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**TWO YEAR FOLLOW-UP OF LONG-STAY CHRONICALLY MENTALLY
ILL INPATIENTS TRANSFERRED TO THE COMMUNITY.**

A thesis presented in partial fulfilment of the requirements
for the degree of Master of Arts in Psychology,
Massey University.

Robyn Huzziff

1995

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ACKNOWLEDGEMENTS

First, I would like to thank my supervisor, Dr. Frank Deane, for his guidance and constant patience throughout the duration of this project, which were greatly appreciated.

Thanks to Dr. Graeme Beaumont for his assistance and contributions which helped make this study run more smoothly.

A special thanks to participants and staff who allowed me to visit, and for their willingness to participate in the study. Their patience and considerable time given to complete the questionnaires was greatly appreciated. I also appreciated the cooperation and support received from the managers and trustees of each residence.

Thanks to my family, especially my parents, for their emotional and financial support and encouragement throughout my study.

A special thank-you to Peter for his endless tolerance and support while completing this project. Thanks to my friends who also supported me throughout the year.

ABSTRACT

The present study was undertaken to evaluate the affect of transferring long-stay chronically mentally ill clients from Lake Alice Hospital to community placements. Thirty chronically mentally ill clients were followed over two years in the community. Follow-up assessments were completed at 12, 18, and 24 months to assess clients' community adjustment. Community adjustment was conceptualised to include measures of general adaptive functioning, maladaptive behaviour, inpatient readmission, client satisfaction, subjective well-being, and levels of distress. The results showed that clients' general adaptive functioning and deviant behaviour remained stable from the hospital baseline assessment into the community follow-up phases. With respect to client characteristics, clients who exhibited more maladaptive behaviour were found to be significantly more likely to be readmitted to a psychiatric unit or hospital, and older clients were more likely to be socially isolated and exhibit poorer levels of adaptive functioning. Many clients remained socially isolated from family and friends, suggesting that if community support were withdrawn neglect may occur. Clients were significantly more satisfied with community than hospital services at 12 months follow-up and clients were found to be globally satisfied with community services. Nevertheless, up to 10% of client's showed poor community adjustment, with frequent readmissions to a psychiatric hospital, poor adaptive functioning, and high levels of maladaptive behaviour and distress. The implications of the findings for chronically mentally ill clients and service providers are discussed, with several recommendations for future research.

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PREFACE

Deinstitutionalisation has been carried out in New Zealand since the 1950's, with community care coming into prominence several years later in the 1970's (Haines & Abbott, 1986; Mason, Ryan & Bennett, 1988). Deinstitutionalisation is generally defined as a movement aimed at minimizing the amount of care provided in traditional institutional settings whilst concurrently maximising community care provided by outpatient agencies (Shadish, Lurigio & Lewis, 1989; Thornicroft & Bebbington, 1989). In addition, other authors describe deinstitutionalisation as the process of providing integrated and continuous assistance for people who are mentally ill within the community whilst avoiding future psychiatric hospital admissions (Aviram, 1990; Bachrach & Lamb, 1989).

The term 'community care' requires careful specification. It can imply a change in methods of service delivery, or may merely imply an alternative to hospital care such as a shift in location of care (Thornicroft & Bebbington, 1989). Community care is defined by the House of Commons Select Committee as appropriate care "provided for individuals in such a way as to enable them to lead as normal an existence as possible given their particular disabilities and to minimise disruption of life within their community" (1985; cited in Malin, 1987, p.33).

A distinction is also often made between acute and chronic mental illness for clients who are transferred from psychiatric hospitals. Although this distinction is made, the criteria used to identify chronically mentally ill samples has not always been clear in previous research. Bachrach (1988) reports three common criteria used to define chronic mental illness; diagnosis, duration, and disability. According to Bachrach, psychotic disorders are generally accepted as meeting the diagnostic criterion for chronicity. The duration criterion requires the diagnosed condition to be persistent or recurring. The third criterion, disability, denotes that the condition results in impaired functional capacities. With respect to institutionalised clients the most commonly accepted definition of the long-stay

chronically mentally ill is an admission duration of over one year (O'Driscoll & Leff, 1993). Impaired functioning is assumed to be associated with the need for hospitalisation and continued support. In contrast, acute usually refers to mental illnesses that have a limited duration or phase (Bachrach, 1988). Because the present study focuses on chronic or long-term mentally ill clients the remainder of this report will focus on this client group.

The primary reason for the present study focusing on chronically mentally ill clients is that uncertainty exists over what success can be expected for these clients. Earlier research has largely focused on acutely mentally ill or long-term clients with higher levels of adaptive functioning who were more easily discharged into the community (Haines & Abbott, 1986). In contrast, chronically mentally ill clients typically have poorer outcomes. These clients' experience frequent symptom relapses and suffer from a cluster of chronic deficits that impede social functioning within the community (Shadish et al., 1989).

The following questions have been highlighted by other researchers as being important in assessing the impact of deinstitutionalisation on chronically mentally ill clients and form the basis of the present study's inquiry. Are clients who are chronically mentally ill better off living in the community? What client characteristics are associated with better community adjustment? Which clients are at risk? Does sufficient support follow clients from the hospital into the community? What types of community services do the clients use and does the use of services change over time? How satisfied are clients with community living? Research in this area may provide worthwhile and practical insights into the affects of transferring long-stay psychiatric clients to the community, in New Zealand.

Chapter 1 presents a brief overview of the development of deinstitutionalisation and the continuing debate over its effectiveness. Problematic areas identified by previous research suggest that attention should be directed toward assessing mentally ill clients' quality of life, social integration, neglect, and whether patterns of brief recurrent psychiatric admissions develop. Although evidence concerning the benefits of deinstitutionalisation for chronically

mentally ill clients remains unclear, deterioration can be prevented if these clients' are provided with ongoing community care and supervision. Next, Kemp's (1990) framework for evaluating the process of deinstitutionalisation is outlined and methodological recommendations are suggested to counteract inadequacies found in previous research. Specifically, longitudinal research strategies and multidimensional outcome measures are recommended. The chapter concludes by describing the advantages and limits of various outcome criteria and methods used to assess the success of deinstitutionalisation.

Chapter 2 summarises the research findings on predictor variables for community adjustment using the outcome criteria described in Chapter 1. Given that prior research has tended to overemphasise environmental factors the review focuses on client characteristics. With respect to client characteristics, research showed that maladaptive behaviour and deficient social and self-care skills were particularly incompatible with community adjustment. Older clients tended to remain longer in the community but exhibited poorer social adjustment than younger clients. Research on environmental factors found successful community programmes provided ongoing services carefully targeted to the individual's needs. These variables were key factors in maintaining stable functioning and housing for chronically mentally ill clients. Because the present sample received similar services to those reviewed, it was hypothesised that they would not deteriorate when transferred to community placements.

Chapter 3 provides an in-depth review of consumer perspectives on community living. The review focuses on potential difficulties in assessing life and consumer satisfaction. Despite the problems in examining client perspectives, they are generally considered an important part of assessing the success of deinstitutionalisation. It has been argued that ignoring client opinions creates a biased impression of their community adjustment tilted towards the provider's or evaluator's perspective. A summary of the research findings on psychiatric individuals' satisfaction with life and mental health services is provided. A description of the present study and its objectives is then presented.