

## Functioning of mental health patient in Vlora: perceptions of mental health professionals

PhD (C.) Gentiana Xhelili  
*University of Vlora Ismail Qemali*

### Abstract

The aim of the present study is to explore professional's perceptions on mental health patient's functioning, residents both at the mental health hospital and at the family household. The study has an exploratory and descriptive nature. This study was based on semi-structured interviews administered to 40 mental health professionals in Vlora (physicians, nurses, caregivers). In this study, the perspective of Vlora mental health care professionals is seen as important for the continuation of the deinstitutionalization process and the improvement of gaps encountered in the work.

**Keywords:** mental health, mental health professionals, mental health patients, hospital, family household.

### Introduction

Referring to WHO definitions and according to the Ministry of Health (2005), mental health concepts include subjective well-being, self-preparation, autonomy, ability and self-perception of intellectual and emotional potential. Seeing it on different perspectives, it is impossible for mental health to be comprehensively defined. However, it has been recognized that mental health is a wider concept than just the absence of mental health disorders.

According to the Ministry of Health action plan (2005), the human resources serving mental health patients are psychiatrists that serve nearly 78,000 citizens and nurses that work in the psychiatric service (including hospital, community patients and family household patients).

In addition, the human resources in hospitals also include so-called caregivers, who are usually unskilled employees that are expected to assist hospitalized patients in meeting their daily needs. Due to the lack of nurses they often work as nurses in the psychiatric service (especially during night shifts).

Referring to the Thematic Report of the Ombudsperson (2018), in Albania, the mental health service continues to clash among efforts to change the traditional profile focused on psychiatric and neurological treatments in outpatient and psychiatric settings towards decentralized services for these patients. All these, coupled with the changing typology of services and the expansion of professionals needed in the mental health service.

Changing the typology of services has as its primary function and purpose the improvement of the quality of life of mental health patients.

Improving patient quality of life and adapting the care services to their needs are

notions that are increasingly encountered among the goals of programs for people with severe psychiatric disorders. The popularity of these two concepts (quality of life and needs) is due to a wide complex of factors.

On the other hand, fulfilling the expressed need or demand of the mental health patients is also closely linked to the individual functioning in the four constituent areas of quality of life. These areas are subdivided into sub-areas: autonomy (nutrition, hygiene, dressing, movement / shopping, time and space orientation); associative behavior (attitude towards others, attitude towards activities); language and communication; home activity (kitchen, laundry, home maintenance, sewing).

In quality of life researches, in the studies on rehabilitation methods and programs, but as well as on the processes of improving the quality of life among people with psychiatric disabilities, needs are often conceived in neutral or positive terms that are related to life satisfaction (Bigelow et al. al., 1982; Deegan, 1988; Farkas et al., 1981).

In this context, the perspective of Vlora mental health care professionals is seen as important for the continuation of the deinstitutionalization process and the improvement of gaps encountered in the work.

## Method

The aim of the present study was to explore professional's perceptions on mental health patient's functioning, residents both at the mental health hospital and at the family household.

Forty mental health professionals (N=40), who worked at the mental health hospital in vlora and at the family households, participated in the present study. Participants were doctors (N=5), nurses (N=20) and caregivers.(N=15). Two semi structured interview were conducted. The first one focused on patients residents at the mental health hospital in vlora, and the second one focused on patients residents at the family household. The questionnaire for the semistructured interviews was developed based on the areas of functioning (personal autonomy, social behaviour, language and communication, domestic activities) from the assessment indicator for people with disabilities.

The interview lasted 30-60 minutes and was conducted in the Psychiatric Hospital and in the family home.

Professional ethics were respected throughout all the process.

## Results

During the first phase, medical staff (doctors, nurses, caregivers) was subjected to a semi-structured interview focusing on the functioning of patients, residents in the psychiatric hospital in Vlora. During this interview, the medical staff felt that different patients had different ways and levels of functioning. This factor makes the commitment and focus of the work different. According to doctors, nurses and caregivers, given the level of functioning, the personal interests of patients in the hospital and the practical independence in the environment they live in, gives them good opportunities to change their lifestyles and in the future to be rehabilitated.

Another option for better quality of life is the desire that hospital patients may have for engaging in various activities and activities that can stimulate a good mental and physical state. An incentive and advantage to improve hospital functioning according to the medical staff questioned was also the support that the staff themselves provided, seen as support from both medical therapy and assistance in meeting daily needs, helping to improve health conditions of hospital patients and the opportunity for extended rehabilitation and deinstitutionalization in time.

According to the medical staff, the type of diagnosis that the hospital patients had, may lead to an advantage or disadvantage to their quality of life. At this point, opinion was mixed with doctors, nurses, and caregivers. Some of them said that the diagnosis is not decisive, the importance of the stage of the illness as well as the opportunities the hospital has, relying also on the work of the staff, to provide these patients with a better quality of life.

The rest of the medical staff stated that diagnoses negatively affected their quality of life.

Regarding autonomy, the medical staff said that it varied from patient to patient, stating that there are patients who can do most of the things themselves, but there are other things they need not only for verbal guidance but also for concrete assistance from the staff.

Medical staff (doctors, nurses and caregivers) claims that hospital residents are disposed to socializing with others. The level of socialization depended on the interest the patients had at certain moments, the need for attention, or even the need for involvement in the interaction. At this point, in the medical staff's view, some patients tend to engage in socialization while others are withdrawn and in the constant need of verbal stimulation.

Communication and the ability to verbalize vary from patient to patient. According to the medical staff, some patients speak highly and uninterruptedly, while others are incoherent and poor in thought and expression. In some cases, lack of ability to express them leads to aggressive behavior and reactions on the part of patients. When medical staff speaks about the day-to-day activities and work engagement of patients in the hospital, they assert that under the guidance of support staff, patients are able to do different tasks, but most of the times are repetitive tasks from one day to another.

During the second phase, the medical staff (doctors, nurses, caregivers) was subjected to a semi-structured interview focusing on the functioning of patients living in family homes in the city of Vlora. According to them, the fact that these patients live in a family-like structure was a great advantage and a great opportunity to lead to safer and more sustainable deinstitutionalization. Living in these homes provided patients with the opportunity to recuperate aspects of their daily functioning that the hospital had impeded.

All medical staff during the interview stated that patients from family homes led an organized life and worked continuously to learn to respect and establish boundaries with one another. Although it is difficult to perceive boundaries and respect for each other's rights, according to professionals, patients in family homes were in constant learning.

Patients in family homes cooperated with each other in an organized way and according to the medical staff we were well adapted to the living conditions of the family.

According to medical staff, patients living in family homes are autonomous, and the living in a family-like structure has affected the alleviation of psychiatric symptoms. In terms of behavior and communication, professionals say it is more direct to family home patients, which also reduces aggressive behaviors. Patients residing in family homes, according to professionals, manage to manage a tension situation better.

## Discussion

The purpose of this study was to see through the semi-structured interviews with medical staff (physicians, nurses, caregivers) of the Vlora Psychiatric Hospital their views on the areas of functioning (personal autonomy, social behavior, language and communication, domestic activities) of patients living in hospital and those living in family homes.

According to the mental health staff of Vlora, patients living in family homes are more independent and tend to take better care of themselves than patients living in hospitals. According to medical staff, performance in each area of patient functioning appeared to be improved for patients living in family homes providing them with a better quality of life.

Patients' behaviors in family homes differed from those of hospitalized patients, emphasizing the fact that patients in family homes can better manage a stress situation, can expect and freely follow their friends and family in family homes, and can take care for their hygiene and nutrition.

According to doctors, nurses and caregivers interviewing patients in family homes, staying home has made patients more social and can collaborate better and more in group activities.

According to the responses of the medical staff, when comparing the two groups of patients, there is a difference in their communication. Patients living in family homes are calmer and freer to express opinions. They manage to communicate clearly with others and express themselves coherently about their needs.

At the end of the interview, doctors, nurses and mental health care workers in Vlora stated that as a result of staying in family homes, patients resettled there in comparison to hospital patients had regained the skills associated with home activities. According to them, family home patients were better able to care for themselves and care for the environment in which they lived.

## Conclusions

At the conclusion of the study, based on the responses of physicians, nurses and mental health care providers in Vlora, we can say that performance in the areas of functioning (personal autonomy, social behavior, language and communication, domestic activities) appeared to be improved in patients in family homes compared to hospital patients. And yet, despite the positive changes, family home patients still

needed constant time and support to achieve the desired outcome in terms of optimal and completely independent functioning.

Over time, the work of mental health professionals has increasingly focused on psychiatric rehabilitation and the development of rehabilitation practices. Through this precision, family homes have been seen as transitional structures while transitioning from hospital to community, structures that would make the lives of community mental health patients less traumatic, effective, and sustainable. To make this transition more effective, mental health professionals acknowledge the need for preliminary rehabilitation activities, activities that will not only complement the existing treatment approach but will ensure that treatment and transition from one facility to another are done in a timely manner more gentle and not traumatic.

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