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QUALITY OF LIFE OF PATIENTS RESIDING IN LONG-TERM CARE PSYCHIATRIC COMMUNITY SETTINGS

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Introduction: In the context of psychiatric reformation, the long-term mentally ill have moved from institutionalized care to outpatient-based mental health services and community-based rehabilitation settings.

Objective: Quality of Life (QoL) constitutes a critical outcome of mental health programs and services and is a multidimensional subjective construct.

Aim: Exploring the perceived QoL of long-term psychiatric residents and, identifying possible associations between sociodemographic variables, psychiatric history, cognitive function (MMSE), physical comorbidity and type of residential care.

Method: 104 patients residing for over six months, to community based rehabilitation settings subjected to the PHPO (5 sheltered apartments, 7 hostels, 2 boarding houses) were encountered. QoL of participants was assessed using the self-fulfilling, 36 item Short-Form Health Survey (SF-36) at a given point of time.

Results: The majority of the residents expressed good levels of satisfaction in all subscales of the SF-36, with mean values of Physical Component Summary (PCS): 34.90 ± 13.92 (range: 0-50) and Mental Component Summary (MCS): 67.89 ± 20.09 (range: 25-100). Statistical significant differences were recorded concerning the PCS and age (p=0.000), MMSE scores (p=0.000), educational level (p=0.017), marital status (p=0.049) and type of residential home (p=0.012). MCS was statistically significant associated with age (p=0.032), MMSE scores (p=0.007), socioeconomic status (p=0.008) and type of residential home, too (p=0.040). No differences were found concerning psychiatric diagnosis or physical comorbidity.

Conclusions: Community care models provide subjective positive life satisfactions to the majority of the chronically mentally ill. Thus, besides the care giver's management, independent variables play an important role to perceived QoL.