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Subject and tasks of psychiatry and narcology.

**Organization of care for
patients with mental
disorders.**

**General principles of treatment,
rehabilitation and examination
of mental illnesses and
disorders.**

- **Psychiatry** is a medical discipline that deals with the recognition and treatment of mental illness. Psychiatry (*translated from Greek - treatment of the soul: psuhe - soul, iatria - treatment*) – one of the most important branches of clinical medicine, which studies human-specific diseases that impede adequate adaptation to the environment and are the cause of improper, often dangerous behavior . Psychiatry studies the principles of diagnosis, treatment, as well as the etiology, pathogenesis, prevalence of mental pathology and the system of psychiatric ca



SUBJECT AND TASKS

- Recognition of mental disorders means not only diagnosis but also study of pathogenesis, course and consequences of mental illness. Treatment, in addition to the actual therapy, includes the organization of psychiatric drug treatment, prevention, rehabilitation and social aspects of psychiatry.
- The task of psychiatry - one of the branches of clinical medicine - is to study the origin and nature of mental illness, their clinical manifestations, treatment and prevention.



The tasks of psychiatry

- are:
- 1) study of the prevalence, conditions and mechanisms of occurrence, nosological structure of mental illness;
 - 2) early diagnosis, treatment and prevention of mental disorders;
 - 3) study of clinical manifestations and differential diagnosis of mental illness;
 - 4) conducting military, labor and forensic psychiatric examinations, implementation of measures for social and labor rehabilitation of persons who have suffered a psychological disorder;
 - 5) carrying out psychohygienic and psychoprophylactic (including sanitary-educational) measures among the population and in educational and labor collectives;
 - 6) organization of psychiatric and narcological assistance to the population;

The main sections of psychiatry

1. General psychopathology - studies the basic patterns of manifestations of mental disorders, etiological and pathogenetic factors underlying psychopathological disorders.
2. Special psychiatry - studies the clinic, the dynamics, the results of individual mental illnesses.
3. Age psychiatry - studies the features of mental illness at different ages (child psychiatry, adolescence, involution, late psychiatry - gerontology).
4. Organizational psychiatry.
5. Forensic psychiatry - solves issues of sanity, capacity and organization of coercive measures of a medical nature.
6. Psychopharmacotherapy - is engaged in the development and study of the effects on the psyche of drugs.
7. Social psychiatry.

The main sections of

psychiatry

9. Transcultural psychiatry - deals with the comparison of mental pathology in different countries and cultures.
10. Orthopsychiatry - considers mental disorders in terms of various disciplines (somatopsychiatry, psychosomatics).
11. Biological psychiatry (studies the biological basis of mental disorders and methods of biological therapy).
12. Sexology.
13. Suicidology.
14. Military psychiatry - studies the psychopathology of wartime and the procedure for conducting military psychiatric examination.
15. Environmental psychiatry - studies the impact of environmental factors on the psyche.
16. Psychotherapy.

Psychiatric care is provided to individuals on the basis of principles:

- legality,
- humanity,
- respect for human and civil rights,
- voluntariness (except as provided by law),
- accessibility,
- in accordance with the current level of scientific knowledge,
- the need and adequacy of treatment with minimal socio- legal restrictions.

The provision of psychiatric care in Ukraine is regulated by the Law of Ukraine "On Psychiatric Care" (February 22, 2000 № 1489-III).

The Law of Ukraine "On Psychiatric Care" defines the legal and organizational principles of providing citizens with psychiatric care based on the priority of human and civil rights and freedoms, establishes the responsibilities of executive authorities and local governments to organize psychiatric care and legal and social protection, training, suffering from mental disorders, regulates the rights and responsibilities of professionals, other employees involved in the provision of psychiatric care, social protection and training of persons suffering from mental disorders.

The structure of the organization of psychiatric care

I. Institutions of outpatient psychiatric care

1. Psychoneurological dispensaries:

- regional;
- urban;
- interregional and district.

2. Psychoneurological dispensary departments:

- as part of psychoneurological hospitals;
- as a part of somatic hospitals.

3. Psychoneurological offices in general somatic polyclinics:

- general;
- specialized.

II. Institutions of hospital psychiatric care

1. Psychiatric hospitals:

- regional and city;
- medical and labor prophylactics for patients with alcoholism.

2. Psychoneurological departments:

- as a part of psychoneurological dispensaries;
- as part of somatic hospitals and military hospitals;
- department for drug addicts.

3. Day and night hospitals.

4. Psychoneurological sanatoriums.

5. Homes for disabled psycho-chroniclers.

III. Social and rehabilitation institutions

1. Medical and labor workshops.
2. Special shops.
3. Boarding schools and schools for mentally retarded children.
4. Special schools for children with behavioral disorders.
5. Schools and groups for children with language disorders.
6. Teenage offices.

Tasks of the outpatient

Care

1. Provide all types of outpatient care.
2. Provide care at home:
 - immediate;
 - planned.
3. Carry out all types of examination:
 - judicial;
 - military;
 - different types of work;
 - abortion;
 - the opportunity to participate in elections;
 - intoxication (drug or drug addiction).
4. Early detection of patients.
5. Accounting for primary and recurrent morbidity.
6. Dispensary-dynamic accounting.

Tasks of the outpatient

Care

7. Accounting for the mentally ill among the population.
8. Communication with somatic hospitals and clinics, children's hospitals and adolescent offices, tuberculosis, venereological and endocrinological dispensaries.
9. Psychohygienic and sanitary-educational work:
 - medical propaganda;
 - visual agitation;
 - press, radio, television;
 - psychohygienic consultations.
10. Socio-legal assistance:
 - improvement of life;
 - improvement of working conditions;
 - legal assistance;
 - guardianship and patronage;
 - communication with social security bodies.

Tasks of a psychiatric hospital

1. Providing all types of inpatient care to patients.
2. Conducting all types of inpatient examination.
3. Development of specific medical and social rehabilitation recommendations for discharged patients.
4. Ensuring continuity with outpatient psychiatric institutions.
5. Carrying out preventive and sanitary-educational work among the population.

Tasks of social rehabilitation institutions

1. Use of residual capacity and acquisition of a new one specialties.
2. Social adaptation of patients.
3. Deepening remissions through occupational therapy.
4. Supportive therapy during work.
5. General and professional training of people with mental disabilities backwardness.

The psyche

- is a product of the development of living matter, a subjective image of the objective world, based on and through which happens orientation and leadership behavior.



PSYCH E



**MENTAL
PROCES
SES**

**MENTAL
PROPERT
IES**

**MENTAL
STATES**



- Mental processes are forms of subjective reflection of objective reality, through which the world is learned, knowledge and skills are acquired. Among them are: cognitive (feelings, perceptions, memory, attention, thinking, speech) and emotional-volitional (feelings, emotions, will).

- Mental properties are individual psychological features that will distinguish people, know their actions and motives.
- Mental properties include orientation, temperament, character and abilities.

- Mental states - characterize the temporary dynamics of mental activity, which affects the behavior and activities of the individual (eg, anxiety, tension, stress, attraction).

FIELDS OF MENTAL ACTIVITY

- Cognitive
- Emotional
- Effector-volitional (motor-volitional)



CLASSIFICATION OF MENTAL DISORDERS

Registers of mental disorders:

- **psychotic** (darkening of consciousness, delusional thoughts, hallucinations);
- **non-psychotic** (disturbance of emotions and motor-volitional sphere);
- **defective-organic** (violation of intellectual functions - memory and thinking due to organic pathology of the brain).

The International Classification of Mental Illness is based on two principles - nosological and syndromic.

MAIN TYPES OF MENTAL DISEASES

- clinical and psychopathological method;
- experimental psychological research (psychiatrist, psychologist);
- neurophysiological methods: electroencephalography (EEG), rheoencephalography (REG), echoencephalography (echo-EG);
- neuroradiological methods: (Computed tomography, magnetic resonance tomography);
- laboratory methods: examination of cerebro blood, urine.



- The treatment of mental diseases is divided into ~~treating~~ according to the objectives pursued and methods used. Like in other medical fields, depending upon its purpose, the following types therapy are isolated: etiological, pathogenetic, symptomatic, general health-improving, etc.
- Desintoxication in intoxication psychoses is an example of etiological therapy in psychiatry.
- Shock therapy in some forms of schizophrenia may serve as an example of pathogenetic therapy, i.e. the one directed at interfering in the mechanism of the illness development and interrupting its course.
- Symptomatic treatment is used for removing some distressing or dangerous manifestations of an illness.
- For instance, in order to rapidly remove acute anxiety, anticonvulsants (tizercine, Seduxen, phenazepam, etc.) are employed.

- **Controlling therapy** is directed at a rapid removal of severe acute manifestations of mental disorders (excitement, hallucinosis, etc.). Usual for such cases is parenteral administration of relatively large doses of psychoactive drugs, neuroleptics in particular. As soon as the acute manifestations are removed, the doses are reduced, the drugs are taken orally, and other medicines are used with a slower but more selective effect for certain disorders. Interruption of alcoholic delirium (“delirium tremens”) with intravenous infusions of Sibazone (Relanium) serves as an example of controlling therapy.

- **Maintenance therapy** is employed when an effect (from actual recovery to some improvement) has been achieved, but an absolute discontinuation of the treatment threatens with a relapse or aggravation of the state. Usually, reduced doses of effective drug preparations are used or potent medicines are substituted for with milder ones. A sudden discontinuation of maintenance therapy is often accompanied by the “withdrawal reaction”, the “withdrawal syndrome”, manifesting itself by both an aggravation of the mental state and autonomic disorders. Following discontinuation of maintenance therapy, relapses often occur not immediately, but 2–3 weeks later. Maintenance therapy is given during many months and years. In order to save the patient from a necessity to take medicines several times a day and to be sure that it regularly comes to the organism, long-acting drugs (“depot preparations”) are used. Intramuscular injections of such medicines are given once during 1–3 weeks (Moditen-depot, IMAP, etc.). Also, there are long-delayed oral drugs (pimozide, etc.). It is enough to take them once a day, as their absorption is slow. A shortcoming of long-acting drugs, particularly for intramuscular administration, consists in an impossibility, if necessary, to rapidly discontinue

- **Corrective therapy**, or employment of special medicines, is directed at removal of distressing side effects of psychoactive drugs (mainly in the form of extrapyramidal disorders). Most of these drug preparations, especially haloperidol, moditen, clopixon, cause parkinsonism-like disorders: tremor of muscles, constraint, etc., as well as fits of cramps in some muscles (those of the eyeballs, tongue, neck, etc.). To remove these disorders, a systemic oral taking of antiparkinsonian drugs are administered, most often this is cyclodole (Romparkin, Parkopan).

- **Preventive, or anti-relapse, therapy** is essentially a variety of the maintenance one, but it is given against a background of recovery or good remission. A break in the therapy does not always entail an immediate relapse. As an example, it is possible to mention treatment with lithium salts for manic-depressive psychosis; their regular use prevents development of the next phase.

- **The struggle with therapeutic resistance**, i.e. tolerance to a drug, addiction, which oftener develops in cases of chronic mental disorders and long-term treatment with psychoactive medicines, includes different special ways intended for augmenting effects of drugs or increasing the organism's sensitivity to them. These ways include aforethought breaks in the treatment with the resultant "withdrawal syndrome", electroshock therapy, etc.

General principles of treatment of mental illness

- drug therapy,
- psychotherapeutic,
- socio-rehabilitation measures.

Drug therapy

- includes use of all the medicines, psychoactive ones being among them, as well as hormones, enzymatic drug preparations, vitamins and other biologically active substances.



PSYCHOTROPIC DRUGS

- Neuroleptics.
- Tranquilizers.
- Antidepressants
- .
- Psychostimulants.
- Anticonvulsants.
- Nootropics.



REHABILITATION OF MENTALLY PATIENTS

- Treatment of the mentally ill is focused on restoring their individual and social status through rehabilitation measures.
- Rehabilitation is aimed at early and effective treatment of patients, prevention of their disability, timely and effective return of the sick and disabled to society, to work.

REHABILITATION OF MENTALLY PATIENTS

- differentiated treatment regimens,
- occupational therapy
- psychotherapy,
- therapeutic exercise,
- cult and art therapy (art therapy), special methods of social activation of patients (self-organization, self-service),
- career guidance,
- individual and collective forms of patronage

STAGES OF REHABILITATION

- medical,
- professional,
I,
- social.

Psychoeducation – gradually implemented the system of psychotherapeutic influences, providing information to the patient and his relatives about mental disorders and their training in co-ownership with the specific challenges posed by the manifestations of the disease.

The purpose of psychoeducation are:

- formation of patients and their families an adequate idea about the disease;
- reducing emotional stress caused by the fact, and the manifestations of mental illness;
- the decline in patients and their families, and the level of stigmatization self-stigmatization;
- getting patients to the role of pharmacotherapy and psychotherapy in the treatment, the possibility of side effects and control;
- teaching patients coping skills with the disease;
- education of patients and their families the ability to recognize early signs of worsening disease;
- correcting distorted social positions disease patients and their communication skills, improve signs of worsening disease;
- Increase of compliance;
- providing "psychosocial support"
- improving the quality of life of the

- **Mental hygiene** is a complex of measures for preservation and promotion of mental health, creation of conditions for normal development of the personality and for its optimum functioning.
- Mental hygiene studies environmental effects on the human mental health, reveals risk factors of mental disorders on job, in everyday life, public and nature, it determines and organizes ways and methods for their overcoming.
- A relation between psychiatry and social hygiene is exercised via mental hygiene. The latter is often connected with psychoprophylaxis, studying such factors as social-psychological, dysadapting and compensating for the psychic sphere.
- The modern stage in the development of the society is characterized by a sharp change in the conditions of man's life and higher demands to the state of his health, the level of his physical (biological) and intellectual functions. Typical for people today is reduction of their adaptive capacities and functional reserves of the organism, disturbances in the mechanisms of self-regulation; it naturally results in a higher morbidity rate of many noninfectious diseases and requires solution of the problems concerning their correction and prevention.
- The main task of mental hygiene is to create favourable conditions for an all-round harmonious development and realization of all mental faculties of people (good family, normal nourishment, a good material well-being, favourable living conditions, etc.).

The sections of mental hygiene are systematized with regard for comparative age-specific peculiarities of the psyche. The following aspects of mental hygiene are separated:

- mental hygiene of childhood,
- a child's playing activity,
- upbringing,
- education,
- youth, work, family, sexual life, marriage.

Psychotherap

- This is a systematic mental impact on the patient's consciousness with a therapeutic purpose or to correct his behavior.
- The goal of psychotherapy is to heal the patient from psychopathological symptoms within the framework of neurotic, characterological (personality) or psychosomatic disorders.



- The main tool in psychotherapy is the word, i.e. information, the purpose of which is to explain the causes and mechanisms of the disease, to persuade to revise their views on the traumatic situation and their condition, to instill new attitudes towards the future.



The leading **types of psychotherapy** are personality-oriented psychotherapy, behavioral, suggestion, self-hypnosis and casual psychotherapy.

Almost all types of psychotherapy can be carried out both in individual and group forms.



Thanks for your
attention

