

Does Using Community Support Centers Promote Recovery of People with Mental Disabilities?

— Focusing on the Using Frequency —

(This study is part of a larger project investigating the users' quality of life, particularly concerning to social welfare services for the middle or elderly users)

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I Purposes

This study is to investigate factors which affect recovery improvements of people with mental disabilities who were using community support centers (CSCs) in a local area.

This study focuses on relationships between the recovery improvements and the use durations.

Community support centers

Community support centers provide opportunities of creative and productive activities and other benefits for the people as prescribed in the Ordinance of the Ministry of Health, Labour and Welfare of 2006. Using CSCs frequently and regularly plays a vital role for the people with mental disabilities to live in the community stably and to promote the recovery steadily.

II Methods

1 Data Collection and Subjects

The survey was cross-sectional survey.

The survey was conducted by sending the questionnaires to three CSCs in a rural area from September through November 2016.

The total of the returned questionnaires was 150: 72 from CSC-A, 58 from CSC-B and 20 from CSC-C. All questionnaires were checked, and only valid ones were used for the data analysis.

2 Ethical Considerations

The survey was conducted with the approval of the Ethics Committee of the university where the researcher belonged.

3 Questionnaires

- the Recovery Assessment Scales (RAS),
- the Subjective Quality of Life Scale (SQOL)
- demographic characteristics.

III Results

1 Analysis of the Demographic Characteristics

Table1 Demographic Characteristics

Table 1 Demographic Characteristics (N=150)		%		
age		age		
male	88	58.7	average	51.3
female	59	39.3	SD	13.4
no answer	3	2.0	minimum	20
			maximum	78
			no answer	4
The using durations				
within 1 year	14	9.3		
1-5 years	46	30.7		
over 5 years	86	57.3		
total	146	97.3		
no answer	4	2.7		
The frequencies				
only registration	16	10.7		
a few times per year	32	21.3		
a few times per month	44	29.3		
five-to ten times per month	31	20.7		
almost every day	20	13.3		
no answer	5	3.3		
The other daily activity services				
using	98	65.3		
no using	48	32.0		
no answer	4	2.7		
using (n=98)				
day care services	53	41.1		
rehabilitation services	12	9.3		
support for employment services	34	26.4		
other community support centers	13	10.1		
others	17	13.2		
accomodation				
at home	114	76.0		
a group home	27	18.0		
other accomodation services except a group home	2	1.3		
others	3	2.0		
no answer	4	2.7		
household				
living alone	64	42.7		
living with family	80	53.3		
no answer	6	4.0		
diagnosis (n=171)				
schizophrenia	100	58.5		
depression	12	7.0		
manic depression	11	6.4		
intellectual disorder	10	5.8		
developmental disorder	8	4.7		
addiction	3	1.8		
epilepsy	6	3.5		
others	10	5.8		
don't know	11	6.4		

Table 2

変数	RAS合計		目標達成率		他者への依頼		自費をもつた		近頃に変更されたこと		季節性を感じる		
	n	mean SD	n	mean SD	n	mean SD	n	mean SD	n	mean SD	n	mean SD	
全体	802	18.0		29.3	9.0	14.8	3.4	16.0	4.7	6.7	2.0	14.4	3.2
性別													
男性	64	80.9	18.6	30.0	9.2	15.1	3.1	16.3	4.9	6.9	2.1	14.6	3.0
女性	51	79.6	17.2	28.5	8.6	14.4	3.7	15.5	4.3	6.3	1.8	14.1	3.5
年齢													
39歳以下	23	84.1	20.0	31.4	9.5	15.2	2.9	15.8	5.4	7.6	2.1	14.6	3.0
40歳~49歳	25	80.6	14.9	29.8	7.1	14.9	2.9	15.6	3.3	6.2	1.9	14.8	2.3
50歳以上	66	79.7	16.8	28.8	9.2	14.8	3.5	16.3	4.8	6.6	2.0	14.3	3.4
利用期間													
1年以下	10	86.0	21.7	32.7	10.0	15.5	3.3	17.1	5.9	7.5	1.4	15.7	2.9
1年~5年	33	79.3	20.6	29.5	9.0	15.3	3.2	15.7	5.2	6.3	2.2	13.9	3.5
5年以上	70	80.1	16.0	28.9	8.7	14.5	3.4	16.0	4.2	6.7	2.0	14.5	3.1
利用頻度													
少	41	73.5	14.1	27.1	8.0	14.0	2.8	14.2	4.9	6.5	1.6	13.5	2.7
中	38	82.7	19.7	30.8	9.2	15.1	3.8	16.4	4.9	6.6	2.2	14.3	3.1
多	34	85.4	18.3	30.0	9.4	15.4	3.3	17.3	4.2	6.9	2.2	15.3	3.8
他のサービス													
利用あり	75	82.6	17.2	30.4	8.6	15.2	3.3	16.5	4.6	6.8	1.8	14.6	3.1
利用なし	40	76.1	18.7	27.0	9.2	13.8	3.3	14.9	4.7	6.5	2.4	14.0	3.4
総合失調度													
非該当	38	79.2	18.9	29.4	8.5	14.6	3.0	15.7	4.5	6.7	2.0	14.2	3.4
該当	79	80.8	17.3	29.4	9.1	14.9	3.5	16.1	4.7	6.6	2.0	14.5	3.1

The results of chi-square tests showed no significance between the using durations and the 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.

IV Discussions and conclusions

This finding highlights that the users who used the CSC more frequently felt recovery than others.

The CSCs offer variety of the daily activity programs, also other services such as administering their accounting, accompanying them to the offices or shopping and telephone counseling.

The users can feel secure by using CSCs frequently.

The CSCs play a vital role for people with mental disabilities to promote the recovery steadily.

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)