A gap approach to exploring quality of life in mental health

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Accepted in revised form 29 May 2001

Abstract

Improving quality of life (QoL) is an important treatment outcome for the serious mentally ill. There is, however, a need for an instrument which both captures consumers own assessments and gives direct information for intervention. A useful approach is to define QoL as the gap between actual and ideal life circumstances, which is weighted by importance. In this paper we detail how we developed and evaluated a QoL instrument which follows this model. This instrument, the ‘QoL-GAP’, is based on self-appraised items within various life domains. For each item respondents firstly identify what they have (actual) and then what they would like (ideal). They then rate the item for its importance and make any comments. A weighted gap score for each item is subsequently derived from the ideal–actual gap being weighted by the importance rating. This weighted gap score is then related to domain satisfaction ratings, while their average from each domain is related to overall satisfaction and well-being. We surveyed 120 individuals with a serious and enduring mental illness living in different types of residences, such as psychiatric hospitals, hostels, or their own homes, in a largely urban part of Queensland. Sixty-eight percent were males, and 92% had schizophrenia or related disorders. We found that our approach demonstrated good psychometric properties, and that the model-based predictions were borne out: weighted gap measures were consistently more strongly related to domain satisfaction than were the actual circumstances alone. While further work is being undertaken – in such matters as short-forms and further evaluation of the QoL-GAP in a longitudinal study – our results suggest that this ‘gap’ approach helps consumers state their own goals and give their opinions – and so is particularly relevant for consumer-focused mental health delivery and research.

Key words: Discrepancy theory, Gap measures, Planning and outcome measures, Psychometric properties, Quality of life

Introduction

While there has been a generally recognised need to assess the quality of life (QoL) for those with a mental illness, there is little agreement about the definition of QoL and related terms [1, 2]. A comprehensive review by Katschnig [3] discussed various issues involved in assessing QoL for the mentally ill, including its multi-dimensional nature and the need for multiple-stakeholder appraisals – given the possibility that psychopathological symptoms may colour consumer-assessed QoL.

There is also the question of how to incorporate QoL assessment into routine mental health service delivery [4–6]. Katschnig referred to an early paper by Calman [7] who defined QoL as the match between expectation and reality. In this paper, we examine whether this ‘gap’ definition of QoL is a useful theoretical approach, and whether it can be operationalised in such a way that addresses at least some of the concerns raised regarding QoL assessment [8]. Like other areas of research [9], many studies of QoL for the seriously mentally ill have found that
subjective responses to life circumstances may be more important to satisfaction than actual or objective status: so, for example income does not predict life satisfaction [6, 10, 11]. An extension to this approach introduces an idea of goal or ideal circumstance. This suggests that such ratings of satisfaction (and by inference QoL) are influenced by the comparison a person makes between his/her objective and ideal circumstances. This approach is reflected in the World Health Organization’s definition of QoL as ‘... the individual’s perception of his/her position in life in the context of the culture of value system in which he/she lives and relation to his/her goals, expectations, standards, and concerns’ [12].

A number of empirical studies also support a 'gap' conception of QoL. For example, within a particular life area or domain, a small gap between actual and ideal circumstances has been found to be associated with high satisfaction and a large gap with low satisfaction [13]. Nevertheless the relationship between domain specific gap measures and global measures, such as life satisfaction, may not be straightforward. This may be particularly the case when examined over time. Findings, such as low satisfaction with life of lottery winners and relatively high satisfaction of some seriously ill or disabled groups, have been used to argue that ideals adapt to changes in circumstance [14]. However, studies directly examining this question suggest that changes in circumstance do alter satisfaction in the expected direction, with effects evident for up to two years [13].

Satisfaction may also be influenced by the importance the individual attaches to any particular item. So deriving a measure which weights a gap measure by importance may help identify the circumstances contributing most to satisfaction for the individual and how these may change over time. Thus weighting gap measures by importance may also allow individual differences to emerge [15–17]. For example, Atkinson [18] found that divorce tends to result in very negative or very positive effects on life satisfaction when rated by the individual, but only a modest overall decrease in satisfaction when ratings are pooled for the total group. This also suggests that individual differences in meaning are also important, thus introducing the need to enhance quantitative data with qualitative information, an approach being given increasing recognition in health [19] and mental health research [20, 21].

There are particular considerations when assessing QoL of individuals with a serious mental illness. For example, the issue of self- vs. other-appraisal is contentious [3, 22]. The validity of self-appraisal has been queried because appraisal may be influenced by response artefacts [23] and psychiatric conditions such as psychosis and depression [24–26], although not all researchers have found such an effect [27, 28]. Similarly, levels of subjective satisfaction and choice of goals may be unduly influenced by lowered expectations [26] and/or a restricted range of experiences from which to make a selection [29]. Nevertheless, self-appraisal is particularly important for consumers because their views on their own QoL can differ from others [30], and using someone else’s assessment risks imposing another’s values [31]. Even if influenced by clinical and life experiences, the consumer’s perspective should form the basis for clinical discussion between clinician and consumer [12]. Within Katschnig’s [3] ideal of using multiple stakeholders, perhaps a gap measure can best represent the consumer perspective.

There are other conceptualisations of discrepancy measures. Some global approaches are based on appraising one’s perceived life-achievements or life-satisfaction against a number of standards. For example, congruity theory suggests that overall life satisfaction is determined by a set of judgments or comparisons concerning one’s life accomplishments against a set of standards [9, 32]. Similarly, Michalos’ [33] multiple discrepancy theory proposes life-satisfaction as the balance of several appraisals of ‘how-life-is’ with ‘how-it-should-be’, and shows that small discrepancies are associated with high satisfaction. However, while Sirgy et al. [9] suggest ‘unidimensional’ comparisons are limited measures of global life satisfaction, a number of simpler ‘ideal-actual’ gap measures at the item level within the domains may be more useful and appropriate for the mental health consumer population. This implies a simplified model of QoL which relates weighted gaps to satisfaction and well-being measures.

Considering the model raises the issue of coverage. Because mental illness impacts on all areas of life, QoL assessments often go beyond psychiatric and physical symptoms to include psycho-