

INTEGRATING MENTALLY DISABLED PERSONS INTO SOCIETY

Darina ŠIMOVCOVÁ

*Faculty of Healthcare, Alexander Dubček University of Trenčín, Študentská 2, 911 50
Trenčín, Slovak Republic*

Corresponding author E-mail address: darina.simovcova@tnuni.sk

Abstract

Mental disabilities most often occur as a consequence of heavy, especially chronic mental disorders. The disability progresses gradually and limits the life of a patient, who cannot accomplish his or her tasks in life. It appears chiefly in the field of partner and family roles, in self-care, employment, social relations. Everything depends on the expectations of the others. The focus of social psychiatric nursing approach is the integration of individuals with mental disorders into society, through therapy and rehabilitation.

Key words: mental disorders, psychiatric rehabilitation, socio therapy, integration

1 Introduction

Mental disability has severe consequences, especially in chronic mental illness. They can be observed at the level of the disturbed mental functions and abilities, reduced competences of daily life and at social disadvantage. Social factors are significantly involved in the development and progression of mental illness. They should be considered in the treatment and rehabilitation of a patient. Despite mental illness and during it, a disabled takes part in social life. Mental disorders and illnesses afflict people who take part in social life, have families and are employed. There do not exist mentally ill people whose identity would be ran down, disappeared in the role of mentally ill. However, there exist people with mental disorders who are long-time treated and continue in the treatment and simultaneously in the fulfilment of their work responsibilities and social roles and everyday life [1].

2 Analysis of the Current Situation

Mental disorders are, according to many experts in the Slovak Republic, the 3rd most frequent diseases that cause disability. The number of patients with mental disorders increases. They cause suffering not only to themselves, but to their relatives, friends, colleagues. In the Slovak Republic, almost 250.000 people goes to see a psychiatrist every per year. Mentally ill, in comparison with physically disabled, are often discriminated, not only for adequate treatment options, but also after their return to society. This situation makes these patients unhappy, thus they become lifelong psychiatric patients [2].

The total number of psychiatric inpatients hospitalised in psychiatric in the Slovak Republic climbed in 2013 to nearly 44.000, this number represents approximately 81 hospitalizations per 10.000 inhabitants. Compared to the year 2012, an increase was to 4.2% in comparison to the year of 2004. This is an increase of about 11.7%. The most frequent cause of the reasons for admission to inpatient psychiatric treatment are long-term mental and behavioural disorders due to alcohol intake. The second most frequent group are the patients with schizophrenia, schizotypal and delusional disorders. In connection with these diseases it was in 2013 recorded 8,962 hospital admissions, which represent 21% of all hospital admissions. In 2013 there were recorded 8.962 hospital admissions of psychiatric patients, which represents 21% of all hospital admissions. Last year in psychiatric clinics there were diagnosed with psychiatric disorders 59.399 patients [2].

3 The Integration of Mentally Ill in the Society

The result of especially severe chronic psychiatric disorders a psychological disability comes up very often. This disorder progresses continually and limits human beings in their everyday responsibilities and tasks. They cannot fulfil their life roles. Mental disorder is considered to be the deviation from age, gender and socially specific standards fulfilment roles. It is particularly evident in the areas of employment, self-care, kinship and partner roles and leisure time. Some mental disorders with unfavourable development, such as schizoaffective disorder, as well as some phobias, obsessive and compulsive disorder and personality disorders. All of them have the potency to exclude an individual from everyday life and lead into the loss of job, and finally to invalidity [3].

4 Rehabilitation of Mentally Ill and Socio-Therapy

The focus of social-psychiatric approach is the treatment and rehabilitation of mentally ill. Rehabilitation and re-socialization should begin during the treatment of acute disorder, in order to avoid social losses and development of chronicity. Rehabilitation during hospitalization is focused on preserving the quality of life of the patient to the extent allowed by his or her mental disorder. If it comes about at least partial improvement of patient's health condition, we try to engage the patient into labour, cultural and exercise programme. We should not force him or her into activities that would be beyond his power.

Additional social and therapeutic approaches include the transportation of a patient to the daily care centre, so called stationary. A care centre is a transitional form between the hospital and stay out of in-patient facilities. The patient comes in the morning to the care centre, or community, takes part in the therapy activities and after they end, he or she goes home in the afternoon [3-5].

Psychiatric Rehabilitation

Its aim is to promote well-preserved patient skills, create new, remove the disturbances occurring during the administration of psychotropic drugs and enable him or her to adopt new ways of spending his or her leisure time.

Ergo Therapy

Therapy, which deals with employment patient work, and that does not just lie in whatever employment of a patient during the day, but to help him or her maintain his work habits practicing soft motor skills; to overcome the undesirable effects of medicaments by their applying to increase confidence and facilitate new social contacts in the working environment. We can expect from ergo therapy that it helps patients the shift from their inner conflicts, and can help them improve their concentration and communication.

Music Therapy

Music therapy is used either individually or as a group therapy. It should be led by a therapist, a health professional with music education, who understands the basics of psychopathology, can properly manage activity and listening to music. It means that a music therapist is able to conduct receptive music therapy and can play a musical instrument and elementary musical instruments, has good ear for music and has a sense of rhythm.

Bibliotherapy

Treatment by literature, the selection of appropriate texts that help a reader to break away from everyday situation, to experience the certain form of catharsis, gain new insights into their problems, enable him or her learn more about his or her present situation.

Therapeutic Exercise

Exercise should not be too demanding, there should be used the simple procedures for the release and relaxation of various groups of muscles, and with the goal to improve circulation and promote balance in patients. Therapeutic exercise should bring patients well-being and pleasure [6].

Socio Therapy

Socio therapy is a tool of rehabilitation in psychiatrics. This term could be described as influencing mental illness that co-determines the social features of the environment.

The goal of socio therapy is:

- The creation of such a social situation, which will support the development and stabilization of patient's personality.
- Adapting social protection to the needs of the patient.

Socio therapy includes the following precautions:

- Therapeutic environment built on the principles of personal dignity of patients.
- Precise patient report and therapeutic support patient's initiatives.
- System of open door.
- Intensified rehabilitation work.
- Artistic, sports and other leisure time activity.
- Ergo therapy – belongs to the oldest therapeutic methods in psychiatrics.

System of Open Door

System of open door is based on the assumption that it is useless to keep all the patients during hospitalisation and treatment in the closed wards and generally can reduce or eliminate various forms of physical restraint. The system of open door offers appropriate environment for long-term treatment of various kinds of mental disorders. The work in the psychiatric wards is much more demanding for health-care professionals than the work on other wards. It expects more active interest of health care professionals and the mutual interaction between the patient and the staff. The quality of these interactions can prevent majority of the incidents in the wards (weft, of suicide, alcohol intake, and sexual abscesses).

5 Therapeutic Community

Therapeutic community is a curative treatment in a hospital environment that allows patients to engage in cooperation on the treatment and the organization of hospital service. Regular meetings of all patients and health professionals help retrieve daily plan, solve daily conflicts, reduce social distance, co-operate and communicate properly and effectively.

Patient Clubs

They enable patients to keep established social contacts, acquire new ones, create the necessary social skills and help a patient to overcome the social isolation. Create space for leisure time activities, education, entertainment and education.

In the Slovak Republic there is the tradition of Clubs of Alcoholics. These clubs enable patients the long-term regular meetings. The patients with alcohol abstinence organise educational and cultural programme during their meetings. The goal of the meeting is to stimulate motivation and keep friendships between the patients who try to live without alcohol and were alcohol dependent before.

Sheltered Workshops

There exists working equipment between the disease and proper working environment. They do not concentrate on the increase of performance, but take into account the disadvantage of the patient, his or her reduced ability of concentration, rapid fatigability, psychomotor retardation, and reduced manual skills. They are important for handicapped mentally ill patients who need rehabilitation of their working activities. Working hours are usually in the range from 4 to 6 hours per day, they can tie to the ergo therapy of in-patient facilities.

Protected Work

In the job with protected work the patient has the opportunity to try work and prove skills in real conditions. As long as he or she is successful, it is possible to find a job.

Protected Habitation

It is the deployed workplace of health care facility or health care service. There tend to be the patients, who are unable to live independently, without the relapse of disease. They are in close contact with social workers who provide a tactful surveillance of patients' every-day life, help them to keep a household running, or to solve conflicts and misunderstanding and in this case they also contact health-care facilities [7, 5].

The most important intention of those rehabilitation facilities is the integration of chronically ill to the normal, everyday conditions of living. Facilities for temporary living provide patients with the basics for the rehabilitation. They resemble dormitories where patients after they are discharged from the psychiatric inpatients clinics are usually forced to secure food, do the laundry and cleaning, and also commute to the sheltered workshops or protected employment. They should protect the patient who is not quite healthy. On the other side, they are the opportunity for these patients to live responsible life and to gain back their lost social competences [8].

6 Family and Self-Help Groups

An irreplaceable role in the integration of the mentally ill into society lies in their family. After the improvement of their health condition by drug therapy the family life becomes for most patients dominant one. The other possibilities of how to help combat stigmatisation are so called self-support groups. The existence of self-help groups has a clear purpose, which is to provide psychological support to people suffering from mental disorders and to their families. Self-help groups help to cope with mental health problems and with their stigmatised position in the society. The self-help group uses almost all therapeutic factors of community therapy, especially altruism, coherence and the provision of hope [3].

Re-socialisation is aimed at activation of ill and at the support of the development of various practical activities. The main goal of socio therapy is to reach acceptable social adaptation and social integration in the field of accommodation and employment [9]. The other important goal is to help them adapt to co-existence in the family that is focused on coping problems. The goal is to improve the atmosphere, reduce and modify the tension in the family.

During the activation of a patient it is important to organise his or her daily routines and programme. The adequate programme is very important for the patient, because it helps him or her to start the general direction and at the same time it stimulates and brings patients the sense of usefulness. The job is often considered the measure of social adaptation. After a patient returns back to work, the others colleagues show mistrust and misunderstanding and the patients cannot cope with that. There is the rule that, any form of psychological or social therapy should respect the possibilities of patients. It is needed to reveal their current tolerance of burden. Overload or insufficient stimulation can increase the risk of a patient's failure [9].

7 Conclusion

The problem of mental disorders is taboo even today. Mentally disabled persons feel ashamed, and thus do not search professional help in time that complicates and prolongs their treatment. Good precondition to return back to normal life and society, for mentally disabled individual, is a well-functioning support network of health and social care. It monitors the individual needs of the mentally disabled and is available in the environment in which an individual lives. In any mentally ill person, even after long-term illness, there exists the potential for rehabilitation, which it is necessary to uncover, by creating such social situations in which the development and stabilization of the patient's personality will be supported [3].

REFERENCES

- [1] Eikelmann B. Sociálna psychiatria. Základné poznatky a prax. Trenčín : Vydavateľstvo F, 1999. 172 s. ISBN 80-88952-02-6.
- [2] NCZI. [online]. Dostupné na internete: <http://www.nczisk.sk/Statisticke-zistovania/Pages/default.aspx>.
- [3] Praško J. a kol.. Obecná psychiatrie. 1. vyd. Olomouc: Nakladateľstvo Univerzita Palackého v Olomouci, 527 s. 2011. ISBN 978-80-244-25710-2.
- [4] Petr T, Marková E. Ošetrovatelství v psychiatrii. 1. vyd. Praha: Grada Publishing, a. s., 295 s. ISBN 978-80-247-4236-6.
- [5] *Zelená kniha 2005*. [online]. [s.a.]. [Cit. 2008-09-14]. Dostupné na: [www.psychiatriy.sk/cms/File/zelená kniha.doc](http://www.psychiatriy.sk/cms/File/zelená_kniha.doc).
- [6] Marková E, Venglářová M, Babiaková M. Psychiatrická ošetrovateľská péče. 1. Vyd. Praha: Grada Publishing a.s. , 2006. 352 s. ISBN 80-47-151-6.
- [7] Hašto J, Brier P, Černák P. Reforma psychiatrickej starostlivosti v SR. Trenčín: Vydavateľstvo F, 1999. ISBN 80-88952-00-X.
- [8] Krajčovičová D. Komunitná liečba v psychiatrii – jej ciele a význam. In *Psychiatria – Psychoterapia– Psychosomatika*. ISSN 1338-7030, 16, 2009, s. 31-36.
- [9] Vágnerová M. Psychopatologie pre pomáhajúci profese, Praha: Portál s.r.o., 2008, 870 s. ISBN 978-80-7376-414-4.