

ABSTRACT

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Objectives: The purposes of this research were to describe the quality of care for severe and persistent mentally ill persons with schizophrenia who reside in an assisted living facility and to explore the characteristics related to the identification of need and the level of functioning of these individuals. The specific objectives of the study were to (a) describe characteristics of the residents, (b) identify relationships among characteristics of residents and the level of functioning, and (c) analyze relationships among these characteristics and resident needs.

Design: Correlational, quasi-experimental design.

Population/Sample/Setting: Face-to-face semistructured interviews were conducted with 58 ALF residents with schizophrenia and eight direct caregivers from eight assisted living facilities in Florida, resulting in representation of 20% of the public assisted living facilities in one county.

Method: Face to face, semi-structured interviews utilizing multiple scales and instruments.

Findings: Findings indicated that the profile of a typical resident living in a public ALF consisted of a 43-year-old, never married Caucasian male who dropped out of high school and had suffered from a psychiatric illness for over 21 years. The most frequent reported current mental health treatment modality of residents was attendance at a community mental health center. This average resident had five inpatient psychiatric hospitalizations, had not been an inpatient at a state psychiatric facility, and was prescribed an average of four different psychiatric medications.

Spearman correlational coefficients and stepwise multiple regression analyses revealed that significant relationships existed between level of functioning and the following characteristics: positive symptoms ($p=0.0003$), negative symptoms ($p=0.003$), medication knowledge ($p=0.0001$), and GAF scores, current ($p=0.01$) and past ($p=0.009$). No significant relationships were indicated among resident characteristics and resident needs.

Conclusions: This descriptive, correlational study provides the foundation for further research on the quality of care for individuals with severe and persistent mental illnesses who reside in assisted living facilities. Understanding the interactions among symptoms of schizophrenia, level of functioning, and unmet needs may provide a future focus for mental health treatment planning and intervention.

Implications: National and international agencies develop and implement assisted living facility standards that impact the lives of residents with moderate levels of functioning and multiple unmet needs, having implications for both practice and mental health policy.