Does Using Community Support Centers Promote Recovery of People with Mental Disabilities?
— Focusing on Usage Frequency —

ISHIDA Kenya
Aomori University of Health and Welfare

Keywords: Recovery, People with Mental Disabilities, Community Support Centers

I Purpose

This study aims to investigate the factors that influence the recovery improvement of people with mental disabilities who use local community support centers (CSCs). It focuses on relations between recovery improvement and usage duration. This study is part of a larger project investigating the users' quality of life, particularly with regard to social welfare services for middle-aged or elderly users.

CSCs provide opportunities to engage in creative and productive activities and other benefits for people as prescribed in the 2006 Ordinance of the Ministry of Health, Labour and Welfare.

Using CSCs frequently and regularly is vital for people with mental disabilities as it enables them to lead a stable life in their community and promotes their steady recovery. However, few empirical studies on the relations between using CSCs and recovery improvements have been conducted in Japan.

II Methods

1 Data Collection and Participants

A survey was conducted by sending questionnaires to three CSCs in a rural area from September to November 2016. We asked CSC users with mental disabilities to fill in the questionnaires. The users' responses were considered to be their consent to participate in the survey. All CSCs returned the completed questionnaires. A total of 150 questionnaires were obtained: 72 from CSC-A, 58 from CSC-B, and 20 from CSC-C. All the questionnaires were checked, and only the valid ones were used for the data analysis. The data were subjected to statistical analysis. We used the SPSS ver. 24.0 software.

2 Ethical Considerations

The survey was conducted with the approval of the Ethics Committee of the university to which the researcher belongs.

3 Questionnaires

The questionnaire comprised three sections: the Recovery Assessment Scale (RAS), the Subjective Quality of Life Scale (SQOL), and demographic characteristics. The RAS was developed by Corrigan et al. (2004) to measure the degree of recovery from serious mental illness. The scale includes five categories—"personal confidence and hope," "willingness to ask for help," "goal and success orientation," "reliance on others," and "no domination by symptoms"—and 24 items. Each item was rated on a five-point scale: 1 = disagree, 2 = disagree a little, 3 = can't decide, 4 = agree a little, and 5 = agree. The RAS theoretically ranges from 24 to 120.

III Results

1 Analysis of Demographic Characteristics

Of the respondents, 58.7% were male, 39.3% were female, and 2.0% did not answer. The average age was 51.3 (SD = 13.4): the youngest was 20 and the oldest was 78. The usage durations were “over 5 years” (57.3%) and “1–5 years” (30.7%). The frequencies were “a few times per month” (30.7%), “a few times per year” (21.3%), and “5–10 times per month” (20.7%). With regard to accommodation, 76.0% lived at home and 18.0% in a group home. Types of mental illness included “schizophrenia” (55.8%), “depression” (7.0%), “manic depression” (6.4%), and “intellectual disability” (5.8%).

Chi-square tests revealed no significance between the usage durations and frequencies ($p > .05$).

2 Total RAS Scores

The mean level of the total RAS score was 80.24 (SD = 17.79): the maximum was 120 and the minimum was 25.0. We performed one-way analysis of variances with the frequencies as the independent variable and the total RAS score as the dependent variable. The users were divided into three groups according to frequency: “frequent users” (“5–10 times per month” and “almost every day”), “sometimes users” (“a few times per month”), and “rare users” (“only registration” and “a few times per year”). Significant differences were observed in the mean levels of the frequencies ($F = 4.97$, $p < .01$). Post-hoc Tukey’s test indicated that the total RAS score of “frequent users” (mean = 85.38, SD = 18.27) was significantly higher than that of “rare users” (mean = 73.46, SD = 14.06) ($p < .05$). No significant differences were observed in the mean levels of the usage durations. Furthermore, no significant relations were observed between the total RAS score and age, living alone or in a group home, and types of diseases or disabilities.

IV Discussions and conclusions

These findings highlight that the users who used CSC more frequently experienced better recovery than others. CSCs offer various daily activity programs, along with other services such as administrating users’ accounting, accompanying them to work or shopping, and providing telephone counseling. Frequent CSC users feel more secure.

Thus, CSCs play a vital role in promoting the steady recovery of people with mental disabilities.

V Literature

Patrick W. Corrigan, Mark Salver, Ruth O. Ralph, Yvette Songster, and Lorraine Keck: Examining the Factor Structure of the Recovery Assessment Scale: 2004, 30(4), 1035-1041.

VI Academic Conference Presentation（誌上発表、学会発表）

Japanese Society for the Study of Mental Health and Social Welfare (conference presentation)

ISHIDA Kenya 58-1 Mase Hamadate Aomori 030-8505 Japan　E-mail: k_isida@auhw.ac.jp