INTRODUCTION

The current scientific bio-psychosocial approach for people with mental disabilities requires that the diagnosis and therapy be integrative and syncretic and be combined with rehabilitation and social adaptation and integration. Of particular importance are the issues of the social functioning of the mentally ill, their social skills and their ability to live independently and inclusively, incl. and returning to the labor market. Despite many studies on social, work, professional and family adaptation in people with mental health problems, their social integration is far from desired.

Ensuring equal and adequate access, continuity of care, ensuring one's own and society's safety, combating the stigma and discrimination of the mentally ill, guaranteeing the reduction of the economic and social burden of mental illness are considered as major priorities in the programs for psycho-social rehabilitation. Not only the priorities for this type of work are outlined, but also the practical benefits of applying this model of work not only to the individual patient but also to the social environment in which he / she returns after staying at the Mental Health Center.

Psycho-social rehabilitation has clear indications [3]. People who can benefit from it are those with severe mental disorders to achieve the best possible level of social inclusion of persons with mental health disorders. [4,6]

Psycho-social rehabilitation is a procedure that empowers people with mental illness or mental retardation with secondary mental disorders to achieve the best possible level of independent living in the community.

The main objectives are [2]

1. improving the social capacity of people with mental illness by increasing social skills and employment;
2. changing the quality of life of people and overcoming functional deficits;
3. ensuring quality of life and autonomous living in the community;

ABSTRACT

The article presents a model of psychosocial rehabilitation in patients with mental disorders at the Mental Health Center with a hospital in Ruse, Bulgaria. Based on the modern scientific bio-psychosocial approach in persons with mental disabilities, in addition to the diagnostic and therapeutic part, approaches for rehabilitation and social adaptation and integration are included. The work related to the implementation of this model is presented in detail. Ensuring equal and adequate access, continuity of care, ensuring one's own and society's safety, combating the stigma and discrimination of the mentally ill, guaranteeing the reduction of the economic and social burden of mental illness are considered as major priorities in the programs for psycho-social rehabilitation. Not only the priorities for this type of work are outlined, but also the practical benefits of applying this model of work not only to the individual patient but also to the social environment in which he / she returns after staying at the Mental Health Center.

Key Words:
Psychosocial Rehabilitation, Psychotherapeutic Aspects, model of Psychosocial Intervention, mental Disorder, Social Functioning

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Dr. Temenuzhka Mateva, Psychotherapeutic Aspects of Psychosocial Rehabilitation in Patients from the Center for Mental Health with Inpatient Care – Ruse, Bulgaria

4. reduction of discrimination; 
5. providing quality care for people with mental illness; 
6. deinstitutionalization of people with chronic mental health problems.

By developing, improving, and maintaining [1, 7]

1. psychic basic functions - willpower, motivation, endurance, ability to bear the load, flexibility and autonomy in structuring the day and everyday life; 
2. perception on one's body and processing of perception; 
3. behavior appropriate to the situation, socio-emotional competence, ability to interact; 
4. mental stability and confidence in oneself; 
5. self-management of life and ability for professional activity and basic professional activities; 
6. working with the social environment (family, friends, colleagues) for better integration; 
7. improved organization of leisure; 
8. optimum, complete social and professional reintegration. [5]

Rehabilitation in psychiatry offers people of all ages suffering from addiction, psychosis, neurosis, psycho-somatic illness, the opportunity to re-stabilize their own creative potential, as well as to renew abilities that are negatively affected by the disease [6,7].

The diagnosis and the specific condition of the patient determine the form of rehabilitation that is administered [5,6]. The decision is made by the treating team at a team meeting.

Of decisive importance may be the results of clinical psychometric tests that the clinic administers. For example, for patients with cognitive impairment as a result of dementia or organic brain damage, these are exercises to train mental functions within their abilities and exercises to stabilize skills in daily life, for patients with psychosomatic and neurotic disorders, these are more - more recently creative methods.

Rehabilitation cannot be used in patients with acute psychosis, acute intoxication, severe somatic conditions, which do not allow high physical or mental activity, as well as very profound degrees of oligophrenia or dementia. In all other cases, an appropriate form of ergotherapy may be found. [8]

Psychosocial therapy. This approach includes assessment, diagnosis and therapy based on Freud's psychoanalytic theory, supported by new concepts in communication theory and systems, family therapy, crisis intervention and planned short-term treatment.

Family therapy. Working with families is an important part of the work of the social worker. The interventions are aimed at causing change throughout the family. Family therapy is developed through the synthesis of ideas from psychoanalysis and theoretical constructs for communication, homeostasis, social systems and roles. Many different models of family therapy are used, such as: survivor, structural and behavioral.

Crisis intervention. Social workers often encounter clients in crisis who need short-term assistance. Crisis intervention stems from research on humans in natural and man-made disasters. The state of crisis is not seen as a disease or pathology, but as an opportunity to stimulate the client's growth. This approach uses strategies and techniques from traditional and newer models of social assistance. The hallmark, however, is the focus on the limited goals instead of trying to achieve profound personal change or other time-consuming activities.

Behavioral approach. Social workers adopt behavioral methods and procedures in psychology in response to the need for an empirically grounded approach to practice. Teachers and practitioners use behavioral techniques in a variety of practical settings. Of particular interest to professionals in this profession are research plans with a single researcher and the cognitive procedures in which they includes.

It is necessary to note the undisputed fact that in recent years in Bulgaria there has been an increase in the entry of psychotherapeutic techniques, not only in clinical social work, but also in other assisting professions, which in turn broadens the horizons and possibilities not only of psychotherapy, but also gives professionals a new and creative toolkit for consulting, counseling, problem solving or crisis management.

The tasks of psychotherapy and in the field of medicine, and in particular psychiatry and clinical psychology, are very diverse, and the goals it pursues have very different requirements for their end result.

For these ultimate purposes, we acquire an idea from the following French aphorism: "In a number of cases, the doctor can achieve healing, he must relieve much more patients, but he is obliged to console every patient without exception. " One area in which psychotherapy can and successfully tries to achieve good results are neurotic disorders and functional disorders in general. For them, the full therapeutic effect could be achieved without other therapeutic agents, for example, without medication. Today, there are adherents to "pure psychotherapy", especially among group psychotherapy adherents who do not allow neither medication nor physiotherapy, nor any other type of intervention from specialist in assisting professions. In the psychopharmacological era, psychotherapy should not deny medications as well as other interventions, but find the most appropriate, mutually potentiating form of combination between mental health, medication and social support. In many organic diseases, psychotherapy is ancillary, and in psychosomatic diseases it is significant. their treatment without psychotherapy should be considered incomplete. [7]

In the paternalistic model of communication, the facilitator controls all aspects of communication - both the content and the emotional experiences of the patient. This model is suitable for managing situations in crisis (war, emergency medicine) or conditions of acute psychotic crises and other mental disorders in which the patient has a disability in orientation, unable to control his / her experiences and behavior, there is a serious risk of self-harm or self-harm. In this model of relationship in the healing process and psychotherapy, the therapist is the one who directs and directs the healing process until the patient regains his or her balance and abilities to manage his or her behavior.

The affiliate communication model reflects the positions of peers in the communication process. The professional has the strength and activity, is responsible for the healing process because he is a qualified specialist. The patient has an activity and is responsible for giving information about his or her life.
and complaints, asking questions and making choices in the treatment strategy or for the particular specialist as a physician, psychologist or nurse. In this relationship model, responsibility and activity are shared between the two parties. The therapist and the client together construct the solution to the problem (Leahy, R.L., 2007). The starting point is that the client knows his or her story best, and the therapist can assist with his / her professional competence.

Psychological support in counseling is fundamental and ongoing in the overall therapy process. In essence, psychological counseling supports the client in his or her personal development in developing skills for communication and solving life problems, with adaptive functioning in the family, professional career and realization. Psychological support is not related to the assessment of the potential and the client's skills, which are the basis for the development of problem-solving and communication strategies. They begin upgrading to the next level of skills to improve social functioning or to resolve more severe difficulties, past traumas, or current conflicts. The consultant supports the client in his / her efforts to walk the path of change, to overcome failures, to set goals that are commensurate with their potential, to use the available skills and to upgrade them. The consultant psychologist continually takes into account the client's potential and teaches him to scale the goals and the step of change to his or her potential. Positive support is important to be dosed and timely. The essence of this technique is support through:

- Empathic support, which can be through emotional expression or bodily non-verbal support behavior.

A positive statement that encourages action taken by the client in the situation they are talking about or during the session.

Affirmative Encouragement for Specific Behavior - The psychologist makes a professional positive assessment of a particular action, which is a new skill or emotional overcoming of a difficult situation. [8]

The model for psychosocial rehabilitation implemented at the Center for Mental Health with a hospital - Rousse, Bulgaria is an indisputable standard for quality field work and offers many opportunities for both the subjects themselves and the social environment in which they continue to function after leaving the clinical boundaries. place. Over the last few years, we have started to take into account the first results of many years of work on this model, thus confirming the self-confidence of working professionals and on the other hand the clinic offers the opportunity for training, practice and specialization of young specialists.

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How to cite this article:

Dr. Temenuzhka Mateva.2020, Psychotherapeutic Aspects of Psychosocial Rehabilitation in Patients from the Center for Mental Health with Inpatient Care – Rousse, Bulgaria. Int J Recent Sci Res. 11(04), pp. 38215-3817.

DOI: http://dx.doi.org/10.24327/ijrsr.2020.1104.5263

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