

Evaluating the Quality of Life Concept: A Critical Examination of its Application and Value in Understanding Mental Health Burdens

King's College London

13. June 2023

Abstract

Exploring the link between attention and conscious awareness in cognitive neuroscience has sparked numerous debates. This essay seeks to weigh the evidence supporting the idea that attention is a necessary component of conscious awareness. Drawing on empirical studies and additional philosophical perspectives, it delves into the entwined nature of these cognitive processes and considers opposing viewpoints. Additionally, the essay incorporates related concepts, such as Libet's delay and the Global Workspace Theory, to provide a more comprehensive understanding of this complex relationship.

By scrutinising these subjects, this essay aspires to enrich the reader's comprehension of the interplay between attention and conscious awareness. It synthesises key insights in research, delivering a cohesive and up-to-date overview of prevailing findings.

Table of Contents

List of Figures	II
List of Tables	III
1 Introduction	1
2 Benefits of the Quality of Life Concept	2
2.1 More Holistic Understanding of Patient Well-being	2
2.2 Enhanced Patient-Centered Care	3
2.3 Insight into Population Health and Informing Health Policy	4
3 Limitations of the Quality of Life Concept	4
3.1 Subjectivity and Variability	4
3.2 Measurement Challenges	5
3.3 Lack of Standardisation	5
3.4 Complexity and Indirectness	5
Bibliography	7

List of Figures

List of Tables

1 Introduction

The understanding of mental health burdens is profoundly nuanced, demanding a multidimensional lens of analysis that extends beyond mere clinical symptoms. Central to this expansive view is the concept of Quality of Life (QoL), a construct that has become pivotal in health research and clinical practice.

While broadly used, the concept of Quality of Life is complex due to its inherently subjective nature. According to the World Health Organization, QoL is one's understanding of their place in society, shaped by the cultural and moral beliefs of their environment, as well as their personal aspirations, anticipations, principles, and worries (Harper et al., 1998). It is a broad-ranging concept, incorporating in a complex way the individual's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of the environment. The domains of QoL, thus, encapsulate not just health but also personal, social, and environmental aspects.

Applying QoL as a construct extends to various disciplines, including public health, medical practice, psychology, social work, and psychiatry. For instance, in public health, QoL measures can assist in evaluating the health of a population, prioritising health needs, or assessing the effectiveness of health promotion interventions. The QoL concept has been gaining momentum in psychiatry and mental health as an essential outcome measure. Instead of focusing solely on symptomatic relief, mental health professionals increasingly recognise the importance of a more holistic understanding of patients' well-being, including subjective perceptions of satisfaction and functioning.

The application of QoL in psychiatry can be seen in several areas. In clinical trials, for instance, QoL metrics offer a patient-centred measure that complements traditional outcome markers such as symptom severity or remission rates (Malla & Payne, 2005). Furthermore, QoL assessments can help tailor treatment plans to the individual patient's needs and goals in clinical practice, contributing to shared decision-making processes.

Beyond the individual level, QoL measures provide valuable insights into population-based mental health research and policy-making, identifying unmet needs, evaluating intervention effectiveness, and guiding resource allocation.

In the field of applied neuroscience, QoL is a critical construct to bridge our understanding of the biological underpinnings of mental disorders and the subjective experiences of those affected. While ongoing research investigates how specific neural mechanisms may directly impact QoL, studies have demonstrated that neurological changes associated with mental disorders can significantly affect an individual's perceived life satisfaction. For instance, research has found grey matter reductions in several brain regions in patients experiencing their first episode of depression, highlighting the potential neurological implications on the patient's overall well-being and life satisfaction (Zhang et al., 2016).

While it is evident that the QoL concept has vast applicability in understanding mental health burdens, it is not without criticisms and limitations. The following chapters will delve into the advantages and drawbacks of the QoL concept, critically examining its role in shaping our understanding of mental health.

2 Benefits of the Quality of Life Concept

The concept of Quality of Life (QoL) serves as a potent tool in mental health research and practice, offering benefits that address some of the limitations inherent in traditional clinical measures. This chapter explores these advantages, critically reviewing the empirical literature to provide a nuanced perspective.

2.1 More Holistic Understanding of Patient Well-being

One of the most significant benefits of the QoL concept is its broader, more comprehensive perspective on patient well-being. Traditionally, the assessment of mental health disorders relied heavily on symptomatic evaluations. However, the subjective experi-

ence of mental health is far more complex and extends beyond the presence or absence of symptoms. QoL assessments capture a range of factors that influence a person's well-being, including physical health, psychological status, social relationships, and environment.

Studies suggest that these factors can often deviate from clinical symptoms, revealing unique aspects of a patient's experience that may otherwise remain unnoticed. For example, a study on patients with schizophrenia found that while clinical symptom severity decreased over time, many patients reported no improvement in their QoL (Eack et al., 2007). These findings underscore the value of QoL measures in painting a more comprehensive picture of patient well-being.

2.2 Enhanced Patient-Centered Care

The QoL concept also supports a patient-centred approach in mental health care, aligning treatment goals with patients' unique needs and life contexts. Patient-centred care emphasises active patient participation in the treatment process and decision-making, an approach associated with improved treatment adherence and patient satisfaction (Dwamena et al., 2012).

QoL measures can guide the delivery of personalised interventions by highlighting areas that matter most to the patient. For instance, the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) has been used to obtain sensitive measures of enjoyment and satisfaction in various areas of daily functioning. This tool captures the patient's experience beyond the severity of illness or depression, potentially informing more personalised therapeutic approaches (Endicott et al., 1993). This underscores the utility of QoL measures in tailoring interventions that resonate with patients' life contexts and goals.

2.3 Insight into Population Health and Informing Health Policy

On a broader scale, QoL metrics provide a robust understanding of population health and guiding health policies. By incorporating QoL indicators, mental health research can reveal disparities, track changes over time, and assess the impact of interventions or policy changes at a population level. For example, the Global Burden of Disease Study 2017 provides a systematic analysis of the incidence, prevalence, and years lived with disability for numerous diseases and injuries worldwide, including mental disorders (GBD 2017 Disease and Injury Incidence and Prevalence Collaborators, 2018). This comprehensive report contributes valuable data to inform global mental health policies by accounting for these factors. This example underscores the potential of QoL metrics to influence policy-making, highlighting the broader societal value of the QoL concept.

3 Limitations of the Quality of Life Concept

As beneficial as the Quality of Life (QoL) concept is in understanding mental health burdens, it is not without limitations. This chapter discusses some drawbacks, critically engaging with recent research to provide an unbiased view of the concept's utility.

3.1 Subjectivity and Variability

The QoL concept inherently depends on the subjective experiences of individuals, which introduces a level of variability and inconsistency that can be challenging to navigate. What constitutes a high QoL for one person may not hold for another due to differences in personal values, cultural background, and life circumstances. This subjectivity can make comparing QoL scores across different individuals or groups challenging, potentially leading to misinterpretations or biases (Skevington & McCrate, 2012).

3.2 Measurement Challenges

Linked to its subjectivity is the challenge of accurately measuring QoL. Several instruments exist to assess QoL, each with varying sensitivity, reliability, and validity levels. For instance, the WHOQOL-BREF and the Q-LES-Q are widely used, but they emphasise different aspects of QoL, leading to potential inconsistencies between the measures (Endicott et al., 1993; Harper et al., 1998). Moreover, these measures rely on self-reporting, which can be influenced by temporary mood states, recall biases, or social desirability (Bowling, 2005).

3.3 Lack of Standardisation

Another downside to the QoL concept is its need for more definition and measurement standardisation. While organisations like WHO have proposed definitions, many variants exist, leading to a need for more consensus in the literature. This fragmentation can pose difficulties in comparing studies, implementing interventions, or formulating policies based on QoL (Matarazzo, 1980).

3.4 Complexity and Indirectness

Finally, the QoL concept introduces complexity to mental health assessments and interventions. Given its broad and multifaceted nature, it can be challenging to pinpoint specific factors influencing QoL and to design interventions that address these elements. Moreover, making a direct link between specific treatments or interventions and changes in QoL can be more complex than symptom-focused measures. This complexity necessitates a careful, nuanced approach to using and interpreting QoL measures in mental health contexts.

In summary, while the QoL concept provides a rich, holistic view of mental health burdens, it also introduces several complexities and challenges. Its value should therefore be evaluated alongside these considerations, seeking to maximise its strengths

while acknowledging and addressing its limitations.

Bibliography

- Bowling, A. (2005). Just one question: If one question works, why ask several? *Journal of Epidemiology and Community Health*, 59(5), 342–345.
URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1733095/> (Accessed at: 2023-06-12)
- Dwamena, F., Holmes-Rovner, M., Gaulden, C. M., Jorgenson, S., Sadigh, G., Sikorskii, A., Lewin, S., Smith, R. C., Coffey, J., & Olomu, A. (2012). Interventions for providers to promote a patient-centred approach in clinical consultations. *The Cochrane Database of Systematic Reviews*, 12(12), CD003267.
- Eack, S. M., Newhill, C. E., Anderson, C. M., & Rotondi, A. J. (2007). Quality of Life For Persons Living with Schizophrenia: More Than Just Symptoms. *Psychiatric rehabilitation journal*, 30(3), 219–222.
URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3716361/> (Accessed at: 2023-06-12)
- Endicott, J., Nee, J., Harrison, W., & Blumenthal, R. (1993). Quality of Life Enjoyment and Satisfaction Questionnaire: a new measure. *Psychopharmacology Bulletin*, 29(2), 321–326.
- GBD 2017 Disease and Injury Incidence and Prevalence Collaborators (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet (London, England)*, 392(10159), 1789–1858.
- Harper, A., Power, M., & WHOQOL Group, X. (1998). Development of the World Health Organization WHOQOL-Bref quality of life assessment. *Psychological Medicine*, (28), 551–558.
- Malla, A., & Payne, J. (2005). First-Episode Psychosis: Psychopathology, Quality of Life, and Functional Outcome. *Schizophrenia Bulletin*, 31(3), 650–671.
URL <https://doi.org/10.1093/schbul/sbi031> (Accessed at: 2023-06-12)
- Matarazzo, J. D. (1980). Behavioral health and behavioral medicine: frontiers for a new health psychology. *The American Psychologist*, 35(9), 807–817.
- Skevington, S. M., & McCrate, F. M. (2012). Expecting a good quality of life in health: assessing people with diverse diseases and conditions using the WHOQOL-BREF. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*, 15(1), 49–62.
- Zhang, H., Li, L., Wu, M., Chen, Z., Hu, X., Chen, Y., Zhu, H., Jia, Z., & Gong, Q. (2016). Brain gray matter alterations in first episodes of depression: A meta-analysis of whole-brain studies. *Neuroscience and Biobehavioral Reviews*, 60, 43–50.