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A prospective cohort study of community functioning among psychiatric outpatients

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ABSTRACT

The present study analyzed the community functioning among Chinese people with common mental disorders and their relationships with different factors under the framework of Model of Human Occupation. The research team followed up a stratified random sample of 238 patients in three public psychiatric specialist outpatient clinics in Hong Kong in one year. The patients completed assessments at baseline and 12-month follow-up in four areas of community functioning (i.e., self-care, independent living skills, social skills, and work skills), self-esteem, self-efficacy, physical functioning, behavioral regulation, mental states, family expressed emotion, and perceived social stigma. The data showed that after 12 months, the patients had positive changes in self-care, work skills, and behavioral regulation. Those patients who had higher levels of self-esteem at baseline and reduced their negative reactions to stigma were more likely to improve social skills, while those patients who perceived less discrimination at baseline and enhanced their self-esteem would have a higher likelihood of making improvement in work skills. The findings implied that the rehabilitation services for people with common mental disorders might target on the enhancement of self-esteem and reduction of discrimination experience to facilitate their improvement in social skills and work skills.

1. Introduction

Increasing number of psychiatric patients are receiving treatments in the community (Hospital Authority, 2011). Apart from pharmacological treatment, psychiatric patients have a variety of rehabilitation needs such as relapse prevention, stress management, and community living skills training (Chien and Norman, 2003; Wong et al., 2011). Since Chinese patients commonly put a strong emphasis on improvement in functioning through rehabilitation (Tse et al., 2012), the present study was designed to analyze the multiple factors that could affect the different areas of community functioning among a cohort of Chinese psychiatric patients.

The assessment of community functioning can be based on the behavioral capacity of a person in coping with the demands in different domains of occupations such as self-care and work (Bellack et al., 2007). This study utilized the Model of Human Occupation (MOHO) as the guiding framework for the analyses (Kielhofner, 2008). The model was used because the theoretical constructs can integrate the findings from previous research on how patients are motivated to adapt to the task demands in different occupations and how personal and environmental factors may affect different domains of functioning. For example, the previous studies have shown that self-esteem and self-efficacy, which are parts of the volition component in MOHO (Kielhofner, 2008), could predict the levels of social functioning among patients with severe mental illness (Davis et al., 2012; Pratt et al., 2005). In particular, those patients with higher levels of self-efficacy might be more motivated to apply work-related skills in their workplaces (Cardenas et al., 2013). Those patients who participated in self-esteem enhancement program might have greater improvements in functionally related outcomes (Borras et al., 2009; Hall and Tarrier, 2003). In addition, studies have shown that the participation in social and work-related activities among patients can be affected by their physical functioning (Dixon et al., 2001), communication skills (Lexén and Bejerholm, 2015), neurocognitive functioning, and mental states (Gupta et al., 2012; Prouteau et al., 2005). All of these factors are parts of the performance capacity component of MOHO that directly relates to their adaptations to the demands of social and work-related activities (Kielhofner, 2008). Apart from the factors at the individual levels, MOHO has a concrete description of how individual's motivation, behavioral pattern, and functional performance may vary in different environmental contexts (Kielhofner, 2008). As such, the environment component of the model may integrate the previous research findings of

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a negative relationship between high levels of family expressed emotion (EE) and poor functional outcomes of patients with severe mental illness (Hooley, 2007; Kim and Miklowitz, 2004). It was because the perceived stress from critical and hostile family members (constructs of EE) in the family environment might intensify the perceptions of disabilities among patients and prevent them from seeking independence in self-care, social, and work-related activities (Inoue et al., 1997; Schlosser et al., 2010). On the other hand, the social stigma of mental illness, especially those perceived by patients (Chien et al., 2014), may represent another major barrier to their participation in many community activities in the social environment, as described in MOHO (Kielhofner, 2008). This is consistent with the findings from the previous studies which showed that the perceived social stigma of mental illness might prevent people with mental illness from building interpersonal relationships and seeking employment (Cechnicki et al., 2011; Henry and Lucca, 2004; Tsang et al., 2003).

Since there is a paucity of longitudinal research on community functioning among psychiatric patients in the Chinese population, this study was designed to follow up a representative sample of Chinese psychiatric outpatients and assess their changes in community functioning after one year. The main objective of this study was to identify the factors that may facilitate them to make improvements in different areas of community functioning (i.e., self-care, independent living skills, social skills, and work skills). Based on the findings from the previous research and the framework of MOHO (Kielhofner, 2008), the present study hypothesized that the longitudinal changes and improvements in different areas of community functioning were associated with the baseline scores or longitudinal changes of study variables related to the volition (e.g., self-esteem, self-efficacy), performance capacity (e.g., physical functioning, behavioral regulation, mental states), and environment contexts (e.g., family expressed emotion, perceived social stigma) of patients. The specific hypotheses concerning the directions of associations are specified in Fig. 1.

2. Methods

2.1. Study design

The present study utilized a 12-month, prospective cohort study design to evaluate the impact of different factors on community functioning among a cohort of psychiatric outpatients who received medical and rehabilitation services in the community. The design of a 12-month follow-up was based on the previous findings of a positive change in different areas of community functioning among psychiatric patients after one year (Kikuchi et al., 2013; Kukla et al., 2012; Saravanan et al., 2010; Walters et al., 2011).

2.2. Study sites

The study was conducted at two public psychiatric specialist outpatient clinics (SOPC) located in the New Territories East cluster and one public psychiatric SOPC located in the Kowloon Central cluster under the management of the Hospital Authority. The Hospital Authority is the statutory body that manages all public hospitals in Hong Kong. It is the major provider of mental health care to an estimated population of about 70,000–200,000 people with mental disorders in the local territory (Hospital Authority, 2011). In 2010–2011, the Hospital Authority provided a total of 739,186 psychiatric out-patient attendances to the service users (Hospital Authority, 2012). In this study, the researchers invited the clinical staff in the three SOPCs to assist in the recruitment of research participants based on their collaborative network. The number of psychiatric out-patient attendance in the three SOPCs (121,321) was equivalent to 16% of the total number in the local territory in 2010–2011 (Hospital Authority, 2012).

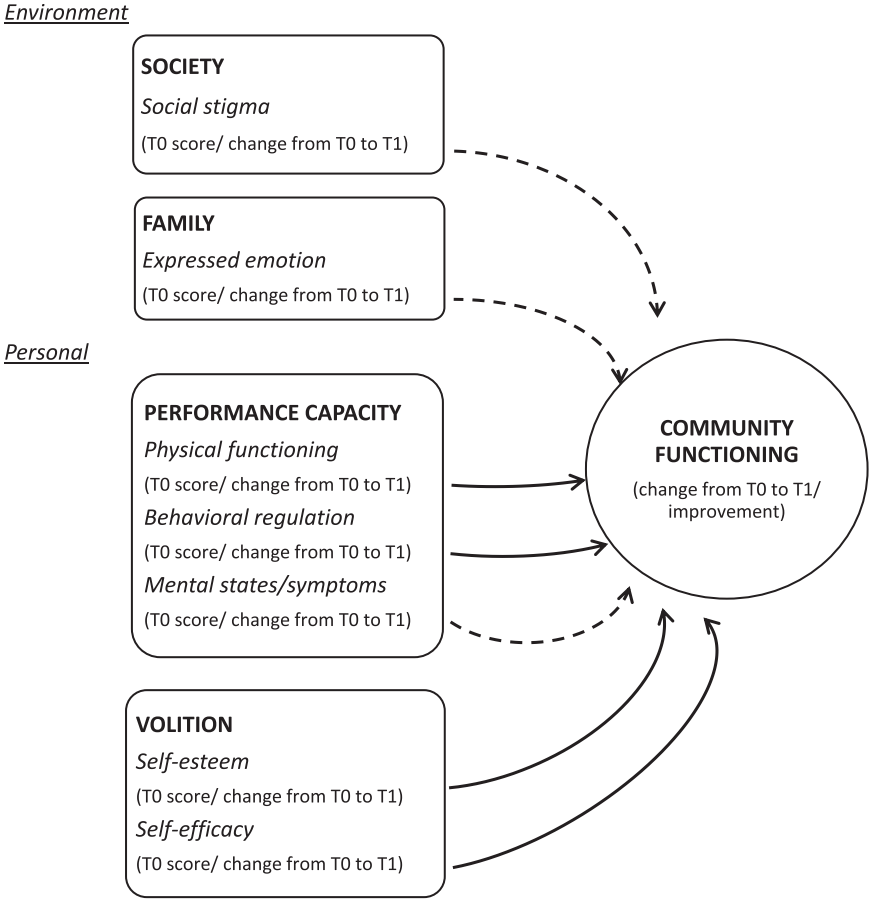

Fig. 1. Schematic representation of the study hypotheses about the relationships between community functioning and study variables. T0: Baseline. T1: 12-month follow up. Solid lines and dotted lines indicate positive and negative associations, respectively.