

You'll Never Walk Alone - Importance of Social Support in the Transition to Independent Living for People with Severe Mental Illness

J. Krieger¹², K. Friedrich¹², C. Hauser¹, C. A. Penkov¹², V. Rößner-Ruff¹², M. Ziegenbein¹, M.-L. Dierks², F. Wedegärtner², I. T. Graef-Calliess²³



¹Wahrendorff Klinikum, Germany ²MH Hanover, Germany ³KRH Psychatrie Wunstorf, Germany

Background

The importance of social support in compensating for stress factors is a consensus in recovery and resilience research. Various facets of emotional, instrumental and informational support have a direct and indirect positive influence on coping with problematic situations [1-3]. Maintaining supportive social relationships is identified in the APA guidelines as a significant resilience-building strategy [4]. Social support can positively influence the individual factor of a positive appraisal style, in that resources are appraised more highly with high perceived social support, stressors are experienced as more manageable, and the stress reaction is correspondingly lower [5, 6]. At the same time, people with SMI have the smallest social networks, which makes valuable social support difficult and therefore adversely affects recovery processes [7, 8]. When moving out of a psychiatric residential facility, people have to deal with numerous stressful situations and adapt to unfamiliar surroundings with less professional support. This requires a high level of resilience and available resources at different levels. The resource of social support from the perspective of participants with SMI is examined in this study.

Methods and sample

Qualitative outreach longitudinal study design, 5 measurement points over 12 months from 2016-20. Guided interviews at move-out of psychiatric residential facility (T1), after 6 weeks (T2), and at 3, 6 and 12 months (T3-5). Inclusion criteria: users of psychiatric residential care facility with intention to move-out to live independently. Length of stay <30 years, F1-F6. Analysis: Qualitative content-analytical evaluation according to Kuckartz of feedback received during the course on experienced social support. A total of n=18 former users were included. The mean age was 38.7 (min=19, max=67), balanced gender ratio, mean length of stay of 4.24 years (min=0.6, max=12.8).

Results



Instrumental (n = 108)

- Practical assistance, e.g. transport and assembly of furniture, help with application letters, childcare, mobility
- Financial support/provision of material goods

"And otherwise J came and did the carpeting with F and everything. And he put the wardrobe together. The brothers then put the living room cupboard together." (TN12_1, pos. 41)

"I now have to buy a kitchenette/ my daughter wants to help me, because I don't get it from the social welfare office." (TN14_1, pos. 311)



Informational (n = 18)

- Applications for financial/material support services & conclusion of contracts
- Planning independent living

"A friend of mine who lives in another institution in C, who I know from E, advised me, "Yes, apply for start-up aid." (TN10_1, pos. 431)

I: "Did you also talk to the people how //they did it?" X: "Yes, filling out a form at the F. And with various other offices and housing associations, keeping up with the conversations and continuing to come to the day centre. Yes, I did all that, didn't I?" (TN15 , pos 528ff)



Emotional (n = 141)

- Certainty of having at least one empathic contact person
- Communication of confidence, comfort or warmth

I think that if I were alone without A, it would be incredibly more difficult to keep running in a healthy way, so I think I would stumble more often if I were alone." (TN01.3, pos. 208)

"She accompanied me to my appointment, I accompanied her. We laughed a lot. Okay, sometimes we're in a bad mood, then one of us can build the other up." (TN03_1, pos 127)

Fig. 1: Feedback on important aspects of social support in the transition from special forms of housing to independent living

Conclusions

Consistent with previous research social support was of great importance to the participants at all time points [1-3]. Informational support provided the users orientation and enabled them to act independently and purposefully. Instrumental support compensated e.g. for economic bottlenecks. Emotional support had a stabilizing effect in vulnerable phases. The availability of at least one constant caregiver was named as an essential factor for long-term stability and quality of life. Especially in phases of increased psychosocial stress, e.g. due to the change to an independent living arrangement, people with SMI benefit from appropriate social support. In order to sustainably promote independent living options, this resource should be given special consideration in care planning. It became clear that the type of social relationship, whether private or professional, plays a subordinate role. What seems to be more important is the way in which the relationship is shaped: empathetically, with a holistic view, and balancing a field of tension between encouraging and demanding.