

# Relationship between Subjective Well-Being and Interpersonal Relationships in the sheltered workshop

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## BACKGROUND

Although the effects of occupational therapy in psychiatric care have often been shown using objective evaluations, there have been relatively few attempts to examine the subjective aspects of users. Previously, we compared and examined subjective well-being in hospitalization, psychiatric day care, and employment support facilities. (Influence of mentally disabled people with subjective well-being on social life – Comparison between inpatients, day-care patients and persons with employment support –, The 1st Asia-Pacific Occupational Therapy Symposium, 2017, Taiwan). There was a significant difference in subjective well-being among the three facilities, especially between psychiatric day care and employment support. Psychiatric day care requires a certain degree of sociality, and it is inferred that the subjects improved their subjective well-being by addition to a series of jobs, social life at an employment support facility is considered to be a daily burden and stress factor in interpersonal interaction. However, it is not clear how it affects subjective well-being.

## OBJECTIVE

The purpose of this study was to examine the influence of social participation on subjective well-being, especially among those who used employment support facilities, based on the understanding of subjective well-being in inpatient and psychiatric day care settings.

## SWNS-J

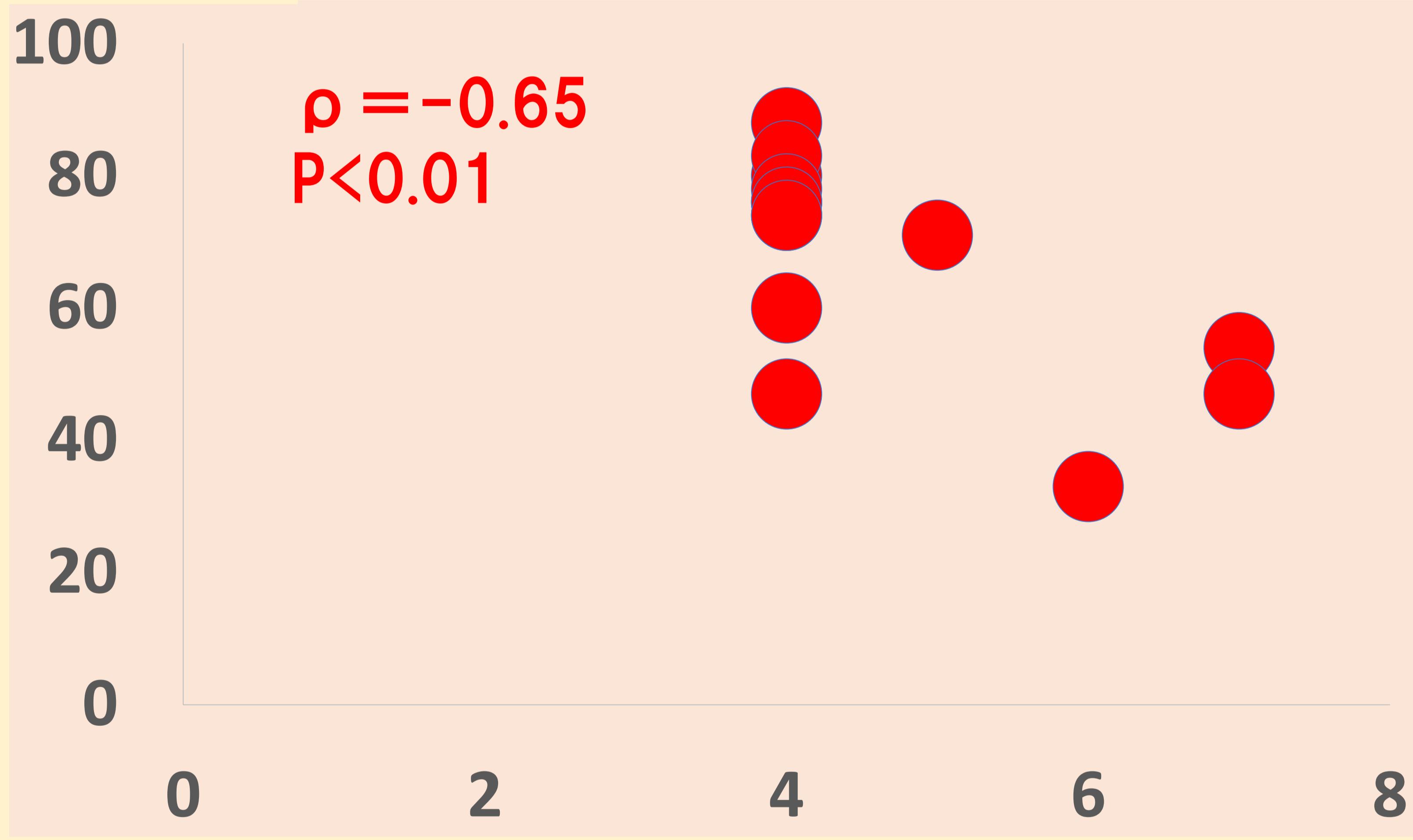


Figure 1. Employment support facilities: Relationship between SWNS-J and WHO DAS2.0

**Employment support facilities:** Relationship between SWNS-J and WHO DAS2.0 interpersonal relationships

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 COI Disclosure

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There are no companies, etc. in a relation of conflict of interest requiring disclosure by the presenter(s) in relation to the contents of the presentation.

## METHODS

Refer to **Table 1** Basic Attributes for subjects. Clinically stable persons diagnosed with endogenous psychosis (schizophrenia, bipolar disorder, atypical psychosis) were included in hospitalized patients (n = 14), psychiatric day care (n = 10), and employment support facilities (the sheltered workshop). There were 40 people (n=16). There were 18 females and 22 males. The average age was 49.8 years (standard deviation = 12.3). As a scale for evaluating subjective well-being, we used the Shortened Japanese Version of the Antipsychotic Subjective Well-being Rating Scale (SWNS-J). The Brief Psychiatric Symptom Rating Scale (BPRS) was used to assess the severity of psychiatric symptoms. The WHO DAS2.0 Japanese version (WHODAS2.0) was used for the social life assessment scale. Spearman's rank correlation was used for statistical analysis.

**Table 1.**  
Basic attributes

|  | Diagnosis:<br>number of<br>cases          | Age       | SWNS-J    | WHODAS2.<br>0 | BPRS      | chlorpromazine<br>equivalency<br>values | Age of<br>onset | Number of<br>hospitalizations |
|--|---|-----------|-----------|---------------|-----------|---|-----------------|-------------------------------|
| Employment support<br>facilities(n=16) | Sc: 11<br>MDI: 2<br>Depression:2<br>AP: 1 | 46.1±9.5  | 68.2±15.3 | 36.2±6.0      | 12.7±13.3 | 102.6±193.3                             | 27.4±<br>9.1    | 3.5±1.9                       |
| Psychiatric day care(n=10)             | Sc: 9<br>MDI: 2<br>AP: 1                  | 49.5±12.4 | 71.2±22.6 | 52.0±19.2     | 23.2±18.9 | 525.9±669.0                             | 30.5±<br>18.9   | 1.6±0.9                       |
| Psychiatric hospital(n=14)             | Sc: 9<br>MDI: 2<br>AP: 1                  | 54.4±14.  | 75.7±21.2 | 76.0±21.0     | 25.8±11.6 | 329.0±439.1                             | 28.7±<br>14.3   | 3.0±1.6                       |
| Multiple comparison test               |   | n.s.      | n.s.      | p<0.01        | p<0.05    | n.s.                                    | n.s.            | n.s.                          |

**Table 2.** Relationship between SWNS-J and WHO DAS2.0 subitems

|                                  | Understanding<br>and<br>communication | Getting<br>around | Self-care     | Getting along<br>with people | Life activities<br>-Household | Life activities<br>-School/Work | Participation<br>in society |               |
|----------------------------------|---------------------------------------|-------------------|---------------|------------------------------|-------------------------------|---------------------------------|-----------------------------|---------------|
| Employment<br>support facilities | ρ value<br>n.s.                       | 0.08<br>n.s.      | 0.01<br>n.s.  | 0.01<br>n.s.                 | -0.65<br>p<0.01               | -0.21<br>n.s.                   | 0.36<br>n.s.                | -0.04<br>n.s. |
| Psychiatric day<br>care          | ρ value<br>n.s.                       | -0.37<br>n.s.     | -0.35<br>n.s. | -0.16<br>n.s.                | -0.13<br>n.s.                 | -0.1<br>n.s.                    | -0.1<br>n.s.                | -0.33<br>n.s. |
| Psychiatric<br>hospital          | ρ value<br>n.s.                       | -0.28<br>n.s.     | 0.14<br>n.s.  | 0.03<br>n.s.                 | -0.01<br>n.s.                 | 0.22<br>n.s.                    | 0.01<br>n.s.                | 0.32<br>n.s.  |

p value: Spearman's rank correlation coefficient

## RESULTS

The SWNS-J scores for subjective well-being were 75.7 (standard deviation=21.2) for inpatient, 71.2 (± 22.6) for psychiatric day care, and 68.2 (± 15.3) for employment support facilities. (Table 1). At employment support facilities, in a comparison of the subitems of SWNS-J and WHODAS2.0 (Table 2), "understanding and communication," "independence,[getting around]" "self-care," "daily life (family),[life activities-household]" and "daily life (School/work),[life activities-School/work]" "an "social participation", [participation in society]" were not associated with each other. However, a comparison of SWNS-J and WHODAS2.0 subitems revealed a significant correlation, especially in interpersonal relationships (getting along well with people: p=-0.65, P<0.01) (Fig. 1, Table 2).

## DISCUSSION

The results suggest that it is important for occupational therapists to be aware of some daily stressors in **interpersonal interactions** when working with people in employment support facilities, and to give appropriate consideration to these stressors.

When working with people at employment support facilities, it is important for staff to analyze whether daily interaction with people is a factor of some kind of burden or stress, and to practice **interprofessional collaboration**.