Original Research Article

A study of quality of life and reasons for living in patients suffering from chronic mental illnesses

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Abstract

Background: Chronic mental illnesses like Schizophrenia, Bipolar Affective Disorder, Depression, Alcoholism have a negative impact on the quality of life and affect the reasons for living in such patients. This study was done to find out how the quality of life affects the reasons for living in such chronic patients.

Aim: To study the Quality of life and Reasons for living in patients suffering from chronic mental illness.

Materials and methods: 60 patients suffering from chronic mental illness were selected as subjects. WHO Quality of Life - BREF scale and Reasons for Living inventory are used in this study. SPSS software was used for statistical analysis.

Results: Mean RFL score for Males was 151.52. Mean RFL score for females was 133.28. Strong Positive Co-relation was seen between RFL and Quality of life Domains with significant p-values (<0.05).

Conclusion: Females have more Fear of Suicide and Psychological domain in quality of life whereas, Males have more Reasons for Living, Survival and Coping Beliefs, Responsibility to Family, Child Related Concerns, Fear of Social Disapproval, Moral Objections, Physical health, Social relationships and environmental domains.

Key words

Chronic Mental illness, Reasons for Living, Quality of Life, Suicidal behavior.

Introduction

Chronic or Serious mental illnesses like Schizophrenia, Bipolar Affective Disorder, Depression, Alcoholism have a negative impact on the quality of life and affect the reasons for living in such patients. The more the reasons for living, the less chances for suicidal ideation.

Reasons for living (RFL) are beliefs or expectancies thought to mitigate risk for suicide, and include survival and coping beliefs, responsibility to family, child-related concerns, fear of suicide, fear of social disapproval, and moral objections [1]. RFL may also weaken the association between hopelessness and suicide ideation. Individuals who believe they have more RFL may be better prepared to buffer the negative effects of hopelessness. Just as optimism and attitudes toward suicide have been demonstrated to moderate the relation between hopelessness and suicide ideation, so may RFL [2]. RFL scale contains different components like survival and coping beliefs, fear of suicide, responsibility to family, fear of social disapproval and moral objections [3].

Quality of life is defined as individuals' perceptions 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. Despite receiving chronic treatment, due to various factors patients suffer many relapses and this can badly affect their quality of life and this study was done to identify the reasons for their living and survival.

This study was done to see how the quality of life domains affect the reasons for living and their parameters in such patients.

Aim

- To study quality of life and reasons for living in patients suffering from chronic mental illnesses.

Objectives

- To study the Socio - demographic factors of the patients.
- To study the Reasons for Living in chronic mental illness patients.
- To find out the co-relation between quality of life and Reasons for living in patients suffering from chronic mental illness.

Materials and methods

Study design: Cross sectional Study.
Sampling technique: Convenience sampling.
Period of study: March 2018 - July 2018.
Place of study: In-patients of Psychiatry tertiary care Hospital.

Tools

Reasons For Living Inventory (RFL):

It was a 48 - item, six subscale inventory, whose internal consistency reliability estimates ranged from 0.72 to 0.93, indicating acceptable levels of reliability. There were several different scores of interest we can calculate from this scale:

RFL total score, RFL mean item score, Survival Coping Beliefs subscale, Responsibility to Family subscale, Child -related Concerns subscale, Fear of Suicide subscale, Fear of Social Disapproval subscale, Moral Objections subscale.

WHO - QOL BREF Scale:

It consisted of 26 questions and produces a quality of life profile. It was obtained in four domains namely Physical, Psychological, Social relationships and environmental domains respectively. Higher scores imply higher quality of life.

SPSS software for statistical analysis version 22.

Inclusion criteria

- Age 18 - 60 years.

- Gender – Male and Female.
- Duration of illness > 2 years.
- Patients who gave written informed consent.

Exclusion criteria

- Newly diagnosed psychiatric cases.
- Patients with chronic medical illnesses.

Methods

Osmania Medical College Institutional Ethics Committee approval was taken. Out of one hundred and twenty eight (128) patients, Sixty (60) in - patients had met criteria for chronic mental illness i.e., duration of more than 2 years. Twenty two (22) patients had not given written informed consent. Socio - demographic data of individual patient was taken. ICD- 10 criteria was used to diagnose patients. Reasons for Living inventory and Quality of Life - BREF scales were used. Quality of life scores were obtained in four domains i.e., Physical health, Psychological, social relationships and environment and compared with Reasons for living total score.

Statistical Analysis

Statistical analysis was done using SPSS software for statistical analysis version 22. Socio - demographic data of the patients was obtained using frequencies, descriptive statistics. Means for scales were calculated. Pearson Co-relation test was done to see the co-relations between different parameters. P-value was set at significance of <0.05.

Results

Many findings were obtained from this study. **Table - 1** shows the Socio - Demographic data of the patients. **Table - 2** shows the descriptive statistics mean and standard deviation for Socio - demographic variables. **Table - 3** shows Means and Standard Deviations for males and females against RFL subscales survival and coping beliefs (SCB), Responsibility to family (RF), Child - related concerns (CRC), Fear of suicide (FS), Fear of social disapproval (FSD), and Moral objections (MO). **Table - 4** shows Means and Standard Deviations for Gender against QOL domains. **Table - 5** shows how QOL is affected in various diagnosis. Most of the diagnosis were Schizophrenia, bipolar affective disorder, Depression, Alcoholism, Obsessive compulsive disorder and schizo-affective disorder. **Table - 6** shows co - relations between RFL total score and QOL domain score. Age for RFL scores and Quality of Life scores were found to be statistically insignificant.

Discussion

This study showed that Males have higher Reasons for Living total scores, Survival and Coping Beliefs (SCB), Child related concerns (CRC), Responsibility to Family (RF), Fear of Social Dissaproval (FSD) than Females. Males have more Physical health, Social relationships and Environmental domains in Quality of Life. Females have more Fear of Suicide (FS) and Psychological domain in quality of life than Males.

A study conducted by Suzanne Mclaren, et al. in a community sample of Australian adults (N = 970) aged 18 to 95 years, showed that females were associated with higher RFL total, child - related concerns and fear of suicide (FS) scores [4], which in our study, Males had higher RFL total, SCB, CRC, RF, FSD scores.

The Linehan, et al. (1983) study [1] also revealed gender differences on the “Fear of Suicide” and “Moral objections” subscales, to which females attributed more importance . Osman, et al. (1991) [5] on the other hand, found no gender differences on any of the subscales of the Reasons for Living Inventory. A study conducted by Sahin, et al. (1998) [6], showed that females had more reasons for living with higher RF and FS scores.

There appears to be a higher quality of life in Schizoaffective disorder and Bipolar affective disorder patients, which is in contrary to the studies done by Abraham, et al. (2014) [7];

Sierra, et al. (2005) [8]; Sylvia, et al. (2013) [9] which showed low quality of life in Bipolar patients.

In a study done by John R Hofstetter, et al. (2005) [10], showed low quality of life in Schizophrenics which is also seen in our study.

Table - 1: Socio - Demographic Characteristics.

		Frequency	Percentage
Gender	Males	25	41.7
	Females	35	58.3
Education	Graduates or Post graduates	7	11.7
	Intermediates or Post high school diploma	7	11.7
	High school certificate	32	53.3
	Middle school certificate	10	16.7
	Primary school certificate	4	6.7
Socio-economic status	Upper middle	7	11.7
	Lower middle	10	16.7
	Upper lower	26	43.3
	Lower	17	28.3
Occupation	Profession	1	1.7
	Semi-Profession	3	5.0
	Clerical, shop-owner ,farmer	8	13.3
	Skilled worker	2	3.3
	Semi-skilled worker	11	18.3
	Unskilled worker	20	33.3
	Unemployed	15	25.0
Marital status	Married	38	63.3
	Unmarried	14	23.3
	Separated/Divorced	8	13.3
Type of family	Nuclear Family	32	53.3
	Joint Family	6	10.0
	Broken Family	21	35.0
	Extended Family	1	1.7
Domicile	Urban	21	35.0
	Rural	39	65.0
Religion	Hindu	45	75.0
	Christian	5	8.3
	Muslim	10	16.7
Diagnosis	Schizophrenia	35	58.3
	Bipolar Affective Disorder	11	18.3
	Depression	5	8.3
	Alcoholism	4	6.7
	Schizoaffective disorder	3	5.0
	Obsessive Compulsive disorder	2	3.3

Positive Co-relation was found between RFL total score and QOL domains with strong positive relation between them which implies that higher the Quality of Life, higher is the Reasons For Living in people. This study appears to be the first one comparing Quality of Life and Reasons for Living in patients suffering from Chronic mental illness.

Table - 2: Descriptive Statistics showing Mean and Standard Deviations.

	N	Mean	Std. Deviation
Age	60	39.27	11.339
Age of Onset of illness	60	29.50	10.087
Duration of Illness	60	10.32	6.954
RFL mean item score	60	2.9447	0.97492
QOL DOM 1*	60	39.95	23.859
QOL DOM 2†	60	43.58	22.269
QOL DOM 3‡	60	37.58	27.425
QOL DOM 4$	60	40.63	25.162

QOL DOM 1* - Quality of Life Domain 1 (Physical domain),
QOL DOM 2† - Quality of Life Domain 2 (Psychological domain),
QOL DOM 3‡ - Quality of Life Domain 3 (Social relationships domain),
QOL DOM 4$ - Quality of Life Domain 4 (Environmental domain).

Table - 3: Means and Standard Deviations for Gender against RFL subscales.

Gender		RFL Total score	Survival and Coping Beliefs	Responsibility to Family	Child Related Concerns	Fear of Suicide	Fear of Social Dissaproval	Moral Objections
Male	Mean	**151.5200**	**3.4364**	**3.2024**	**3.2748**	2.4796	**3.3624**	**3.0212**
	N	25	25	25	25	25	25	25
	Std. Deviation	52.64197	1.16008	1.40206	1.90754	1.42370	1.47975	0.64967
Female	Mean	133.2857	2.8800	2.7394	2.7680	**2.4886**	2.8571	2.9714
	N	35	35	35	35	35	35	35
	Std. Deviation	41.11789	1.02796	1.24428	1.41265	1.16959	0.96514	0.70651
Total	Mean	140.8833	3.1118	2.9323	2.9792	2.4848	3.0677	2.9922
	N	60	60	60	60	60	60	60
	Std. Deviation	46.73042	1.11036	1.32091	1.64123	1.26997	1.22090	0.67820

Table - 4: Means and Standard Deviations for Gender against QOL domains.

Gender		RFL Total score	QOL DOM 1*	QOL DOM 2†	QOL DOM 3‡	QOL DOM 4$
Male	Mean	**151.5200**	**42.88**	40.20	**39.56**	**43.52**
	N	25	25	25	25	25
	Std. Deviation	52.64197	24.850	22.915	29.461	27.589
Female	Mean	133.2857	37.86	**46.00**	36.17	38.57
	N	35	35	35	35	35
	Std. Deviation	41.11789	23.262	21.805	26.222	23.470
Total	Mean	140.8833	39.95	43.58	37.58	40.63
	N	60	60	60	60	60
	Std. Deviation	46.73042	23.859	22.269	27.425	25.162

QOL DOM 1* - Quality of Life Domain 1 (Physical domain),

QOL DOM 2† - Quality of Life Domain 2 (Psychological domain),
QOL DOM 3‡ - Quality of Life Domain 3 (Social relationships domain),
QOL DOM 4$ - Quality of Life Domain 4 (Environmental domain).

Table - 5: Table showing how quality of life is affected in various diagnosis.

Diagnosis		**QOL DOM 1***	**QOL DOM 2†**	**QOL DOM 3‡**	**QOL DOM 4$**
Schizophrenia	Mean	**32.57**	37.29	29.06	**33.34**
	N	35	35	35	35
	Std. Deviation	19.269	18.445	24.338	25.620
Bipolar Affective Disorder-Mania	Mean	55.00	55.91	51.73	53.73
	N	11	11	11	11
	Std. Deviation	30.160	30.303	28.741	24.544
Depression	Mean	43.80	55.00	52.60	50.40
	N	5	5	5	5
	Std. Deviation	23.520	12.689	30.672	21.652
Alcoholism	Mean	36.25	**31.50**	**23.50**	39.50
	N	4	4	4	4
	Std. Deviation	23.599	21.917	23.445	22.927
Schizoaffective disorder	Mean	56.33	58.33	56.00	52.33
	N	3	3	3	3
	Std. Deviation	21.939	15.631	.000	12.897
Obsessive Compulsive disorder	Mean	59.50	59.50	72.00	56.50
	N	2	2	2	2
	Std. Deviation	30.406	21.920	22.627	9.192
Total	Mean	39.95	43.58	37.58	40.63
	N	60	60	60	60
	Std. Deviation	23.859	22.269	27.425	25.162

QOL DOM 1* - Quality of Life Domain 1 (Physical domain),
QOL DOM 2† - Quality of Life Domain 2 (Psychological domain),
QOL DOM 3‡ - Quality of Life Domain 3 (Social relationships domain),
QOL DOM 4$ - Quality of Life Domain 4 (Environmental domain).

Table - 6: Correlations between RFL total score and QOL domains.

		QOL DOM 1	QOL DOM 2	QOL DOM 3	QOL DOM 4
RFL Total score	Pearson Correlation	0.893**	0.744**	0.791**	0.757**
	p-value	**.000**	**.000**	**.000**	**.000**

Conclusion

Factors improving the quality of life should be given more importance so that their reasons for living can be improved and thereby protecting them from suicidal ideation. Females appear to have less reasons for living and quality of life , so importance should be given to strengthen their quality of life and thereby improve their reasons for living.

Drawbacks

Small sample size is the main drawback in this study .

Implications

Females appear to be more affected with respect to quality of life and hence need more counseling in the domain of psychological quality of life which includes bodily image and appearance, negative feelings, positive feelings, self-esteem etc. Early detection of suicidal behavior and tendencies help in preventing suicides which can be done by assessing the Reasons For Living in such patients. At risk patients should be identified and are to be treated accordingly.

Future Research

Future research is aimed at identifying how factors affecting quality of life can be used to improve the reasons for living. Future research needs to identify such predictors, with the aim of developing interventions to enhance reasons for living among females.

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