
Contents

List of Contributors	vii
Preface	xi
Section One Introduction	1
1 <i>H. Katschnig</i> How Useful is the Concept of Quality of Life in Psychiatry?	3
Section Two Conceptual Issues	17
2 <i>M.C. Angermeyer and R. Kilian</i> Theoretical Models of Quality of Life for Mental Disorders	19
3 <i>M.M. Barry</i> Well-being and Life Satisfaction as Components of Quality of Life in Mental Disorders	31
4 <i>D. Wiersma</i> Role Functioning as a Component of Quality of Life in Mental Disorders	43
5 <i>H.L. Freeman</i> "Standard of Living" and Environmental Factors as a Component of Quality of Life in Mental Disorders	55
6 <i>A. Finzen and U. Hoffmann-Richter</i> Stigma and Quality of Life in Mental Disorders	69
Section Three Assessment and Measurement	77
7 <i>A.F. Lehman</i> Instruments for Measuring Quality of Life in Mental Illnesses	79
8 <i>D.Q.C.M. Barge-Schaapveld, N.A. Nicolson, P.A.E.G. Delespaul and M.W. deVries</i> Assessing Daily Quality of Life with the Experience Sampling Method	95
9 <i>J.E. Mezzich and M.M. Schmolke</i> Quality of Life and Comprehensive Clinical Diagnosis	109

- 10 *M. Becker and R. Diamond* New Developments in Quality of Life Measurement in Schizophrenia 119

Section Four Quality of Life in Specific Mental Disorders 135

- 11 *H. Katschnig and M.C. Angermeyer* Quality of Life in Depression 137
- 12 *F.R. Schneier* Quality of Life in Anxiety Disorders 149
- 13 *J. Bobes and M.P. Gonz  les* Quality of Life in Schizophrenia 165
- 14 *K. Schmeck and F. Poustka* Quality of Life and Child Psychiatric Disorders 179
- 15 *B. Gurland and S. Katz* Quality of Life and Mental Disorders of Elders 193

Section Five Treatment and Management Issues 213

- 16 *M.C. Angermeyer and H. Katschnig* Psychotropic Medication and Quality of Life: A Conceptual Framework for Assessing Their Relationship 215
- 17 *G. Lenz and U. Demal* Psychotherapy and Quality of Life 227
- 18 *J. Leff* Whose Life is it Anyway? Quality of Life for Long-stay Patients Discharged from Psychiatric Hospitals 241
- 19 *M.D. Simon* The Quality of Life of the Relatives of the Mentally Ill 253
- 20 *P. Stastny and M. Amering* Integrating Consumer Perspectives on Quality of Life in Research and Service Planning 261
- 21 *R. Kilian* Quality of Life of Staff Working in Psychiatric Services 271

Section Six Policy and Planning 285

- 22 *L. Salvador-Carulla* Measuring Quality of Life in Cost Analysis: Controversies and Use in Mental Health 287
- 23 *D. Mechanic* Organisation of Care and Quality of Life of Persons with Serious and Persistent Mental Illness 305
- 24 *N. Sartorius* Quality of Life and Mental Disorders: A Global Perspective 319

Bibliography 329

Index 377

Index

- accommodation, community-based, 61
- acquiescent response set, 35
- action-orientated multi-dimensional
 - assessment, depression and, 144–7, 145 (fig.)
- Active Life Expectancy, 209
- Active Mind Expectancy, 209
- active pathology, definition of, 45
- Activities of Daily Living Standard Test, 129, 206
- adaptation
 - process of, 23, 27
 - resigned, 20, 21
- adaptative responses, 197, 202
 - standards of, 204
- adolescent psychiatry, 180
- Affect Balance Scale (ABS), 137
- affective disorders, 91–3
- affective factors, depression and, 145
- affective fallacy, 9
- affective states, 100–101
- age span, schizophrenia and, 132
- agoraphobia, 150–55
- agrarian societies, 56
- AIDS and its Metaphors* (Sontag), 70
- aircraft noise, children and, 188
- alienation, 232
- Alzheimer's disease, 202–10, 242
- American Community Support Systems, 166
- amitriptyline, 230
- anger, carers and, 258
- anorexia nervosa, 182
- anthropology, 46
- antidepressants, 216, 222
- antipsychotic drugs, schizophrenia and, 166, 176 (table)
- anxiety disorders, 91–3, 149–63
- anxiety symptoms, 162
- appraisal process, 38
- apraxias, 205
- architectural institutionalisation, 263
- aspiration levels, 27, 39
- aspiration/situation discrepancy, 34
- assertiveness
 - case management, 309
 - community treatment, 309
 - training, 229
- assessment
 - depression and, 144–7, 145 (fig.)
 - instruments, TAPS and, 243–6
 - methods, for preferences/values, 295–6
 - role performance and, 51
- Association of European Psychiatrists (AEP), 166
- asylum, 263
- attachment theory, 207
- attitudes, psychotropic drugs and, 223–4
- autonomy, 11, 37, 38, 39, 50, 56, 245
 - schizophrenia and, 126
 - social control and, 55
- Awad quality of life model, 168–9
- Basic Everyday Living Skills Schedule (BELS), 245, 250
- behavioural marital therapy (BMT), 230
- behavioural problems
 - discharged long-stay patients and, 244–5
 - elders and, 205
- behavioural therapy, 222, 229
 - cancer patient and, 234
- benefit, definition of, 287
- benefits, relatives and, 258–9
- benzodiazepines, 217
- Berlin Quality of Life Profile, 231
- Bigelow model, 167
- blood pressure, in stress management, 238

- borderline depression, 162
- Bradburn Affect Balance Scale, 82
- Brief Psychiatric Rating Scale (BPRS), schizophrenia and, 126
- Buck, Dorothea, 74
- burn-out
 - definition of, 272
 - environmental factors and, 276–80
 - in human services, 272–3
 - individual factors, 274–6, 280–82
 - needs in, 283
 - organisational factors, 280–82
 - in work life, 272
- California Well-Being Project Client Interview (CWBPCI), 86–8
- Camberwell Assessment of Need (CAN), 12
- Cancer Inventory of Problem Situations (CIPS), 233–4
- cancer patients, psychological interventions, 232–6, 235 (table)
- capitation approaches, serious mental illness and, 310–12
- cardiovascular disease, psychological interventions and, 236–8
- care organisation, in serious mental illness, 305–17
- carers
 - characteristics of, 254
 - iatrogenic stressors and, 257–8
 - mitigating circumstances and, 258–9
 - relationship to child, 187
 - relatives and, 258–9
 - situational stressors and, 255–6
 - societal stressors, 256
- Caretaker Obstreperous-Behaviour Rating Assessment (COBRA) scale, 208
- case management, 308–9
- category rating, in cost analysis, 295
- cenesthetic hallucinations, 182
- Charing Cross health indicator (CH-X), see Rosser-Kind matrix
- chemotherapy, 234
- child psychiatric disorders, 179–91
 - abnormal psychosocial situations and, 186 (table)
 - ecological environment and, 187–9
 - influences on, 181 (fig.)
 - measurement, 189–91
 - social environment and, 187–9
- Classification of Illness States, 289
- client affect, role of, 306–7
- Client Quality of Life Interview (CQLI), 86
- client-centred psychotherapy, 229
- client–clinician working alliance, schizophrenia and, 130
- client–staff ratios, 276
- Clifton Assessment Procedures for the Elderly, 206
- climacteric patients, schizophrenia and, 171–2
- Clinical Dementia Rating, 207–8
- clinical diagnosis, comprehensive, *see* comprehensive clinical diagnosis
- clinical poverty syndrome, 58
- clinical settings
 - panic disorder and, 151–3
 - social phobia and, 157
- clinical trials
 - quality of life concept in, 4
 - schizophrenia and, 170–71, 176–7
- clozapine, 126, 174–5
- cognitive behavioural therapy (CBT), 230–31, 237
- cognitive dissonance, 21
- cognitive factors, depression and, 145
- cognitive fallacy, 9
- cognitive health, dementia and, 210
- cognitive skills, 202, 205
- cognitive therapy, 229, 230
 - depression and, 146
- communication, assessment and, 322
- community
 - homes, 59
 - movement to, 37
 - norms, 50
 - tenure, 39
- Community Adjustment Form (CAF), 81–2
- community mental health services
 - accommodation, 61
 - assertive, 309
 - evaluation of, 31
 - role of, 307
 - schizophrenia and, 120–21
- community settings
 - panic disorder and, 150–51
 - social phobia and, 155–57
- Community Support Program, 86
- community-based structures, programmatic engagement, 263
- comorbidity
 - anxiety disorders and, 151, 155

- depression and, 9, 137
- social phobia and, 155, 158
- specific phobias and, 159
- composite life domain indices, 37
- comprehensive clinical diagnosis, 109–17
 - models, 113–16
 - roots of, 112 (fig.)
- concealment of illness, 71–2
- concept development, 96–7
- confrontation therapy, 229
- constant proportional time trade-off,
 - definition of, 301
- consumer demand, schizophrenia and, 126
- consumer empowerment, 123, 264
- consumer perspectives, 261–9
- consumer-run businesses, 265–6
- consumer/survivor movement, 261
- consumers-as-service-providers, 265
- contextual factors, 10–11
 - dementia and, 204
 - depression and, 141–4
 - elders and, 193–6
- coping process
 - environmental factors, 276–80
 - individual factors, 274–6
 - negative outcome, 273
 - staff and, 274 (fig.)
- coronary-prone behaviour, 236
- cost analysis, 287–304
 - stages in development, 291 (table)
- cost-benefit analysis, 288
- cost-effectiveness analysis, 288
- cost-minimisation analysis, 288
- cost-per-QALY, 290, 297, 304
- cost-utility analysis, 288
 - alternatives to, 303
 - health decision-making and, 289–90
- cost, definition of, 287
- counselling, cancer patients and, 234
- crime, discharged long-stay patients and, 248–9
- cultural diversity, 21, 322
- cultural sensitivity, 116
 - schizophrenia and, 129
- Daily Activities Questionnaire, 206
- daily life experience, 97–106
- daily quality of life
 - experience sampling method and, 95–107
 - models, 98–9
 - treatment monitoring in, 103
- de Nerval, Gerard, 73
- death
 - discharged long-stay patients and, 248–9
 - premature, 292
- death rates, 195
 - in cost analysis, 291
- degenerative diseases, elders and, 244
- deinstitutionalisation, 58, 120–21
 - schizophrenia and, 120
- Demented Patients Functioning in Daily Living (DFDL) scale, 209
- dementia-specific quality of life, definition of, 202
- dementias
 - cognitive health and, 210
 - elders and, 202–10
 - integrative approaches and, 209
 - measurement in, 205–8
 - perspectives in, 208–9
 - provisional language structure and, 210–11
- demographic characteristics, 34
- Denver Community Mental Health Scale, 83
- depressed expectation levels, 35
- depressed mood, 9
- depression, 137–47, 239
 - evaluation and, 307
 - fee-for-service practice and, 312
 - in dementia, 203–4, 205
 - preference ratings and, 294
- desires and attainments fit, 20
- detachment, techniques of, 274
- determination of preferences, in utility
 - measure construction, 293–4
- deviant behaviour, stigma and, 189
- diagnosis
 - as incorrect, 72
 - definition of, 110
 - see also comprehensive clinical diagnosis
- diagnostic systems, evolution of, 111–12
- diagnostic validity, 112–13
- diagnostically related groups (DRGs),
 - reimbursement and, 314
- Direct Assessment of Functional Status, 206
- disability
 - definition of, 44, 45, 47
 - extended model of, 53
 - in relationships, 45
 - in role performance, 44–6, 49–52
 - work and, 103

- Disability Adjusted Life Years (DALY), 290, 298–9
 - disability weighting and, 299
- disability description, in Rosser–Kind Matrix, 298 (table)
- Disability Profile, 157
- disability weighting, DALYs calculation and, 299 (table)
- discharged patients
 - environment of, 60–64
 - long-stay, 241–52
- disease
 - definition of, 44
 - as metaphor, 70
- disorder, definition of, 44
- disorder-specific scales, 114
- distress description, in Rosser–Kind Matrix, 298 (table)
- domain-specific information, 127
- domains, quality of life
 - in elders, 198–202 (table)
 - instruments covering, 320 (table)
- domains-by-criteria model, 32, 33
- dowries, discharged long-stay patients and, 247–8
- drug dependence, 221
- drug treatment
 - risk perception and, 223–4
 - schizophrenia and, 133
- dynamic process model, 23–6, 24 (fig.)
- dysthymia, 137, 142
- dystonic reactions, children and, 183
- ecological environment, child psychiatric disorders and, 187–9
- economic evaluation, discharged long-stay patients and, 189–91
- economic limitations, anxiety disorders and, 150
- economics
 - definition of, 287
 - panic disorder and, 154
 - schizophrenia and, 123, 172
- education, social phobia and, 156
- elders, 193–211
 - degenerative diseases in, 244
 - dementias in, 202–10
 - language for quality of life in, 196–202
 - loneliness in, 141
 - provisional language structure, 210–11
- emotion-focused coping strategies, 275
- emotional exhaustion, 274
- emotional-function domain, 12
- emotional involvement, 274
- emotional relationships, 25, 29
- employment
 - anxiety disorders and, 152
 - panic disorder and, 154
 - schizophrenia and, 74–5
 - social phobia and, 156
- empowerment, 15
 - concept of, 264
 - gradual, 263–5
 - psychological, 268
- environmental factors, 10, 55–68
 - burn-out and, 276–80
 - discharged long-stay patients and, 245, 251
- Environmental Index (EI), 245, 251
- environmental poverty, definition of, 57–8
- environments
 - comparison of, 57–60
 - of discharged patients, 60–4
 - living conditions, 13
 - stress and, 592
- Epidemiologic Catchment Area (ECA) study, 143, 150
- EuroQoL, in cost analysis, 297–8
- evaluation model, 168 (fig.)
- everyday life, depression and, 141–4
- exercise, in elders, 195
- expectation levels, depressed, 35
- expected utility theory, 288–9, 292
- Experience Sampling Method (ESM), 95–107, 99–106, 267
 - depression and, 147
- expert-driven questionnaires, 262
- extended families, 56
- external assessment, 10
- extrapyramidal symptoms, 222
- factor-analysis, 52
- families, 64
 - extended, 58
 - see also* relatives
- family relationships
 - children and, 185, 187
 - obsessive-compulsive disorder and, 160
- family therapy, 243
- fee-for-service practice, 312
- finance, schizophrenia and, 172

- financial approaches, serious mental illness and, 309–10
- financial costs, carers and, 256
- financial hardships, carers and, 259
- financial support, 39
- financing services, 307–8
- fit, person/environment, 99
 - temperament and, 184
- flow model, 98–9
- fluoxetine, 224
- Frame, Janet, 72
- freedom, in quality of life, 6–7
- functional impairment, 204–5
 - definition of, 45
 - schizophrenia and, 123
- Functional Living Index – Cancer (FLIC), 228, 233
- functional status, 10–11, 79
 - information on, 208
 - structured tests of, 206
- generalised anxiety disorder (GAD), 161
- generic assessment instrument, 5
- generic health-status profiles, in cost analysis, 296
- generic HRQL rating scales, 291–2
- generic instruments, 114
- Glasgow Coma Scale, 207
- Global Assessment of Functioning (GAF) scale, 13, 50, 82, 147, 190
- global assessment, schizophrenia and, 125
- Global Burden of Disease study, 290
- Global Deterioration Scale for Primary Degenerative Dementia, 207
- global perspectives, 319–28
- global well-being, 32
- goal attainment, measurement of, 128
- goal reduction, schizophrenia and, 132
- goals, individual, 130–132
- Gottfries–Brane–Steen (GBS) scale, 206
- gradual empowerment, 263–5
- group home, 63
- guided imagery, 234
- haemodialysis, 171
- haloperidol, 177
- handicap
 - definition of, 45
 - in role performance, 44–6
- happiness, 96
 - research, 7
 - within-subject variability in, 102 (fig.)
 - see also* quality of life; well-being
- harassment, 249
- health, 6–8, 195
 - definition of, 5, 97
 - discharged long-stay patients and, 253
 - positive emphasis, 116
- health care trends, 325
- health decision-making
 - cost-utility approach, 289–90
 - IALYs in, 302–3
 - stages in, 291 (table)
- health index
 - composite measures for, 292–9
 - universal, 291–2
- health maintenance organisations (HMOs), 311
- health preference liability, 293
- health status, 97, 114
 - measurement of, 66
 - profiles, in cost analysis, 296
 - research, 7
- health-function status, in cost analysis, 291–2
- health-related quality of life (HRQL), 80, 138
 - measurement of, 7–8
 - rating scales, 291–2
- Healthy Years Equivalents (HYEs), 303
- helping activities, 6
- hierarchical scaling methods, 52
- hierarchy of human needs, 55
- higher-order needs, 22
- historic personalities, schizophrenia and, 73
- Hölderlin, Friedrich, 73
- holistic approach, 116
 - treatment in, 261
- homelessness, 61, 249
- homicidal attacks, 249
- Hospital Anxiety and Depression Scale (HADS), 139
- hospital hostels, 59–60, 61, 63
- hospital recidivism, 166
 - schizophrenia and, 121, 122
- hospital wards, 59, 63
- hospitalisation, schizophrenia and, 174
- housing, 306
 - purchase of, 248
- human needs, hierarchy of, 55

- human services, burn-out in, 272–3
- hypertension, psychological interventions in, 236, 237
- hypomimia, in schizophrenia, 222
- iatrogenic stressors, relatives and, 257–8
- ICD-10 Classification of Mental and Behavioural Disorders, 5
- ideal norms, 48
- identification, schizophrenia and, 73–4
- idiographic formulation, 113
 - complementary, 115
 - and diagnostic systems, 111–12
- idleness, perceptions of, 48
- illness, concealment of, 71–2
- Illness as a Metaphor* (Sontag), 69–70
- illness-related needs, 28, 29
- imipramine hydrochloride, 230
- impairment, definition of, 44, 45
- importance/satisfaction model, 21
- income, in quality of life, 6–7
- independence assumption, definition of, 301
- index adjusted life years, 299–302
- Index Adjusted Life Years (IALYS), 290, 304
 - use of, 300
- Index of Health-related Quality of Life (IHQL), 297
- individual goals, 130–32
- individual/organisational factor relationship, burn-out and, 280–2
- Individual Quality of Life (IQoL)
 - instruments, 292
- information-processing capacity, 182
- information sources, 51
- inner-cities, 61
- institutional life, 55
- institutionalisation
 - architectural, 263
 - negative symptoms and, 250
- institutionalism, definition of, 58
- instruments, measuring, 7–8, 47–48, 79–94
 - choice of, 93
 - in cost analysis, 296–9
 - domains of, 320 (table)
 - TAPS and, 243–6
- integrated strategy, 317
 - dementia and, 209
 - discharged long-stay patients and, 245–6, 251–2
- integrationist/normatising approach, 263
- interactional theory, 46
- internal referents, 39
- internal–external control, 275
- International Classification of Impairments, Disabilities & Handicaps (ICIDH), 44–5
- International Society of Quality of Life Research, 3
- interpersonal therapy (IPT), 230
- interrater, 52
- interrelatedness, in patients' lives, 124
- interval scale, 302
- intervention, rehabilitation model of, 42
- interview methods, schizophrenia and, 125
- intraclass correlation, 52
- isolation, 63
 - negative symptoms and, 243
- job characteristics, burn-out and, 281
- job satisfaction, 21
- Karnovsky Performance Status Scale (KPS), 228, 232
- key interlinked contradictions, burn-out and, 281
- KINDL-questionnaire, 189–90
- Kitchen Task Assessment (KTA), 206
- Kramer, Peter, 224
- labelling-theory, 189
- Lancashire Quality of Life Profile (LQOLP), 67, 72, 88, 90
- language structure
 - dementia and, 210–11
 - elders and, 196–202, 210–11
- learned helplessness, 275
- learning opportunities, burn-out and, 278, 279
- Lehman quality of life model, 167
- Lehman Quality of Life Interview (QOLI), 36, 84–5
- leisure, in experience sampling, 101
- Lenz, Jakob, 73
- Liebowitz Self-Rated Disability Scale, 157
- life definition, 123–4
- life domain indices
 - composite, 37
 - identification of, 80
- life expectancy, 194, 195, 323
- life experiences, restricted, 34

- life satisfaction measures, 31–42
 methodological issues in, 33–5
Listening to Prozac (Kramer), 224
 lithium treatment, effects of, 217
 living conditions, 9
 depression and, 141–4
 relatives and, 259
 schizophrenia and, 61
 locus of control, 275
 loneliness, elders and, 141
 long-stay patients, discharged, 241–52
 longitudinal course, dementia and, 209–10

 magnitude estimation, 302
 in cost analysis, 295
 mainstreaming, 311–12
 maladaptive need structures, 26
 maladaptive responses, 197
 managed mental health care, 315–17
 Management Orientated Needs Assessment
 instrument (MONA), 12
 managerial capacity, 313
 mania, 216
 marital life, anxiety disorders and, 153, 155
 marital therapy, 230
 material belongings, 320–21
 material indicators, 96
 meaning, as need, 25
 measurement, 7–8, 79–94
 approaches to, 320–22, 321 (fig.)
 child psychiatric disorders and, 189–191
 dementia and, 205–8
 future directions in, 119–33
 model, 128 (fig.)
 reasons for, 323–4
 redundancy, 13
 reliability of, 98
 strategies, 124–5
 TAPS and, 243–6
 measures analysis of variance (MANOVAs),
 36, 37
 mechanisms, dementia and, 204–5
 mediating variables, 38
 mediational model, 41
 mediators, of subjective quality of life, 38–
 42
 Medicaid
 care costs and, 312
 schizophrenia and, 126
 Medical Outcomes Study (MOS), 143, 152–
 3

 Medicare, reimbursement and, 314
 memory complaints, 203
 mental health authorities, 312–14
 mental health care, managed, 315–17
 mental health programmes, reasons for
 measurement in, 323–4
 mental health services, evaluating, 31
 mental health status, burn-out and, 281
 mental hospitals, 61
 mental state examination, discharged long-
 stay patients and, 244
 methodological issues, 29–30, 33–5, 64–7
 Meyer, Adolph, 110
 microeconomic theory, neoclassical, 300–
 301
 mitigating circumstances, carers and, 258–9
 models
 application, 26–9
 of daily quality of life, 98–9
 schizophrenia and, 167–9
 monitoring, of treatment, 103
 morbidity, schizophrenia and, 132
 mortality rate, and health status, 97
 Müller, Christian, 73
 multi-area assessment, 11–12
 multi-attribute utility theory, 292
 Multi-axial Classification System (MAS),
 185, 190
 multi-axial formulations, 111, 113, 114
 multi-dimensionality, 129
 depression and, 144–5
 multivariate statistical techniques, 307
 Munich Follow-Up Study, 159–60
 Murray's Disability Weighting, in cost
 analysis, 298
 Musil, Robert, 223

 Nash, John Forbes, 71–2
 National Comorbidity Survey (NCS), 151,
 156
 specific phobias and, 158
 natural support environments, 62
 need structure, domination of, 22
 needs
 categories, 26
 hierarchy of, 55
 higher-order, 22
 maladaptive, 26
 privileging of, 26
 suppression of, 26
 as universal, 22

- Needs for Care Assessment instrument of MRC-Unit (NCA-MRC), 12
- needs matrix, 131 (fig.)
- negative affect, depression and, 139
- negative symptoms
 - after discharge, 250
 - decrease in, 252
 - drug treatment and, 221
 - isolation and, 243
 - schizophrenia and, 122, 175
- negative syndrome, schizophrenia and, 170
- network paradigm, 264
- neuroleptics, 14, 65, 182, 216
 - children and, 183
 - schizophrenia and, 172, 173
- Nietzsche, Friedrich, 111
- noise, children and, 187–8
- non-industrialised societies, schizophrenia and, 64
- normative structure, burn-out and, 279–80
- norms, 48, 50
- North East Thames Regional Health Authority (NETRHA), 246–8
- North Wales Quality of Life Study, 35–8
- nosologies, psychiatric, 111, 112
- Nurses' Observation Scale for Geriatric Patients (NOSGER), 206
- nursing homes, 58
- objective assessment, 10
 - definition of, 197
 - dementia and, 203
- objective measures, 8–10
- objective QoL indicators, 84
- observation, consumer perspectives and, 267–8
- obsessive-compulsive disorder (OCD), 159–60, 231
- occupational activities
 - advancement in, 21
 - handicap, 45
 - schizophrenia and, 130
- occupational role
 - demands, 27
 - dysfunction, anxiety disorders and, 152
- olanzapine, 176, 177
- oncology, 4
- opportunity model, 287–8
- optimizing, experience sampling method and, 103–5
- ordinal data, in cost analysis, 291–2
- Oregon Quality of Life Questionnaire, 83
- organisational factors, 307–8
 - burn-out and, 276–82
 - serious mental illness and, 309–10
- outcome
 - dementia, 209–10
 - discharged long-stay patients and, 248–52
 - measurement, 31, 122–3
- outcome-orientated research, 228
- PACT, 309–10
- paired comparisons, in cost analysis, 295
- panic disorder (PD), 150–55, 231
 - treatment, 153–4
- PANSS, 175
- parkinsonism, 222
- participation, consumer perspectives and, 267–8
- passive leisure, 101
- Patient Attitude Questionnaire (PAQ), 242, 245
- Patient Outcome Research Act (1989), 166
- patients
 - discharged, 60–64, 241–2
 - in long-stay wards, 36
 - needs, 11–12
 - patterns of existence of, 20
 - preferences, assessment of, 293
 - satisfaction, discharged long-stay patients, 245, 250–51
 - subjective experience of, 19
- PCASEE model, 141
- peers, role of, 266
- perceived control, 37–8, 39, 40, 41, 56
- performance activities, social phobia and, 158
- persistent mental illness, 81–90
 - care organisation in, 305–17
- person trade-off, in cost analysis, 295
- personal data, discharged long-stay patients and, 244
- personal norms, 48
- personality development, 23
- personality disorders, 47
- person–environment model, 55
- pharmacophobia, 224
- pharmacotherapy, depression and, 146
- phobias, specific, 158–9
- physical health, 195
 - anxiety disorders and, 150

- discharged long-stay patients and, 244, 251
 - schizophrenia and, 123
- physical independence, 195
- physiological needs, 25
- population differences, schizophrenia and, 133
- post-traumatic stress disorder (PTSD), 160–61
- poverty, 57–8
- power structure, burn-out and, 279
- preference choice data, in utility measure construction, 294–5
- preference determination, in utility measure construction, 293–4
- preferences, assessment methods for, 295–6
- prejudices, 70
- Present State Examination (PSE), 244
- process-orientated research, 228
- programmatic engagement, community-based structures, 263
- programmatic examples, consumer perspectives and, 265–8
- programme evaluation tool, 31
- prophylaxis, 216
 - long-term, 215
- prospect (value) theory, 292
- Prospective Payment System (PPS), 314
- Prozac, 224
- psychiatric history, discharged long-stay patients and, 244
- psychiatric nosologies, 111, 112
- psychiatric practice
 - measurements in, 322–3
 - structural problems and, 282
- psychiatric symptoms
 - discharged long-stay patients and, 250
 - schizophrenia and, 129
- psychoanalysis, 229
- Psychological Adjustment to Illness Scale (PAIS), 233
- psychological empowerment, 268
- psychological environment, child
 - psychiatric disorders and, 185–187
- Psychological General Well-Being Schedule (PGWB), 138, 171
- psychological interventions
 - cancer patients and, 232–236, 235 (table)
 - cardiovascular disease and, 236–238
- psychological needs, 22
- psychological status, schizophrenia and, 123
- psychological well-being, depression and, 138–140
- psychopathological factors, schizophrenia and, 173–175
- psychopathological fallacies, 9
- psychopathological symptoms, exclusion of, 12–13
- psychopharmacological treatment
 - children and, 183
 - schizophrenia and, 176 (table)
- psychosis, symptoms of, 122
- psychosocial environment
 - adjustment, 232
 - child psychiatric disorders and, 185, 186 and fit, 184
 - performance, 65
- psychosocial rehabilitation programmes, 39, 40, 42
 - drug treatment and, 222
- psychosocial stressors, children and, 187
- psychotherapy, 227–39
- psychotropic drugs, 13, 215–25, 216 (fig.)
 - effects of, 216–17
 - negative consequences of, 218–19
 - social functioning and, 221–22
 - social/material circumstances and, 223
 - subjective well-being and, 220–21
- QL-Index, 233
- qualitative research methods, 29
- Quality-Adjusted Life Years (QALYs), 66, 289, 303
 - use of, 300
- Quality-adjusted Time Without Symptoms or Toxicity (Q-Twist), 303
- quality of life
 - definition of, 4, 53, 127, 180, 216
 - development of concept of, 3–8
 - domains of, *see* domains, quality of life
 - neglect of, psychotherapy and, 228–32
 - see also* happiness; well-being
- Quality of Life Checklist (QLC), 82
- Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q), 12, 91–2, 140
- Quality of Life in Depression Scale (QLDS), 12, 93, 139, 140, 239
- Quality of Life Index for Mental Health (QLI-MH), 89–90
- Quality of Life Instrument (WHO), 114
- Quality of Life Interview Scale (QOLIS), 36, 84–5, 90

- Quality of Life Scale (QLS), 12, 91
- Quality of Life Self-Assessment Inventory (QLSAI), 89
- Quality of Life Self-Report (QLS-100), 172, 173, 174
- Quality of Well-Being Scale (QWBS), 138
- quantitative research methods, 29
- questionnaires, expert-driven, 262
- ratio scaling, 302
- reality distortion fallacy, 9
- recidivism, schizophrenia and, 121, 122
- reference group norms, 49
- regression analysis, 40
- rehabilitation, 250
 - psychosocial programmes, 39, 40
 - self-directed, 265
- reimbursement approaches, alternatives to, 314–15
- rejection, depression and, 142
- relapse prevention, 220
 - children and, 183
- relatives, 253–60
 - and stigma, 71
 - see also* families
- research
 - consequences, consumer perspectives and, 267–8
 - measurements in, 322–3
 - planning, 261–9
 - psychotherapy and, 228
 - reliability, 52
- residential status, 39
- resignation, satisfaction of, 34
- resigned adaptation, 20, 21
- resources
 - access, 80
 - distribution, 3
- restricted life experiences, 34
- Revised Memory and Behaviour Problems Checklist (RMBPC), 208
- Rilke, Rainer Maria, 73
- risk attitude, constant proportional, 301
- risk perception, 223–4
- risperidone, 175–176
- Robert Wood Johnson Foundation, 313
- role
 - ambiguity, 277, 280
 - behaviour, descriptions of, 49 (table)
 - conflicts, 277
 - definition of, 46
 - demands, 27, 35, 277
 - disability, definition of, 47
 - functioning, 21–3, 43–54
 - modelling, 266
 - overload, 276
 - role performance
 - assessment of, 51
 - classification of, 47–9
 - conceptual models in, 44–6
 - disability assessment in, 49–52
 - empirical considerations in, 52–3
- Rosser–Kind Matrix, 67, 302
 - in cost analysis, 297
 - descriptions in, 298 (table)
 - reassessment of, 294
 - value/utility scale in, 298 (table)
- satisfaction
 - discharged long-stay patients and, 245, 250–51
 - judgements, depression and, 146, 147
 - model of, 20
 - of resignation, 34
 - as steering mechanism, 23
 - surveys, 262
- Satisfaction with Life Domains Scale (SLDS), 82
- satisfaction/importance model, 21
- satisfaction/subjective well-being, 10–11
 - relatives and, 260
- Saved Young Life Equivalents (SAVE), 303
- Scale of Competence in Independent Living Skills (SCILS), 206
- Scale of Functional Capacity, 207
- Schiller, Lori, 72, 74
- schizophrenia, 43–44, 90–91, 165–78
 - age at onset, 172, 181
 - antipsychotics and, 177 (table)
 - clinical studies, 170 (table), 170–71, 176–7
 - employment and, 74–5
 - future directions in, 119–33
 - historic personalities with, 73
 - identification and, 73–4
 - living environments and, 61
 - as metaphor, 70
 - models and, 167–9
 - non-industrialised societies and, 64
 - openness about, 72
 - psychopathological factors and, 173–5
 - psychopharmacological treatment, 176 (table)

- recovery from, 72
- relapse in, 220
- role performance and, 47
- self-evaluation and, 169
- self-management and, 265
- social networks and, 62
- sociodemographic factors and, 172–3
- symptoms, 65
- treatment, 119, 120, 130, 131 (table), 175–6
- use of term, 69
- school attendance, 182
- scoring, in instrument development, 127
- selective serotonin reuptake inhibitors (SSRIs), 217, 224
- self-awareness, 104
 - schizophrenia and, 169
- self-directed rehabilitation, 265
- self-efficacy, 39, 40, 41
 - expectations, 276
- self-esteem, 39, 40, 41
- self-evaluation, schizophrenia and, 169
- self-help
 - movement, 4
 - skills training programmes, 265
 - strategy, 104
- self-management, 265
- self-rating instruments, depression and, 138, 140
- self-report
 - depression and, 146
 - elders and, 208
 - interview, 81, 83, 86
 - schizophrenia and, 125, 126, 169, 171, 174
- sensitive issues, 8–14, 129–30
- sensorimotor development, 207
- separation anxiety, 182
- service planning, 261–9, 307–8
 - programmes, 81
- settings, measurement and, 125–126
- severe mental illness, 81–90
 - care organisation in, 305–17
- SF-36
 - depression and, 138
 - generalised anxiety disorder and, 161
 - schizophrenia and, 171
- Shaw, Bernard, 241
- Sheehan Disability Scale, 153
- sheltered environments, 263
- short-term psychoanalytic therapies, 229
- sick role, 23
 - patterns, 27, 28
- Sickness Impact Profile, 227
- side-effects, 65, 219, 218–19 (table), 322
- situation/aspiration discrepancy, 34
- situational stressors, relatives and, 255–6
- Skantze and Malm quality of life model, 167–8
- SmithKline Beecham Quality of Life Scale (SBQOL), 92, 139, 140
- Social & Occupational Functioning Assessment Scale (SOFAS), 190
- social acceptance, 25, 29
- social adjustment
 - anxiety disorders and, 152
 - depression and, 141
- Social Adjustment Scale (SAS), 142
- Social Behaviour Schedule (SBS), 245, 250
- social behaviour, discharged long-stay patients and, 244–5, 250
- social competence model, 275
- social control autonomy, 55
- social-cultural groups, schizophrenia and, 132
- social death, 207
- social desirability effects, 35
 - schizophrenia and, 126
- social disability, definition of, 47
- social dysfunction, 43–4
 - depression and, 142
- social-emotional circumstances, of home, 61
- social environment, child psychiatric disorders and, 187–9
- social exclusion, carers and, 256
- social functioning, 43
 - anxiety disorders and, 151
 - drug treatment and, 221
 - impaired, 103
 - psychotropic drugs and, 221–2
- social identity, 28
- social indicators, 96–7
 - research, 4
- social integration, discharged long-stay patients and, 245–6, 251–252
- social interactions, 101
 - schizophrenia and, 123
- social isolation, 63
- social labelling, 57
- social/material circumstances, psychotropic drugs and, 223

- social networks, schizophrenia and, 62
- social opportunities, 22
- social phobia, 14, 155–8
- social reactions, 27
- social relations, children and, 182
- social role, 9
 - definition of, 47, 57
 - dysfunction, depression and, 143
 - relatives and, 259
 - scales for, 48
 - theory of, 46–7
- social support, 6–7, 57
- socially disadvantaged groups,
 - schizophrenia and, 171
- societal stressors, relatives and, 256
- society norms, 50
- sociodemographic factors, schizophrenia and, 172–3
- sociology, 46
- Sontag, Susan, 69–70
- staff
 - burn-out, 272
 - quality of life, 271–83
- staffed homes, discharged long-stay patients and, 247–8
- standard drift fallacy, 14
- standard gambles, in cost analysis, 296
- standard of living, 55–68
 - relatives and, 259
- standards, dementia and, 204
- statistical norms, 48
- status, in quality of life, 46
- stigma, 11, 45, 46, 69–76, 266, 306, 322
 - carers and, 256
 - children and, 189
 - management of, 75–6
- stress, environment interaction and, 273
- stress appraisal, staff and, 274 (fig.)
- stress management, 237–8
- stressors
 - children and, 187
 - iatrogenic, relatives and, 257–8
 - situational, relatives and, 255–6
 - societal, relatives and, 256
- Strindberg, August, 73
- Structured Assessment of Independent Living Skills (SAILS), 206
- study design, TAPS and, 246–7
- subjective measures, 8–10
- subjective QoL indicators, 38–9, 84
- subjective utility, 289
- subjective well-being, 10–11, 32–33, 260
 - psychotropic drugs and, 220–21
- success, satisfaction of, 34
- suicide attempts
 - anxiety disorders and, 151, 161
 - post-traumatic stress disorder and, 161
 - social phobias and, 155
- survival measures, in cost analysis, 292
- Sutherland, Stuart, 74
- task variety, 278
- Team for the Assessment of Psychiatric Services (TAPS), 242
 - instruments, 243–6
 - study design, 246–7
- temperament, definition of, 184
- test–retest reliability, 52, 242
- theoretical models, 19–30
- therapeutic objectives, 215
- time trade-off, in cost analysis, 295–6
- time-budgets, 96
- time-sampling methods, 99
- total institution, 263–5
- Training in Community Living Program (TCL), 19
- treatment philosophy, burn-out and, 280
- treatment-seeking
 - in anxiety disorders, 150
 - in panic disorder, 154
- trialogue, 15–16
- universal health index, 291–2
 - composite measures for, 292–9
 - index adjusted life years, 299–302
- universal index postulate, 300–301
- utilisation management (UM), 316
- utility measures
 - in cost analysis, 292–9
 - universal index postulate and, 300–301
- vagrancy, discharged long-stay patients and, 248–9
- valproic acid, 217
- values, assessment methods for, 295–6
- victimisation, 306
- violence, 249
- visuo-spatial deficits, 205
- vocational rehabilitation, 39
- vocational status, 40
- Vulnerability–Stress–Coping model, 167–8

- Walser, Robert, 73
ward behaviour, 49
weight gain, 222
welfare economics, 287–8
welfare state, 4
well-being, 31–42, 80
 child psychiatric disorders and, 180–83
 depression and, 139
 global, 32
 measures, 12
 psychotropic drugs and, 220–21
 quotient, 87
 social, 43
 see also happiness; quality of life
WHO, definition of health, 5
Wisconsin Quality of Life Index (W-QLI),
 9, 12, 169
 schizophrenia and, 126, 128, 129
Woolf, Virginia, 73
work, depression and, 143
work disabilities, 103
work life, burn-out in, 272
working conditions, 271
Yale–Brown Obsessive Compulsive Scale,
 231

Index compiled by A. Campbell Purton