?	1	2	3	
How often do you feel left out: Hardly ever, some of the time, or often?	1	2	3	
How often do you feel isolated from others? (Is it hardly ever, some of the time, or often?)	1	2	3	

For the collection of data questions to measure social contact, several factors were used namely; frequency, duration, intensity, and focus. The number of times the patients

interacted with people, how long they spent in one interaction, the effect of the interaction, and whether the patients paid any attention to the interactions. To add on all those research

methods and procedure, the researcher also used the observation method. He could note down some information just as he observed the patients give their responses.

Results

Quality of Life

From studying the hospital records, the quality of life varied.

The patients who have been in the hospital for a long time had a better quality of life as compared to patients who have been in the hospital for a shorter time. Patients receiving treatment from home showed a good record of improvement, however, the two patients who did not maintain a regular checkup had their improvement record drop down. The graphs for their assessment appeared like the graph shown below.

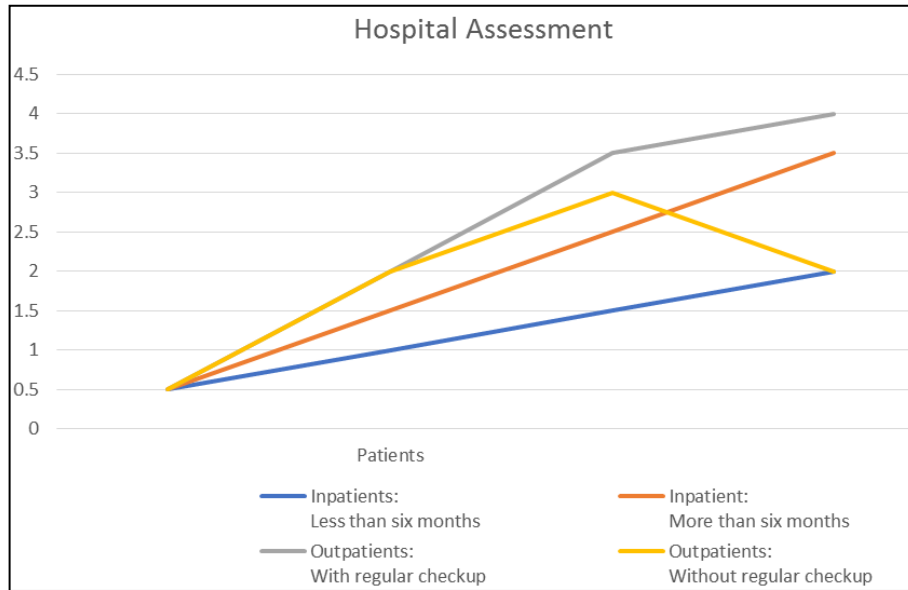


Fig 1: Assessment graph for all patients according to hospital records

Loneliness

New patients (inpatients with less than six months in hospital) happened to record high levels of loneliness as compared to the older inpatients. The outpatients who have regular

checkups showed very low levels of loneliness. The same case goes to outpatients without regular checkup until it reaches a point where their levels of loneliness begin to rise again.

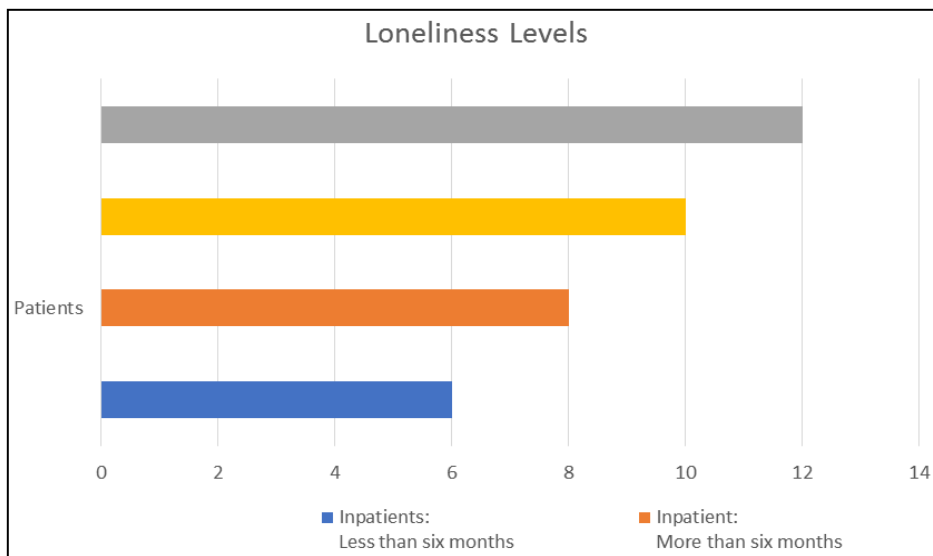


Fig 2: Patients' Loneliness Levels

Social Contact

Inpatients who have stayed in the hospital in less than six months contact their loved ones in less than seven times in a week, while people those that have stayed in the hospital for more than six months contact their loved more than seven

times in a week. Outpatients with regular checkup have a very social life with their families and people around them while outpatients without regular checkup have a selective social life. The table below gives a summary of the results of social contacts.

Table 2: Patients' Social Contact

	Contacts people: less than 7 times weekly	Contacts people: more than 7 times weekly
Inpatients: Less than six months	Yes/No	No
Inpatients: More than six months	No	Yes
Outpatients: With regular checkup	No	Yes
Outpatients: Without regular checkup	Yes/No	Yes/No

Discussion

Inpatients have varying levels of quality of life because the quality of life is dependent on the treatment one receives. The more the treatment (meaning the more one has stayed in the hospital), the more the quality of life. There is an indication that treatment offered to psychiatry patients aids a lot in improving one's quality of life. The patients living with their family and friends have an excellent quality of life as they completed going through intense treatment and are now trying to blend back into the society as they still get monitored by the mental health professionals. However, outpatients that do not have regular checkup tend to have their high quality of life dropping slowly.

When it comes to loneliness and social contact, the most withdrawn patients are the new patients in hospitals. These patients have not undergone any treatment hence do not show any signs of good mental health as compared to old patients who have been undergoing treatment for more than six months. Those living with their families at home are not lonely at all because they get to interact with their family and friends all the time. However, if they ignore having regular checkup like the two patients on the research, they begin to get lonely and lose social contact slowly by slowly because they have no mental health professional looking out for them.

Results

Quality of Life, Loneliness, and Social Contact among Long-Term Psychiatric Patients are situations that can be dealt with for the better. All it requires is for the patients to cooperate in the treatment process especially when it has reached a time for them to receive treatment from home with a regular checkup. This is because, if treatment is not followed, the results will be negative. Another thing to note is that mental health professionals are very important in psychiatric patients. That is why the mental health of psychiatric patients not having regular checkup is always seen to drop.

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