

# COMPARING THE DAILY LIVES OF COMMUNITY MENTAL HEALTH CLIENTS IN THE U.S. AND SERBIA USING THE ICF

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# Theme

- Social participation is an important correlate in functioning of people with severe mental illness (SMI)
- Experience of MI is not consistent across cultures due to differences in:
  - Social Attitudes
  - Availability of Services & Providers
  - Systems of Care
  - Socioeconomic circumstances of those with SMI

# Objective

- Examination of daily life of CMHC clients
- Using Activities & Participation Categories
- Comparison Across Cultures

# Methods- Data Collection

- Experience Sampling Method
- Random signal 7x/day over 7 days
- At signal
  - Where were you?
  - What were you doing?
  - Also questions related to demands of activity, social context and mood

# Methods- Sample & Response

- **Community Mental Health Center Clients**
  - US community mental health center (n=22)
  - Serbian community mental health center (n=15)
- **Response Rate**
  - Had to have responded to  $> 1/3$  of signals
  - Resulted in useable sample:
    - US n=17
    - Serbian N=14

# Method- Coding Activities via ICF

- Open ended ESM responses
  - Coded to specific activity (e.g., d9201 Sports)
  - Focused on chapters 4 (movement), 5 ( self-care), 6 (domestic life), 8 (major life areas), and 9 (community, civic & social life)
  - 3 independent coders
  - 85% agreement on initial coding

# Methods- Analysis

- **Descriptive Statistics**
  - Sample Characteristics
  - Frequencies of participation
- **Hierarchical Linear Modeling**
  - Test of effects of culture on categories of participation
  - **Dependent Variable**
  - Activities Chapter
  - **Independent Variables**
  - Group (US vs Serbian)
  - Gender
  - Age
  - Employed

# Findings- Sample

|                        | <b>Serbian</b> | <b>US</b>  |
|------------------------|----------------|------------|
| % Female               | 46.2           | 50         |
| % Married              | 61%            | 19%        |
| % Employed             | 39%            | 6%         |
| Mean Age (sd)          | 41.8(12.6)     | 42.8(11.4) |
| Mean ys education (sd) | 13.5(3.1)      | 12.6(2.4)  |

# Findings- Activity Frequencies

- Coded as specific activities
- Over 20% of coded activities listed as “other/unspecified”
- Television represented 20% of responses in both groups (not a code in ch. 9)

| <b>ICF Chapter</b>      | <b>Serbian</b> | <b>US</b> |
|-------------------------|----------------|-----------|
| Movement                | 7%             | 15.5%     |
| Self-care               | 25.7%          | 23.4%     |
| Domestic life           | 15.0%          | 13.8%     |
| Major life area         | 9.0%           | 0.8%      |
| Community, social civic | 42.9%          | 46.5%     |

# Findings- Hierarchical Modeling

- ESM data represent “nested” structure
- Data were appropriate for HLM
- Serbian subjects significantly more likely to report major life areas domain than the US group ( $\gamma=-3.33$ ,  $se=1.00$ ,  $p < .01$ ).
- Females were significantly more likely to report domestic life activities ( $\gamma=1.16$ ,  $se=0.28$ ,  $p<.001$ ).
- No other significant differences found

# Discussion

- Daily lives of groups more similar than disparate
- Differences in Major Life Areas participation may indicate differences in access to meaningful activity
- ESM as a data collection strategy appears useful in assessing activities & participation
- Difficulties in coding some activities to ICF chapters (e.g. “smoking,” “television”)