



LUND UNIVERSITY

Psychiatric rehabilitation in community-based day centres: Motivation and satisfaction.

Eklund, Mona; Tjörnstrand, Carina

Published in:
Scandinavian Journal of Occupational Therapy

DOI:
[10.3109/11038128.2013.805428](https://doi.org/10.3109/11038128.2013.805428)

2013

[Link to publication](#)

Citation for published version (APA):
Eklund, M., & Tjörnstrand, C. (2013). Psychiatric rehabilitation in community-based day centres: Motivation and satisfaction. *Scandinavian Journal of Occupational Therapy*, 20(6), 438-445.
<https://doi.org/10.3109/11038128.2013.805428>

Total number of authors:
2

General rights

Unless other specific re-use rights are stated the following general rights apply:
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: <https://creativecommons.org/licenses/>

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00

Psychiatric rehabilitation in community-based day centers: Motivation, and satisfaction

Eklund, Mona, Ph.D., O.T. Reg., Professor ¹

Tjörnstrand, Carina, M.Sc., O.T. Reg., Doctoral student ¹

¹ Lund University, Department of Health Sciences, Occupational Therapy and Occupational Science, Sweden

Address for correspondence:

Mona Eklund

Lund University

Department of Health Sciences

Occupational Therapy and Occupational Science

Box 157

SE 221 00 Lund

Sweden

Phone: +46 46-222 1957

E-mail: mona.eklund@med.lu.se

Running head: Motivation and satisfaction

Abstract

Objective: This study investigated attendees' motivation and motives for participation in day centers and their satisfaction with the rehabilitation, while also addressing the influence of day center orientation (work or meeting-place orientation), gender and age.

Methods: Ninety-three Swedish day center attendees participated in a cross-sectional study and completed questionnaires about motivation, motives and satisfaction with the rehabilitation. Data were analyzed with non-parametric statistics.

Results: The participants were highly motivated for going to the day center and set clear goals for their rehabilitation. Female gender, but not age, was associated with stronger motivation. The strongest motives for going to the day center were getting structure to the day and socializing. Attendees at work-oriented day centers more often expressed that they went there to get structure to the day and gain social status. The satisfaction with the rehabilitation was high, and the most common wishes for further opportunities concerned earning money and learning new things.

Conclusions and implications for practice: The rehabilitation largely seemed to meet the attendees' needs, but the findings indicated that further developments were desired, such as participation in work on the open market and more work-like occupations in the day center, accompanied with some kind of remuneration.

Keywords: Client satisfaction, everyday activity, mental health

Introduction

Having a meaningful everyday activity and feeling productive have repeatedly been shown to be essential for recovery and perceiving meaning in life for people with psychiatric disabilities (1-5). Meaningful activities are central in governmental goals and in rehabilitation programs for people with psychiatric disabilities, such as community-based day centers (6). The research regarding rehabilitation in day centers is scanty, though, and a review revealed knowledge gaps regarding both descriptive studies and evaluations of outcomes of the rehabilitation provided in day centers (7). The Swedish National Board of Health and Welfare (8) showed that there were people with psychiatric disabilities in many municipalities who lacked rehabilitation that included meaningful daily activities and would need to access such support. Furthermore, in several cases where the individual attended a day center the support did not correspond to his or her needs. Very little is thus known about how day centers can match the rehabilitation needs of the attendees. One way of addressing this is to explore the motivation, motives and wishes among day center attendees, as well as their satisfaction with the rehabilitation they receive at the day center. Such knowledge can also form a basis for how to better design this type of service.

In theories about human motivation, being autonomously motivated to engage and having the volition to change behavior are important factors to consider in the pursuit of health and well-being (9-11). Furthermore, Deci and Ryan (10), in developing the self-determination theory (SDT), emphasized the importance of pursuing goals, especially intrinsic and extrinsic life-goals, which is also in line with findings from a consumer-run, activity-based mental health program (12). It has been shown that motivation at baseline serves an important role in participants' engagement in services and tasks (13, 14). Research has also indicated that some activities in the community-based rehabilitation for people with psychiatric disabilities may be experienced as a must in order to receive benefits (15).

Moreover, the activities have been criticized for not being individualized and personally meaningful (8) and for giving attendees too little influence over their opportunities (16, 17), which most likely will make their motivation drop.

The limited research that exists today about day centers has had no or only a minor focus on motivation and motives for attending. Studies so far are descriptions of the target group (18, 19) and characterizations of day centers versus day hospitals (20, 21). Studies that have tried to characterize the rehabilitation provided in day centers have revealed that there are opportunities for both performing activities and socializing with others (22, 23) and that different day centers, if optimally used, can build a rehabilitation chain towards increasing engagement in society (23). Researchers have also warned that day centers can counteract the intentions of supporting social integration by offering an arena that is too protected, sheltering the attendees but also preventing them from interacting with societal structures outside the day center (24, 25).

A few studies have attempted to compare day center attendees with other groups and they generally find few differences. A project targeting three groups, one with paid employment, one attending day centers and one with no regular daily activity, could not identify any differences on, for example, satisfaction with daily activities, sense of coherence or self-esteem (26). Those who had work scored higher on quality of life than those who attended day centers, who in turn scored higher than those with no regular daily activity (27). Another study comparing day center attendees with people with severe mental illness who did not have a regular daily activity found that the day center attendees more often reported they performed activities they valued (28).

According to the Swedish National Board of Health and Welfare (8) the municipalities should provide both meeting place-oriented and work-oriented day centers. The work-oriented day centers are units where the participants follow individualized schedules, while the

meeting place-oriented day centers have more of a drop-in character. In a recent study these two rehabilitation services were believed to include different motivational factors, meeting place-oriented being more focused on leisure activities and work-oriented more focused on production and responsibilities (23). The question as to whether the two orientations stimulate different motives for taking part in the rehabilitation needs, however, further investigation.

Although no age differences have been indicated among day center attendees and comparison groups with non-attendees (26, 29) research has often refrained from reporting findings related to age (18). Moreover, since it has been proposed that activities are gendered, just as they produce gender (30), it is possible that women and men are differently motivated for engaging in day center activities.

Better knowledge of what motivates people to participate in day center rehabilitation programs may be useful when further developing psychiatric rehabilitation in the community to meet the needs of people with psychiatric disabilities. The aim of the present study was thus to describe the motivation and motives among attendees for going to the day center, including the desires they had for alternative ingredients in the rehabilitation. The aim was also to analyze any influence of day center orientation, age and gender in those respects and to describe the attendees' satisfaction with the received rehabilitation.

Methods

This was a cross-sectional study of people receiving rehabilitation at seven day centers, meeting place-oriented as well as work-oriented, located in four municipalities in the south of Sweden.

Selection procedure and participants

A Regional Ethical Review Board approved the study (Reg. No. 303/2006) and attendees at the selected day centers were asked by the staff if they agreed to participate. The inclusion criteria were that the subjects should have a mental illness that had persisted for at least two years and which hindered them from participating in employment and fulfilling important life goals. These criteria agree with the definition of psychiatric disability proposed by the Swedish National Board of Health and Welfare (31). The participants were also required to be of working age, i.e. between 18 and 65 years of age, and having received rehabilitation at a day center for at least one month and for at least four hours per week. Of 195 persons approached 93 (48%) participated.

Characteristics of the sample are described in Table I. Diagnosis was not available for the participants since no medical records are kept in day centers in Sweden. As a proxy for diagnosis, the participants were asked for their self-reported diagnosis. Being as all participants had at some point met a psychiatrist they were likely to have an idea about their psychiatric diagnosis. The self-reported diagnoses were then grouped by a M.D. specialized in psychiatry, in accordance with the ICD-10 (32). The diagnoses were then further grouped into four categories: 1 – schizophrenia and other psychotic disorders (interval F20 and affective psychoses from F30), 2 – mood disorders (the remaining diagnoses from F30), 3 – anxiety, phobia and stress disorders (interval F40) and 4 – other diagnoses (intervals F00, F10, F50-90). In the latter category, personality disorders, Asperger's syndrome and vague descriptions such as "insufficiency" were included.

TABLE I IN HERE

Instruments

Motivation and motives for day center attendance

There is a scarcity of instruments that capture variables of relevance for the study aim due to day centers being a research field that has only received little attention. This study was thus based partly on new instruments, which were developed in accordance with a three-step procedure as proposed by Streiner and Norman (33). Firstly, theories relevant to the area were considered and the knowledge about the targeted phenomenon was studied. Secondly, existing instruments of relevance were sought, and thirdly, expert opinions were collected during item generation.

Four items assessing *motivation among day center attendees* were developed through this procedure. These items were: “How motivated are you to attend this day center?”; “How much do you agree with the statement ‘I set up clear goals for what to do in this day center’?”; “How much would you prefer to spend your time on your own?”; and “How much would you prefer to have paid work to go to?”. The two first items had been used in a previous study of client satisfaction (34) and the other two were formulated to correspond to the main findings from day center research, namely their social nature and the ambition to compensate for not having employment (22, 23). The items were seen as different facets of motivation for how to spend one’s days and not as forming a scale. The face validity of the items was discussed in two expert panels, one composed of representatives for people visiting day centers and one of researchers who were experts in the field of psychiatric rehabilitation. Both panels found that the items adequately reflected motivation for attending a day center. The items were responded to on a visual analogue scale (VAS) ranging from 0 to 100.

Motives for attending the day center, including wishes for additional opportunities in the day center, were explored by another set of items. The items were selected on the basis of the literature indicating the important ingredients in activities that promote recovery and personal

meaning (4, 35). The face validity of the items was discussed with the aforementioned panels of day center attendees and researchers and was found to be good. The items are displayed with boxes to be ticked if the respondent endorses the items. Table II shows the items used for reflecting the motives for visiting the day center, and the same content but somewhat differently formulated items are used to address wishes for additional opportunities. The items were in the present study analyzed by calculating the proportion of respondents who had ticked each item.

TABLE II IN HERE

We then used the present sample to perform initial psychometric testing of the questions regarding motivation for day center attendance and motives for attending. Tests of internal consistency were not relevant, since the items were formulated to reflect different facets of motivation and motives. Construct validity in terms of discriminant validity was tested, however, by correlating motivations and motives with candidate variables seen as conceptually different from these target variables. These were self-rated health, estimated by the first item from the SF-36 (36); psychosocial functioning, assessed by the Global Assessment of Functioning (37); and quality of life, as assessed with the Manchester Short Assessment of Quality of Life (38). The vast majority of associations between the target variables and the candidate variables to assess discriminant validity were non-significant, p -values ranging between 0.121 and 0.955. Two statistically significant associations were found, however. One concerned a motive for attending the day center, namely to get better social status, which was associated with worse self-rated health ($r_s=-0.20$, $p=0.035$). The other concerned further wishes, and desiring better social status was related to a worse quality of life ($r_s=-0.30$, $p=0.004$). These data indicate discriminant validity and that motivation and motives formed unique constructs as compared with the candidate variables used.

Client satisfaction

Satisfaction with the rehabilitation received in the day center was assessed by the *Client Satisfaction Questionnaire (CSQ)* (39). It is based on eight items measuring the respondent's satisfaction with the care or rehabilitation received. The instrument uses a four-point scale, ranging from very dissatisfied (=1) to very satisfied (4). It has shown very good internal consistency, as indicated by a Cronbach's alpha coefficient $>.90$, along with good predictive validity and a logical pattern of relationships with different types of symptoms (39). An alpha coefficient of $.85$, indicating good internal consistency, was obtained for the present sample.

Procedures for data collection

Appointments were made for interviews with those attendees who gave their written consent to participate in the study. Experienced occupational therapists performed the data collection. They met with the participant in a secluded environment that felt safe for the attendees, which was mostly at the day center. Breaks were inserted when relevant to avoid exhaustion.

Data analyses

Non-parametric statistics were considered appropriate since the data was of categorical or ordinal nature. Motivation, motives and satisfaction with day centre attendance were analyzed by descriptive statistics, and associations between variables were calculated by Spearman's rank correlations. The Chi-squared test was used when analyzing categorical data.

The p-value was set at $p<.05$ in all analyses and the software used was the SPSS statistics 20.0.

Results

The attendees motivation for going to the day centers rendered a median score of 80 (IQR=65-95) on the VAS scale, and the item stating "I set up clear goals for what to do in this

center” resulted in a median rating of 72 (IQR=52-91). The item “would prefer to spend my time on my own” rendered a median score of 25 (IQR=10-49) and “would prefer to have a paid job” yielded a median rating of 69 (IQR=29-93). Those who attended work-oriented day centers and those who visited meeting place-oriented ones did not differ on any of the motivation aspects (p-values 0.080 – 0.444). The only gender difference concerned motivation for going to the day center, with women rating higher (median score 91; IQR=76-95) than men (median score 76; IQR=59-89). Age was not related to motivation, correlations varying from $r_s=-0.009$ to $r_s=0.14$ (p-values 0.183 – 0.931).

The relationships between the different facets of motivation for the group as a whole are presented in Table III, showing that none of the facets were statistically significantly associated with all other aspects. Motivation for going to the day center was, however, related to both setting clear goals (positive association) and preferring to spend time alone (negative association).

TABLE III IN HERE

The three most common motives for attending the day center were getting structure to the day (endorsed by 79% of the participants) getting the opportunity to socialize (77%) and having something pleasurable to do (71%). The other motives were learning new things (57%), gaining social status (27%) and earning some money (16%). Fourteen percent had ticked the option “other”, but without stating which alternatives they had in mind. There was a statistically significant difference between the groups based on day center orientation concerning the motive of getting structure to the day ($\chi^2=6.88$, $p=0.009$). More in the work-oriented day centers (89%) than in the meeting place-oriented centers (67%) endorsed that item. There was also a group difference regarding the motive of gaining status, endorsed by 37% of those attending a work-oriented day center and 13% of those visiting a meeting place-oriented center ($\chi^2=6.76$, $p=0.009$). The groups did not differ on any other motive for

attending, and gender and age showed to be unrelated to motives for attending day centers (p-values 0.061 – 0.883).

The participants' desires for ingredients they wanted more of in the day center concerned earning more money (39%), learning new things (37%), socializing more (26%), more structure to the day (23%), doing things that give better social status (22%) and more things to do that were pleasurable (15%). Fifteen percent reported other alternatives for what they wanted more of, such as productive work (3%), therapeutic contacts (2%), physical activity (2%) and doing specific handicrafts (2%). The groups based on day center orientation did not differ in any of these respects (p-values 0.211 – 0.636). A gender difference was found on the item reflecting a wish to do more pleasurable things ($\chi^2=9.69$; $p=0.002$), which was more frequently endorsed by women (29%) than by men (6%), but not on any other item reflecting desires (p-values 0.147 – 0.759). The only relationship to age concerned earning some more money; those who endorsed that item were younger than the others ($p=0.020$; mean age 43 vs. 47 years).

The participants' satisfaction with the rehabilitation received in the day center yielded a median rating of 26 (IQR=23-29). Satisfaction with the rehabilitation received showed to be positively related to the participants' motivation for attending day the center ($r_s=0.45$; $p<0.001$) and with their inclination to set clear goals for going to the day center ($r_s=0.29$; $p=0.005$). It was not related to preferring to spend the time on one's own ($r_s=-0.21$; $p=0.51$) or preferring a paid job to go to ($r_s=0.15$; $p=0.162$).

Discussion

The participants rated their motivation for going to the day centers on a high level, as they did with their inclination to set clear goals, whereas the motivation for preferring to spend time on

one's own was low. These results suggest that the day centers had managed well with their tasks to provide an arena for social interaction and meaningful activity. The motivation for having paid employment was rather high, but not as high as that for coming to the day center or the motivation expressed as setting clear goals. The pattern of relationships between the motivation items suggests that those who were highly motivated to attend the day center might or might not aim for having paid employment, but they were likely to seek company and to have plans for what to do in the day center. The fact that women rated the motivation for attending the day center higher than men indicates that perhaps the rehabilitation was better adjusted to suit the needs of the women. This may be because activities are gendered (30).

Getting structure to the day, getting the opportunity to socialize and doing things that were pleasurable were the strongest motives for coming to the day center rehabilitation. More than 70% of the participants ticked those alternatives as important. Thus, the core of opportunities day centers have been shown to provide, meaningful activities and social interaction (23), were also attractive for the attendees. Many participants also endorsed that learning new things was an important reason for coming to the day center, whereas social status and earning money were not important driving forces. However, earning more money was the most frequently endorsed alternative regarding the ingredients the participants wanted more of in the day center. Although this was indicated by only about 40% of the participants, one cannot disregard that this was the most missed opportunity and that the issue of remuneration deserves some attention. Among the very few freely formulated alternatives that the participants wanted more of, suggestions related to paid employment were the most common ones. Furthermore, the motivation for having paid employment was fairly high among the participants. These findings indicate that the introduction of more work-like activities in combination with some remuneration, which would not be an impossible

equation, would be the most important undertaking if aspiring to further develop the rehabilitation provided in day centers. The importance of earning money has also been highlighted in other research (3, 40). Although remuneration may interfere with the social benefit systems in many countries, experiences from rehabilitation through Supported Employment, where the client can get a job on the open labor market and receive a relevant salary, have shown that such difficulties can be overcome (41, 42).

Interestingly, the groups based on day center orientation did not differ on degree of motivation according to any of the motivation facets; nor did they differ regarding ingredients they wanted more of in the day center. Their motives for going there, however, diverged in that those who visited work-oriented centers, more often than the other group, went to a day center to get structure to the day and gain better status. This finding seems logical, considering that work has been found to bring certain values other everyday activities cannot provide, such as social status (3). The fact that most of the motives for attending were equally strong in both groups, and that the participants' motivation for going to the day center and their desires for what they wanted more of were the same in both groups, suggests that the orientations could fulfill the needs of the participants equally well and that both orientations seem warranted. This is congruent with a qualitative study of the activities offered in day centers, showing that both orientations could offer a variety of challenges and demands with an adequate amount of support (23).

The participants' satisfaction with the rehabilitation received was on a high level for all items. Although this is a common finding in most care and rehabilitation contexts (34, 43, 44), it still indicates that the day centers had been successful in how they carried on the rehabilitation. The fact that satisfaction with the rehabilitation was unrelated to preferring to spend time on one's own and preferring paid employment indicated that those desires may

coexist with a satisfactory as well as a dissatisfactory situation regarding day center attendance.

Study limitations

The participation rate, which was approximately 50%, was comparable to that of other similar samples (26, 45). Because of the frailty and vulnerability of the target group it is difficult to attain participation rates above 50-60% in studies that go beyond clinical routines. Analyses of attrition in a similar sample have indicated that the non-participants were somewhat more likely to be females and to be marginally younger, but not to differ from the participants regarding diagnosis (45). It is still likely that the most frail and vulnerable attendees chose not to participate in the study, which limits the external validity of the study. Finally, this study was partly based on questions developed specifically for this study, but careful measures were taken to establish their validity. Panels of experts, both people with own experience from mental illness and staff, were consulted and assessed the face validity to be good with respect to the questions' relevance for estimating motivation and motives. Moreover, analyses of discriminant validity yielded satisfactory results. Non-significant associations with variables reflecting other phenomena were found, further emphasizing the need for these new-developed questionnaires. The non-significant associations also indicate that social desirability, which sometimes produces associations between variables, did probably not affect the participants' responses. Considering the fact that all instruments used in the study appeared to be valid and reliable and that careful procedures in collecting the data were used, there was no indication of threats to the internal validity of the study. But although we obtained some indication of good discriminant validity of the new questionnaires, the reliability remains to be tested, for example in terms of test-retest stability, and further aspects of validity needs to be examined as well, such as concurrent validity and predictive validity. A response scale with fixed response categories might also be an alternative to the VAS scales

used for the motivation items. That might make the respondent more aware of how he or she is replying and the researcher can more easily value the answers.

Conclusion

The attendees were highly motivated to participate in the day center rehabilitation and the most frequent motives for going there were to get structure to the day, to socialize with others and to do things they enjoyed. They were also highly satisfied with the rehabilitation received in the centers, especially with respect to getting help to cope with problems. This gives a picture of how the rehabilitation in the community-based day centers was meeting the attendees' needs and the requirements for day centers expressed in governmental goals. The findings also indicated, however, that some attendees preferred a job to go to. Work-like features can perhaps be further developed, such as providing channels to jobs on the open market and providing more work-like activities in the day center, preferably in collaboration with the surrounding society and its businesses and accompanied with some kind of remuneration. Future research should investigate if changes in such directions in the day center services would further stimulate the attendees' motivation.

Acknowledgement

The authors are grateful to the Swedish National Board of Health and Welfare and the Swedish Research Council for funding the study.

References

1. Argentzell E, Hakansson C, Eklund M. Experience of meaning in everyday occupations among unemployed people with severe mental illness. *Scand J Occup Ther.* 2012;19:49-58.
2. Eklund M, Hermansson A, Håkansson C. Meaning in life for people with schizophrenia: Does it include occupation? *Journal of Occupational Science.* 2012;19:93-105.
3. Leufstadius C, Eklund M, Erlandsson LK. Meaningfulness in work - Experiences among employed individuals with persistent mental illness. *Work.* 2009;34:21-32.
4. Gewurtz R, Kirsh B. How consumers of mental health services come to understand their potential for work: Doing and becoming revisited. *Can J Occup Ther.* 2007;74:195-207.
5. Provencher HL, Gregg R, Mead S, Mueser KT. The role of work in the recovery of persons with psychiatric disabilities. *Psychiatr Rehabil J.* 2002;26:132-44.
6. Welfare NBoHa. Nationella riktlinjer för psykosociala insatser vid schizofreni och schizofreniliknande tillstånd - stöd för styrning och ledning. [National guidelines for psychosocial interventions for schizophrenia and related disorder - support for management and leadership]. Stockholm: National Board of Health and Welfare, 2011.
7. Catty J, Burns T, Comas A, Poole Z. Day centers for severe mental illness: Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD001710. DOI: 10.1002/14651858.CD001710.pub2; 2007.
8. National, Board, of, Health, and, Welfare. Insatser för personer med psykiska funktionsnedsättningar. Kommunernas användning av stimulansbidragen 2007–2010. [Care inputs for people with psychiatric impairments. The municipalities' use of stimulant subsidies 2007-2010]. Stockholm: National Board of Health and Welfare, 2011.
9. Csikszentmihalyi M, LeFevre J. Optimal experiences in work and leisure. *J Pers Soc Psychol.* 1989;5:815-22.
10. Deci EL, Ryan RM. Self-Determination Theory: A macrotheory of human motivation, development, and health. *Canadian Psychology.* 2008;49:182-5.
11. Helfrich C, Kielhofner G, Mattingly C. Volition as narrative: Understanding motivation in chronic illness. *Am J Occup Ther.* 1994;48:311-7.

12. Rebeiro K, Day D, Semeniuk B, O'Brien M, Wilson B. Northern Initiative for Social Action: An occupation-based mental health program. *Am J Occup Ther.* 2001;55:493-500.
13. Breda C, Heflinger CA. Predicting incentives to change among adolescents with substance abuse disorder. *Am J Drug Alcohol Abuse.* 2004;30:251-67.
14. Choi J, Fiszdon JM, Medalia A. Expectancy-value theory in persistence of learning effects in schizophrenia: Role of task value and perceived competency. *Schizophr Bull.* 2010 Sep;36:957-65.
15. Pooremamali P, Persson D, Östman M, Eklund M. Facing the challenges during rehabilitation – Middle Eastern immigrants' paths to occupational well-being. *Journal of Occupational Science.* in press.
16. Bryant W, Craik C, McKay EA. Perspectives of day and accommodation services for people with enduring mental illness. *J Ment Health.* 2005;14:109-20
17. Granerud A, Severinsson E. The struggle for social integration in the community – The experiences of people with mental health problems. *J Psychiatr Ment Health Nurs.* 2006;13:288-93.
18. Catty J, Burns T. Mental health day centres. Their clients and roles. *Psychiatr Bull.* 2001;25:61-6.
19. Shepherd G, Richardson A. Organization and interaction in psychiatric day centres. *Psychol Med.* 1979;9:573-9.
20. Catty J, Goddard K, Burns T. Social services day care and health services day care in mental health: Do they differ? *Int J Soc Psychiatry.* 2005;51:151-61.
21. Holloway F. Day care in an inner city. II. Quality of the services. *Br J Psychiatry.* 1991;158:810-6.
22. Catty J, Goddard K, Burns T. Social services and health services day care in mental health: The social networks and care needs of their users. *Int J Soc Psychiatry.* 2005;51:23-34.
23. Tjörnstrand C, Bejerholm U, Eklund M. Participation in day centres for people with psychiatric disabilities: Characteristics of occupations. *Scand J Occup Ther.* 201;18:243-53.
24. Bryant W, Craik C, McKay EA. Living in a glasshouse: Exploring occupational alienation. *Can J Occup Ther.* 2004;71:282-9.
25. Pinfold V. 'Building up safe havens... around the world': Users' experiences of living in the community with mental health problems. *Health Place.* 2000;6:201-12.

26. Eklund M, Hansson L, Ahlqvist C. The importance of work as compared to other forms of daily occupations for wellbeing and functioning among persons with long-term mental illness. *Community Ment Health J.* 2004;40:465-77.
27. Eklund M. Work status, daily activities and quality of life among people with severe mental illness. *Qual Life Res.* 2009;18:163-70.
28. Argentzell E, Leufstadius C, Eklund M. Factors influencing subjective perceptions of everyday occupations: Comparing day centre attendees with non-attendees. *Scand J Occup Ther.* 2012;19:68-77.
29. Eklund M, Sandlund M. The life situation of people with persistent mental illness visiting day centers: A comparative study. *Community Ment Health J.* 2012;48:592-7.
30. Beagan B, Saunders S. Occupations of masculinity: Producing gender through what men do and don't do. *Journal of Occupational Science.* 2005;12:161-9.
31. Swedish, Government, Official, Reports. Vad är psykiskt funktionshinder? [What is a psychiatric disability?]. Stockholm: National Board of Health and Welfare, 2006.
32. WHO. The ICD-10 classification of mental and behavioural disorders. Geneva: World Health Organization; 1993.
33. Streiner DL, Norman GR. Health measurement scales: A practical guide to their development and use. 4 ed. Oxford: Oxford University Press; 2008.
34. Eklund M, Hansson L. Determinants of satisfaction with community-based psychiatric services: A cross-sectional study among schizophrenia outpatients. *Nord J Psychiatry.* 2001;55:413-8.
35. Leufstadius C, Erlandsson LK, Björkman T, Eklund M. Meaningfulness in daily occupations among individuals with persistent mental illness. *Journal of Occupational Science.* 2008;15:27-35.
36. Ware JE, Jr., Sherbourne CD. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Med Care.* 1992;30:473-83.
37. Endicott J, Spitzer RL, Fleiss JL, Cohen J. The global assessment scale. A procedure for measuring overall severity of psychiatric disturbance. *Arch Gen Psychiatry.* 1976;33:766-71.
38. Priebe S, Huxley P, Knight S, Evans S. Application and results of the Manchester Short Assessment of Quality of Life (MANSA). *Int J Soc Psychiatry.* 1999;45:7-12.

39. Larsen DL, Attkisson CC, Hargreaves WA, Nguyen TD. Assessment of client/patient satisfaction: Development of a general scale. *Eval Program Plann.* 1979;2:197-207.
40. Bell MD, Milstein RM, Lysaker PH. Pay as an incentive in work participation by patients with severe mental illness. *Hosp Community Psychiatry.* 1993;44:684-6.
41. Burns T, Catty J, Becker T, Drake RE, Fioritti A, Knapp M, et al. The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *Lancet.* 2007 29;370(9593):1146-52.
42. Hasson H, Andersson M, Bejerholm U. Barriers in implementation of evidence-based practice: Supported employment in Swedish context. *J Health Organ Manag.* 2011;25:332-45.
43. Eklund M, Erlandsson L-K. Quality of life and client satisfaction as outcomes of the Redesigning Daily Occupations (ReDO) programme for women with stress-related disorders – A comparative study. Work. in press.
44. Hansson L, Höglund E. Patient satisfaction with psychiatric services. The development, reliability, and validity of two patient-satisfaction questionnaires for use in inpatient and outpatient settings. *Nord J Psychiatry.* 1995;49:257-62.
45. Bengtsson-Tops A. Mastery in patients with schizophrenia living in the community: Relationship to sociodemographic and clinical characteristics, needs for care and support, and social network. *J Psychiatr Ment Health Nurs.* 2004;11:298-304.

Table I. Socio-demographic characteristics of the participants

<i>Characteristics</i>	
Mean age (SD)	46 (10)
Gender: male/female; n (%)	55 (59)/ 48 (41)
Civil status; married/single; n (%) ¹⁾	17 (19)/ 72 (81)
Having children living at home; yes/no; n (%) ²⁾	10 (12)/ 72 (88)
Having friends; yes/no; n (%)	82 (88)/ 11 (12)
Type of housing; n (%)	
Own apartment/house without support	58 (64)
Own apartment/house with support	27 (30)
Sheltered living	6 (7)
Educational level; n (%) ³⁾	
Not completed compulsory school	5 (6)
Completed compulsory school	35 (41)
Completed 6th form college	42 (47)
Completed undergraduate studies	6 (7)
Self-reported diagnosis; n (%) ⁴⁾	
Schizophrenia and other psychoses	37 (44)
Mood disorders	19 (22)
Anxiety, phobia and stress disorders	16 (19)
Other disorders	13 (15)

Note. Due to missing data the total number of participants varies between the variables.

¹⁾ Four missing values; ²⁾ eleven missing values; ³⁾ six missing values; ⁴⁾ eight missing values.

Table II. The questionnaire used to reflect motives for attending the day centre.

<p>Which of the following is important for you for wanting to attend the day centre?</p> <p>Tick the appropriate alternatives. More than one box may be ticked.</p> <p><input type="checkbox"/> I can be together with others</p> <p><input type="checkbox"/> I learn new things</p> <p><input type="checkbox"/> I gain social status</p> <p><input type="checkbox"/> I get structure to the day</p> <p><input type="checkbox"/> I earn some money</p> <p><input type="checkbox"/> I find it pleasurable</p> <p><input type="checkbox"/> Other, namely.....</p>

Table III. Associations between the four aspects (A – D) of motivation

	<i>B. Setting clear goals</i>	<i>C. Preferring to spend time alone</i>	<i>D. Rather have a job</i>
A. Going to the day centre	0.455***	-0.227*	0.171
B. Setting clear goals	-	-0.131	0.397***
C. Preferring to spend time alone	-	-	0.167

* p<0.02; *** p<0.001