

**ЗАСТОСУВАННЯ ПРОФІЛАКТИЧНОЇ РОБОТИ
ТА МЕДИКО-СОЦІАЛЬНОЇ РЕАБІЛІТАЦІЇ
В ПСИХІАТРИЧНІЙ ПРАКТИЦІ**

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**APPLICATION OF PREVENTIVE WORK AND MEDICAL AND
SOCIAL REHABILITATION IN PSYCHIATRIC PRACTICE**

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Русіна Світлана, Нікоряк Руслана, Ткачук Наталія. Застосування профілактичної роботи та медико-соціальної реабілітації в психіатричній практиці. Зважаючи на те, що попередні профілактичні заходи, спрямовані на подолання окремих ланок поведінкових розладів, були приречені на невдачу, успішне подолання соціальних причин алкоголізму, наркоманії, злочинності та девіантної поведінки серед підлітків можливе лише через гармонійне застосування комплексного діапазону заходів: державно-соціальних, соціально-економічних, медичних, санітарних, психогігієнічних, психологічних, педагогічних, морально-етичних, з урахуванням індивідуальних потреб. **Мета.** Метою роботи є відновлення соціального статусу підлітків з психічними розладами шляхом проведення профілактичної роботи та медико-соціальної реабілітації. **Новизна.** Новизна дослідження полягає в комплексному аналізі та обґрунтуванні необхідності системних, соціально скоординованих зусиль у профілактиці та реабілітації підлітків з психічними та поведінковими розладами, з детальним розглядом біологічних, психологічних та соціальних напрямків корекції та реабілітації на великій вибірці (420 підлітків), що дозволяє розробити цілісний підхід до відновлення їхнього соціального статусу. **Методи.** Проведено аналіз дослідження 420 підлітків. Для ранньої діагностики використовувався метод клінічного інтерв'ю (СІМ). Медична корекція поведінкових розладів застосовувалася майже у 100% обстежених, включаючи раціональну психотерапію, медикаментозне та психотерапевтичне лікування (для неспсихотичних розладів), а також третинну профілактику з використанням психотропних засобів (для психотичних розладів). Реабілітаційна робота включала біологічний (психофармакотерапія), психологічний (усунення формалізму, налагодження соціальних контактів) та соціальний (подолання реадaptaції, ресоціалізація через освіту, працю та дозвілля) напрямки. **Результати.** Виявлено, що на формування «важких» підлітків особливо впливає дисгармонійна сім'я (алкоголізм чи психічні захворювання батьків, відсутність емоційної близькості, деспотизм, розпад родини, емоційне нехтування, жорстоке поводження), що призводить до соціальної дезадаптації та приєднання до асоціальних груп. Ідентифіковано екстраперсональні фактори ризику (вимушена емоційна самотність через трудову міграцію батьків, сирітство, психологічна ізоляція) та інтерперсональні фактори (риса характеру, спадкова обтяженість, емоційність, прикордонні психічні розлади). Доведена необхідність широкої первинної профілактики (морально-правова та санітарно-гігієнічна освіта, боротьба зі шкідливими звичками, статеве виховання), вторинної профілактики (виявлення тригерних факторів та груп ризику) та комплексної реабілітації. Застосовані методи корекції та реабілітації продемонстрували ефективність у виведенні пацієнтів із стану психічної патології та їхньої адаптації до соціального життя, зокрема, відновлення позитивних сімейних стосунків, міжособистісних зв'язків та повернення до освітнього процесу.

Висновки Аналіз досліджень 420 підлітків довів необхідність профілактичної та реабілітаційної роботи як невід'ємної частини системи охорони психічного здоров'я. Ця робота має бути спрямована на запобігання та вирішення проблем виведення пацієнтів з глибин психічної патології та повернення їх до здорового, суспільно корисного життя або адаптації до норм і правил соціального життя.

Ключові слова: психічне здоров'я підлітків, поведінкові розлади, профілактика, медико-соціальна реабілітація, девіантна поведінка, алкоголізм.

Introduction. The previous experience of preventive measures aimed at overcoming individual links of behavioural disorders was doomed to failure in advance¹. Therefore, only the harmonious use of the whole range of measures, namely, state-social, socio-economic, medical,

sanitary, psycho-hygienic, psychological, pedagogical, moral and ethical, can give hope for a positive result in eliminating the social causes that gave rise to alcoholism, drug addiction, crime, sexual promiscuity, suicide, immorality, and spirituality². And most importantly,

¹ Gure E. I. Psykhichni ta povedinkovi rozlady u ditey pidlitkovoho viku, pozbavlenykh batkivskoho pikluyannya (klinika, diahnostyka, reabilitatsiya) [Mental and Behavioral Disorders in Adolescents Deprived of Parental Care (Clinical Features, Diagnosis, Rehabilitation)]: Abstract of Dissertation for the Degree of Candidate of Medical Sciences: Specialty 14.01.16, Kharkiv, 2008, 18 p.

² Langmeyer J., Matejcek Z. Psikhicheskaya deprivatsiya v detskom vozraste [Mental Deprivation in Childhood], Prague: Avicenum, 1984, 334 p.

the needs of the individual with his or her personal characteristics must be taken into account³. This means that at the state level, through an economic breakthrough, it is necessary to ensure the growth of the material well-being of Ukrainians, their cultural, educational and social life, which will be able to withstand any anti-social manifestations⁴. The state also needs to address the social problems of young people, especially the development of their educational and professional potential (creation of jobs for graduates); to better meet the socially important interests of intellectual and spiritual enrichment; and to improve the system of moral and ethical education in education, work and life⁵. Particular attention should be paid to the organisation of reasonable use of free time, since its meaningless spending leads to the formation of anti-social and immoral forms of behaviour⁶.

Goal. The aim of the work is to restore the social status of adolescents with mental disorders through preventive work and medical and social rehabilitation.

The main part. The family in which adolescents develop as individuals has a special influence on the formation of 'difficult' adolescents. Bringing up adolescents in a disharmonious family due to parental alcoholism or mental illness leads to a loss of emotional closeness, adequate emotional contact, and mutual understanding in parent-child relationships. Such a destructive family creates conditions for emotional tension and conflict. An inflexible pseudo-solidarity family, in which despotism reigns, and the entire family life is brutally regulated, is emotionally cold. Such disharmonious families, as well as families that are breaking up or have already broken up; families in which the adolescent is deprived of independence, a sense of responsibility; has no control and permissiveness; he is emotionally neglected; families in which adolescents are ill-treated and, because of their high moral responsibility, form social maladjustment in society and lead them to informal groups with antisocial, anti-social tendencies (truancy at school, running away from home, gambling, theft, hooliganism, drinking and drug abuse). Therefore, the moral and legal education of both parents and children is urgently needed in society.

Parents are responsible for their children's upbringing. Relatives who evade their responsibilities for raising children or who abuse their rights, namely by mistreating them or negatively influencing them through their anti-social behaviour, should be deprived of parental rights. In turn, adolescents who commit unlawful acts should be legally punished. Many illegal acts are committed under the influence of alcohol or drugs. Therefore, as a means of primary prevention of this evil, it is necessary to carry out large-scale sanitary

and hygienic education aimed at combating bad habits by raising the sanitary literacy and culture of the population, promoting a healthy lifestyle, using the media (press, radio, television). For many years, roundtables on psychohygiene, psychoprophylaxis of mental and somatic health of minors have been held in Chernivtsi with the participation of leading medical specialists, psychologists and sociologists. The prohibition of alcohol abuse and smoking in public places should legitimise these norms and punish violations. Drug addicts who destroy not only their own lives, but also the lives of others (by distributing drugs) should be isolated (as socially dangerous) for the period of treatment and rehabilitation in drug treatment units or rehabilitation centres, the number of which should be expanded due to the growing use of drugs, psychotropic drugs, and 'intoxicating' chemicals that have become widespread.

Therefore, the eradication of unhealthy habits should be carried out at both the family and state and social levels. The legal basis for overcoming this evil should be a law that will provide for criminal liability of both individuals (parents, elders) who have a positive attitude to addiction, and sometimes create the conditions and attract children and adolescents to drink, and those who push adolescents to drink alcohol and drugs (sellers, drug distributors). And the punishment of these persons should not be formal, but should be mandatory, exemplary and personally responsible, with a public resonance, which, in our opinion, will make it impossible to spread the deadly drug among minors.

Primary prevention should be carried out practically, not theoretically, throughout all the years of schooling, revealing the negative impact of bad habits on human health and society as a whole, and this work should be continued in higher education institutions, thus forming in the minds of minors an intolerant attitude to any manifestations of drunkenness, alcoholism, smoking, and drug addiction. Primary prevention should be of an unyielding comprehensive and differentiated nature. Prevention and combating of this threatening social phenomenon should be carried out by teachers of all levels, doctors, mass media, all public institutions, clergy and every individual conscious Ukrainian.

Harmonious development of adolescents' personality is impossible without sex education as a system of medical and pedagogical measures aimed at forming an adequate attitude to gender issues among young people, preserving moral norms in sexual behaviour, strengthening the sense of responsibility for the health and well-being of the future family with awareness of the possibility of conception with mental and physical trauma to a pregnant girl, the

³ Zelenko O. A. Opyt stozdaniya i vnedreniya kompleksnoy programmy psikhoterapevticheskoy pomoshchi detyam i podrostkam s poststressovymi nevrotycheskimi i psikosomaticheskimi rassstroystvami na baze sredney obshcheobrazovatel'noy shkoly [Experience of Developing and Implementing a Comprehensive Psychotherapeutic Assistance Program for Children and Adolescents with Post-Stress Neurotic and Psychosomatic Disorders at a General Secondary School], Materials of the Scientific and Practical Conference «Nevrotichni rozlady ta porushennya povedinky u ditey ta pidlitkiv»; [Neurotic Disorders and Behavioral Disorders in Children and Adolescents] (Kharkiv, September 11-12, 2001), Kharkiv, 2001, P. 27.

⁴ Mikhaylova E. A., Proskurina T. Yu. Sovremennyye aspekty okhrany psikhicheskogo zdorovya detey i podrostkov [Modern Aspects of Mental Health Protection for Children and Adolescents], Arkhiv psykhiatrii [Archives of Psychiatry], 2001, No. 4(27), P. 21-23.

⁵ Bulakhova L. A., Sahan O. M., Zinchenko S. N. [et al.] Detskaya psikhonevrologiya [Child Psychoneurology], Kyiv: Zdorovya, 2001, 496 p.

⁶ Davydova O. E. Ponyatie normy v podrostkovoy psykhiatrii [The Concept of Norm in Adolescent Psychopathology], Arkhiv psykhiatrii [Archives of Psychiatry], 2003, Vol. 9, No. 2(33), P. 33-36.

harmfulness of abortion and the inferiority of children of immature parents, therefore we believe that in schools, boarding schools and other educational institutions

Thus, primary prevention is more widespread and effective, as it is aimed at eliminating adverse factors (biological and social) that influence the formation of behavioural disorders or at increasing resistance to these factors.

The main areas of secondary prevention are the identification of triggering factors and the identification of risk groups, i.e. adolescents who do not have obvious signs of behavioural or neuropsychiatric disorders, but are more prone to their formation and the use of medical correction of identified diseases complicated by behavioural disorders. The risk factors for behavioural disorders are well known today, but each person may have only their own risk factor, which we must take into account in order to predict and take measures to prevent them. In particular, for the purpose of early diagnosis, we used the clinical interview method (CIM), which is able to identify etiopathogenetic risk factors for mental and behavioural disorders in a simple, accessible form. Among the extra-personal 'marginal' conditions, we considered forced (unnatural) emotional loneliness in adolescents due to labour migration of parents, biological and social orphanhood, and psychological 'isolation' of minors in the family or among peers due to parent-child, adolescent-adolescent conflict. In recent years in Chernivtsi there has been a negative trend in the number of minors whose parents are abroad being granted guardianship (from 33% to 42% in 2003-2008).

The interpersonal factors of mental and behavioural disorders include character traits; hereditary burden; pronounced emotionality with a low threshold of sensitivity; loss of plans that set the goal of life; borderline mental disorders.

Medical correction of behavioural disorders was used in almost 100% of all 420 subjects. First of all, rational psychotherapy was applied in $90.48 \pm 1.43\%$ (380) with the conviction (logical proof) that drinking, offending, suicidal tendencies and sexual promiscuity are not the best way to solve life problems, that the fault of his vicious behaviour is not so much the conflict situation as he himself with the need to change his life position. Rational and family therapy was effective in 40 adolescents ($9.52 \pm 1.43\%$) from most-at-risk groups. In 146 ($34.76 \pm 2.32\%$) of the examined adolescents, who were diagnosed with non-psychotic mental disorders along with behavioural disorders, medication and psychotherapeutic correction was used, and in those diagnosed with psychotic mental disorders, tertiary prevention was used in $2.86 \pm 0.81\%$ (12), aimed at medication through the use of psychotropic drugs.

Thus, the prevention of adolescent mental disorders is a national priority, but its successful solution is possible only through systemic socially coordinated efforts of teachers, educators, psychologists, sociologists, journalists, lawyers, doctors, employees of the Ministry of Internal Affairs, mass media, as well as the entire wide network of state and public organisations, and every person who cares. Only together, with a united front, can Ukrainian society overcome the chaos in the upbringing of the younger generation of the state and guide it in the right direction.

The analysis of the research conducted on 420 adolescents proved the need for rehabilitation work as an integral part of the mental health care system, which should deal with the problems of removing patients from the depths of mental pathology and returning them to a healthy socially useful life (if possible) or adapting patients to the norms and rules of social life. It was important to eliminate alienation and social isolation (through the establishment of constant doctor-patient contact and a short period of 3 to 4 weeks of inpatient treatment) of patients, while maintaining their independence, which (in our opinion) ensures a better level of social functioning.

It was proved that 30 cases of mental and behavioural disorders under consideration were provoked by socio-psychological conditions of mental deprivation, and, accordingly, 170 cases of socio-maternal deprivation (SMD), 40 cases of family deprivation (FD), 20 cases of biological deprivation (BD), and 160 cases of emotional and social deprivation (ESD). Therefore, not only medical institutions, but also the entire social infrastructure should be involved in the rehabilitation of patients, which requires coordinated efforts of all state institutions. First and foremost, it is the timely detection of pre-disease conditions (in the general somatic network), behavioural disorders, and psychogenic diseases of the neurotic and psychotic registers. An important rehabilitation strategy was the early removal of the patient from mental illness, which eliminated maladjustment and stigmatisation of patients through medical, psychological, social, educational and community rehabilitation measures.

We consider the main content of rehabilitation work with adolescents to be democracy in the trusting relationship between healthcare worker and patient; preservation of the patient's rights, especially the right to autonomy in choosing a medical institution (department) and a doctor; minimal isolation of the patient from the social environment (day hospitals, outpatient treatment) in $71.19 \pm 2.21\%$ (299) and minimal restriction of his/her freedom (walking in a group of recovering patients, creating conditions for reading fiction and other literature, watching TV programmes), which undoubtedly contributed to mitigating the medical, social and psychological consequences of mental suffering with gradual restoration of functions lost due to the disease. This includes the restoration of positive relationships in the family and interpersonal relationships, and the return to the educational process.

It was considered important to restore adaptive resources, the ability to adequately assess and solve problems of social life, which helped the patient to regain his social status.

The rehabilitation programme for adolescents suffering from mental and behavioural disorders as a result of mental deprivation had certain distinctive features. In general, the rehabilitation of the adolescent contingent was quite complex, as it included conceptual issues of preserving the stages of biological, psychological and social areas, taking into account the complexities of the nature of the transition age.

In view of the above, we emphasise the expediency of the following measures:

I. Biological, which included adequately selected and timely differentiated psychopharmacotherapeutic treatment. This method was used in 100% of inpatients and 76% of outpatients;

II. Psychological treatment, which was started in combination with biological treatment and continued after the cessation of medication in 121 patients (28.8%), and was used on an outpatient basis in patients who consciously contacted a doctor in 237 patients (56.4%), and in boarding school students who (if necessary) received psychological assistance from a doctor, educator and boarding school psychologist in 62 patients (14.8%).

In patients with incomplete or insufficient reduction of psychopathological symptoms, psychological intervention by a residential psychologist or psychiatrist using rational psychotherapy was prescribed.

The main content of psychological rehabilitation is to help a patient with mental and behavioural disorders to get out of the captivity of painful experiences as soon as possible and without negative consequences and successfully return to a realistic adapted life (family, boarding school). An important component of psychological influence was considered to be the elimination of formality and lack of emotional resonance in the doctor-patient relationship, which can interfere with their active cooperation aimed at overcoming pathological manifestations. Psychological assistance was aimed at establishing social and interpersonal contacts in 100% of all patients, contributed to maintaining the belief in the possibility of a full recovery if all the doctor's requirements were strictly followed, and in case of ignoring the recommendations of a medical professional, the need for possible re-hospitalisation was discussed, which essentially eliminated discrimination against patients (with the patient's consent, if necessary, and not in the absence of it). The use of rational psychotherapy in 87% of cases helped to eliminate patients' refusal to continue treatment in a hospital or on an outpatient basis and to prescribe supportive anti-relapse treatment at home.

III. The social direction, which continued the baton of the psychological direction. Its main objective was to overcome readaptation and resocialise patients in society through engaging them in education, useful work and meaningful leisure activities.

It is worth noting the important, if not decisive, role of actively ensuring a balance between mental life and social relations that affect the life of mentally deprived adolescents.

Conclusions. The analysis of the studies of 420 adolescents proved the need for prevention and rehabilitation work as an integral part of the mental health

care system, which should deal with the prevention and problems of extracting patients from the depths of mental pathology and returning them to a healthy socially useful (if possible) life or adapting patients to the norms and rules of social life.

Світлана Русіна – кандидат медичних наук, доцент кафедри нервових хвороб з психіатрією та медичною психологією ім. В. П. Савенка Буковинського державного медичного університету. Сфера наукових інтересів: розлади психіки та поведінки у підлітків; психічні розлади внаслідок органічного ураження центральної нервової системи; психогенні неспихотичні та психотичні психічні розлади. Автор та співавтор понад 100 наукових праць, серед яких 3 монографії, 8 підручників та навчальних посібників, 93 статей та тез доповідей, 3 патенти, 3 інформаційні листи.

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