Published in final edited form as:

Hosp Community Psychiatry. 1993 March ; 44(3): 276–278. doi:10.1176/ps.44.3.276.

Daily Hassles of Persons With Severe Mental Illness

Steven P. Segal, Ph.D.,

professor at the School of Social Welfare, University of California, Berkeley, California 94720;
director of the school's Mental Health and Social Welfare Research Group

Debra J. VanderVoort, Ph.D.

assistant professor at the University of Hawaii in Hilo.

Deinstitutionalization drastically changed the living environment of persons with severe mental illness. Although state hospital settings met all safety and physical needs, they were often dehumanizing (1). Since the exodus from state hospitals, little attention has been given to the former patient's life situation.

The study reported here examined the daily hassles faced by persons with severe mental illness, experiences that have been linked to both psychological and somatic health (2,3). In the literature on the chronic mentally ill population, the word "hassles" has been used to refer to concerns, worries, or events that disrupt a person's well-being and daily life. Hassles can range from being worried about finances to having troublesome neighbors.

Miller and Miller (4) compared the daily lives of persons with severe mental illness living in the community (N=69) and those of a general population sample (N=35). The main difference they found was that mentally ill persons reported they had too few things to do and were lonely, whereas the mainstream population reported too many things to do and too many social obligations.

Evidence also suggests that people with different demographic characteristics experience different types of hassles. For example, Folkman and colleagues (5) found that middle-aged persons reported more hassles than elderly persons in the areas of finances, work, home maintenance, personal life, and family and friends. Women reported more environmental and social hassles than men did.

Given the important effect of hassles on psychological and physical health and their tendency to vary with population characteristics, we examined reports of specific hassles and their frequency among persons with severe mental illness. We also examined the effect of demographic and residential characteristics on the number and type of hassles reported.

Methods

This study was part of a 12-year follow-up of a probability sample of 234 sheltered care residents with severe mental illness in California (6). Data were initially collected in 1973. Between 1983 and 1985 the residents were reassessed. Data reported here reflect the experiences of the sample at follow-up. Details of the overall methodology have been reported elsewhere (7).

To assess the hassles experienced by this sample, we used 46 of the 117 items of the Hassles Scale (8). Most scale items, such as those dealing with work and home maintenance, had little relevance for this population and were omitted. We used the scale to learn what type of hassles were typical for an individual, rather than using a state version of the scale, which would have identified hassles being experienced only at the time of the interview. The number of persons who reported having each hassle was determined. Respondents were asked to rate the severity of each of their hassles (that is, how disrupting it was to their daily life) on a 4-point scale. Chi square analysis was used to compare the characteristics of subgroups who experienced different hassles with those who did not. The significance level was set at .05.

Results

In 1983 a total of 53 percent of the sample were men. The mean $\pm$ SD age of the sample was 53.4 $\pm$ 12.4, and ages ranged from 28 to 75. Most of the sample members (53.6 percent) had never been married; 5.6 percent were married, and 40.8 percent were divorced, widowed, or separated. The majority (80.5 percent) received Supplemental Security Income benefits. Only 7.7 percent were employed. Most (78.9 percent) were white; 8.2 percent were black, and 12.9 percent were of other racial origins, primarily Hispanic.

Based on the follow-up data, 55.6 percent of the sample resided in sheltered care facilities, 31.2 percent resided in the community (that is, lived in their own or a rented house or apartment, with family, or in a hotel), 10.3 percent resided in nursing homes, and 2.9 percent resided in state mental hospitals or inpatient psychiatric wards. None of the participants were homeless. Further details are reported elsewhere (7).

Table 1 lists hassles by the frequency with which they were reported. Among the most frequently reported were financial concerns, loneliness, boredom, crime, concerns about past and present accomplishments and worries about the future, problems with oral and written expression, and declining physical health. Respondents also rated the severity of each reported hassle. The eight most frequently reported hassles were also those rated most severe. Other hassles rated most severe were smoking too much, physical illness and being exploited.

Respondents in different age groups tended to report different hassles. In the case of 23 of the hassles, the frequency of reports differed by age group. In general hassles were reported by a greater percentage of young respondents (ages 30 to 45) than middle-aged respondents (ages 46 to 60) and by a greater percentage of middle-aged than elderly respondents (ages 61 to 75).

However, exceptions were noted. Middle-aged respondents reported the least loneliness, and the young group reported more loneliness than the elderly group. Side effects of medication and rising prices of common goods were reported as hassles with about equal frequency by the middle-aged and young groups; both groups reported these hassles significantly more often than did the elderly respondents. Filling out forms was reported as a hassle more often by the middle-aged respondents than by the elderly group.

Blacks reported seven of the hassles more frequently than did whites or members of other racial groups. These hassles included troublesome neighbors, fear of confrontation, financial dealings with friends, gossip, legal problems, concerns about inner conflicts, and concerns about getting ahead. In general, whites tended to report hassles with greater frequency than the groups who were included in the category of “other races” (Asian, Chicano, American Indian, or other), with two exceptions. The “other” group reported troublesome neighbors more frequently than whites did; whites and “other races” reported fear of confrontation with equal frequency.

Gender or residential status differentiated among only a few of the reported hassles. Women reported the hassles of physical illness and the side effects of medication more frequently than men. Sheltered care and nursing home residents reported being bothered by inconsiderate smokers more frequently than did community residents, while nursing home or community residents more frequently reported being bothered by crime.

Discussion

Results of our study supported previous findings (4) that for persons with serious mental illness, loneliness and boredom are serious concerns. Our results also indicated that financial concerns, crime, self-expression, and upward mobility were important for persons in this population.

Demographic and residential differences between persons reporting certain hassles suggest that the type of hassles experienced are role related and environmentally determined. However, the finding that the elderly group reported fewer hassles than the younger and middle-aged groups is consistent with research on mainstream populations and indicates that developmental factors also play a role in whether a person reports a hassle (5). As persons with severe mental illness age, they are less likely either to perceive their environment as stressful or to report stressful incidents, or both. This finding suggests that interventions to improve the coping skills of persons with severe mental illness may be particularly crucial for younger individuals. In addition, the possibility that elderly persons in this population understate their concerns should be further investigated.

Troublesome neighbors, gossip, confrontation with others, and getting ahead are clearly of concern to black members of the severely mentally ill population. To address these concerns, residential placement staff could further their efforts to develop more appropriate matches between individuals and their environments. Previous research suggests that the placement of minority clients in largely segregated neighborhoods negatively affects their social functioning (9).

Living in a sheltered care facility seemed to ameliorate some of the respondents' concern with crime, a concern that was previously reported to characterize persons with serious mental illness (10).

During the past decade we have seen major expansion of the self-help movement and greater emphasis on psychosocial programs aimed at enabling individuals to cope more effectively with their daily lives. This chronicle of the daily hassles of persons with severe mental

illness documents the special nature of the concerns of this population and helps validate current directions in the provision of care.

Acknowledgment

This research was partly supported by grants from the Robert Wood Johnson Foundation and the National Institute of Mental Health.

References

1. Gruenberg EM: Evaluating the Effectiveness of Community Mental Health Services. New York, Milbank Memorial Fund, 1966
2. Lazarus RS: Puzzles in the study of daily hassles. *Journal of Behavioral Medicine* 7:375–389, 1984 [PubMed: 6520869]
3. Lazarus RS, Folkman S: Transactional theory and research on emotions and coping. *European Journal of Personality* 1:141–169, 1987
4. Miller S, Miller RL: An exploration of daily hassles for persons with severe psychiatric disabilities. *Psychosocial Rehabilitation Journal* 14:39–51, 1991
5. Folkman S, Lazarus RS, Pimley S, et al.: Age differences in stress and coping processes. *Psychology and Aging* 2:171–184, 1987 [PubMed: 3268206]
6. Segal SP, Aviram U: *The Mentally Ill in Community-Based Sheltered Care: A Study of Community Care and Social Integration*. New York, Wiley, 1978
7. Segal SP, Kotler P: Sheltered care residents and personal outcomes. *American Journal of Orthopsychiatry*, in press
8. Kanner AP, Coyne JC, Schaefer C, et al.: Comparison of two modes of stress measurement: daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine* 4:1–39, 1981 [PubMed: 7288876]
9. Segal SP, Silverman CJ, Baumohl J: Seeking person-environment fit in community care placement. *Journal of Social Issues* 45(3):49–64, 1989
10. Lehman AF, Ward NC, Linn LS: Chronic mental patients: the quality of life issue. *American Journal of Psychiatry* 139: 1271–1276, 1982

Table 1

Percentage of a sample of 234 sheltered care residents who reported hassles

Hassle	%
Rising prices of common goods ^I	48.3
Being lonely ^I	44.7
Troubling thoughts about future ^I	42.3
Too much time on hands	42.3
Crime	39.5
Filling out forms ^I	39.2
Not enough money for entertainment	39.0
Regrets over past decisions ^I	35.3
Inability to express self ^I	35.0
Concerns about getting ahead ^I	33.5
Declining physical abilities	33.5
Smoking too much ^I	33.3
Physical illness	31.6
Fear of rejection ^I	31.4
Concerns about owing money ^I	31.1
Trouble with reading, writing, spelling ^I	31.1
Too many interruptions	30.6
Not enough money for transportation	30.2
Fear of confrontation ^I	29.9
Being exploited ^I	29.9
Troublesome neighbors	29.2
Difficulties seeing or hearing	29.1
Concerns about new events	27.3
Gossip	26.8
Concerns with meeting high standards ^I	26.6
Inconsiderate smokers	24.9
Concerns about bodily function	24.2
Concerns about inner conflicts ^I	24.0
Prejudice and discrimination ^I	23.8
Too many responsibilities	23.3
Trouble with arithmetic skills	23.2
Concern over the meaning of life ^I	22.5
Social obligations	22.4
The weather	21.8

Hassle	%
Concerns about medical treatment	21.2
Not getting enough rest [/]	20.5
Side effects of medication [/]	20.0
Nightmares	19.2
Not enough time to do necessary things [/]	18.9
Financial dealings with friends	18.5
Television	15.5
Too many things to do [/]	14.6
Problems with my children	12.1
Sexual problems (physical) [/]	10.7
Legal problems [/]	9.3
Menstrual problems	4.7

[/] Persons reporting hassle were significantly older or younger ($p < .05$, $df=2$) than those not reporting hassle.