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# Research Paper: Qualitative Study of Biological, Psychological, Social and Spiritual Needs in Chronic Mental Patients

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## Abstract

The purpose of this research was to qualitatively investigate the biological, psychological, social and spiritual needs of chronic mental patients. This research was conducted using qualitative content analysis. A number of 23 chronic mental patients referred to Tahereh Neuropsychiatric Rehabilitation Center in the city of Ramsar in 2021 were selected through purposive sampling method until theoretical data saturation employing semi-structured interviews. Analysis and coding of the interviews showed four components with 26 sub-components considering all interviews. The biological needs component included 6 sub-components: medical costs, lack of medicine, diet, exercise as well as physical activity, and physical and functional problems. The mental needs component of patients included 7 sub-components: the presence of co-comorbidity, unpleasant emotions, lack of personal and social skills, lack of positive psychological characteristics, low quality of life and psychological exhaustion, as well as having fun and free time. The social needs component of patients included 7 sub-components: need for family support, need for support from relevant organizations, lack of social facilities, social stigma, possibility of education, possibility of employment and need for support from specialists. The component of patients' spiritual needs also included 6 sub-components: the need to have hope, perform religious rituals, lack of meaning and purpose in life, fear of death, loneliness and attitude towards God. The obtained findings reveled that there were different needs in the 4 biological, psychological, social and spiritual dimensions that must be paid attention to in order to improve the mental health and quality of life of chronic mental patients.

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## 1. Introduction

Chronic mental illness refers to a condition which is accompanied by debilitating and long-lasting psychiatric symptoms and severe functional impairment. People with chronic mental illnesses suffer from symptoms that may interfere with their ability to perform daily activities and participate in work, education, and interpersonal relationships. These individuals often require significant care of family and mental health service centers (Varshney et al., 2021).

The global prevalence of chronic mental illness ranges from 0.4 to 7.7 percent (World Health Organization, 2004). In Iran, according to the director general of the care and rehabilitation office of the country's welfare organization, 7.6 percent, equivalent to 98 thousand and 670 people out of a total of 1 million and 300 thousand people registered in welfare, suffer from chronic mental illness. Moreover, the age of mental illness to provide services is set at 15 to 64 years; however, recently, chronic mental illness is increasing in people under 15 years of age (Taadol newspaper, 2016).

Functional impairment associated with chronic and serious mental illness imposes a heavy burden on individuals and society, and disability often persists even after effective treatment of psychopathological symptoms (Depp et al., 2022). Patients with mental illness admitted to the hospital and stayed there for a long time, see the hospital as their home and are gradually affected by the process of the disease with the reduction of sensory stimulation. In addition, their cognitive performance decreases (Chimara et al., 2022). Long-term use of drugs, including antipsychotics, in patients with mental illnesses can cause periodic or chronic related side effects, and such patients may experience drowsiness, akinesia (a type of movement disorder), dizziness, and physical fatigue (Allison et al., 1999). Additionally, the higher mortality rate, shorter life expectancy and lower standard level of health care for these diseases lead to a lower level of psychological well-being in these patients (Varshney et al., 2021).

Studies have reported higher rates of physical and mental illnesses and negative health outcomes in this group of patients. Compared to the general population, people with chronic mental illness are at higher risk of obesity, cardiovascular disease, type 2 diabetes, and respiratory disease (both genetic and treatment-induced) (De Hert et al., 2011). The lifetime prevalence of substance use disorders in people with chronic mental illness is approximately 50% (Drake et al., 2007). In addition, the occurrence of smoking in these people is 2 to 3 times higher than in people without mental illness (Mazereel et al., 2021).

Chronic mental illness is associated with pro-inflammatory state and maladaptive function of T cells. Childhood problems, chronic stress, and sleep disorders also predispose these individuals to dysregulated immune systems (Mazereel et al., 2021). Chronic mental illness is associated with “accelerated biological aging,” leading to worsening outcomes (Wolkowitz, 2018, p. 144). People with chronic mental illness do not have enough information and skills to deal with the situation properly. For example, during the Covid-19 pandemic, a study found that 72% of people with chronic mental illness did not know enough about its symptoms and 64% of them had insufficient information about the preventive measures that should be taken (Muruganandam et al., 2020).

Seeking help and receiving appropriate treatment in this population is a challenge due to stigma, discrimination, misconceptions, and negative attitudes (Mazereel et al., 2021). Moreover, socioeconomic deprivation, poverty, homelessness, and loneliness can be considered to be the causes of poor outcomes in people with chronic mental illness (Mazereel et al., 2021; Banerjee & Bhattacharya, 2021).

As can be seen, chronic mental patients are faced with problems in different dimensions, and the comprehensive care for them includes the dimensions of their physical, mental, social and spiritual health (Lloyd-Williams et al., 2014). According to the comprehensive biological-psychological-social and spiritual model, it is important to pay attention to the totality of the patient's relationship with these four dimensions for the etiology and treatment of mental disorders. Therefore, a completely comprehensive health care should consider the wholeness of the patient, that is, his/her relationship with the physical, psychological, social and spiritual dimensions (Beng, 2004; Sulmasy, 2002). In this regard, Rego and Nunes (2019) state that in palliative care, it is necessary to adopt a comprehensive model by considering all psychological and social dimensions. Spirituality is often a relevant issue in such situations, although there is a need to distinguish spirituality from religion. Spirituality in palliative care focuses on the psychological and spiritual aspects and helps to relieve the physical, emotional, social and spiritual distress that arise in such situations in the patient, family members and health care professionals. According to their ethical responsibilities, psychologists may include the spiritual needs of their patients in the treatment, because it helps them to identify the values, belief system, spiritual history and distress in the patients. All patients have different needs, some may need spiritual guidance with the cooperation of spiritual care staff, and others may not have needs in this field.

Considering these cases, it can be seen that in order to provide a comprehensive and integrated care approach for patients in general and chronic mental patients in particular, it is important to pay attention to their needs in accordance with the quadrilateral biological-psychological-social and spiritual model. Therefore, the question investigated in the current qualitative research is, what are the biological, psychological, social and spiritual needs of chronic mental patients?

## 2. Method

This research was done qualitatively and by the method of qualitative content analysis. By purposive sampling until theoretical data saturation, among chronic mental patients referred to Tahereh Neuropsychological Rehabilitation Center in Ramsar in 2021, 23 were selected. In this research, a semi-structured interview was conducted to collect information. Additionally, coding checklist was used for data analysis. In order to increase the reliability of the interview, Creswell's (2009/2014) protocol interview was employed. In coding the data using the content analysis method, the researcher focused on the theme (latent meaning) in the data, which is hidden in different units of analysis (words, sentences, paragraphs, etc.). The researcher carefully read the text of the interview after implementing it. He highlighted each key word and noted the

identified concepts and its repetitions. Repetitive concepts were removed and concepts with semantic sharing were merged (for coding used in content analysis method, see Iman & Noshadi, 2012). Then by naming each category of concepts, (sub)categories or (sub)classes were obtained.

## 3. Results

The information of the research participants is presented in Table 1.

Table 1

*Demographic information of the research participants*

| Gender | age range | mental disorder | duration of disorder | birth order | Number of children in the patient's family |
|---|---|---|---|---|---|
| 21 men and 2 women | Minimum 16 and maximum 63 years<br>5 participants between 20-30 years old<br>11 participants between 30-40 years old<br>4 participants between 40-50 years old<br>2 participants between 50-60 years old<br>1 participants between 60-70 years old | 9 participants with schizophrenia<br>7 participants with bipolar disorder<br>3 participants with mental disabilities<br>2 participants with psychotic depression<br>1 participants with obsessive-compulsive disorder and depression<br>1 participants with intellectual disability and autism spectrum disorder | 12 participants more than 10 years<br>8 participants between 5-10 years<br>3 participants between 2-5 years | 7 participants, the first child<br>4 participants, second child<br>8 participants, the third child<br>2 participants, fourth child<br>1 participants, fifth child<br>1 participants, seventh child | 2 participants, two children<br>11 participants, three children<br>7 participants, four children<br>2 participants, six children<br>1 participants, eight children |

As can be seen, most of the research participants were men (21). Most of them (11 participants) were between 30-40 years old. The most common disorder diagnosed among the participants was schizophrenia, which included 9 participants. In addition, 12 of the participants had chronic mental illness for more than 10 years. The components and sub-components extracted from the interviews with patients are presented in Table 2.

Table 2

*Components and subcomponents extracted from interviews with patients*

| Main components | Subcomponents | | | | | | |
|---|---|---|---|---|---|---|---|
| Biological needs | Costs of medical, psychiatric and rehabilitation treatments | Lack of psychiatric drugs | Having a special diet | Physical problems and diseases | Exercise and physical activity | Functional problems (sleeping, feeding, elimination, libido) due to symptoms of the disorder or side effects of psychiatric treatments and medications | |
| psychological needs | the presence of comorbidity | Experiencing unpleasant emotions due to illness | Lack of personal and social skills, | lack of resilience and positive psychological characteristics | Low quality of life | Fatigue and psychological exhaustion | Having fun and free time |
| Social needs | Need for family support | The need for support from relevant organizations | Lack of social facilities | Stigma and social discrimination | The possibility of education | The possibility of employment | The need for support from professionals (social workers, psychiatrists, psychologists, etc.) |
| Spiritual needs | The need to be hopeful | The need to perform religious rituals | Absence and lack of meaning and purpose in life | Thoughts of death | Attitude towards God | loneliness | |

As seen in Table 2, 4 components (biological, psychological, social, spiritual needs) were extracted along with 26 sub-components, which are further described.

## *The component of biological needs*

According to the classification of the patients' statements, the component of biological needs included 6 sub-components: costs of medical, psychiatric and rehabilitation treatments, lack of psychiatric drugs, a special diet, exercise, physical activity as well as physical-functional problems (sleeping, nutrition, excretion, libido) all of which due to symptoms of the disorder or side effects of psychiatric treatments and medications.

### *Costs of medical, psychiatric and rehabilitation treatments*

Almost all patients mentioned the high costs of treatments. Participant number 3 said about this, "The cost of obtaining medicine is very high, and the insurance pays a small amount. Especially in recent years, the cost of medicines has increased a lot." Participant number 8 said, "Part of the cost of shock therapy is paid by the welfare organization, but it does not cover all the costs and my family has to pay them themselves."

### *Lack of psychiatric drugs*

Another concern expressed by patients, apart from the high cost of psychiatric drugs, was the shortage of drugs, especially in recent years. Participant number 1 said, "I have to take Risperidone all the time, but a while ago, everywhere I looked for it, nowhere have this drug. Many times, I buy an Iranian one, but it doesn't have the same effect as a foreign one."

### *Having a special diet*

Some patients had to follow a special diet due to certain disorders or taking certain medications. Participant number 4 said, "Alanzapine causes obesity, so I should eat more fruits, vegetables, and fish, but who else can buy these things." Participant number 18 said, "The doctor told me that you should eat foods that contain omega-3, such as fish and sunflower oil. Nuts are also good because they contain magnesium and help to make the manic period lighter."

### *Physical problems and diseases*

Patients were facing problems and physical diseases due to the side effects of drugs or some physical symptoms of disorders. Participant number 6, who was diagnosed with schizophrenia, said, "I always gain weight and my blood sugar is high. That's why I take pills. However, I don't feel like exercising. The doctor told me that you smoke a lot and you should stop it and exercise instead."

### *Exercise and physical activity*

Doing exercise together with losing weight due to the use of psychiatric drugs and improving the quality of life of patients was one of the necessary things that were mentioned by some of them. Participant number 10 said in this regard, "At the clinic, we are given an exercise program that makes me feel better." Participant number 12 said, "I feel much better on days when I go to the park and exercise with my friends."

### *Functional problems (sleeping, feeding, elimination, libido) due to symptoms of the disorder or side effects of psychiatric treatments and medications*

Mental disorder accompanied by medical and psychiatric treatments could lead to problems in different body functions. . articipant number 9 said, "I am always constipated. The doctor told me that it is because of the pill that I take. He told me to eat more fruits and vegetables." Participant number 19 said, "I always feel tired. I don't have concentration and appetite... I always have trouble sleeping and I force myself to sleep."

## *The component of Psychological needs*

The psychological needs of patients included 7 sub-components: the presence of comorbidity, unpleasant emotions due to illness, lack of personal and social skills, lack of resilience and positive psychological characteristics, low quality of life and psychological fatigue and exhaustion, as well as having fun and free time.

### *Presence of comorbidity*

Many chronic mental patients had other mental disorders at the same time, which would add to the severity of their condition. Participant number 2, who suffers from bipolar disorder, said, "I take a few pills. The doctor also gives me tranquilizer because I always have anxiety." Participant number 5 said, "I also take methadone. Many times, I have gone to camp to quit my addiction." Participant number 17 said: "The doctor told my family that I have both obsession and depression, but now I'm much better."

***Experiencing unpleasant emotions due to illness***

Many patients had feelings of shame as well as guilt, anxiety, fear and embarrassment due to mental illness. Participant number 1 said, "I'm too shy to go out. Home is more comfortable." Participant number 10 said, "I always feel bad. I tell myself you are miserable. I have no job, no wife and children."

***Lack of personal and social skills***

Since these patients had been suffering from the disease for many years and are struggling with its challenges, they were far from learning many personal and social skills. Participant number 6 said, 'My national ID card has not arrived yet. It was lost and I went with my father to get another one." Participant number 7 said, 'I don't have many friends. I only have one friend who owns a supermarket and I go to him."

***Lack of resilience and positive psychological characteristics***

Mental weakness, lack of necessary mental capabilities to face life challenges and lack of positive mental emotions were among other needs of chronic mental patients. In this regard, participant number 3 said, "I am always nervous. When something small happens, I get nervous." Participant number 11 said, "I'm always pessimistic. I say what kind of life I have. I don't have a job. I don't have fun..."

***Low quality of life***

Another concern expressed was the quality of life of patients, showing their unpleasant condition. Participant number 4 said: "My days are running out. I don't do anything special. I watch more TV." Participant number 7 said: "There is no happiness left for a person in this situation. Especially I don't sleep properly. Some part of my body always hurts. I don't have any special work or entertainment."

***Fatigue and psychological exhaustion***

One of the effects of chronic mental illnesses is physical and mental fatigue. . articipant number 5 said: "I'm tired. Sometimes, I feel good. Sometimes, I want to die. I have been like this for several years now. . articipant number 16 said: "I have been unemployed for a long time. I used to go and work in the office of one of our acquaintances, but I haven't been there for several months now. My unemployment bothers me." Participant number 22 said: "I'm not bored with anything anymore because I often have a pain."

***Having fun and free time***

Lack of recreational and leisure activities was one of the needs mentioned by many patients. Participant number 1 said: "I really like to go on a trip to Mashhad. We went once a few years ago. However, now it's very difficult under these conditions." Participant number 4 said: "I don't have any special entertainment. I watch more TV."

***The component of social needs***

The social needs of patients included 7 sub-components: the need for family support, the need for support from relevant organizations, the lack of social facilities, social stigma and discrimination, the possibility of education, the possibility of employment, and the need for support from professionals (social workers, psychiatrists, psychologists, etc.).

***Need for family support***

Due to the chronic nature of these patients and their dependence on family members, their family would be one of the most important psychological resources and supports for them. Participant number 5

said: “I love my mother. If it wasn’t for her, I would have killed myself. She always takes care of me. Participant number 6 said: “I owe a lot to my family. I hurt them many times. But they always like me.”

***The need for support from relevant organizations***

Chronic mental patients more than any other group need support not only from the family, but also from the relevant organizations. Participant number 3 said: “We are covered by insurance, but not supplemental insurance. Medicine costs are very expensive now.” Participant number 11 said: “I was hospitalized for a month last year, and welfare organization paid for it, but we paid 900 thousand tomans ourselves.”

***Lack of social facilities***

It is very important to provide social facilities for this group of people with special conditions. Participant number 2 said: “welfare organization wants to give us a loan. Now, it’s been a year since we don’t have a guarantor.” Participant number 8 said: “The center where I was admitted did not have any special facilities for us. Neither camping nor recreational one. We were always on the bed or we were sitting in a corner.”

***Stigma and social discrimination***

One of the most important factors that can affect the mental state of people with chronic mental illnesses was the awareness of the people of the society and the culture that governs the society. The presence of stigma and discrimination against these patients only increases their psychological conditions and psychological pressure on their families. Participant number 3 said about this, “Sometimes, some people tease me. They make fun of me. That’s why I don’t go out much.” Participant number 8 said: “My family’s behavior changes when they see me. They always ask how you are. Do you take medicine? Did You Visit Doctor? These words are nerve-racking.”

***The possibility of education***

Providing the opportunity and the possibility of continuing education according to the conditions of these patients was another need expressed by them. Participant number 1 said: “I have a diploma. I really want to go to university, but I mentally no longer have the ability to study.” Participant number 4 said: “I was a student. I got sick since the second year of university. I couldn’t study anymore, but I really like to continue my studies.”

***The possibility of employment***

Apart from the financial aspect, having a job compatible with the conditions of these patients could enrich their lives and make them get rid of frustration and isolation. Participant number 7 said: “I have been working in the company for two years now. I clean. I get paid. I like my work. I earn money and have fun working.”

***The need for support from professionals (social workers, psychiatrists, psychologists, etc.)***

Understanding the conditions of these patients by the health staff could be effective in improving their mental conditions. Participant number 3 said about this, “We have a female counselor who always talks to me. It helps me a lot. She guides me. The other time, I had a fight with my mother, I talked a lot about it with my counselor.” Participant number 15 said: “Doctors do not look at anyone. It was just a doctor who always joked with me. I loved him very much.”

***The component of spiritual needs***

The spiritual needs of patients included 6 sub-components: the need to be hopeful, the need to perform religious rituals, emptiness and lack of meaning and purpose in life, fear of death, loneliness and attitude towards God.

### *The need to be hopeful*

Hope plays an important role in the life of every human being, especially chronic mental patients. These patients, who have been dealing with the disease and its consequences for years, especially need hope in life. Participant number 6 said: "I have been disappointed for some time. The cost of living has gone up. I don't have a proper job." Participant number 15 said, "One lives by hope. Thank God, my family supports me. I am going to work. I feel much better since I went to work. I go out by myself. Sometimes I go for a walk with my friends."

### *The need to perform religious rituals*

For many patients, religious beliefs and religious rituals are the source of comfort. . or example, participant number 7 said: "I always go to the mosque. When I pray, I talk to God. I will calm down like this." Participant number 18 said: "I always go to our neighborhood confraternity on Muharram days and mourn. On Muharram, I am always there. I like this very much."

### *Absence and lack of meaning and purpose in life*

Lack of meaning and meaningful activities in life is one of the important factors in reducing people's quality of life. This is also true for mental patients. Having a purpose and meaning could be effective in improving their mental state. Participant number 4 said: "I really like to work. I go to work that I like. I like carpentry very much. I feel much better when I do what I love." Participant number 16 said, "Sometimes, I say that life is not worth it. I feel that everything is absurd and meaningless." . articipant number 23 said: "When I think that everyone my age is getting married and are having children, I feel very sad. I still don't have any plans in my life."

### *Thoughts of death*

Fear of death is one of the voids in all human beings. In chronic mental patients, due to their different emotional conditions, these fears and anxieties occur frequently. Participant number 9 said: "Sometimes, I think what will happen if I die. However, I am very afraid. Sometimes I talk about it with my friend, but then my mind gets involved." Participant number 12 said: "Sometimes, I want to kill myself. I wanted to do this once or twice, but then I couldn't. . was a little scared."

### *Attitude towards God*

Suffering from chronic mental illness and its conditions and consequences cause patients to have different views on God. Participant number 1 said about this, "Sometimes, I complain to God why I feel like this. I feel good for a while and bad for a while. I say, Iod, I 'm tired. I can't bear it anymore." Participant number 4 said: "I always trust in God. I want him to help me to improve my condition. I always ask God for help."

### *Loneliness*

The experience of isolation and loneliness is one of the problems faced by mental patients. Participant number 16 said: "I don't have friends and I'm always alone. I only talk to my mother and I often fight with her." Participant number 17 said: "I am not married yet. While my friends and family all got married. It's hard to be alone.

Everyone likes to have a companion." . articipant number 22 said: "I have been used to this kind of life for many years. I have one or two friends that I go out with sometimes. Sometimes, people say things that make you angry."

## 4. Discussion

The present study was conducted with the aim of investigating the biological, psychological, social and spiritual needs of chronic mental patients qualitatively. According to the classification of the patients' statements, the component of biological needs included 6 sub-components - costs of medical, psychiatric and rehabilitation treatments, lack of psychiatric drugs, a special diet, exercise and physical activity, and physical-functional problems. As stated, although the researches considered the needs of chronic neuropsychiatric patients to be very few, the findings were in line with some researches conducted in this field (Malakouti et al., 2003; Di Wei et al., 2016; Tuncer & Duman, 2020). For example, in their research, Malakouti et al. (2003) found that rehabilitation services and treatment follow-up were among the primary needs of chronic mental patients. In the current research, receiving rehabilitation and psychiatric services was one of the sub-components extracted from the interview with the participants. Büssing and Koenig (2010) investigated the spiritual needs of people with chronic diseases in a review study. They revealed that health condition was among the needs listed by these patients. Although conducted on chronic cancer patients, the results of Di Wei et al.'s study (2016) were in line with the present research, it illustrated that adopting a holistic approach (biological, psychological, social and spiritual) taking into account the biological needs of patients led to relief from the physical and mental symptoms of patients with chronic diseases. In a systematic review, Tuncer and Duman (2020) also highlighted that physical health status was among the needs of chronic mental patients.

The psychological needs of the patients included 7 sub-components: the presence of co-occurring mental disorders, the existence of unpleasant emotions due to illness, lack of personal and social skills, lack of resilience and positive psychological characteristics, low quality of life, psychological fatigue as well as exhaustion, and fun and free time. Paterson (1982) in a qualitative study using a semi-structured interview on a chronic mental patient with psychotic disorder stressed that loneliness and lack of choice and decision-making were among the problems that chronic mental patients face in society. As can be seen, loneliness and experiencing unpleasant emotions due to illness was one of the sub-components obtained in this research. Decision-making skills were also among the needs mentioned by the research participants. Lehman (1983) in the study of the needs of mental patients with mental disabilities pointed out the importance of having free time. Grant et al. (2004) in their qualitative research aimed at examining the needs of chronic patients, listed the experience of anxiety, insomnia and despair among their problems. In addition, Tuncer and Duman (2020) reported psychological distress among the needs of chronic mental patients, which is in line with the findings obtained in this research.

The social needs of patients included 7 sub-components - need for family support, need for support from relevant

organizations, lack of social facilities, social stigma and discrimination, possibility of education, possibility of employment and need for support from professionals. In the same context, although Malakouti et al. (2013), Cheraghi et al. (2010) and Sarhadi et al (2014) examined the needs of caregivers and families with chronic mental patients, they demonstrated that disruption in family relationships and their psychological support for patients played a very important role in the condition of chronic mental patients. These findings are in line with the subcomponent of family support that was reported by patients in the current research. In this regard, in their research on the elderly with chronic mental illness, Futeran and Draper (2012) found that one of the most important needs of these patients was to have a close person. Tuncer and Duman (2020) also reported social and close relationships among the needs of chronic mental patients. Hojjati-Abed et al.'s (2010) research on the provision of psychosocial occupational therapy services on the quality of life of patients with chronic mental disorders pinpointed that occupational therapy services (including group therapy, activity therapy and art therapy) improved their life satisfaction, employment, health and strengthened the mental comfort, physical health and overall quality of life, as well as the social relationships and financial status of these patients. Malakouty and Norouzy (1995) illustrated that the follow-up of the mental status of chronic mental patients by follow-up units in hospitals was effective in reducing the number of hospitalizations, increasing cooperation in medication use, and improving their social-occupational performance significantly. Additionally, Grant et al. (2004) showed that when patients were validated and valued by health professionals, they could best use their personal resources and abilities to meet their needs. The findings of these three studies are in line with the sub-component obtained in the present study. In this research, it was also shown that support from professionals (social workers, psychiatrists, psychologists, etc.) in various forms (occupational therapy, music therapy, individual and group counselors, etc.), was included in the social needs expressed by patients. Paterson (1982) with a semi-structured interview on a chronically psychotic patient found that housing situation was one of the challenges expressed by this patient. By evaluating the needs of mentally disabled patients, Lehman (1983) highlighted that social relations, finances, leisure time and health care were important to improve the well-being of these patients. Büssing and Koenig (2010) also showed that social support was especially important for patients with long-term illness. These findings were aligned with the sub-components of lack of social facilities, support from professionals (social workers, psychiatrists, psychologists, etc.) and the possibility of employment that was obtained in this research.

The spiritual needs of patients included 6 sub-components - the need to have hope, the need to perform religious rituals, emptiness and lack of meaning and purpose in life, thoughts of death, loneliness and attitude towards God. Paterson (1982) in a qualitative study using a semi-structured interview on a chronic mental patient (and with psychotic disorder) illustrated that loneliness, lack of choice and lack of meaningful activity were among the problems that chronic mental patients were faced in society. Grant et al. (2004) stressed

that patients' spiritual needs revolved around loss of role and identity and fear of dying. Many of patients sought to make sense of life in relation to an invisible or sacred world. They associated frustration with such matters. Di Wei et al. (2016) also emphasized the role of spiritual issues and existential discomfort in adapting to chronic illness.

This research had some limitations. The research method of the current research was qualitative and therefore it was less objective than quantitative research. Quantitative research tries to accurately measure the research variables and does not interfere with the researcher's beliefs in the evaluation, but the findings obtained in qualitative researches were based on the subjective judgment of the researcher. The tool used in this research was a semi-structured interview, which, unlike quantitative scales and questionnaires, was interpreted based on the subjective judgment of the researcher. In general, it was suggested that by conducting qualitative research and combining it with quantitative methods a more comprehensive understanding of the needs of mental patients could be obtained.

## 5. Conclusion

The findings of the research showed that chronic mental patients had different needs in the biological, psychological, social and spiritual fields; therefore, paying attention to meeting these needs could be effective in improving their psychological condition.


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## Conflict of Interest

The Authors declare that there is no conflict of interest with any organization. Moreover, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors


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