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Quality of Life (QoL) among forensic inpatients with (IDS) or without Dissociative Syndromes (IWDS): Comparison of Self-Report and Proxy Assessments

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Introduction

QoL is a multidimensional concept combining objective and subjective measures (Rouman & Bulten, 2009; Thibaut & Pham, 2018). It promotes recovery by considering patients' perceptions without obscuring psychiatric symptoms. It enables rehumanisation, empowerment and involvement despite constraints such as complexity of psychopathology and recidivism (Vorstenbosch & Castelletti, 2020). Use of generic instruments highlights individual's general representation whereas specific instruments focuses forensic hospitalization. A better QoL perception acts on recidivism risk reduction and therapeutic adherence (Bayliss et al., 2019). But low agreement between self- and hetero-assessment are highlighted (Jardon et al., 2014). There is more agreement found on objective and quantifiable domains than subjective and unobservable (Schel et al., 2015; Vorstenbosch & Castelletti, 2020).

IDS are frequently excluded from research due to associated cognitive distortions which interact with assessments objectivity (Rouman et al., 2008; Jardon et al., 2014). Existing literature, mainly relying on a psychotic population, highlights a general deterioration of their QoL (Llorca & Gorwood, 2016) compared to other populations, specifically on social relationships, sexuality and leave domains (Saloppé & Pham, 2006b; Schel et al., 2015).

It is essential for health professionals to target specific needs of each patient. Few studies assess degree of agreement between forensic inpatients and their referring caregivers (Schel et al., 2015; Vorstenbosch & Castelletti, 2020). These needs may differ significantly from those intended by the professionals.

To our knowledge, no study considering all these aspects on QoL has been conducted in French-speaking Belgian forensic inpatients.



Method

Objectives

Assessing QoL of forensic inpatients through a holistic approach with generic and forensic-specific instruments to better understand issues related to their life context, and specifically in IDSs due to their frequent exclusion in literature.

Two sub-objectives follow from this:

- Assessing difference in perception of QoL between IDSs and IWDSs;
- Assessing level of agreement in perception of QoL between forensic inpatients (IDSs and IWDSs) and referring health professionals to determine areas of agreement and disagreement to be improved in their institutional care.

Population

42 consensual opinions between male forensic inpatients not guilty for reason of insanity (NGRI) (Law relating to detention, 2014) in a High-Risk Security Forensic Hospital and their care managers (psychiatric nursing staff).

Based on the total sample, two groups were formed based on Axis I diagnosis (MINI; Sheehan et al., 1998):

- 16 IDSs (Mean_{Age} = 52.08; SD = 10.83; Mean_{Length of Stay} = 12.00; SD = 7.85);
- 26 IWDSs (Mean_{Age} = 51.32; SD = 11.90; Mean_{Length of Stay} = 12.75; SD = 9.56).

Measures

World Health Organization Quality Of Life-Bref (WHOQOL-Bref; WHOQOL Group, 1998)

Generic, multidimensional questionnaire of 26 items assessed on a 5-point Likert scale, divided into 4 factors (see Table 1).



Measuring Quality of Prison Life Adapted for Forensic Psychiatry (MQPL-Forensic; Wong et al., 2008)

Specific questionnaire for forensic psychiatric environment (adapted by CRDS) of 69 items assessed on a 5-point Likert scale, divided into 15 dimensions (see Table 1).

Forensic Inpatient Quality of Life Questionnaire (FQL; Vorstenbosch et al., 2014)

Specific questionnaire for long-term forensic psychiatric inpatients, consisting of 144 items assessed with 100 mm visual analogue scales (VAS), on which patients indicated their level of agreement. For the purpose of this study, we selected domains particularly associated with the daily life of patients not covered by other instruments (see Table 1).

Procedure

Study was approved by research ethics committee of the Regional Psychiatric Centre "Les Marronniers". Study is part of the HPS's systematized data collection (socio-demographic, diagnostic (MINI, SCID-II) and criminological) and part of a larger project supported by CRDS assessing perception of patients' QoL (CRDS, 2020). Participants were individually assessed at least one month after their admission and their referring health professionals completed same questionnaires and provided a consensus assessment within 15 days.

Data analysis

Analyses were performed with SPSS 25.0 (IBM Corp., 2017). Three levels of analyses for agreement levels between referring healthcare professionals and total sample, and patients' group (IDSs and IWDSs). First, paired-group comparisons were made but not reported in the present poster (Wilcoxon test). Then, intra-class coefficients (ICCs) were performed to measure level of individual agreement between healthcare professional and the patient (see Table 1). ICCs are interpreted according to standards of Koo and Li (2016): <.50 = low; between .50 and .75 = moderate; between .75 and .90 = good; >.90 = excellent.

Results

First, all inpatients perceive a better QoL than care managers for majority of domains. The results highlight a majority of moderate ICC on physical health, respect, humanity, relationships, justice, recidivism programme and dignity areas. But ICC values are lower for IDSs than IWDSs. Similar pattern is found on a group-level, with IDCs perceiving a better QoL for specific domains and IWDCs for more generic domains than their referring health professionals' perception.

Table 1 - Summary of health professionals' levels of agreement (ICC) with total sample and groups (IDSs and IWDSs)

| | QoL SCALES | Total (N = 42) | IDSs (n = 16) | IWDSs (n = 26) |
|---------------|--------------------------------|----------------|----------------|----------------|
| WHOQOL-Bref | Physical health | Moderate (.70) | / | Good (.76) |
| | Psychological health | Low (.46) | Moderate (.56) | Low (.37) |
| | Social relationships | / | / | / |
| | Environmental QoL | / | / | / |
| | Total score | Moderate (.56) | / | Moderate (.57) |
| MQPL-Forensic | Respect | Moderate (.53) | Good (.77) | / |
| | Humanity | Moderate (.68) | Moderate (.66) | Moderate (.69) |
| | Relationships | Moderate (.57) | Moderate (.71) | / |
| | Justice | Moderate (.53) | Moderate (.66) | / |
| | Order and control | Low (.42) | / | Moderate (.58) |
| | Safety | Low (.45) | Moderate (.66) | / |
| | Development to rehabilitation | Low (.43) | / | Low (.48) |
| | Development to recidivism | Moderate (.53) | / | Moderate (.62) |
| | Dignity | Moderate (.57) | Moderate (.65) | Moderate (.54) |
| | Entry into forensic psychiatry | / | Low (.42) | / |
| FQL | Suicide prevention | / | / | / |
| | Medical services | / | / | / |
| | Wellness | / | / | / |
| | Family development | / | Good (.80) | / |
| | Interracial relationships | / | / | / |
| | Total score | Moderate (.64) | Moderate (.70) | Moderate (.62) |
| | Activities | Low (.49) | / | Moderate (.69) |
| FOL | Leave | / | / | / |
| | Residence | / | / | / |
| | Nutrition | / | / | / |
| | Other | Low (.44) | / | Low (.46) |
| Total score | Moderate (.53) | / | Moderate (.58) | |

Notes: / = no significant ICC

Discussion

Main results show that referring professionals tend to worsen QoL of their referred inpatients, especially with regard to IDSs, whether in generic or specific areas (Vorstenbosch & Castelletti, 2020). Of the 27 QoL aspects investigated, 16 agreements were found between professionals and total sample, the majority being moderate. Difficulty of hetero-assessment is exacerbated with IDSs. Number of agreements obtained between IWDSs and professionals is higher than with IDSs (12>10). A majority of areas remain without agreement in both groups. Domains with no or low agreement should be areas for vigilance and communication with professionals and constitute needs to be adjust for therapeutic treatment in line with the principles of the Good Lives Model (GLM; Ward & Beech, 2006). Moreover, possibility for patients to express themselves openly on their general and specific perception of QoL aims to strengthen therapeutic alliance, promotes rehabilitation and reduces institutional tensions (da Costa et al., 2020). Some future perspectives would be to: increase the sample size to be more representative of the French-speaking Belgian forensic inpatients population; take into account the variability of perception according to patient or professional's gender; involve professionals in the research to increase the number of consensual opinions; assess severity of DS using specific measures to this symptomatology; take into account degrees of relational and emotional involvement which influence professionals' QoL perception of their referring patient.