Short Reports

SOCIAL HEALTH COHORT STUDY OF PEOPLE RECEIVING OUTPATIENT PSYCHIATRIC CARE DUE TO INCAPACITY DUE TO MENTAL DISORDER

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The report analyzes the medical and social parameters and some clinical aspects of outpatient psychiatric care incompetent people due to mental disorder.

The increase in quantity of forensic-psychiatric examinations occurring in the last two decades for the purpose of recognizing incapacitated citizens determines a need for deeper studying of clinical and social characteristics of this category of citizens. Moreover there are questions of social and legal security and improvement of quality of medical help provided to persons incapacitated owing to a mental disorder [1, 2, 3, 4].

According to our data obtained when researching Log-books of persons having mental disorders and recognized by court incapacitated, from 1991 to 2010, and 580 medical records of outpatients deprived by court in accordance with the established procedure of capacity and receiving out-patient psychiatric help in «Volgograd regional clinical psychoneurological clinic», in the city of Volgograd, the number of incapacitated citizens increased by 8,5 times in the studied period. Steadily the number of incapacitated adults listed on the dispensary account grows in out-patient establishments of psychiatric services. In 2010 across Volgograd region there were 2096 people, in 2011–2414 people, and in 2012–2474 people.

Of persons recognized by court as incapacitated, men and women were in almost equal quantity. The age of patients ranged from 18 to 90 years (middle age – 56,1 ± 19,6). The main number of incapacitated persons (69 %) on age constituted the most socially active part of the population from 18 to 55 years. At the point of research 53 % of patients investigated had a mental disease of more than 20 years duration.

Most frequently intellectual backwardness was the reason for recognition of incapacity, the majority of this nosological group being young men of 18–25 years. Schizophrenia was the second most common reason for deprivation of citizens of capacity. Amongst this group of patients the most socially active age group of 25–55 years prevailed, and consisted of a higher proportion of women. The third group of patients had a diagnosis vascular dementia and belonged to age group 56 years or more. Higher prevalence of women among this group can be explained by the longer average life expectancy of women in comparison with men.

Disabled people were 65 % of the interrogated persons within the first and second groups of mental disease, and 6,4 % in the third group. Of these 27 % were disabled due to a somatic disease. The greatest number of 45 % of incapacitated citizens 25 % – within 8–14 years had disability of 15 or more years duration. Disability of the majority of incapacitated citizens (42 %) was issued in connection with the early beginning of a mental disease, and they never worked.

When studying negotiability of patients in a psychoneurological clinic, in a residence, it became clear that 37 % of individuals incapacitated owing to a mental disorder attend the doctor without prompting (with the trustee), 30 % – visit a clinic only when called to attend, 23 % – do not attend a clinic, and 10 % refuse clinic visits (see the doctor at home according to the frequency of the established dispensary supervision).

The majority of sick (57 %) did not receive therapy, 22 % received therapy incidentally and 1,75 % received treatment only during hospitalization.

It became clear that 81 % of incapacitated citizens live together with their trustees, in 16 % of cases the incapacitated lives with other relatives (or persons who aren't relatives), and the trustee visits the patient. In 3 % of cases the incapacitated citizen lives alone, and the trustee visits him.

The difference in age of the trustee compared to the patient, in most cases, was more than 10 years (29 % of trustees were 10 years younger than the patient, and 38 % were more senior). In 15 % of cases the age difference was between 5 to 10 years, and only in 18 % of cases the difference in age of the trustee and the patient was less than 5 years.

In 88 % of cases trustees of the citizens deprived of capacity owing to a mental disease were relatives of the first line (parents, children, the spouse, brothers or sisters). In 9 % of cases relatives were of the second line (nephews, aunts, uncles, cousins, grandmothers and grandfathers), and in 3 % of cases were relatives of other degrees of relationship.

The high percentage of the trustees who are relatives of the first line can be explained by lack of any encouragement or personal benefit for the trustee. The closest relatives of the incapacitated citizen most often assume fulfillment of duties of guardianship, thus their care of the sick

relative is dictated by sincere intentions with no interest in personal gain. Within this contingent of trustees, any, even the most tactful invasion into their life from supervisory authorities is perceived extremely negatively. Obligatory reports in bodies of guardianship are perceived as personal humiliation.

Thus, today, it is obvious that the problem of medical and social rehabilitation of adults incapacitated owing to a mental disorder is highly relevant and demands further study, for the purpose of developing recommendations on improvement of quality of specialized psychiatric medical and social care provided, in order to increase social security of incapacitated and their trustees.

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