



Original Contribution

THE ROLE OF PSYCHOSOCIAL INTERVENTION ON THE COURSE OF THE DISEASE IN PERSONS WITH SEVERE MENTAL DISORDERS

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ABSTRACT

The study includes 220 people with severe mental disorders, men and women, of ages 18-70, placed for compulsory treatment in psychiatric institutions in the area of Sofia city and Sofia region. The patients were hospitalized for the period from January 2013 to December 2015. Social factors, such as: age, family status and support were taken into account. The patients' usages of the service of psychosocial rehabilitation, as well as subsequent hospitalizations, were monitored for one year.

Key words: Social factors, Resocialization, The impact of disease damage, The care programs, Re-hospitalization

INTRODUCTION

New technologies for treatment of mental disorders are much broader than pure medical intervention which, in psychiatry, consists mostly of therapy using drugs and some non-pharmacological methods such as transcranial magnetic electrostimulation and electroconvulsive therapy. They rely on organized groups of specialists like doctors, nurses, psychologists, social workers and go as far as employing new positions and even professions like case leader and etc. (1). The training of social skills can't be clinically effective when there are no conditions for interpersonal and material reinforcements. Let's take, for example, a patient with schizophrenia, who lives on a social disability pension, isolated, in subsidized apartment, built by a project for cheap apartments for people in need without relatives and friends, and he doesn't take part in daily treatment programs. In this case there won't be any use of training in social skills, unless his surrounding environment changes and becomes more rewarding. Similarly, a patient in a chronic ward could benefit from treatment in social skills only if there are enough rewarding interactions with the other patients and the staff. (2). In the 90s, the concept of

recovery from severe mental illness becomes established as a leading paradigm in psychosocial rehabilitation. (3). It is a natural result of the processes of deinstitutionalization and is based on data collected from long-term monitoring of schizophrenic patients from different populations, which indicate considerable share of spontaneous improvement in later stages of the condition. The rehabilitation of people with mental disorders is an important part of the complex of restorative actions, and alongside treatment and the care programs, it's directed toward reducing the impact of disease damage.

TASKS AND ASSUMPTIONS OF THE RESEARCH

The study is based on people with severe mental disorders during psychosocial intervention. The current study is covering the cases of 220 people with severe mental disorders, classified by International Classification of Diseases with the following diagnoses: F 06.2, F 06.3, F 10.51, F 11.5, F 20.0, F 20.6, F 22.0, F 23.1, F 25.2, F 30.2, F 31.6, F 32.1, F 33.2. The age of the patients in the study is between 18 and 71. Their family status and support are the main criteria. The patients were having their compulsory treatment in psychiatric facilities in Sofia city and Sofia region, namely

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- SPH "St. Ivan Rilski"
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Within the period from 2013 to 2015, their use of the service of psychosocial rehabilitation and compulsory treatment has been monitored.

STUDY HYPOTHESIS

First of all, there is interdependence between the number of re-hospitalizations and the number of patients with severe mental disorders. Secondly, it is assumed that there is a difference in the number of re-hospitalization compared to such factors as: diagnosis, age,

marital status and support and conducted psychosocial rehabilitation.

METHODOLOGY

The analysis was based on data collected from the medical reports of patients. The SPSS software was used for statistical processing of the collected data. The following methods (assays) are used in this study:

- descriptive statistics, frequency analysis;
- analysis of variance;
- correlation analysis;

RESULTS AND INTERPRETATION

There are psychosocial and demographic factors for patients with mental disorder, which will be observed below. Some of them may affect the treatment of the patients.

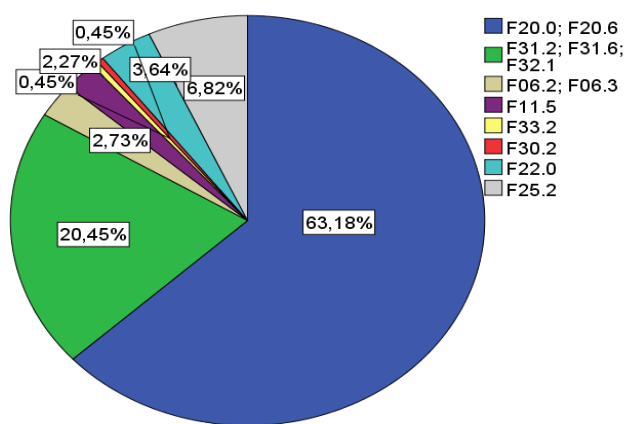


Figure 1. Distribution of examined patients in diagnoses (in percentage)

As we see in the **Figure 1**, 63.18% of the people in the study have the diagnose F20.0 (Paranoid schizophrenia) and F20.6 (simple schizophrenia), 20.45% of the people have diagnoses F31.2 (Bipolar Affective Disorder current episode manic with psychotic symptoms), F31.6 (Current episode -Mixtures), F32.1 (Bipolar Affective Disorder current moderate depressive episode), 2.73% of the sample have diagnoses F06.2 and F06.3,

2.27% are with F11.5, 0.45% are with F30.2 (Mania with psychotic disorders) and F33.2. The share of F22.0 (Persistent delusional disorder) is 3.64% and F25.2 (Schizoaffective disorder. Mixed) is 6.82%.

In **Figure 2** we can see that the bigger part (53.18%) of the examined patients with severe mental disorders weren't re-hospitalized.

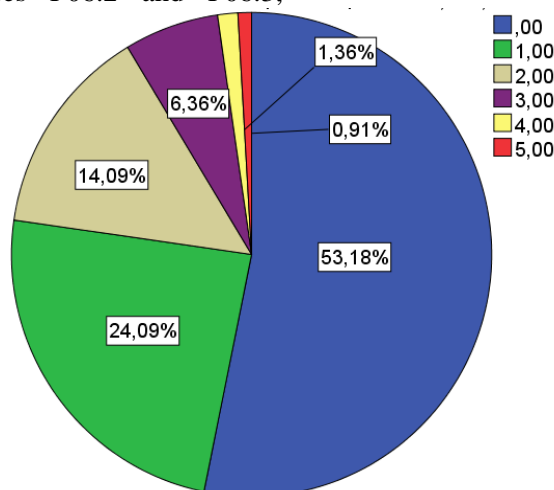


Figure 2. Distribution of the examined patients according to the number of re-hospitalization (in percentage)

- One re-hospitalization – 24.09%
- Two re-hospitalizations – 14.09%
- Three re-hospitalizations – 6.36%
- Four re-hospitalizations – 1.36%
- Five re-hospitalizations – 0.91%

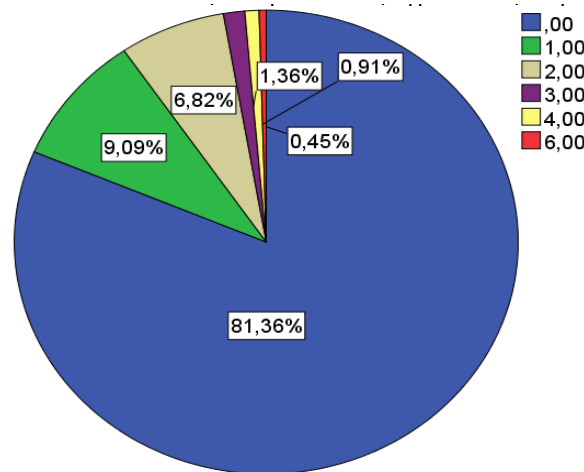


Figure 3. Distribution of the examined patients according to their participation in psychosocial rehabilitation (in percentage)

In **Figure 3** we can see that 81.36% of the examined patients didn't visit day hospital. Day hospital is a unit of semi-stationary psychiatric care in the system of psychiatric hospitals. This kind of unit helps patients with mental disorders by doing diagnoses, treatment, observation, expert activity and resocialization of people. We can also see in

Figure 3 that 9.09% of the patients were visiting psychosocial rehabilitation once, 6.82% - twice, 1.36% - three times, 0.91% - four times and 0.45% - five times. Inclusion of people in psychosocial rehabilitation in Bulgaria is still voluntary, according to current legislation. That explains these results.

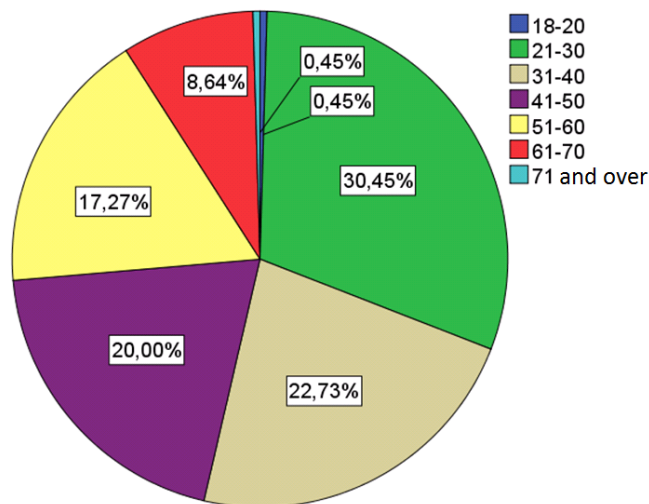


Figure 4. Distribution of examined patients by age (in percentages)

As we can see in **Figure 4**, one third (30.45%) of the people with severe mental disorders are aged 21-30, 22.73% are 31-40 years old, 20% are 41-50 years old, 17.27% - 51-60 years old, 8.64% are 61-70 years old. The people aged 18-20 and 71+ have equal shares (0.45%).

As we see in **Figure 5** most of the people in the study (69.55%) were unmarried, 15.45% - divorced, 12.27% - married and 2.73% - widow/widower. Family status is very important for the affected. Family support serves as an important psychotherapeutic resource. For that reason, it is included for consideration in this study.

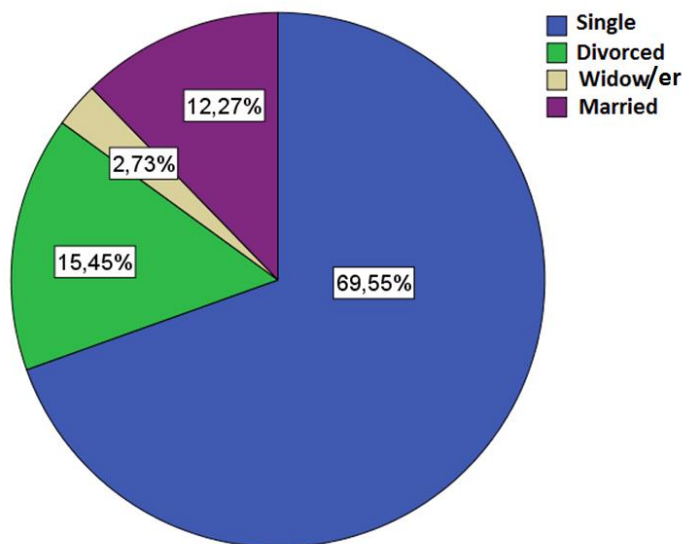


Figure 5. Distribution of examined patients by family status (in percentage)

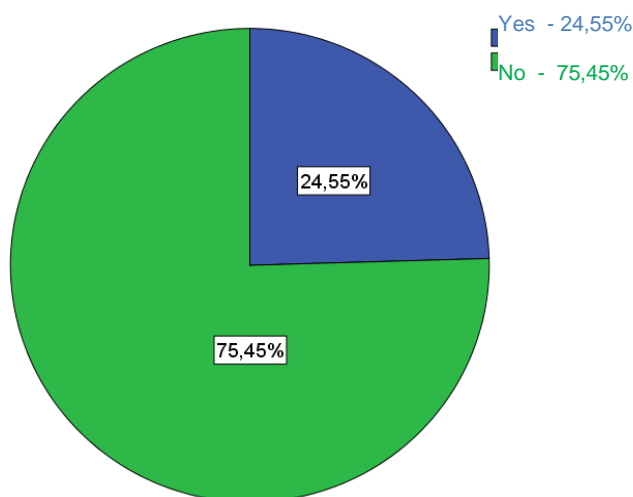


Figure 6. Distribution of the examined patients according to whether they have declared family support or not (in percentage)

As we can see in fig. 6 most of the patients (75.45%) didn't get family support and only

24.55% were supported by their family. This support is very important for the patients' psychological recovery.

Table 1. Statistics of criterion^{a,b}

	Re-hospitalization 3 years / 2013,2014,2015/
Chi-Square	2,128
df	3
Asymp. Sig.	,546

- a. Kruskal Wallis Test
- b. Grouping variable: Family status

The result in **Table 1** shows that there are no statistically significant ($p=0,546$) differences

between re-hospitalization and the family status of patients with severe mental disorders.

Table 2. Ranks

	Psychosocial rehabilitation / Day hospital	№	Medium rank
Re-hospitalizations for 3 years. / 2013,2014,2015/	0	179	105,33
	1	20	119,95
	2	15	158,90
	3	3	87,33
	4	2	101,50
	6	1	208,50
	Total	220	

As we see in **Tables 2 and 3** there is a statistically significant difference ($p=0,008$) between the number of re-hospitalizations and the number of conducted psychosocial rehabilitations. The lowest count is for patients with re-hospitalization after three visits to the daily hospital (average rank is 87.33). The largest number of re-hospitalizations is for patients with 6 visits to psychosocial rehabilitation.

CONCLUSION

The results obtained using variance analysis support the hypothesis that there is a difference between the number of rehospitalizations and the number of conducted psychosocial rehabilitations (**Tables 2 and 3**). The assumption that there is a difference in the number of re-hospitalizations due to factors such as disability, age, diagnosis, education, family status, has not been confirmed in the present study, which can only emphasize the significance and importance of the psychosocial rehabilitation.

Table 3. Statistics of criterion^{a,b}

	Re-hospitalizations in 3 years / 2013,2014,2015/
Chi-Square	15,737
Df	5
Asymp. Sig.	,008

a. Kruskal Wallis Test

b. Grouping variable: Psychosocial rehabilitation / Daily hospital

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