

Abstract

Problem Statement

Psychiatric symptoms are more prevalent among people with intellectual disabilities (ID) than among the general population. The quality of life (QOL) of people with ID might be affected by the symptoms of psychosis. Holistic and integrative services covering all domains of life are increasingly in demand, especially in some newly developed countries and places, an example of which is Hong Kong, which has a unique economic and political background. Despite considerable scientific interests in QOL assessments in ID, studies in this area have been few, very specific and methodologically limited. In particular, there has not been any study concerning the QOL of people with ID and psychosis in Hong Kong.

Research Question

To investigate the differences in subjective QOL between Chinese adults in Hong Kong with both mild ID and psychosis, and those with mild ID only.

Materials and Methods

In this case-control study, 196 Chinese adults, aged 18 or above, with mild ID, with or without psychosis, were recruited from the outpatient clinic of Psychiatric Unit of Learning Disability, Kwai Chung Hospital as well as from 13 community service units for ID in the regions of Kwai Tsing and Tsuen Wan, during the period from December 1, 2007 to 30 June, 2008. Personal Wellbeing Index – Intellectual Disability (Cantonese) 3rd Edition (PWI-ID) was administered to assess the subjective QOL of the participants. Psychiatric Assessment Schedules for Adults with Developmental Disabilities Checklist - Revised (Cantonese Version) (PAS-ADD Checklist [Revised]) was used to screen possible psychiatric problems of those participants with mild ID (controls). Clinical Global Impressions (CGI) - Severity of Illness was used to rate the severity of psychosis of those participants with both mild ID and psychosis (cases). Socio-demographic and clinical information was also collected. Comparison of subjective QOL was made between the cases and controls of this study.

Results

As measured by PWI-ID, the mean domain score of 'health' was lower in the cases than that in the controls. This difference was of statistical significance. The mean domain scores of 'future security' were low in both groups with the cases having higher scores. This difference approximated statistical significance. However, there was no statistically significant difference in PWI between the cases and the controls.

Discussion/Conclusions/Implications

The absence of a significant difference in subjective wellbeing (SWB) between the cases and the controls could be explained by the theory of SWB homeostasis. Both groups maintained their SWB within the normative range of the general population. However, more attention should be directed to the health and future security of people with both mild ID and psychosis.

More research should be carried out to investigate (i) the attitude of people with mild ID towards their health and future security, (ii) the factors associated with low satisfaction in health and future security, and (iii) the ways to enhance satisfaction in these aspects of life. The possibility of including QOL measurements using PWI-ID or other instruments in clinical practice as a progress or outcome indicator could also be explored.

Key Words

Subjective quality of life, personal wellbeing index, intellectual disabilities, psychosis,
subjective wellbeing homeostasis