

## What is “good”, what is “bad”? Experience of Institutional (medical) system of MHC

### The staff and patients of MHC medical Institutions as a small social groups. Interpersonal and intergroup relations

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**Introduction.** The modern world community is actively seeking to improve the Mental Health Care system

**Purpose.** The aim of the study is to analyze the motivation of people with mental health disorders to receive medical and social assistance in the context of the Institutional (medical) system of Mental Health Care

**Methodology.** 109 patients were examined: 69 men and 40 women suffering from paranoid schizophrenia. The age of men - from 20 to 61 years, the age of women - from 18 to 64 years. Patients met the criteria for schizophrenia according to the ICD - 10 and the PANSS scale. In a survey of patients, questionnaires of self-stigmatization, social functioning and quality of life, the “PANSS”, “SANS”, “BPRS”, “GAF” and drug compliance questionnaires were used

**Results.** In this research, much attention was paid to the study of the motivational determinants of receiving medical and social assistance by persons with schizophrenia.

Most of the respondents (70.9%) are independently consulting a psychoneurological dispensary for medical and social assistance. 7.8% - in response for a call.

But not all of them seek treatment exclusively (only 45.6%). That is, we can speak that the nature of requests for medical and social assistance in the clinic is also associated with the satisfaction of certain social and psychological needs. As, as practice shows, the conditions of the clinic create for the mentally ill persons a separate social microenvironment, where part of their life passes, get the skills of interpersonal interaction, develop and develop appropriate social skills, behavioral patterns, outlook

The sampling distribution of the overall life assessment showed the following results:

- not satisfied with life - 10.7%;
- Rather dissatisfied than satisfied - 18.4%;
- Rather satisfied than dissatisfied - 34%;
- Fully satisfied - 36.9%.

The proportion of those with very poor mental health is 1.9%; bad - 20.4%. Mental health was found to be satisfactory in 68% of those surveyed

The vast majority of respondents (67%) were satisfied with their mental health status. Dissatisfied - 33,2%.

At the time of the survey, 19.4% of the subjects were in poor physical condition. Physical health was rated as "good" by 80.6% of those surveyed.

However, 23.3% of those surveyed expressed dissatisfaction with their physical well-being. The share of satisfied people was 76.7% of the total sample

However, 26.2% of those surveyed expressed dissatisfaction with their physical performance. Satisfied with their physical capacity 73,8%.

According to the self-assessment of their intellectual productivity, the respondents were divided as follows:

- dissatisfied - 12.6%;
- Rather dissatisfied than satisfied - 8.7%;
- more satisfied than dissatisfied - 35%;
- fully satisfied - 43.7%.

Consequently, the identification of work activity of mentally ill persons has a number of limitations of clinical, social and personality character. Often, their work activity is limited by social and legal norms (disability status). However, 57.2% of the respondents were satisfied with their social benefits and preferences. And a considerable part of the respondents (19.4%), having retained working capacity, do not carry out work activities.

According to the results of the study of the specific activity of the mentally ill persons daily, it was found that 5.8% of the respondents walk only a few times a month. Almost 77.7% go beyond their premises almost daily; once or twice a week - 16.5%.

They make purchases in stores daily 39.8% of the surveyed. During the week they visit the shops several times 34%; once - 17,5% of the studied. 7.8% of the respondents visit the shops only 1 - 2 times a month.

Public transport services are used daily by 43.7%; 1 - 2 times a week - 33%; several times a month - 20,4%. 2.9% of those surveyed never use public transport.

The vast majority of respondents read literary works daily or occasionally (37.9% and 52.4%, respectively). However, 9.7% practically never read.

At the same time, 49.5% of those surveyed never or rarely watch television. The other half are watching television daily.

As for leisure activities, 3.9% of those surveyed visit theaters, cinemas, museums and other recreational sites daily. These places visit 8.7% every week. Monthly and quarterly - 19.4% and 6.8% respectively; semi-annually and once a year - 12.6% and 18.4%, respectively.

However, about a third of respondents (30.1%) never visit such cultural sites.

12.6% of respondents practically never interact with friends and acquaintances. Significant limitations of interpersonal interaction were found in 7.7% of the respondents (yes, they maintain social contacts only quarterly - 3.9%; semi-annually - 1.9%; once a year - 1.9%).

38.8% have interpersonal contacts daily; weekly - 26.2%; once a month - 14.6%.

30.1% of respondents cannot organize their own leisure activities. At least once a month, they spend 10.7% on hobby time.

28.2% do their hobbies daily; several times a week - 16.5%; several times a month - 14.6%.

Only 26.2% of the respondents are able to serve themselves in everyday life. Mostly served by relatives - 14.6%.

23.3% of the respondents expressed their dissatisfaction with the level of their daily activity. The vast majority of those surveyed (76.7%) were satisfied.

Consequently, a considerable part of the respondents (20.3%) found the limited social contacts, the complexity of interpersonal interaction. About a third of those surveyed (30.1%) never visit cultural sites and are unable to organize their own leisure activities. Only 26.2% of the respondents are fully able to service themselves in everyday life.

However, the vast majority of those surveyed (76.7%) were satisfied with their daily activity level.

According to the degree of life satisfaction, the research was distributed as follows:

- completely dissatisfied - 13.6%;
- rather dissatisfied than satisfied - 13.6%;
- more satisfied than dissatisfied - 34%;
- Fully satisfied - 38.8%.

The results of the study of subjective well-being revealed:

- absolutely unhappy - 5.8%;
- mostly unhappy life - 16.5%;
- overall prosperous life - 53.4%;
- quite happy - 24.3%.

**Conclusions.** According to the results of the study it is possible to state:

- In a large part of the subjects, the limited social contacts, the complexity of interpersonal interaction, the difficulty of detecting daily and social activity were revealed;
  - there is a tendency to legitimize the problems of their social activity in the status of disability (thus they can shift responsibility for their lives to the state \ society)
  - there is a tendency towards a specific transformation of the perception of objective social reality, a peculiarity of psychological attitudes of social perception
    - the existence of an experience of antagonism between the world of "healthy" and the world of "sick"; the desire to find something more comfortable and comfortable for them in society
  - the nature of patients' requests for medical and social assistance in the context of the Institutional (medical) system of mental health care is also associated with the satisfaction of certain socio-psychological needs;
  - the conditions of the clinic create for the mentally ill persons a separate social microenvironment where part of their life passes, get the skills of interpersonal interaction, develop and develop appropriate social skills, behavioral patterns, outlook
    - psychiatric clinic staff, other patients become the most favorable living environment for people with mental health disorders

Therefore, the advantage of the Institutional (medical) system in the perception of people with mental health disorders is the ability to create a closed, safe, and developmental environment for them

**Keywords:** *mental health; mental health professionals, mental health staff, Institutional system of Mental Health, quality of life, medical support, social support*