

FEATURES OF SOCIAL ADAPTATION OF ADOLESCENTS WITH MENTAL DISORDERS

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Abstract: Currently, due to the medical, personnel and socio-economic aspects in the development of Health Care, great importance is attached to saving the mental health of the younger generation. Mental disorders starting at an early age negatively affect the developing psyche and personality, which complicates the processes of socialization.

Key words: Adaptation, adolescents, mental disorders, rehabilitation, psychopharmacotherapy.

Introduction. At the current stage of psychiatric development, due to the presence of diagnostic examinations, psychopharmacotherapy and rehabilitation measures, in most cases it is possible to significantly reduce the severity of the disease defect, correct behavioral disorders, eliminate effective diseases, but there are problems with social activity and adaptation [1]. Early disability for mental illness is a stable phenomenon, most children with disabilities in adulthood fall into the category of disabled people of Group II [2].

The modern world is characterized by a strong pace of social dynamics, which covers all areas of human activity. Social changes, the development of the tempo characteristics of life, often of an unpredictable maneuverability character, become the reality of everyday life, which requires a person a lot of flexible forces. A person of the modern era, maintaining his integrity and originality, must master the ability to constructively adapt to rapidly changing conditions of the social and natural environment, work with a large amount of information, cope with difficult situations, cope with high psycho-emotional stresses [3]. In terms of established trends, socio-psychological adaptation of an individual seems to be one of the most important and large-scale problems of the present time, which highly determines the relevance of its study.

The need for a scientific study of socio-psychological adaptation in the context of adult adolescence is especially relevant. This age period is an important stage that determines the prospects for the development and implementation of a person in his later life. However, to date, many aspects of socio-psychological adaptation in adulthood have been little studied and require detailed scientific study [4]. One such "white spots" is a matter of breaking the problem of socio-psychological adaptation of older adolescents through the prism of risk predisposition [5].

By socio-psychological adaptation, we understand the two-way process of interaction of the individual and the environment, which is aimed at realizing the potential of the individual by satisfying his urgent needs and achieving a balance between human activity and environmental requirements. Socio-psychological adaptation involves the procedural component, which is the interaction of the individual and society, and the effective component – adaptation [6].

The unity and interdependence of these two sides of adaptation determines the formation of new personality traits and its characteristics [7]. In the context of socio-psychological adaptation, an individual is an active principle capable of changing and changing the social environment. The success

of socio-psychological adaptation is largely determined by the combination of psychological qualities and characteristics of the individual and the peculiarities of their interaction, which represent the potential for personal adaptation [8-10].

The decisive role in assessing the effectiveness of adaptation as a systemic process belongs to psychological criteria, among which we distinguish such things as the acceptance of ourselves and others; emotional comfort due to its inclusion in various reference groups; control of one's own behavior, connecting it with the norms and relationships of social groups in which personality is included; Autonomy, the ability to independently solve It should be noted that adaptation indicators depend not on a more objective state, but on their subjective assessment by the adaptor and the degree of satisfaction with them [11-16].

The deterministic picture of the process of socio-psychological adaptation of an individual includes both environmental factors and internal predictors. Environmental factors include belonging to large social groups, joining a training or Labor team, family, etc. The internal determinacy of the socio-psychological adaptation process is determined by the influence of personal constructions such as self-awareness, identity, self-esteem, functional characteristics of intelligence, value-semantic and motivational formations, temperament, character and other individual-personal characteristics [17]. However, the success of socio-psychological adaptation does not depend on the absolute values of certain psychological characteristics of the individual, but on the characteristics of the interaction at a certain stage of adaptation.

Difficulties in socio-psychological adaptation during adolescence in adulthood are clearly determined by the psychological characteristics of this age stage. The main problems of the personality adaptation process in adulthood can be divided into the following groups:

1) difficulties caused by disruptions in the field of leading activities: lack of readiness for professional and personal self-determination and goals for the future; weak violence of educational and professional motives, decrease in academic success;

2) difficulties in the context of interpersonal relationships: immaturity of social relationships with peers; maintaining emotional dependence on parents; the problem of loneliness;

3) difficulties in emotional development: decreased vitality, pessimistic outlook on life, emotional tension, violence of the affective component;

4) difficulties in personal development: diffuse originality; the concept of unstable self-awareness is manifested, in particular, by the inadequacy of self-esteem and its dependence on the assessments of others; low level of self-awareness due to shortcomings in the development of reflexive abilities; reduced temporal perspective, maintaining orientation to the present; unstable system of life values; low level of Social Responsibility and moral [18-20].

In psychology, the systematization of approaches to understanding risk allows us to conclude that risk can be seen as a possible risk of a negative consequence, activity in a state of uncertainty, a predictive assessment category, as well as the choice of possible alternatives and a random action [21].

Risk is understood as a situational property of activity related to the uncertainty of the outcome and the negative consequences that can occur in case of failure.

Risk bias is a stable personality trait that manifests in value-semantic preference for risk-related activities. The risk, which occurs due to the individual characteristics of the subject and is manifested to the maximum extent during adolescence, undergoes significant changes under the influence of the social environment and the peculiarities of the social situation in the development of the Individual [22].

As a result of analyzing scientific research on the problem of predisposition to risk in the context of its main personal correlations, we found that the personality trait under study interacts with temperament characteristics, voluntary qualities of personality, features of communication and social interaction, motivational characteristics, emotional characteristics of personality, character traits, etc. [23]. The features of the psychological profile of adolescents prone to risk are determined not by a

certain set of personal characteristics, but by the peculiarities of interaction, which determine the possibilities of self-realization of the individual and the success of the processes of his socio-psychological adaptation [24-26].

To study the features of socio-psychological adaptation of adult adolescents prone to risk, we conducted empirical studies with the method of contrast groups. As a basis for the separation of groups, A. G. Shmelev's methodology "study of risk susceptibility" was derived [27].

Of the 103 high school students diagnosed, 31 had high risk levels of respondents, accounting for 30% of the total subjects. 46 adult adolescents are characterized by an average level of risk (45%). A low risk susceptibility was diagnosed in 26 respondents, accounting for 25% of the total number of people surveyed [28].

For further research, we have formed two groups of older adolescents: high and low risk levels.

To ensure the reliability of the conclusions, the method of Mathematical Statistics-the Mann-Whitney criterion-was used.

Based on the resulting reliable differences, a socio-psychological "portrait" of a large teenager was built, at the risk of choosing risky behavior.

As part of an empirical study, we were able to determine that older adolescents with high risk compared to their peers are characterized by a high level of acceptance of others, a need for communication and satisfaction of this side of their lives. Friendly relations with others, initiative and openness in communication, the ability to establish and maintain communication reflect his belief in the world, his perception of the social environment as an environment that does not pose a threat [29].

It is from the point of view of such an attitude towards the " world of others " that older adolescents are not afraid to take risks, are easier and more passionate, resort to situations with unclear consequences, hoping for the success of risky behavior. In addition, the risk and romance associated with the manifestation of risk are very attractive in the eyes of most high school students. Feeling the need for acceptance, peer interaction, and collaboration by others, older adolescents can consciously develop their own risks and do risky things to gain prestige in the reference group [30-34].

High school students who have a more pronounced risk than their peers who have a lower risk level experience a state of emotional comfort. They are characterized by a feeling of relief, ease in the expression of feelings and emotional experiences, anxious mood and the absence of a state of anxiety [35].

Elderly adolescents prone to danger are characterized by an optimistic outlook on what is happening and life in general, a belief in the best and a predominance of positive emotions. A positive emotional tone in an adult teenager, when it comes to risk as a means of obtaining a certain benefit, can serve as a basis for making decisions about risky behavior or behavior: gaining power, material benefits, overcoming oneself, etc. On the other hand, enjoying new experiences and excitement, status preferences in a peer group, and other benefits achieved through risky behavior can create a positive emotional tone, contributing to the dominance of the raised mood [36-39].

Adult adolescents who are at risk differ from their peers who are at low risk in their alcohol abuse. They are characterized by great self-esteem, recognition of their mistakes, failures and personal responsibility for them, an active, energetic and proactive attitude towards life towards adolescents with low risk levels. They see themselves as people they trust. They are characterized by an assessment of confidence, their strength and abilities, which correspond to the tasks set by the surrounding reality. When making decisions about risky behavior or behavior, they lead an assessment of their potential (abilities, character, skills), taking responsibility when the negative consequences of a dangerous situation arise. The relationship between the locus of internal control and the predisposition to risk can manifest itself mainly when the risk serves as a meaningful, conscious and controlled feature of the adult adolescent's activities. However, it should be noted that in adulthood and adolescence, risky behavior is not always characterized by rationality and awareness, which depends on the level of

development of self-awareness and personal maturity [40-45].

Socio-psychological adaptation implies the adaptation of the individual to a harmonious life in society, which combines the need to meet the requirements of society and its own needs, motives, interests. As one of the most socially oriented areas in medicine, the relevance of the study of social adaptation in psychiatry is of particular importance, to the possibilities of adapting patients in society, as well as to effectively assess social skills and adaptations to identify social activities in society and apply to the medical and social expert commission [46-49].

The purpose of our study is to study and assess the level of formation of social skills and skills for effective social adaptation in order to direct adolescents with mental disorders from childhood to medical-social examination, as well as to improve and optimize medical-psychological care [50].

"Kursk clinical psychiatric hospital named after the Holy Great Martyr and healer Panteleimon" (KKPB Obuz) in the Office of a teenage doctor-psychiatrist of the Department of child psychiatry of the dispensary Department of the higher educational institution under the supervision of adolescents with mental disorders since childhood [51].

One of the tasks of the psychiatrist is to send adolescents and children for medical and social examination and evaluate their adaptation and social activities. A teenage psychiatrist, in his adult year, sends his patients to the HEI to clarify the violation of mental functions in order to determine the degree of restriction of life activity (disability of Group I, II or III). An important criterion is the assessment of the social functioning and adaptation of adolescents in society [52-56].

The psychological space has many and diverse diagnostic methods for assessing socio-psychological adaptation, but most of the methods for assessing socio-psychological activity and the level of adaptation of an individual have complex questions, and adolescents with intellectual impairment or cognitive decline quickly get tired and inert, making it difficult to objectively assess questions and questioning the results [57].

"A map of the registration of social skills and skills of adolescents with chronic mental disorders to determine the social functioning and adaptation of adolescents with chronic mental disorders" - a questionnaire to determine and assess the severity of life daily skills and skill formation disorders in adolescents and adolescents (14-19 years old). from childhood, he suffered from chronic mental disorders. A structured questionnaire consisting of 149 statements that the specialist must confirm or deny in an interview with the patient. The presence of a third person who is the immediate guardian of the patient is assumed, since answers to a number of statements can cause difficulties in the patient and require the participation of adults close to him [58].

A teenage psychiatrist worked with a medical psychologist to examine young men (boys and girls) who had a disability and who had a disability and applied for the next HEI for a year in order to determine the degree of disability [59].

During the year, we examined 131 adolescents with mental illness sent to the HEI, 12 of whom were in the ICD-10 cluster "schizophrenia, schizotypal conditions and delusional disorders" F20-29, with an average level of social skill formation of 0.7, indicating an average level of social adaptation; 15 patients with a diagnosis of f84 had a general psychological developmental disorder (childhood autism, atypical autism), an average level of formation of 0.3. From the cluster of mental retardation, the following results were obtained: F70 mental retardation light 42 adolescents were examined, the average level of formation of social skills was 0.6, which corresponds to an average level; F71 mental retardation average-25 patients with an adaptation of 0.3, which corresponds to a low level; f72 mental retardation severe-15 adolescents and mental retardation with f73 social skills — 0, which indicates a lack of social skills and skills due to the physiological and intellectual characteristics of the disease [60].

Conclusions. During the study, within the framework of one psychiatric diagnosis, different indicators were observed depending on the onset of the painful condition and the type of course. Some adolescents, against the background of psychopharmacotherapy, psychosocial rehabilitation

(psychologists, actively engaged in social workers), parents adequately responded and accepted the peculiarities of the child's disease, followed all the recommendations of doctors, joined the psycho-educational program, which had a positive effect on the adaptation of the teenager in society. We also observed that the formation of social skills and skills depends from the parents on the type of upbringing and acceptance of the child's mental disorder. In hyperprotection, parents protected the child and did not form the necessary social skills or the second extreme, in which the parents ignored the features of the disorder for a long time and did not take the necessary measures and missed the age period, sensitive and most favorable for the formation of appropriate social skills that will help more effective social adaptation in the future.

When analyzing the data obtained, we can conclude that the formation of social skills and skills of adolescents with mental disorders from childhood is influenced not only by the physiological, neurocognitive and intellectual nature of the disease, but in many ways by the type of Family Education, the psychoeducation of parents, as well as the lack of social education in children and adolescents. Children need to devote more time to psychiatric institutions for psycho-education by their parents or guardians, actively involve specialists in social work, devote more time to the formation of the necessary social skills and skills for the effective socialization of adolescents in educational institutions.

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