

Perception of Life Satisfaction of Adult People with Mild Mental Disability*

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Abstract

The paper deals with the presentation of the partial results of the research which was conducted in order to evaluate the life satisfaction of people with mild mental disabilities, who live in selected sheltered houses in Olomouc and Zlín regions. The questionnaire Schedule for the Evaluation of Individual Quality of Life (SEIQoL) in the Czech translation by Rodný, Rodná (2011) was administered to 50 residents with mild mental disabilities in sheltered housing. There were 26 women and 24 men. Life satisfaction was examined in various areas: health, labor and employment, financial situation, leisure, person itself, social relationships, and housing. This research should further verify whether the application of this research tool for this target group is appropriate. The main problems were based on the specifics of the group. In the area of reliability it was the inaccuracy due to the difficulty level of items, style, wording of the questions, the ambiguity of words etc. Emphasis must also be placed on semantic and conceptual equivalence, which plays a major factor in how people assess their quality of life. Correctly chosen strategy of these methodological overcame these problems. The results suggest that men with mental disabilities, compared with the norm, i.e. men of intact population are in areas of health, labor and employment, financial situation, leisure, person himself, friends, acquaintances and relatives and living completely normal do not show significant deviations. These results were confirmed in the opposite sex compared to the standard group of intact women.

Keywords: Adult people with mild mental disability, Sheltered housing, Schedule for the evaluation of individual quality of life

1. Introduction

The research is focused on mapping the life satisfaction of people with mental disabilities in sheltered housing in Zlín and Olomouc regions. Life satisfaction is a hot topic of many studies, so it is important to define this phenomenon. As Rodný, Rodná (2011) point out, the concept of life satisfaction is not defined sufficiently and is often confused with the related terms e.g. personal comfort, happiness, and especially the life quality (Blatný, 2005; Kebza, Šolcová, 2005; Křivohlavý, 2001). However, the unity of views is based in that individual cognitive and affective components of all areas of life can contribute to the life satisfaction. It is often classified on the level of subjective state. It concerns the perception of man's place in society, where the final satisfaction derives from personal goals, expectations and interests. On the contrary, an objective quality pursues the material security, social conditions and status, physical health (Mühlpachr, Vaďurová, 2006). What brings people in life satisfaction is based on individual values, attitudes, goals, experience varying in time (Křivohlavý, 2001). Čadilová et al. (2007) point out that all people with disabilities have the same rights to meet their needs as other citizens, i.e. need of security, safety, respect etc. These factors are primarily based on Maslow's theory of needs, from satisfying basic physiological needs to higher needs. Křivohlavý (2002) in monitoring the quality of life defines four levels, i.e. the macro-level (the life quality of 7

large social units e.g. the continent); meso-level (the life quality of small social groups, e.g. school, business); personal level (focused on the life of the individual) and the physical level of existence (interest focused on the physical existence of man). Interest in the life quality of different groups, including people with disabilities, is rising.

For people with mental disabilities we need to focus not only on treatment, but also on support in different areas of their lives in order to integrate these people into society. Adulthood of people with mental disabilities is not fundamentally different from intact adult people. Hartl, Hartlová (2000: 120) defines it as *"the peak of development of specific function or set of functions"*, dividing it into biological adulthood, emotional, social and cognitive. Vágnerová (2004: 119) says that it is a *"period of freedom of choice, connected with the responsibility for their decisions, and the ability to obtain and fulfil their relevant roles."* Regarding to a mental retardation, we talk about lower intellectual abilities (especially in cognitive, language, physical and social areas) (Valenta, Müller, 2007). The specifics, however, are the primary causes of the very physical presence in mainstream society does not contribute to achievement of the integration, but on the contrary, because of these reasons, these people are excluded on the edge of society (Emmerson, McWilly 2004).

Aims

The aim of the study was to determine the life satisfaction of people with mental disabilities in sheltered housing, their needs and possible precautions for the development of these services. It is needed to apply this multidimensional concept across different sectors, particularly in social area, education and health care (Gomez Arias, Verdugo, Navas, 2012). The current trend of deinstitutionalization of large residential facilities and the transformation process shows us a new dimension of the life quality. Deviation from collective care was closely linked with quality of life emphasizing the intangible values such as the dignity and self-determination of the individual. As mentioned in Goffman (1961: 14) total institution is a place *"where a large number of people with the same characteristics is separated for a considerable time from other companies, leads formally driven life that is closed from other companies"*. This is confirmed by documents from the development of community care (2011), which mention the feeling of physical safety, food, and shelter cannot replace the feeling of satisfaction and accomplishment associated with life in society. Currently, sheltered housing that is provided to individuals with reduced self-sufficiency due to disability or chronic illness, including mental illness, who need assistance of another person (Law No.108 / 2006 Sb.), is included in one of the rapidly expanding social services. The importance of this form of housing is confirmed by domestic studies carried out in 2008-2011, which were attended by 95 people who wanted to leave the institution. The results showed that the place where they want to stay *"are determined mainly by offering residential social services such as home for people with disabilities in sheltered housing"* (Johnová, Strnad, 2012: 33). Pipeková (2006) mentions that the service allows users to live a relatively independent life in the current environment of own home. Sobek (2009) agrees with her. He considers sheltered housing as an alternative to traditional institutional care. The benefit is the social inclusion with the possibility of integration into everyday life. Švarcová (2011) points out that sheltered housing is only relevant if users are working, visit various centers and institutions for employment and leisure. In this case, it is one of the most advanced forms of services. Assistants as a consultant help adult users with everything that they cannot cope themselves (e.g. cleaning, cooking). Sheltered housing provides the necessary form of protection mentioned by Selikowitz (2005) e.g. problems to manage certain personal issues, when it is needed to provide protection or support in important decisions, but only to the extent that is needed. This is followed by other authors who confirm the system of social policy that according to Novosad (2000) refers to social services, which represent a relatively wide range of support, measures and assistance that comes from necessity to deal with adverse life situation of people with disabilities. Máhrová, Venglářová (2008) add that this system should include the greatest variety of services with the aim of preventive action in all spheres that lead to improvement of the life quality.

As described above the life satisfaction of people with mental disabilities is influenced by many variabilities, and these are reflected in the areas that became the subject of our investigation. Occupation is considered as the core area since previous studies showed that the subjects stated the importance and indispensability of work in their lives and freedom of choice in its selection. In connection with this fact the extension of social contacts with intact individuals with regard to the stay in a natural environment is positively evaluated (Kasáčková, 2014). Through the work, the habit of proper money management and reduction of dependence on care and support services in sheltered housing was developed (Kasáčková, Kozáková, 2014). The significance of employment does not only mean a greater economic independence for people with mental disabilities, but is also closely linked to lifelong learning and has a major influence on the development of the individual competences. This represents a preventive factor in the fight against socio-pathological phenomena (Černá, 2008). Being employed is one of the most valued social roles in society and brings respect for these people (Banfalvy, 1994). But as foreign researches point out it is still very difficult in the case of this target group to find adequate employment. Disability usually means disadvantages in this area and thus after finishing of educational studies it is very difficult for these people to get job (Banfalvy, 1994). Problematic is also underpinning the financial rewards for employees with mental disabilities. As reported by McConkey, Mezza (2001), only 9% of people with mental disabilities had paid job. Many people with mental disabilities work only part-time, but some of them would like to have full-time job. They want to learn new things, build a career, to experience success etc. (Reid, Parsons, Gree, 2001). It was also confirmed that the preparation for the labor process and the subsequent employment have beneficial effects, as confirmed by the company view (Kasáčková, Kozáková 2014). Foreign studies show the results investigating the influence of employment on the life quality of these people which have a growing tendency, and thus indicate greater satisfaction with their own lives (Bonham et al., 2003). These people are allowed to create new social networks due to their integration into the labor market. Researches show that people with mental disabilities often make friends with people with the same type of disability (Emmerson, McWilly, 2004). For these reasons, many authors have pointed to the real key factor of integration, which is to induce the friendship of people with mental disabilities and intact people (Kennedy, 2000). Social networks, relationships are seen as one of the influential factors of the life satisfaction (Bonham et al., 2003). Domestic and foreign researches try to direct attention to individual areas and influences that have impact on them.

Another determinant of the process may be a form of leisure. If people with mental disability are to play the role of "ordinary" citizens, they need support also in engaging in a variety of leisure and recreational activities so that they can realize these activities in the same environment and in the same way as other citizens. (Kozáková, 2013) In his spare time, one has to perform activities that brings him joy, relaxation etc. It should not be an obligation. On the contrary, it is a time when you need to step back from work and responsibilities (Pávková, 2002). For people with mental disabilities it can be very difficult to obtain an idea of how to spend their free time. The situation is challenging especially for people with disabilities who leave their homes where the leisure is organized and they move to sheltered housing, where they have possibility of personal choice (Matoušek, 2005). Determinants mentioned above and also other ones such as (family, partnership, health, education, etc.) influence the process of socialization, i.e. the level of individual integration into society. We talk about the interaction between the individual and society (Vágnerová, 2004).

2. Methods

The main objective of partial research was to analyze the life satisfaction of users with mental disabilities in sheltered housing in the Olomouc and Zlín region. The main method for data collection was Life Satisfaction Questionnaire (SEIQoL) in Czech translation by Rodný, Rodná (2001). The questionnaire includes 10 areas with 7-point scale (from very dissatisfied - 1, to very satisfied - 7). Total gross score of each field is converted by the age of subject to a standard score called Staninové standard. The results were compared with regular intact population. Applied method was complemented by socio-demographic data. Data was evaluated quantitatively by psychologist.

Due to the specifics of the target group, it was not possible, despite our efforts, to monitor all areas of the questionnaire. For this reason, the results are from the following areas: health, labor and employment, finance, leisure time, person himself, friends, acquaintances, relatives and housing. Overall life satisfaction could not have been evaluated due to unsaturation of some items (especially we lack answers on sexuality, intimate partner, children). We met also with doubts regarding semantics of questions, the ambiguity of words etc. These factors were partially replaced by questionnaire method Quality of life by Shalock, Keith (1993), when the results were obtained from other respondents of sheltered housing in the Zlín Region and Moravskoslezský region. They were presented at national conferences and will be published in an upcoming issue of the *Journal of Exceptional People*. Set of subjects consisted of 50 users with mental disabilities from sheltered housing, who were selected by simple intentional (purposeful) selection, when, according to Miovský (2009), we select potential research participants who meet certain criteria, therefore are appropriate to the research, however, with their consent in case of their incorporation. Subjects division into age groups 14-25 years, 26-35 years, 36-45 years, 46-55 years, 56-65 years was important to properly evaluate the different areas of a standardized questionnaire. A more detailed description is given in Table 1 below. Due to the specifics of this group, time for filling the questionnaire was 15-20 minutes compared with an average reported length of 5-10 minutes. The data were collected in the period 02 / 2015-04 / 2015.

Table 1 Description of sample

Number of respondents	Total number (n= 50)	Men (n=24)	Women (n=26)
Average age	36,6	36,7	36,5
Education			
Unfinished	4	2	2
Standard	26	12	14
Apprenticeship without maturita	13	8	5
Apptenticeship with maturita	2	0	2
High school	5	2	3
Marital status			
Single	43	19	24
Married	1	1	0
Widower	0	0	0
Divorced	1	1	0
Partner	5	3	2
Household			
Alone	22	12	10
With a partner	2	2	0
With a friend	1	1	0

With a roommate	8	0	8
With parents	6	3	3
Not filled in	11	6	5
Occupation			
Yes	39	20	19
Pupil	0	0	0
Student	2	1	1
Retired	4	1	3
Unemployed	5	2	3

3. Results

Partial results will be presented in Tab. no. 2, which shows how many subjects belong to particular stanin range. They were not evaluated individually, but we have created areas where individual results belong to. Stanin range from 1 to 3 means for us an area in which subjects are dissatisfied, stanin range from 4 to 6 shows the answer falling in certain standards, we evaluate very above-average satisfaction with this area standard range and stanin range from 7 to 9.

Table 2 Stanin range

Areas	1.-3. stanin			4.-6. stanin			7.-9. stanin		
	Number			Number			Number		
	HS	of users	%	HS	of users	%	HS	of users	%
Health	28,8	17	34	35,9	31	62	45	2	4
Labour and employment	22,7	3	6	33,4	23	46	42,7	18	36
Financial situation	21,8	5	10	33,7	29	58	39,3	12	24
Leisure time	0	0	0	38,5	21	42	40	27	54
Person himself	31,1	21	42	34,4	25	50	46,3	4	8
Friends, acquaintances, relatives	30,3	4	8	35	28	56	42,6	18	36
Housing	27	5	10	37,6	24	48	42,7	21	42

Table 2 shows that the majority of subjects belongs to staninové range from 4 to 6, which means that in these areas they are satisfied. However, we can observe differences in leisure time, which is expressed in staninové range from 7 to 9. In comparison with the standard (intact people) the result is falling specifically into 9. Stanin which indicates excessive satisfaction with this area. Women have no quite strong opinion on what affects their leisure time. Regarding women, younger and older, there was a

consensus of satisfaction "with the length of annual leave" in a valued range with the item no. 6, followed by "time dedicated to their close friends". Concerning younger men (under 35 years), the entry of satisfaction with the relaxation is the most frequent one, we are talking about relaxation after work. Older men (by 36 years) most frequently evaluated the quality of relaxation on holiday.

On the contrary, the entry of satisfaction with their own is evaluated on the border of dissatisfaction (42%) and lower boundaries of satisfaction (50%), frequently chosen item "in the way that I have ever lived," plays the negative role in here. There was also positively evaluated contentment "with his vitality (i.e. the joy with life and life energy). " The opinion on great dissatisfaction of younger and older men corresponds with the view of women, and with the way of life they have lived so far. This is reported on a scale no. 2. Positive evaluation on the scale no. 7 is satisfaction with the fact that he/she can get along with other people.

Furthermore, we present particular age groups and their frequent answers in particular areas of the questionnaire. Younger women are satisfied with their body condition on the scale no.5 in the area of health. Least rated item was the answer whether the respondent has any pain. Older women are excessively satisfied with their body condition.

In the field of labor and employment younger women evaluated no. 6 and placed importance on career advancement and success at work. Older women place employment status and the atmosphere in the workplace at the same level.

Finance is ranked among younger women on a scale no. 6 in terms of tangible security of their own existence at the same level as financial income, which comes from work. Older women evaluated the item of income the most.

Friends, family and acquaintances are for people with mental disabilities an important element in their lives, and younger women rank them on a scale no. 6. The same is applied to relations with neighbors. The importance of contact with relatives and help from friends are more valued by older women. The younger age groups associated the housing sector with three elements, namely the state of the apartment, availability of vehicles and standard that the flat offers. Older women value availability of means of transport and location of the apartment the most.

A group of younger and older men evaluates their mental health performance as a higher one. Concerning labor and employment, younger men tend to prefer items indicating success and satisfaction altogether with the atmosphere in the workplace. Older men assessed in maximum the career path, with certainty for the future work and achievements.

Area of friends, family and acquaintances – younger men assess the participation in the free time activity groups and other activities, as well as, they find acquaintances and subsequent support from those they love important. Older men prefer company on a scale No.7. The housing sector is evaluated by younger men usually in connection with the position of the apartment, silence (or noise environment), which have been appreciated as satisfactory and the state of their apartment. Older men have claims only on the availability and location.

4. Discussion

As already mentioned in the methods, there were few limits in the context of the research. The main reason stems from the specifics of the chosen group. We would include difficulties in understanding, paying attention, fatigue and current state of mind can affect the well-being of the subject and his reaction when filling out the questionnaire, problems with terminology, abstract expressions etc. We could not manage to make an overall evaluation of life satisfaction since in certain areas such as marriage or children is very low possibility of occurrence of this sample subjects. Nevertheless, we consider the results to be important especially in connection with the work of assistants and strengthening competencies

towards users of sheltered housing. Unearthing the needs of people with mental disabilities is especially important in order to improve the concept of sheltered housing and improve the quality of provided services.

5. Concussion

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