

Mental Health Symposium: Resiliency and wellness strategies
for individuals living with mental health illness

Assessing Internal Resiliency Factors among Puerto Rican Psychiatric Outpatients: Promoting Wellness



Rut F. García-Robles, Ph.D.
Private Practice
Arecibo, Puerto Rico



Sean K. Sayers-Montalvo, Ph.D.
Cecil G. Sheps Center for Health Services Research
University of North Carolina at Chapel Hill

**140th American Public Health Association Annual Meeting and Expo,
San Francisco, CA, October 27-31, 2012**

Purpose of the Study

- Assess internal resiliency factors among Puerto Ricans with clinical psychiatric diagnoses in order to understand how they cope with the problems that surround them.

Sample and Measurement

- One-hundred patients (50 ambulatory and 50 from partial hospitalization), men and women, 21 years of age and older, who live in Puerto Rico completed demographic information and the Internal Resilience Factors Scale (IRFS) (García & Sayers, 2010).
- The IRFS has seven subscales: Spirituality (SPI), Satisfaction (SAT), Problem Management (PM), Emotional Stability (ES), Optimism (OPT), Autonomy (AUT), and Insight (INS).

Objectives

- Identify internal resilience factors that are strengths and weaknesses among Puerto Rican outpatients.
- Discuss how resilience factors should be used to promote patient well-being during therapy.

Hypothesis

- Ambulatory psychiatric patients will have higher scores than partial psychiatric patients on the IRFS.

**WHY IT IS IMPORTANT TO STUDY
RESILIENCE WHEN DEALING WITH
MENTAL HEALTH ISSUES?**

Mental Health and Mental Illness



Resiliency Keywords

- Bounce back
- Rebound
- Hardship
- Overcome
- Strengthen
- Transform
- Face adversity
- Protective factors
- Positive adaptation



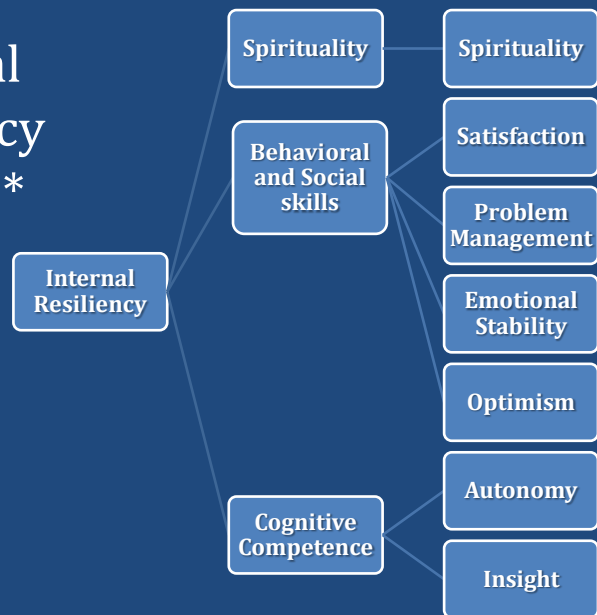
Resiliency as a Mental Health Strategy

- Wolin and Wolin (1999) define resilience as the process of struggling with hardship.
- Resilience has been studied as a dynamic process of successful adaptation to adversity revealed through the lens of developmental psychopathology (Zautra, Hall, & Murray, 2010).

Our Resilience Framework

- Internal strength, which is dynamic, inherited, and learned.
- Allows us to combine protective and risk factors when facing ordinary or extraordinary events.
- Learning process that is developed internally and manifested externally.

Internal Resiliency Factors*



* García & Sayers (2010). An adaptation of Kumpfer's Model (1999)

Resilience in Psychiatric Patients

- People with psychiatric disabilities are resilient (Deegan, 2005).
- Resilience in the context of mental illness is an interplay of cognitive, emotional, and spiritual aspects; that is, to think about, feel for, and believe in the self and life (Edward et al., 2009).

Resilience: Recovery from Stigma

- People with mental illness have to recover from the stigma they have incorporated into their very being (Anthony, 1993):
 - iatrogenic effects of treatment settings
 - lack of recent opportunities for self-determination
 - negative side effects of unemployment
 - crushed dreams

WHICH ARE THE INTERNAL RESILIENCY FACTORS AMONG PUERTO RICAN ADULTS WITH CLINICAL PSYCHIATRIC DIAGNOSES?

Description of Psychiatric Groups

Ambulatory

- PR Mental Health Law (183): lower step in the care levels
- Minimal face to face time with patient
- Intervention vary from weekly, biweekly, monthly
- Length of treatment sessions: 30 to 60 minutes per session
- Variety in acute symptoms
- Cheaper than partial and full hospitalization

Partial

- PR Mental Health Law (183): one of the higher steps in care levels
- More face to face time with patient
- Intervention is performed on a daily basis during a period of 1 or 2 weeks
- Duration: 6 to 8 hours daily
- More acute symptoms
- Cheaper than full hospitalization

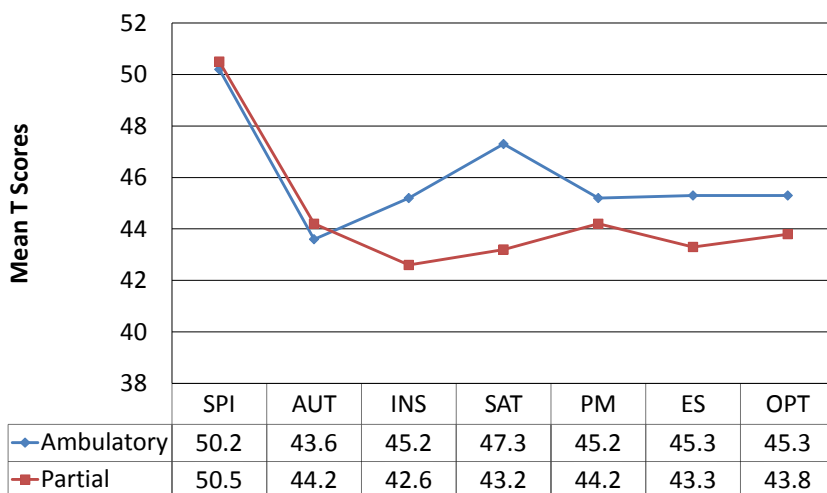
Sample Demographic Characteristics

Variables	Ambulatory	Partial
Age	48 years (<i>SD</i> = 10)	46 years (<i>SD</i> = 11)
Gender	Male (52%)	Female (56%)
Civil status	Married (56%)	Married (50%)
Education	High School (26%)	Associate or Technical Degree (46%)
Occupation	Retired/Pension/Handicapped (54%)	Employed (50%)
Annual income	< \$10,000 (56%)	< \$10,000 (24%)
		\$10,000 - \$20,000 (24%)

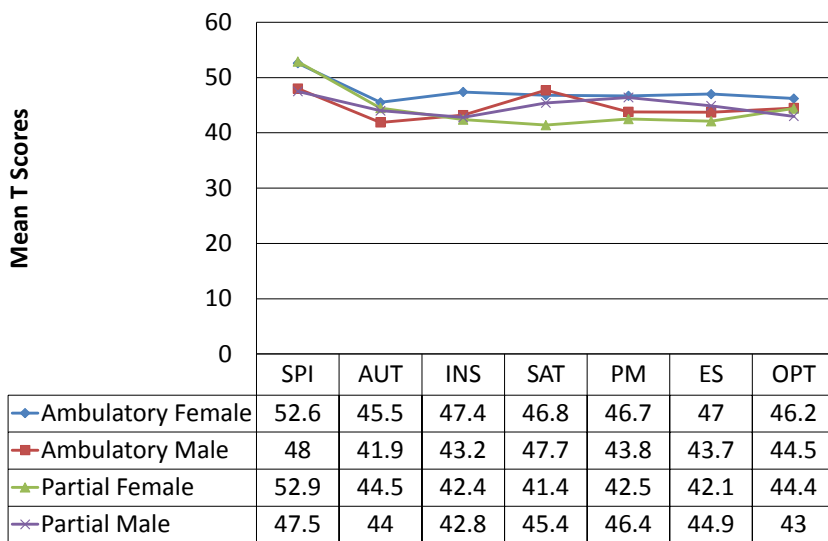
Sample Mental Health Characteristics

Variables	Ambulatory	Partial
Stress level	8	10
Primary symptoms	Sadness (78%)	Anxiety (92%)
	Anxiety (74%)	Sadness (86%)
	Tiredness (72%)	Poor concentration (80%)
Axis I diagnosis	Depression (90%)	Depression (82%)
	Bipolar (10%)	Bipolar (14%)
		Schizophrenia (2%)
		PTSD (2%)
Years in treatment	3 years (<i>SD</i> = 3.7)	4.5 years (<i>SD</i> = 5.2)
Improvement	Much or a lot (60%)	Little (42%)
Diagnosis influences on the way they look:		
Themselves	Much (52%)	Much (46%)
Others	Much (38%)	Little (36%)
Life	Much (56%)	Much (48%)

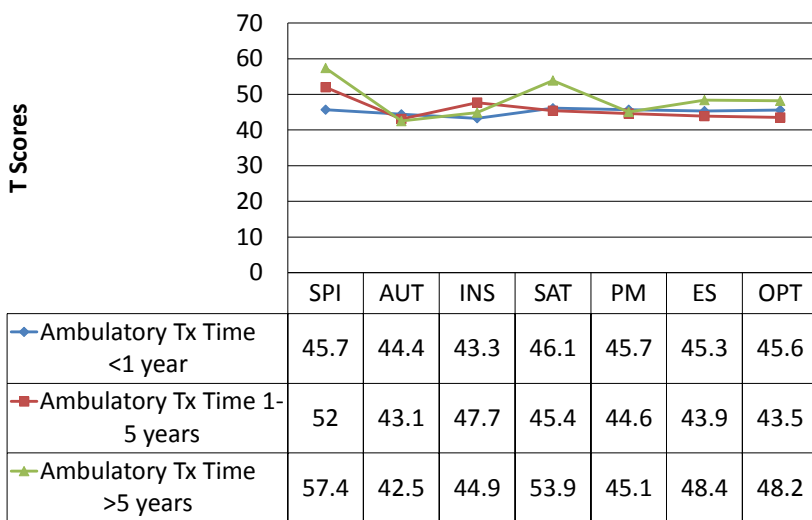
Internal Resilience Factors by Psychiatric Group



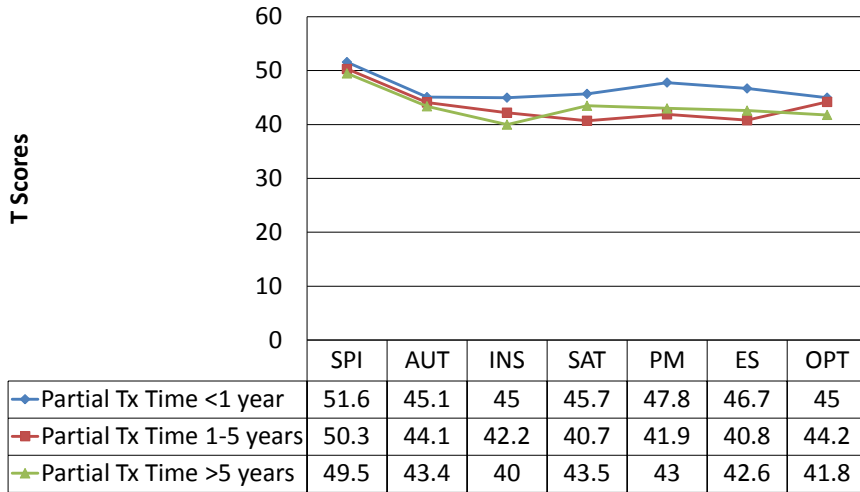
Internal Resilience Factors by Gender



Internal Resilience Factors by Time of Treatment: Ambulatory Group



Internal Resilience Factors by Time of Treatment: Partial Group



Regression Models

- OLS regression models were run to predict internal resiliency factor scores.
- Predictor: gender, psychiatric group, and time in treatment.
- Criterion: internal resilience factors (IRFS).

OLS Statistically Significant β Coefficients

Resilience factor	β	S.E.	t	p	[95% C.I.]	
SPI						
Male	-7.76	3.28	-2.36	0.02*	-14.20	-1.33
gender*group*txyears	-0.13	0.07	-1.93	0.05*	-0.27	0.002
cons.	51.13	2.42				
SAT						
Tx: 5 or more years	11.26	4.09	2.75	0.006*	3.24	19.28
group*txyears	-0.10	0.04	-2.70	0.007*	-0.18	-0.03
cons.	45.31	2.35				

* $p \leq .05$

Regression Models: Key Findings

- Spirituality:
 - Females score 7.8 points higher than males.
 - The interaction between gender, psychiatric group, and treatment years is significant.
 - A partial psychiatric hospitalization male patient is more likely to have lower score through time than a female.

Regression Models: Key Findings

- Satisfaction:
 - Patients who are in treatment for 5 years or more will have an 11 point increase as compared to patients with less than 1 year of treatment.
 - There is an interaction effect between psychiatric group and treatment years; patients in ambulatory care will score higher through time than those in partial hospitalization.

DISCUSSION

What Did We Find?

- Focusing only on the assessment of internal resiliency factors for the psychiatric group, ambulatory patients have higher scores than partial patients on Insight, Problem management, and Emotional stability.
- Both psychiatric groups have similar scores on Spirituality, Autonomy, Satisfaction, and Optimism.
- Spirituality is the most important internal factor for both groups of psychiatric patients.

Clinical Implication of Findings

- Differences or similarities in internal resilience factors can help us:
 - Identify protective factors and use them as a strength.
 - Strengthen areas that are “weak” (i.e. low scores).
 - Promote well-being.
 - Promote coping skills.
 - Prevent relapse or the arise of a second diagnoses.

CAN THESE RESULTS BE FOUND IN OTHER SAMPLES OF PSYCHIATRIC PATIENTS?

Cultural Relevance

- Resiliency is a global matter, but we have to sit down and understand it from the perspective of each individual and each culture (Werner, 1995; Lopez et al., 2005).
- Similar characteristics among certain groups will exist, however, environmental factors, personal traits, cultural beliefs, and social support systems will vary in how problems are viewed.

HOW DO WE GET THEM BETTER?

Ways to Get Them Better

- Use resiliency as a wellness strategy.
- Focus on resiliency factors.
- Understand protective and risk factors in order to promote resiliency factors.

Means T Scores: Group Profiles*

With Psychiatric Diagnosis

1. Spirituality (50.3)
2. Satisfaction (45.2)
3. Problem Management (44.7)
4. Optimism (44.5)
5. Emotional Stability (44.3)
6. Insight (44.0)
7. Autonomy (44.0)

Without Psychiatric Diagnosis

1. Autonomy (56.8)
2. Insight (56.7)
3. Emotional Stability (56.4)
4. Optimism (56.1)
5. Problem Management (55.9)
6. Satisfaction (55.3)
7. Spirituality (49.6)

* García, Sayers, & Rodríguez (2011)

CONCLUSION

Resilience as Public Matter

- Promote well-being and global health.
 - Mind, Body, and Soul triad.
 - Treat Illness and prevent relapses.
- Restructure treatment.
 - Prompt clinical needs taking into consideration variety and severity of symptoms.
 - Improve internal factors with lower tendencies.
 - Promote protective internal resiliency factors.

Resilience as Public Matter

- Promote change in public policies associated with physical and mental health.
 - Change one way oriented policies and include mental health issues.
- Impact in global economy.
 - Investing in mental health programs helps to promote health and prevent setbacks.
 - Investment in time and money (human and material resources).
 - Reappraise the objectives, resources, agendas, interventions and design of each level of care.

**COMMENTS OR QUESTIONS?
THANK YOU FOR YOUR
ATTENTION!**

**dragarciarobles@yahoo.com
ssayers@email.unc.edu**

References

- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16(4), 11-24.
- Deegan, P. E. (2005). The importance of personal medicine: A qualitative study of resilience in people with psychiatric disabilities. *Scandinavian Journal of Public Health*, 33(66), 29-35.
- Edward, K., Welch, A., & Chater, K. (2009). The phenomenon of resilience as described by adults who have experienced mental illness. *Journal of advanced nursing*, 65(3), 587-595.
- García Robles, R., & Sayers Montalvo, S. (2010). Development and validation of the Internal Factors Resiliency Scale in a sample of Puerto Rican adults. In J.R. Rodríguez (Ed.), *Hacia una psicología puertorriqueña de la religión: Investigaciones preliminares* (pp.135-153) [Towards a Puerto Rican psychology of religion: Preliminary investigations]. Hato Rey, PR: A Plus Copy Services, Inc.
- García Robles, R., Sayers Montalvo, S., & Rodríguez Gómez, J. R. (2011, November). *Resiliency factors among Puerto Rican adults with and without a psychiatric diagnosis*. Poster presented at the Caribbean Regional Conference of Psychology, Nassau, The Bahamas.
- Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 179-224). New York, NY: Kluwer Academic/ Plenum Publishers.
- Law 183 of Puerto Rico. (2008, August 6). *New Mental Health Law of Puerto Rico*. Senate Project 468, 1148, 1719, & 1921. Retrieved from <http://www.lexjuris.com/lexlex/Leyes2008/lexl2008183.htm>
- López, S. J., Prosser, E.C., Edwards, L. M., Magiar-Moe, J. L., Neufeld, J. E., & Rasmussen, H. N. (2005). Putting positive psychology in a multicultural context. In S. R. Synder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp.700-714). Oxford, England: Oxford University Press.
- Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science*, 4(3), 81-85.
- Wolin, S., & Wolin, S. (1999). *Project resilience*. Retrieved from <http://projectresilience.com/index.htm>
- Zautra, A. J., Hall, J. S. & Murray, K. E. (2010). Resilience: A new definition of health for people and communities. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *The handbook of adult resilience* (pp.3-29). New York: The Guilford Press.