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ANALYSIS OF THE PSYCHOPATHOLOGICAL AND NEUROPHYSIOLOGICAL PROFILE OF CHILDREN LEFT WITHOUT PARENTAL CARE

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Abstract: In our country, the mental health of children and adolescents deserves special attention. Social orphans represent a separate category. Children in this category are considered the most vulnerable to mental disorders. The main psychopathological disorders of social orphans are depression, suicide, anxiety, aggression, mental retardation, cognitive impairment, and Addiction Disorder.

Key words: Children, mental health, mental disorders, depression, suicide, anxiety, aggression,

Introduction. According to clinical and epidemiological data in a short time for evolutionary-biological cycles, a significant decrease in the level of mental health of the population of children and adolescents should be noted [1]. A decrease in the level of mental health in the population of children is characterized by an increase in the degree of morbidity, and primarily according to the group of Mental Disorders at the border [2-4]. Within the framework of multi-axial diagnostics, first of all, it is necessary to assess the degree of deviation of mental development and determine the degree of activity disorders caused by borderline mental disorders [5-7].

The problem of clinical psychiatric diagnostics and the psychological-pedagogical assessment of its conceptual apparatus and its relationship with the diagnostic apparatus makes such an assessment of specialists very difficult. This is important because professionals working in an educational and social prevention Environment deal with the same problems and children who are the object of socio-psychiatric diagnostics in another situation and in another Social Survey [8-14].

In this regard, not only clinical and diagnostic indicators of mental health are gaining importance, but also social and psychological relations, parameters of social activity and The Associated sociotherapeutic and rehabilitation recommendations. Currently, there is practically no differentiation of the educational and medico-psychological approach to children with borderline mental disorders. At the same time, the dispensary psychiatric registration of such children is not always advisable, since there are possible consequences of psychiatric patronate stigma and a significant exacerbation of personal psychological problems [15-19].

Of course, the children's mental health service also needs an update. It should be noted that this type of assistance for socially significant diseases is not carried out within the framework of compulsory medical insurance and is the obligation and authority of the state authorities of the subjects in accordance with the current legislation [20-24].

This problem becomes of particular importance in the educational system of the contingent under study when there are children with impaired mental development in an outpatient setting [25-27].

In this regard, scientific research, on the one hand, should be aimed at improving the clinical and psychological approach in the analysis of the composition of the complex population of children with impaired mental development of the borderline level [28-31].

It is also important to study the relationship between dysontogenetic manifestations, clinical signs of mental disorders and the return of existing abnormalities [32].

On the other hand, research aimed at improving the theory and practice of interdepartmental and

interdepartmental interaction of specialists in relation to the tasks of counseling-diagnostic and corrective-rehabilitation assistance to children with borderline mental disorders in the conditions of compensatory education remains relevant [33-37].

Consequently, in response to the growing level of mental disorders of a functional-dynamic nature in childhood, it is very necessary to develop original multi-factor and multi-axial classifications that are important for children and have their significance both in practical activities and in scientific research. Typological assessment of borderline mental disorders should be based on distinguishing between the nosological-syndromic and psychosocial aspects of dynamics, taking into account the features of their interaction with the dysontogenetic maturation of mental processes and the socialization of children. These issues are resolved in the most ambiguous way when combined with age-related mental developmental disorders of borderline mental disorders [38-43].

Neuropsychological studies show that, regardless of the etiology of borderline mental disorders, the mechanism of structural-dynamic deviations is a slowdown in the formation of the central nervous system, which can be caused by both organic factors and the effects of deprivation [44-48].

Currently, dysontogenetic forms of mental development, combined with speech disorders, school skills and behavioral disorders, are considered in combination with decreased intelligence, often in the context of specific forms of organic mental disorders, mental retardation or delays in the mental development of brain-organic Genesis, which limits the possibility of returning to the child's normal educational environment in the future. In children with stressful, psychosocial and somatic conditions, it is difficult to distinguish the clinical features of pathocharacterological reactions and development from the psychological reactions of the individual and the manifestation of pedagogical forms of social negligence due to the presence of dynamic transitions between them and others. But in practical and theoretical terms, such a difference is very important [33-37].

Testing new classification approaches makes it possible to create clinical, psychopathological and corrective-rehabilitation studies and programs in child psychiatry, child correction psychology and pedagogy at a new angle; determine the choice of differentiated training programs for children with borderline mental disorders and the nature of the organizational and methodological interaction of specialists of different profiles in providing social, correctional and psychotherapeutic assistance to them [38-40].

Children with mental disorders and impaired behavior become the object of diagnostic and Correctional assistance of specialists who work mainly in the field of education and social assistance to the population (psychological and medical and pedagogical commissions, psychological service of educational institutions, established under the district psychological and social centers, educational departments). Psychiatrists can be involved in the educational system, but it should be noted that the implementation of the necessary methodological support and control functions for their activities by health authorities is not available. We are talking about a clinical and psychological assessment of mental retardation, emotional and behavioral disorders in children, combined with somatic, neurological disorders. Child psychiatrists, on the one hand, psychologists, teachers, on the other hand, do not have unity of opinion in relation to such concepts as "disorders of mental development", "psychosomatic disorders", "socialized behavior and emotional-behavioral disorders", "mental disorders associated with physiological disorders". assessment of mental disorders in children [41-46].

Mental developmental disorders identified in children in educational settings in education are mainly associated with mental developmental delay [47]. In recent years, the concept of a special (defectological) psychological-pedagogical approach to children with Zpr began to be less consistent with the requirements of the practice of psychological and pedagogical correction, since children significantly expanded the range of functional-dynamic deviations in mental health, which significantly affects the success of the school./ requires failure and appropriate forms of assistance [48-51].

Today, a rehabilitation approach with a differentiated system of clinical diagnostics, therapeutic

rehabilitation measures for children with borderline mental disorders, problems of adaptation to school remains relevant, which requires both new methodological assistance and a new consultation and diagnostic algorithm, as well as therapeutic measures combined with specific features of corrective and pedagogical measures. There are also deviations in bioelectric activity in children's home pupils [52-57]. They have been shown to have atypical functioning of neural networks - a decrease in basic rhythm strength and an increase in slow wave activity of the Theta and Delta bands [58].

Therefore, an in-depth assessment of mental health and further study of the characteristics of the bioelectric activity of the brain of children left without parental care is very important within the framework of the study of the health of children and adolescents [59].

The purpose of the study. Assess the psychopathological and neurophysiological profile of children who are in Support Centers for children left without parental care.

Materials and methods. A survey of 15 Centers for the care of children left without parental care was conducted, for a total of 516 children examined. Most of them were children left without parental care (individuals under the age of 18 who were left without a single or both parental care due to lack of parents or parental rights). This study used the following methods: clinical-psychopathological, psychometric, neurophysiological and statistical. Psychometric diagnostics were carried out using standardized screening methods: the Spielberger-Hanin survey, M. Kovach, Bassadarka poll, Leongard-Schmishek, suicide risk poll (t. N. Razuvaeva modification) and Raven test.

Of the 516 underage EEG studies, 328 foster children were conducted. The control group included 64 children raised in their biological families. By gender and age, the comparison group did not differ from the group of those examined. Registration of the EEG was carried out using a portable electroencephalograph-registrar "Ensefalan-EEG" (Russia) with 21 electrodes, with a discretionary frequency of 200 Hz. Spectral power figures have been recorded from 19 standard mounts. Spectral power (sm) was calculated for Theta, Alpha, Alpha-1 (low frequency), alpha-2 (high frequency), and beta rhythms. The frequency-amplitude properties and topographic distribution of EEG rhythms are studied using EEG spectral analysis.

This study was approved by the Ethics Committee and the relevant. Statistical processing of the data obtained was carried out using the standard set of statistical programs "Statistica 10.0" and R-Studio version 4.1.1. Using the Pierson chi-square ($\chi 2$).

Research results and discussion. Of the 516 children examined, 39,4% (n=203) were girls and 60,6% (n=313) were boys aged 10 to 17 (average age 13,6 ± 2,2 years). Most of the students have severe heredity in alcoholism of one or both parents – 86,6% (n = 447), respectively, these children were brought up in negligent conditions, and their parents were deprived of parental rights due to social lifestyle (alcoholism, inappropriate care for children).

The analysis of the clinical examination of children showed a very high prevalence of mental pathology. Thus, 69,4 percent of children (n = 358) have various mental disorders. Intellectual disorders are common (57,3%): organic mild cognitive disorders (F06.7), mixed specific developmental disorders (F83), organic non-psychotic disorders associated with mixed disorders (F06. 82); there are also behavioral and emotional disorders (42.7%): socialized behavior disorders (F91.2), depressive behavior disorders (F92.0), anxiety behavior disorders (F92.8), and hyperkinetic disorders (F90.1).

In the analysis of the psychopathological profile of children, the level of anxiety was assessed. Thus, situational anxiety was often found in an average of 63,9% (n = 330), with low and high levels of 19,4% (n =100) and 16,7% (n = 86), respectively. Personal anxiety is on average in most children-57% (n = 294), low – level only 14,2% (n = 73), and high-level-28,8% (n =149), that is, almost every 3-Child Orphanage has a high personal anxiety. Comparative sex analysis showed statistically significant differences between boys and girls: for example, high levels of personal anxiety were often found in girls – 37,4% (n = 76), compared to boys, whose index was 23,3% (n = 73) (p = 0.001).

Determining the level of depressive state showed that half (51,6%) of students in the Centers

studied had a mild to severe depressive state: 32% (n = 165) had mild depression in children, 6% (n=31) had moderate depression, and a clear depressive state was found in 13,6% (n = 165).70) children. It should be noted that there are also gender differences in the manifestation of a depressive state: in students, the depressive state is more pronounced – 18,7% (n=38) (p = 0,006) than in boys – 10,2% (n=32).

When studying the risk of suicide, first of all, such a factor as "maximalism" (infantile maximalism of value relationships, impressive fixation on failures) – 15,3% (n=79), in the second – "social pessimism" (a negative concept of the surrounding world, perception of the world as hostility, does not correspond to normal or satisfying ideas) was identified. 12,2% (n=63), and in the third – "breaking cultural barriers" (seeking cultural values and norms that justify suicide behavior or even make it to some extent attractive)-8,7% (n=45). The antisuicidal factor (a factor that alleviates the risk of global suicide) is manifested in only 26,7% of students (n =138), that is, in the vast majority of children examined (73,3%), antisuicidal attention is moderate or even low.

When assessing the level of aggression using the Bassadarka technique, attention is paid to the presence of a high level of aggression in 3.3% of children (n=17), on average – in 12,6% (n = 65) and at a low level – in 84,1% (n =434). At the same time, hostility (resentment, suspicion) was found at an average of 20,5% (n =106).

A comparative sex analysis showed that boys are slightly more aggressive than girls (p = 0,04; p = 0,01), but in terms of hostility, they are no different from each other.

When determining the type and severity of stressed personality traits, it was found that every 3rd student-37% (n=191) has one or another accentuation of the character. Often, hyperthymic, labile, affective exalted and excitatory types of character accentuation are identified. At the same time, accentuation trends in boys were slightly more pronounced – 56,5% (n=177; p=0,02), and character accents in girls – 45,8% (n=93; p=0,001).

When evaluating intelligence levels using Raven techniques, the following data were obtained: intelligence levels above average (IQ=100-110) were found in 10,8% (n=56) children; average (IQ=90-100) – 19.6% (n=101), average (IQ=80-90) – below 35,5% (n=183), threshold IQ=70-80– identified at 24,4% (n=126) and 9,7% of children below the threshold (IQ=50-70).

When spectral analysis is performed, the alpha rhythm in social orphans has a dominant focus in the parietal-Central and anterior parts of the brain, and its activity in temporal zones decreases. The dominant alpha rhythm was also found in the right hemisphere. The average sm for all cortical zones was 36.7 mkv, less than the average sm Alpha rhythm in the control group of 43.3 mkv. A comparative analysis with children living in families found a statistically significant decrease in Alpha rhythm in orphans in parietal centers (72.4 ± 66.9 and 105 ± 78.6; p = 0,0009) and mainly the posterior temporal parts of the right hemisphere of the brain (19.1 ± 1.2 and 30.6 ± 22.7; p = 0,0001). No significant differences in spectral power of low frequency alpha1 rhythm have been identified in orphans compared to the control group.

However, with regard to high frequency alpha2-rhythm, a statistically significant difference can be seen-thus, in children of orphanages, the alpha2-rhythm amplitude is lower than sm in all cortical zones, especially Central (10.1 ± 6.84 and 13.7 ± 8.12; p = 0,0006) and temporal regions (5,93 ± 6,03) compared to the control group and 9.81 ± 7.32; p = 0,0001). In the EEG core of orphans, the Theta rhythm was 33,9 percent on average among other rhythms, and this figure was statistically 30.9 percent higher than the control group (p = 0,03). The average SM value of the rhythm for all cortical zones was 30,0 mkv.

The Theta rhythm is most pronounced in the frontal and central regions. It should be noted that there are reliable differences in the percentage of Theta rhythm. Thus, theta activity in children of orphanages is statistically more pronounced in Central cortical zones-C3 (where 1 is control, 2 is the main group): 33.2% (1) and 36,6% (2) (p = 0,03); C4: 31,5% (1) and 36% (2) (p = 0,008); Pz: 23,7%

(1) and 29% (2) (p = 0,001); parietal in the regions – P3: 24,3% (1) and 28,8% (2) (p = 0,008); P4: 21,7% (1) and 25,9% (2) (p = 0,008) and in the occipital cortical zones-O1: 17,1% (1) and 19,3% (2) (p = 0,04); O2: 17% (1) and 19,9% (2) (p = 0,01). Comparative statistical analysis also showed reliable differences in beta activity between groups. Thus, statistically significant weakening of sm beta rhythm is observed in parietal-Central (23 ± 12.8 and 28.3 ± 13.9; p = 0,004) and temporal (9.37 ± 7.5 and 13.2 ± 7.67; p = 0,0004) cortical zones in orphans with respect to the control group.

Conclusions. Thus, comprehensive clinopsychopathological and neurophysiological analyses have identified various mental health disorders in children Care Center students who are left without parental care. High rates of mental pathology (69,4 %) were found mainly due to organic mild cognitive disorders, behavioral disorders and psychological developmental disorders. Every 3rd child of the children's home has a high personal anxiety, every 2nd-a mild and pronounced degree of depressive state. However, there are various factors that have a low risk of suicide. In EEG studies and spectral analysis, significant differences were found between EEG rhythms in orphans and children in families. For children left without parental care, the strength of the main Alpha rhythm is characterized mainly by a decrease in the rostral cortical zones, an increase in the specific severity of theta activity in the central zones, as well as a weakening of the beta Rhythm Force in the dark-centered and temporal regions. Such EEG symptoms may be an indicator of insufficient brain structures and dysfunction of neurotransmitter systems in orphaned children. In connection with the data obtained, it is important to early identify and correct psychopathological signs in children left without parental care and treat already existing mental disorders.

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