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Development of clinical-psychological multi-level model of anti-relapse behaviour based on interaction of mental patients, their families, persons from the general population and experts of system of mental health care

Nikolay A. Bokhan^{1, 2, 3}, Svetlana V. Vladimirova¹, Elena V. Gutkevich^{1, 2}, Alla A. Ivanova^{1, 3}

 ¹ Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences, Tomsk, Russia
² National Research Tomsk State University, Tomsk, Russia
³ Siberian State Medical University, Tomsk, Russia Author for correspondence – Vladimirova S.V. niipzso@gmail.com

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Background The project was based on the results of a study of the need for clinical, psychological, and psychosocial services among mentally ill people and their families in 2010-2019 (Vladimirova et al., 2016; Gutkevich et al., 2017, Gutkevich, 2018). Visitors of the clinics of Mental Health Research Institute (Tomsk, Russia) on World Mental Health Day, randomly selected, filled in the questionnaire developed by co-authors of the study. According to the results of express screening, visitors did not have sufficient information about mental health problems. They would like to know about the symptoms of relapse and available medication. 98% of participants would like to receive the professional evaluation of their mental ill health. 85% of the respondents considered as necessary the creation of the local organization for mental patients and their relatives. Psychological and social support was necessary for all persons with mental health problems and their families. The purpose of carrying out of the event was to draw attention of the public; to develop effective interrelations between medical institutions and social departments that would allow developing longterm general medical, psychological, social-rehabilitative and preventive measures.

Hypothesis Use of a clinical psychological multi-level model of antirelapse behavior based on the interaction of all interested parties could help to increase the psychological literacy, reduce repeated hospitalizations to the mental hospital, develop new competences and improve the quality of life of mental patients and their relatives and reduce the risk of the development of mental health problems in the general population. **Approach, theoretic model** Research objective: development of clinicalpsychological multi-level model of anti-relapse behavior based on interaction of the interested parties. Methodological basis of study: The integrative, "biopsychosocial" model of mental diseases, meaning a complex approach taking into account biological, psychological, and social factors in the etiology of mental diseases. The value of this study is trajectory to patient benefit that consists in the improvement of functioning in cognitive, emotional and behavioural domains. Patients learn to trace their state, to estimate it critically, and to understand what changes in their state can be the indication for the visit to appropriate experts. This study is multidisciplinary, based on the interaction of experts of different professions – psychologists, psychiatrists, geneticists, and social workers united by the common task – good mental health of population.

Material and Methods Study sample characteristics: 180 patients were examined (59 men, 121 women) aged from 22 to 75 years with nonpsychotic and schizophrenic mental disorders, with the length of the disease from 1 year to 40 years, with the number of repeated hospitalizations from 2 to 34. Used methods: clinical-dynamic, experimental-psychological, clinical-genealogical, mathematical statistics methods. Questionnaire, survey with the use of authors' questionnaire on anti-relapse behavior which included 10 questions with variants of answers describing clinical dynamic characteristics of the disease, psychological traits of the patient's personality, microenvironment (family) and macroenvironment, social interactions, everyday functioning, resources of the patient.

Results Development of the definition and the model of formation of antirelapse behavior

Anti-relapse behavior (anti-retsidivnoe povedenie) – desirable behavior of persons with mental disorders in a hospital type of help which stimulates the need for control of symptoms, prevention of renewal of the disease (relapse) and repeated hospitalization, by transformation of internal resources and various external influences in the managed individual behavioural determinants in the system of cooperation of persons with mental disorders, their relatives, families and professionals in the sphere of mental health care (Gutkevich et al., 2019).

Discussion of Results In 2011-2015 re-hospitalization of patients with schizophrenic disorders averaged about 50 persons a year (10%). Clinical-genealogical investigation of families of probands revealed dense family history of mental diseases – schizophrenia, alcohol and drug dependence, and epilepsy. In case of re-hospitalization, emotional tension, irritability, rigidity, and formation of activity concepts for reduction of anxiety, instability of motives

and domination of control over behavior within personality and volitional traits were more often revealed; in the attitude towards disease patients show rather adaptive or mixed variants.

Patients with nonpsychotic disorders in the actual state of relapse and repeated hospitalizations more often demonstrated anxiety, emotional instability, tension, with a low assessment of the meaning of the present, ease of fear about the state of their health, their future. The most vulnerable areas of life for respondents with chronic mental illnesses and repeated hospitalizations were relationships with people around them.

Conclusion Thus, an interdisciplinary (psychiatry, psychology, genetics) study of the phenomenon of re-hospitalization of patients with mental diseases revealed factors that gave the chance for the search of ways of decrease in the number of re-hospitalizations within the rehabilitation clinical model "mental health – mental pathology" which divides treatment as a minimization of disease, and rehabilitation as maximization of health.

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