

Ways to Measuring Quality of Life in Mental Health

COMMENTARY

Abstract

As quality of life is considered as a measure of clinical outcome that prioritizes client assessment itself and the effects of a disease, a life change or a treatment has on their daily life and their level of satisfaction and well-being, their evaluation allows obtain a safe parameter for implementing clinical interventions that may have more positive impact on the lives of these people. It is believed that investigate the QoL of a given population is a strategy that will enable to broaden the understanding of the problems experienced by patients in order to facilitate effective future interventions, improving the quality of lived days. This information can also be used to identify patients at higher risk of problems and thus anticipate interventions, contributing to health promotion thereof. Nevertheless, there is currently a growing interest in transforming the QoL in a quantitative measure. To this end, the measurement of quality of life through the perception of the patient has been recommended. Some studies indicate that the measurement of quality of life the mental patient is an indicator of the care he receives and that this issue should be included in the assessment and care planning. There are few studies which accessed the influence of health intervention on patients' quality of life, anxiety, and depressive symptom levels. With this brief contribution, we hope can deepen discussion regards public health and mental wellbeing, as well as the options of measurement instruments to assess mental health interventions and thus able to gather more arguments to answer the following question: What's the best way for measuring quality of life in Mental health?

Over the last decade, the Department of Mental Health and Substance Abuse at the World Health Organization (WHO) has incrementally built a helpful model for conceptualizing public mental health in a global context, which has most recently been incorporated into the WHO's Mental Health Action Plan 2013-2020 [1, 2].

Mirna Fontelene de Oliveira¹,
Régia Christina Moura Castro²,
Cinthia Gondim Pereira Calou²,
Mara Fontenele de Oliveira²,
Priscila de Souza Aquino²,
Cláudio Gleidiston Lima da Silva¹,
Camilla Barros Meireles¹,
Laís Chaves Maia¹,
Viktória Aline Linhares Miná¹,
Bernardo Nogueira Faé¹,
Matheus Felipe Aguiar Santos¹,
Maria do Socorro Vieira dos Santos¹,
Janaina Batista Pereira³,
Hellen Cruz Caldas Lins³,
Modesto Leite Rolim Neto¹,
Ana Karina Bezerra Pinheiro²

- 1 Department of Medicine, Federal University of Cariri, Barbalha, Ceará, Brazil..
- 2 Department of Nursing, Federal University of Ceará, Fortaleza, Brazil. .
- 3 Post-graduation Program in Health Sciences, Faculty of Medicine of ABC.

Contact information:

Modesto Leite Rolim Neto.

✉ modestorolim@yahoo.com.br

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The WHO has defined health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' [3]. In 2001, the WHO described mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' [4].

Although this is a helpful start, further evidence and conceptual clarity were clearly needed. In response, the WHO published two key reports about the prevention of mental disorders (5) and promoting mental health (6), in which they recognized three ideas central to the improvement of health:

- ✓ Mental health is an integral part of health.
- ✓ Mental health is more than the absence of illness.
- ✓ Mental health is intimately connected with physical health and behavior.

Additionally, in a recent publication about public mental health, has described the importance of both treating mental health as equal to physical health and of focusing on the needs and safety of people with mental illness [7]. In front of this, one way for to achieve this goal is to research the Quality of Life (QoL) of this patients.

We highlight that the prolongation of life expectancy boosted health professionals to think in ways of measuring how people live those extra years - and later on measures of quality of life [8].

As quality is of life considered as a measure of clinical outcome that prioritizes client assessment itself and the effects of a disease, a life change or a treatment has on their daily life and their level of satisfaction and well-being, their evaluation allows obtain a safe parameter for implementing clinical interventions that may have more positive impact on the lives of these people [8].

It is believed that investigate the QoL of a given population is a strategy that will enable to broaden the understanding of the problems experienced by

patients in order to facilitate effective future interventions, improving the quality of lived days. This information can also be used to identify patients at higher risk of problems and thus anticipate interventions, contributing to health promotion thereof [9].

Nevertheless, there is currently a growing interest in transforming the QoL in a quantitative measure. To this end, the measurement of quality of life through the perception of the patient has been recommended [10].

Some studies indicate that the measurement of quality of life the mental patient is an indicator of the care he receives and that this issue should be included in the assessment and care planning [11]. There are few studies witch accessed the influence of health intervention on patients 'quality of life, anxiety, and depressive symptom levels [12].

From a reduced number of scientific evidence published in the international literature that addresses the measurement of quality of life before and after interventions for mental health, we would like to highlight the following instruments:

- ✓ Short version the World Health Organization Quality of Life Assessment (WHOQOL-BREF) [13];
- ✓ Brief Symptom Inventory (Subscales somatization, anxiety and depression) [14];
- ✓ The Satisfaction with Life Scale (SWLS) [15];
- ✓ Scale of Self-Esteem (Rosenberg Scale) [16] ;
- ✓ The State-Trait Anxiety Inventory (STAI) [17];
- ✓ The Center for Epidemiologic Studies Depression Scale (CES-D) [18];
- ✓ The 24-item Hamilton Depression Rating Scale [19];
- ✓ The Positive and Negative Syndrome Scale (PANSS) [20];
- ✓ Pittsburgh Sleep Quality Index [21];

In a recent organizational documentation was published the Public Mental Health Priorities: mental illness prevention; mental health promotion; and treatment, recovery and rehabilitation [7]. Re-

garding the prevention of mental illness, interventions like music therapy can be used to improve quality of life and prevent psychological and somatic symptoms in patients with controlled mental health, as described in a Korean study about hwa-byung, a syndrome related to Korean culture [22]. To evaluate the effectiveness of this intervention the following instruments were used: The State-Trait Anxiety Inventory (STAI), The Center for Epidemiologic Studies Depression Scale (CES-D) and the WHOQOL-BREF [22].

From the perspective of Mental Health Promotion, some studies published recently targeted to a sample of elderly, in one this was applied a group psychotherapy and investigated the effectiveness of this group on four domains of quality of life [23], in another was examined the effects of yoga intervention on quality of life and sleep quality of this population [24]. To check the effectiveness of interventions, the first study used the following instruments: The 24-item Hamilton Depression Rating Scale and the WHOQOL-BREF [23]. The second study used: Pittsburgh Sleep Quality Index and WHOQOL-BREF [24].

With respect to Treatment, and Recovery Rehabilitation of severe mental illness, we can cite a quasi-experimental study that evaluates the impact of psycho-educational intervention of Quality of Life in patients suffering from schizophrenia. To check the validity of the intervention, the following measurement instruments were used: Hamilton Rating Scale for Depression and WHOQOL-BREF [25].

The majority of cited researchers argue that questionnaires used have good psychometric properties and are recommended to evaluate the effectiveness of mental health interventions [22, 23, 24, 25].

With this brief contribution, we hope can deepen discussion regards public health and mental well-being, as well as the options of measurement instruments to assess mental health interventions and thus able to gather more arguments to answer the

following question: What's the best way for measuring quality of life in Mental health?

Conflict of interest

The authors declare no conflict of interest.

Role of the funding source

None.

Authors Contributions

Seven independent researchers, (MO, RC, CC, MO, PA, CS, and CM) conducted a literature research. Any discrepancies between the seven reviewers who, blind to each other, examined the studies for the possible inclusion were resolved by consultations with three senior authors (MR, SS, AP). Other six researchers (LM, VM, MS, SS, JC, and BF) correlated these data information and wrote the Short Communication.

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