

UNIVERSITI TEKNOLOGI MARA

**ENVIRONMENTAL IMPACT AND
QUALITY OF LIFE OF
SCHIZOPHRENIA WITHIN
SUPPORTED EMPLOYMENT**

ZURLINA BINTI MAHMOOD

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ABSTRACT

Work environment is a major problem for clients with schizophrenia. This cross-sectional comparative study was to investigate the Environment Impact (WEIS) and Quality of Life (WHOQOL-BREF) between Individual Placement and Support (IPS) Model and Hybrid Model (HM) in Hospital Permai, Johor Bahru. A hundred and twenty schizophrenia patients were enrolled in the study. Sixty-four were in the IPS group and 54 were in the HM group using a convenient sampling method. Inclusion criteria were; schizophrenia diagnosis, age from 18 to 60 years old, employed, Mini Mental State Examination (MMSE) score of not less than 20 and education level of up to Sijil Pelajaran Malaysia (SPM). The results indicated gender, clinical services and place of stay were significantly different between groups ($p < 0.05$). Cleaning job was prevalent in both groups. Significant differences were noted in environmental impact domains such as social group, physical spaces and objects; and in QoL domains such as general QoL, general health, psychological, social relationships and environment. Environmental impact correlated strongly ($r=.50$ to 1.0) and significantly ($p < 0.01$) with QoL domains within the IPS group: psychological, environment, social group and physical health and HM were general QoL, psychological, environment and physical health. In conclusion, the IPS group had better support in their work environment and QoL. The work environment should be closely monitored during the job placement process to ensure longer job tenure.

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CHAPTER ONE

INTRODUCTION

The introduction's chapter elaborates the background of the study and problem statement regarding the topic. Refinement of purpose, scope of the study and significance of the research were added. In addition, definition concerning the terms used in the study defined for better understanding regarding research topic.

1.1 CLIENTS WITH SCHIZOPHRENIA

For many years, individuals with severe mental illness (SMI) were kept out of the community setting due to many reasons; negative attitude of the public towards clients with mental illness, irrational belief that the clients must be institutionalized, and lack of resources within the community level to help the clients with mental illness (Patrick, Smith, Schleifer, Morris, & McClennon, 2006). Institutions usually become a place to keep clients with mental illness for a longer duration with less improvement (Kliwer, McNally, & Trippany, 2009).

The major change in psychiatric intervention for the past 30 years was by deinstitutionalisation (or dehospitalization) from large state mental hospitals into community settings (Gudeman, & Shore, 1984). Deinstitutionalization enables clients with mental illness to be more independent, have better quality of life (Forrester-Jones, Carpenter, Cambridge, Tate, Hallam, Knapp, et al., 2002), reduce requirement for medication (Hobbs, Newton, Tennant, Rosen, & Tribe, 2002) and increase socialization and adaptability to change (Priebe, Hoffman, Isermann, & Kaiser, 2002). Other studies reported that deinstitutionalization caused clients with mental illness to become homeless, isolated, deteriorated, institutionalized and premature death (Honkonen, Henriksson, Kovisto, Stengard, & Salokangas, 2004; Iodice, & Wodarski, 1987; Kelly & McKenna, 2004; Sealy & Whitehead, 2004). However, one way to overcome deinstitutionalization or reduce hospitalization admission rates were through work activities (Lehman, Goldberg, & Dixon, 2002).

The United Nations Universal Declaration of Human Right (1948) emphasized work activity is for all and can be achieved by giving them freedom in choosing their own employment. This includes clients with mental health like schizophrenia. The