

# Content analysis of the literature: recovery and quality of life for individuals with serious mental illness



Nancy Lopez  
California State University,  
Long Beach  
May 2016

# Introduction

- One in 4 Americans will experience mental illness in any given year (National Institute on Mental Health [NIMH], 2013b)
- Internationally, approximately 7.4% of disability adjusted life years (DALYs), years lost due to disability or illness, can be attributed to mental illness (NIMH, 2012)
- In the United States, approximately 13.6% of DALYs are thought to be due to mental disorders (NIMH, 2012)
- Serious mental illness (SMI) is defined as a severe impairment in the persons' ability to function and hindrance in their ability to fulfill activities of daily living (NIMH, 2013a)

## Research Questions

1. What are factors that augment the QoL and aid in recovery for individuals with SMI?
2. What treatments, interventions or resources have been used to treat SMI?
3. What are barriers to achieving an improved QoL and recovery from SMI?

# Relevance to Social Work

- Social workers strive to improve the well-being of all people, especially vulnerable and oppressed populations. Individuals with mental illness are a vulnerable population that faces health problems, disability, poverty, discrimination, and stigma.
- The identification of factors that facilitate or hinder recovery can be used when working with individuals with mental illness to assess for risk factors or strengths that can be used in their recovery and to improve their quality of life (QoL).
- Social workers can incorporate effective treatments and therapy models, social support, and stigma reduction methods to work towards recovery.
- Mental illness is often described as a social problem by the media and society that can result in a reluctance to assist in their recovery. This information can be used to develop evidence-based interventions for individuals with mental illness and to advocate for support

# Cross Cultural Relevance

- Mental illness affects individuals of all cultures and ethnic backgrounds (Centers for Disease Control and Prevention [CDC], 2011)
- Cultures have shared knowledge and beliefs that can affect their view about the causes, effects, and treatment of mental illness (APA, 2013)
- Understanding how mental illness is perceived in different cultures is crucial to assisting individuals and families towards recovery and a good QoL

# Methods

## Research Design

- A qualitative comparative analysis method was used to locate relevant articles (Bradley, Curry, & Devers, 2007; Miles & Huberman, 1994; Rihoux, 2006).

## Data Collection Method

- Search of keywords, and search strategies, and an extensive search in the following databases: Academic Search Complete, PsycINFO, ABI/INFORM, Social Services Abstracts, SocINDEX, The Cochrane Library of Systematic Reviews, and Social Work Abstracts
- Inclusive of articles within the past 15 years.
- Key terms included: “mental illness,” “mental disorders,” “severe mental illness,” “serious mental illness,” “recovery,” “quality of life,” “well-being,” “treatment for mental illness,” “therapy models for mental illness,” “mental health stigma,” “social relations and mental health,” “family support and mental health,” and “barriers to mental health treatment.”

# Methods

## Sample

- 41 articles were reviewed
- Exclusion criteria: studies in languages other than English, narrative reviews, commentaries and other opinion based studies, weaker studies, and multiple reports on the same set of data.
- Inclusion criteria: studies representative of the time frame selected (past 15 years). Additional inclusion criteria included U.S. and international articles

## Data Analysis

- Critical appraisal of all studies utilized the “PICO” method to determine if the research questions were focused and feasible to the study (Gambrill, 2006).
- Studies were organized into a table with the criteria for assessing the methodological rigor
- Critical Analysis included the following questions: 1) Did overview address a focused practice-related question? 2) Were search methods reported? 3) Was the search comprehensive? 4) Were the inclusion criteria reported? 5) Was validity criteria reported?

# Results (themes emerged)

- 23 empirical studies were applicable to analysis
- Nine articles were quantitative studies, six articles were qualitative studies, eight articles were literature reviews, and one article was a case study review

## Factors that aid in recovery

- Environment
- Work and education
- Engagement in activities
- Utilization of Services, Resources, and Treatment
- Social Support and Social Networks
- Acceptance of Mental Diagnosis and Self-Perception

# Results (themes emerged)

## Treatment, intervention, or resources

- Assertive Community Treatment
- Cognitive behavioral therapy (CBT)
- Illness Management Recovery (IMR) Program
- Pharmacology
- Support Groups

## Barriers to Improved QoL and Recovery

- Stigma
- Loss of Autonomy & Coercion
- Negative Experience with Mental Health Professionals
- Symptomology and Anti-Psychotic Side Effects
- Socio-Environmental Factors

# Discussion/implications for social work practice

- This review can guide professionals in assessing for factors and treatments that affect recovery and QoL.
- Service providers can use the information to develop treatment plans that work for the individual while assessing for external factors.
- Social workers can work towards increasing resources and funds for mental health services.
- Social workers can mobilize to reduce stigma and to gain support for mental health treatment

## Limitations

- Only 23 articles that were included in the final analysis of the literature.
- Not able to focus exclusively on SMI because articles did not specify.
- Many articles did not describe in detail factors affecting QoL and recovery

# References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: developing taxonomy, themes, and theory. *Health Services Research, 42*(4), 1758-1772.
- Centers for Disease Control and Prevention (2011, September 2). *Mental illness surveillance among adults in the United States*. Volume 60. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s\\_cid=su6003a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w)
- Gambrill, E. (2006). *Critical thinking in clinical practice: Improving the quality of judgments and decisions* (2nd Ed.). Hoboken, NJ: John Wiley and Sons, Inc.
- Miles, M. B., & Huberman M. (1994). *Qualitative data analysis: A sourcebook of new methods* (2<sup>nd</sup> ed.). Beverly Hills, CA: Sage Publications.
- National Institute of Mental Health. (2012). *Disability adjusted life years*. Retrieved from <http://www.nimh.nih.gov/health/statistics/disability/index.shtml>
- National Institute of Mental Health. (2013a). *Serious mental illness among U.S. adults*. Retrieved from <http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>
- National Institute of Mental Health. (2013b). *Statistics: Any disorder among adults*. Retrieved from [http://www.nimh.nih.gov/statistics/1ANYDIS\\_ADULT.shtml](http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml)
- Rihoux, B. (2006). Qualitative comparative analysis (QCA) and related systematic comparative methods recent advances and remaining challenges for social science research. *International Sociology, 21*(5), 679-706.