Forms of care organisation for people with mental disorders

(Formy organizacji opieki nad osobami z zaburzeniami psychicznymi)

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Abstract – Introduction: Mental disorders are among the diseases associated with the greatest negative impact on social functioning and quality of life. In psychiatry, the study of quality of life has the advantage that it draws the therapist's attention to the entire situation of the patient, forcing him or her to turn away from focusing solely on psychopathological symptoms. Quality of life testing is a separate element of the patient's situation and does not correlate directly with the presence and intensity of disease symptoms.
Aim of the study. The aim of the study was to present selected forms of organization of care for people with mental disorders.
Selection of material. The search was conducted in the Scopus database using the terms mental illness, social functioning, quality of life 1966-2018. The literature found in the Google Scholar database was analysed for the highest number of citations. The literature selected in this way was used as the material for this work.
Conclusions. Social disability often affects people with schizophrenia, depression, anxiety, personality or nutrition disorders, so the assessment of their quality of life plays an important role in their case. Subjective assessment of quality of life is strongly related to the needs considered by the patient as indispensable for his or her proper social functioning, therefore the satisfaction of these needs should be the basis for health care planning.

Key words - mental illness, social functioning, quality of life.

Streszczenie – Wstęp. Zaburzenia psychiczne znajdują się w grupie chorób związanych z największym negatywnym wpływem na funkcjonowanie społeczne oraz jakość życia. W psychiatrii badanie jakości życia ma tę zaletę, że zwraca uwagę leczącego na całokształt sytuacji chorego, zmuszając niejako do odwrócenia się od koncentracji wyłącznie na objawach psychopatologicznych. Badanie jakości życia stanowi odrębny element sytuacji pacjenta i nie koreluje wprost z obecnością i nasileniem objawów choroby.
Cel pracy. Celem pracy było przedstawienie wybranych form organizacji opieki nad osobami z zaburzeniami psychicznymi.
Dobór materiału. Poszukiwania przeprowadzono w bazie Scopus używając pojęć choroba psychiczna, funkcjonowanie społeczne, jakość życia 1966-2018r. Znalezione piśmiennictwo w bazie Google Scholar przeanalizowano pod kątem największej liczby cytowań. Tak wyselekcjonowane piśmiennictwo posłużyło za materiał do opracowania niniejszej pracy.
Wnioski. Niesprawność społeczna często dotyczy osób chorujących na schizofrenię, zaburzenia depresyjne, lękowe, zaburzenia osobowości czy odżywiania, dlatego w ich przypadku istotną role odgrywa ocena ich jakości życia. Subiektywna ocena jakości życia ma silny związek z potrzebami uznanymi przez chorego za nieodzowne do jego prawidłowego funkcjonowania społecznego, dlatego zaspokojenie tych potrzeb powinno być podstawą w planowaniu opieki zdrowotnej.

Słowa kluczowe – choroba psychiczna, funkcjonowanie społeczne, jakość życia.

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I. INTRODUCTION

The Mental Health Protection Act of 19 August 1994 imposes an obligation on the authorities to provide people with mental disorders with multilateral and universally accessible health care and other forms of care and assistance necessary to live in a family and social environment. According to this model, mental disorders arising and manifested in a patient's improper contacts with the social environment should be treated primarily in the natural environment of the patient's life, with the participation of family members and others providing support for the patient. Hospitalisations should be limited to the necessary minimum and should be used only in cases of acute mental disorders with threatening behaviours.

The assumption of community psychiatric care model is not only to reduce or eliminate symptoms of the disease, but also to improve functioning in everyday life and social relations of people with disorders and to maintain or even restore their social roles. Mental Health Clinics, Day Care Centres, Environmental Treatment Teams - these are outpatient facilities where care is provided for adults, adolescents and children with mental disorders, people addicted to alcohol and psychoactive substances. Psychiatric Day Care Centres include patients who require frequent medical check-ups, intensive psychological support or nursing procedures which cannot be provided in the clinic. The Environmental Treatment Team is a place for intensive treatment of chronic and recurrent mental disorders that make it difficult for the patient to function in a social environment and to communicate with the environment. The treatment takes place in the patient's home. [1-4]

II. ELEMENTS OF QUALITY OF LIFE

The assessment of quality of life is based mainly on detailed data obtained from various areas of patient's life and activity. The method of assessment of subjective satisfaction or lack thereof is based on individual assessment of the condition of patients. The interpretation of quality of life assessment is a measure of an individual's life situation; it requires cautious and serious approach as factors, e.g. mental state, are difficult to measure. The obtained answers are subject to detailed analysis and the data collected using the quality of life questionnaire of individual patients with the assessment of their clinical condition allow to determine whether there is a relation between the incidence and severity of particular symptoms and subjective evaluation of the quality of life. It is also possible to implement therapeutic management aimed at a given symptom or group of symptoms and compare whether it changes the subjective quality of life. [7,12-15,18]

Research indicates that there is a link between quality of life indicators and indicators of health status, the nature of the disease, its phrases, the treatment methods used, rehabilitation and existing social support systems.

Research has been conducted on the influence of mental disorders and their influence on the quality of life of an individual. Still, however, the data on the relationship between patients' needs and their satisfaction with social life and its impact on the quality of life require further investigation. It is emphasized that the quality of life of people with schizophrenia is lower than that of a healthy population. Neurotics are characterized by a constant sense of dissatisfaction with their needs and more frequent dissatisfaction with life. [6,19-23]

Jarema has attempted to analyze the subjective quality of life of patients with the diagnosis of schizophrenia and depression. Before treatment, patients with depression had a lower quality of life than those with schizophrenia. After treatment, patients hospitalized due to schizophrenia had the highest quality of life. Both before and after the treatment did not correlate significantly with the severity of psychopathological symptoms [16].

It was shown that in patients with depression, the predictive factors of quality of life were: intensity of Hamilton's scale depression, number of depression episodes, personality disorders, and gender of patients. The severity of disease symptoms is the main variable affecting the quality of life assessment, while sociodemographic variables play a more limited role. It is also emphasized that quality of life in mental illnesses is a measure of life situation. It is noted that patients have a lower quality of life than healthy people. It is also pointed out that the depth of the disorder determines the level of quality of life assessment. It has also been found that chronic depression is associated with increased vascular risk factors, apathy and worse quality of life. [13,15,18-23]

Social disability often affects people with schizophrenia, depression, anxiety, personality or nutrition disorders, so the assessment of their quality of life plays an important role in their case. Subjective evaluation of quality of life is strongly related to the needs considered by the patient as indispensable for his or her proper social functioning; therefore, satisfaction of these needs should be the basis for in health care planning. [13,20]

III. REFERENCES

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