

6 FUNCTIONING AND IMPAIRMENT

6.1 Deterioration from premorbid functioning

One half (51.2%) of participants were assessed by interviewers to have been functioning well in both occupational and social domains prior to the onset of their illness. In all, 70.8% were either in paid or unpaid work or studying. Two thirds (68.7%) appeared to be functioning normally in their work or study roles and two thirds (63.9%) appeared to have normal social functioning.

Almost all participants (90.4%) reported deterioration in functioning after the onset of the first diagnostic symptoms of their illness. The level of impairment was rated by the interviewers, who were mental health professionals trained to use specified probe questions and to elicit examples of actual behaviour before using their clinical judgement to make a rating based on all available information. Deficits in performance were rated only if they were judged by the interviewer to be attributable to the effects of illness.

For many, their level of impairment compared to normal functioning was assessed as marked. Two thirds (63.2%) had obvious or severe dysfunction in their capacity to socialise over the past year. One third (32.3%) had severe impairment in their ability to care for themselves in the past four weeks.

6.2 Overall functioning

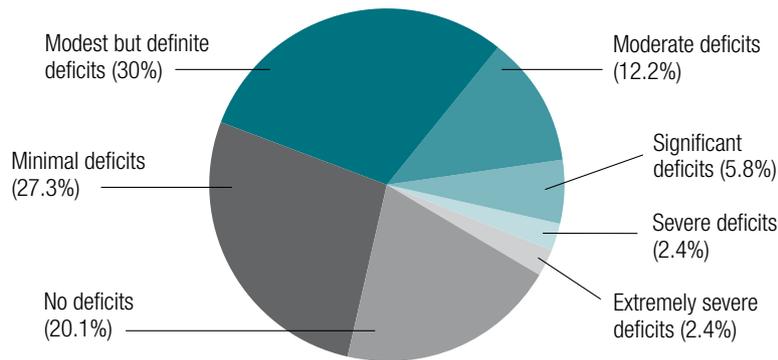
Interviewers made global ratings of participants' level of functioning over the past four weeks using the Multidimensional Scale of Independent Functioning⁹. This focuses on role performance at work (broadly defined to include paid and unpaid work, childcare and caring), in study and in the activities of daily living. The Multidimensional Scale is made up of a number of subscales. Data is reported on two of these.

The global supported performance scale rates participants' performance given the responsibilities dictated by their specific role and their level of disability irrespective of the level of support that they receive. Two people in the same role with the same level of disability may score differently if one is supported to better performance than the other.

The global independent functioning scale rates functioning, corrected for the level of support used and performance, relative to the community norm. It reflects an overall level of disability. Two people with the same level of disability but different levels of functioning may score the same if one is provided with more support. For example, adequate functioning with regular support is equivalent to functioning with some difficulty with no support.

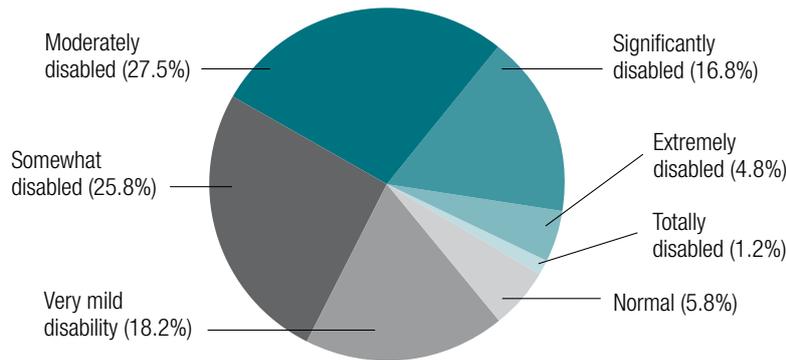
For supported performance, just under half of the participants (47.3%) were rated as having no or minimal deficits over the previous four weeks. Two-fifths (42.2%) had modest or moderate deficits and 5.8% had significant deficits. The remaining 4.8% were assessed as having severe and extremely severe deficits where they were assessed as completely neglecting their responsibilities. (Figure 6-1).

Figure 6-1. Global supported performance for level of disability⁹ in past 4 weeks



With respect to independent functioning, one quarter (24.0%) were rated as normal or very mildly disabled if unsupported relative to community norms. Just over half (53.3%) were somewhat or moderately disabled, and 16.8% were assessed as 'significantly disabled'. The remaining 6.0% were assessed as extremely or totally disabled where they are unable to function independently (Figure 6-2).

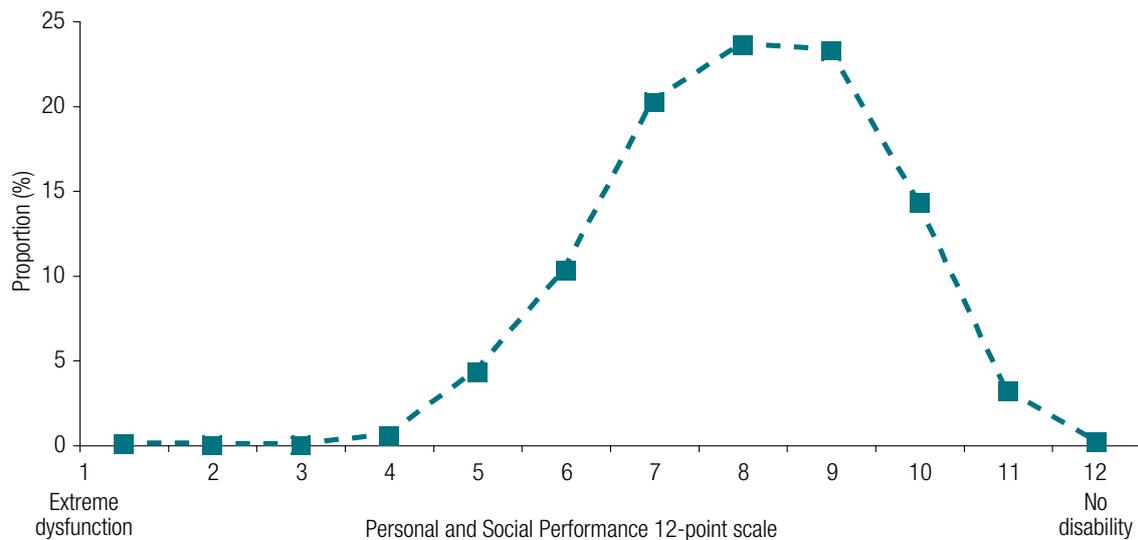
Figure 6-2. Global independent functioning⁹ in past 4 weeks



Participants were also assessed on another measure of functioning, the Personal and Social Performance Scale¹⁰, which rates performance over the course of a year and also covers behavioural and social aspects of people's functioning as well as their role performance. It uses a 100-point scale, which can be aggregated into 12-point and 3-point scales.

The distribution of scores for the 12-point scale is shown in Figure 6-3. In essence 17.7% of people were rated as having no disability or only mild difficulties with scores of 10-12 on the 12-point scale. At the other end of the scale 4.9% scored between 1 and 5, which meant their functioning was rated sufficiently poorly that they were assessed as requiring intensive support and supervision.

Figure 6-3. Personal and Social Performance Scale¹⁰ in past year



6.3 Activities of daily living

Routine activities of daily living include tasks such as shopping, cooking, doing laundry, cleaning and paying bills. Participants were asked about the routine chores that they undertook on their own behalf and not on behalf of others for whom they might be caring.

While around two thirds of participants were able to complete routine activities, between 1% and 3% could not carry out the various simple, daily chores (Table 6-1).

Table 6-1 also highlights that many people with psychosis were not responsible for even these basic chores, with one-fifth (21.4%) not doing their food shopping and one-fifth (20.5%) not cooking meals. Some (8.8%) were not responsible for cleaning their own room.

Table 6-1. Completion of routine chores in past 4 weeks

	Proportion (%)				
	Food shopping	Cooking meals	Doing laundry	Cleaning room	Paying bills
Completed	64.8	62.1	71.6	72.8	61.9
Partially completed	12.8	15.7	10.6	15.5	6.9
Unable to carry out	1.0	1.6	1.3	2.9	2.2
Not their responsibility	21.4	20.5	16.5	8.8	28.9
Total respondents	1,825	1,825	1,825	1,825	1,825

6.4 Days out of role

Days out of role assesses the impact of health problems on people's ability to function in particular areas of their lives, namely domestic, work and study. Specifically, it represents the number of days over the four weeks prior to interview that participants were unable to fulfil their usual role due to physical or mental health problems.

Days out of role were calculated for each domain using different questions and subgroups as follows:

- Domestic role for all participants;
- Work role for those in paid employment in the four weeks prior to interview; and
- Study role for those studying in the four weeks prior to interview.

On average, participants had 3.2 days in the last 28 days in which they could not perform their domestic roles and, for 79.0%, the reasons were partially or wholly mental health related (Table 6-2).

The average days lost from the work role for those employed at the time was 5.3 days in the last 28 days. Of these, 3.7 days were lost due to mental health reasons.

Those studying lost on average 2.8 days in the last 28 days. For two thirds (68.1%) of participants this loss was partially or wholly mental health related.

Table 6-2. Days out of role and reasons in past 4 weeks

	Days out of role
Domestic responsibilities	
For any health reason (mean number of days)	3.2
Partially or wholly mental health related (% of those with days out of role)	79.0%
Work responsibilities	
For any health reason (mean number of days)	5.3
For physical health reason (mean number of days)	1.6
For mental health reason (mean number of days)	3.7
Study responsibilities	
For any health reason (mean number of days)	2.8
Partially or wholly mental health related (% of those with days out of role)	68.1%