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

- Needs
- Weakness
- Risk
- Pathology

Mental Illness

- Potentiality
- Resources
- Strengths
- Resiliency

Mental Health

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.
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

<table>
<thead>
<tr>
<th>Variables</th>
<th>Ambulatory</th>
<th>Partial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>48 years ($SD = 10)</td>
<td>46 years ($SD = 11)</td>
</tr>
<tr>
<td>Gender</td>
<td>Male (52%)</td>
<td>Female (56%)</td>
</tr>
<tr>
<td>Civil status</td>
<td>Married (56%)</td>
<td>Married (50%)</td>
</tr>
<tr>
<td>Education</td>
<td>High School (26%)</td>
<td>Associate or Technical Degree (46%)</td>
</tr>
<tr>
<td>Occupation</td>
<td>Retired/Pension/Handicapped (54%)</td>
<td>Employed (50%)</td>
</tr>
<tr>
<td>Annual income</td>
<td>&lt; $10,000 (56%)</td>
<td>&lt; $10,000 (24%)</td>
</tr>
<tr>
<td></td>
<td>$10,000 - $20,000 (24%)</td>
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</table>
Sample Mental Health Characteristics

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

Internal Resilience Factors by Psychiatric Group

<table>
<thead>
<tr>
<th>SPI</th>
<th>AUT</th>
<th>INS</th>
<th>SAT</th>
<th>PM</th>
<th>ES</th>
<th>OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.2</td>
<td>43.6</td>
<td>45.2</td>
<td>47.3</td>
<td>45.2</td>
<td>45.3</td>
<td>45.3</td>
</tr>
<tr>
<td>50.5</td>
<td>44.2</td>
<td>42.6</td>
<td>43.2</td>
<td>44.2</td>
<td>43.3</td>
<td>43.8</td>
</tr>
</tbody>
</table>

- Ambulatory
- Partial
Internal Resilience Factors by Gender

Mean T Scores

<table>
<thead>
<tr>
<th></th>
<th>SPI</th>
<th>AUT</th>
<th>INS</th>
<th>SAT</th>
<th>PM</th>
<th>ES</th>
<th>OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Female</td>
<td>52.6</td>
<td>45.5</td>
<td>47.4</td>
<td>46.8</td>
<td>46.7</td>
<td>47</td>
<td>46.2</td>
</tr>
<tr>
<td>Ambulatory Male</td>
<td>48</td>
<td>41.9</td>
<td>43.2</td>
<td>47.7</td>
<td>43.8</td>
<td>43.7</td>
<td>44.5</td>
</tr>
<tr>
<td>Partial Female</td>
<td>52.9</td>
<td>44.5</td>
<td>42.4</td>
<td>41.4</td>
<td>42.5</td>
<td>42.1</td>
<td>44.4</td>
</tr>
<tr>
<td>Partial Male</td>
<td>47.5</td>
<td>44</td>
<td>42.8</td>
<td>45.4</td>
<td>46.4</td>
<td>44.9</td>
<td>43</td>
</tr>
</tbody>
</table>

Internal Resilience Factors by Time of Treatment: Ambulatory Group

T Scores

<table>
<thead>
<tr>
<th></th>
<th>SPI</th>
<th>AUT</th>
<th>INS</th>
<th>SAT</th>
<th>PM</th>
<th>ES</th>
<th>OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Tx Time &lt;1 year</td>
<td>45.7</td>
<td>44.4</td>
<td>43.3</td>
<td>46.1</td>
<td>45.7</td>
<td>45.3</td>
<td>45.6</td>
</tr>
<tr>
<td>Ambulatory Tx Time 1-5 years</td>
<td>52</td>
<td>43.1</td>
<td>47.7</td>
<td>45.4</td>
<td>44.6</td>
<td>43.9</td>
<td>43.5</td>
</tr>
<tr>
<td>Ambulatory Tx Time &gt;5 years</td>
<td>57.4</td>
<td>42.5</td>
<td>44.9</td>
<td>53.9</td>
<td>45.1</td>
<td>48.4</td>
<td>48.2</td>
</tr>
</tbody>
</table>
OLS regression models were run to predict internal resilience factor scores.

Predictor: gender, psychiatric group, and time in treatment.

Criterion: internal resilience factors (IRFS).
OLS Statistically Significant β Coefficients

<table>
<thead>
<tr>
<th>Resilience factor</th>
<th>β</th>
<th>S.E.</th>
<th>t</th>
<th>p</th>
<th>[95% C.I.]</th>
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</thead>
<tbody>
<tr>
<td>SPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>-7.76</td>
<td>3.28</td>
<td>-2.36</td>
<td>0.02*</td>
<td>-14.20</td>
</tr>
<tr>
<td>gender<em>group</em>txyears</td>
<td>-0.13</td>
<td>0.07</td>
<td>-1.93</td>
<td>0.05*</td>
<td>-0.27</td>
</tr>
<tr>
<td>cons.</td>
<td>51.13</td>
<td>2.42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tx: 5 or more years</td>
<td>11.26</td>
<td>4.09</td>
<td>2.75</td>
<td>0.006*</td>
<td>3.24</td>
</tr>
<tr>
<td>group*txyears</td>
<td>-0.10</td>
<td>0.04</td>
<td>-2.70</td>
<td>0.007*</td>
<td>-0.18</td>
</tr>
<tr>
<td>cons.</td>
<td>45.31</td>
<td>2.35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p ≤ .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.
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


