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PSYCHOSOCIAL SUPPORT FOR PEOPLE WITH MENTAL DISORDERS

Summary

This paper aims to perceive the processes of psychosocial support for people with mental disorders, working to increase ability and reduce negative reactions from the environment towards it. Respecting the developed standardized process of support for people with mental disorders, is the basis for achieving the planned goals with the patient. What helps in building a good practice is the theoretical development of psychosocial support of people with mental disorders and reflection of the role of the social worker involved in psychiatric institutions in the process of diagnosis, as well as the treatment and rehabilitation of people suffering from psychological disorders. The social worker collects patient data, such as information about the patient's family, family relations, education, employment, material, and housing status of the patient. Apart from that, they also participate in diagnosing the beneficiary with the multi-disciplinary team of the psychiatric institution.

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The individual plan for working with a patient includes activities with the patient and his family, in order to achieve strengthening and connecting with institutions in which the patient can exercise rights through continuous support from the social worker. Apart from the theoretical development of psychosocial support, this paper presents a practical example through the very process of assessment, planning with the set goals and activities, and their implementation.

The basic conclusion is that there should be a well-developed process of psychosocial support that will be implemented. This will cause positive changes in people with mental disorders, and the environment in which they live.

Keywords: *psychosocial rehabilitation, psychosocial help, social worker, patients, families.*

PSYCHOSOCIAL REHABILITATION

Psychosocial rehabilitation is not only “a basic form” of psychosocial therapy, instead, it has multiple significance. Rehabilitation is the central aim of clinical social work with sick and disabled people. At the same time, rehabilitation is a kind of “measure”, and as such, it is one of the most important basic forms of psychosocial therapeutic methods. All in all, rehabilitation has institutional significance, as a specialized therapeutic system within the framework of specific legislation. It is, at the same time the aim, the working form, and the institution. Therefore, rehabilitation in its tasks and fields of work, in many areas, is in close relation with clinical social work.

Most of the definitions regarding psychosocial rehabilitation are oriented towards the emphasis of individual capabilities and capacities of people with mental disorders, protection and promotion of human rights, promotion of the legal framework, development of services for mental health in the community, the needs of these people and their families for their active inclusion in social runnings and using of resources and services in the community.

Benedetto Saraceno finds that the vision of psychosocial rehabilitation is to fully include people with mental disorders in society through sensitizing local authorities, through creating new legislation, overcoming old asylums, establishing comprehensive services for mental health in the community, inclusion, activating resources in the community, including the families in the process of rehabilitation, developing individual programs for social inclusion of rehabilitation all together with the users of such.

Psychosocial rehabilitation is not always necessary, but it can be a helpful part of a comprehensive treatment program. By promoting recovery, improving quality of life, and fostering community integration, psychosocial rehabilitation can be an essential resource for those who have been diagnosed with a mental health condition. Such services can help individuals develop skills, identify strengths, and improve their capacity to be successful in their life, work, and relationships.¹⁸

If we accept the classical scheme of the World Health Organization:

Disease - Damage – Disability - Handicap

It can be said that the rehabilitation works on disability and handicap, by trying to influence their origin. In some cases, it can influence even its decrease. It needs to be clarified that the disability influences the patient, but the handicap influences the society. In other words, the disability is reflected in the psychosocial and behavioral performance of the patient, and the handicap is related to the reactions of the society towards the patient.

Psychosocial rehabilitation has to work on both sides, to increase the ability of patients and to reduce negative responses of the society towards the patient. The psychosocial rehabilitation approach, which does not anticipate these two important aspects, will be ineffective. The program on psychosocial rehabilitation should also be rationed with different dimensions, where, at the same time, the disability and handicap are presented.

18 Kentra Carry, "Psychosocial Rehabilitation in a Public Psychiatric", <https://www.verywellmind.com/psychosocial-rehabilitation-4589796> (accessed on 22 October 2019)

There are three such dimensions:

1. Life conditions (Alisky & Iczkowski, 1990; Baker & Douglas, 1990; Brown, 1991; Hodgins, Cyr & Gaston, 1990).
2. Social production (Cohen, 1990; De Leornadis, Mauri & Rotelli, 1994; Harding, Strauss, Hafez & Lieberman, 1987; Lang & Cara, 1990).
3. Social Network (Andrews, Teesson, Stewart & Hoult, 1990, Balukas & Baken, 1985; Jones, Robinson & Golightly, 1986).

Often the simple activities of socialization that cannot effectively predict these three dimensions, are marked as rehabilitation. People with disability have the need for effective transformation on these three dimensions.

JOINT GOALS

From the beginning itself, psychosocial rehabilitation was and still is between the role of the non-specific acceptance and the specific technique. With the aim to avoid this, the acceptance of the approach to public health seems to be obligatory. In such an approach, the advantage is given to the services that psychosocial rehabilitation provides, not to the very procedure for psychosocial rehabilitation. The acceptance of joint clear goals for each of the psychosocial rehabilitation activities seem necessary and taking the more formal and essential rights for people with disability will lead to the decrease of the handicap.

Psychosocial rehabilitation is a process that relieves the possibilities for people with disadvantaged health to achieve the optimal level of independent functioning in the community. This also implies improvement of the capacity of a person, but also causes changes in the community with the aim of creating the best quality of life for persons with mental illness, or for those who have decreased mental capacity, which implies a certain level of handicap. Psychosocial rehabilitation is defined by the World Health Organization as a process that provides possibilities for people with disabilities, certain mental disorder to achieve the optimal level of independent community functioning.

This also implies improving the abilities of individuals and introducing changes in the environment in order to create the best possible quality of life for people with mental health problems (World Health Organization, 1996). This crucial document provides a unique set of basic leading guidelines that do not annul the cultural and socio-economic conditions in the world, and highlights the possible common goals of psychosocial rehabilitation:

- Reduction of symptomatology through appropriate pharmacotherapy, psychological treatment and psychosocial intervention;
- Reduction of unfavorable physical and behavioral consequences;
- Improving social preparedness by strengthening individual social abilities, psychological opportunities and working function;
- Reduction of discrimination and stigmatization;
- Creation and maintenance of long-term social services, covering at least the basic needs related to housing, employment, social networks and leisure, and
- Strengthening people with mental illnesses by strengthening their own and the autonomy of those who provide help, and strengthening the opportunities for their own advocacy.

This complexity and diversity of goals makes psychosocial rehabilitation one of the most interesting and fascinating aspects of mental illness because it is among the crucial bridges between technical and socio-political actions. And we are always in this situation when we are struggling to improve the quality of care (in hospital or elsewhere), when we are looking for work for people with mental illness who want to work but are out of the labor market, when we work on developing a community network, when facing poverty, when we are fighting for the rights of immigrants with mental illnesses, and more.

Research shows that the success of rehabilitation depends on the connectivity of people in the community either with their family and/or the network of social support, with it achieving common understanding for his/her mental disorder and gaining a joint approach to it (Ментално здравје во заедницата, 2006:36).

If we have hope for psychosocial rehabilitation for the future, we should think of developing mental health services, helping people with mental illness to be properly treated and seriously supported in their communities. These types of services have nothing to do with hospitals and have very little connection with medical treatment. In other words, psychiatrists should be important consultants in mental health services, but it is not necessary for them to be owners or leaders of the same.

Hence, we can conclude that psychosocial rehabilitation represents a comprehensive approach to people with mental disorders which enables their integration in society. To achieve this goal, it is necessary every country to secure and develop an integrated and good quality system of mental health protection for these people.

PSYCHOSOCIAL SUPPORT

Psycho-social help is directed towards the needs and problems of people with mental disorders and their families appearing from the interaction they have in the area of their primary and secondary environment. The psycho-social support offered by the social workers employed in the health system implies a process of physical and mental strengthening of the individual and their family and their social environment as they would in themselves and the environment find the strength or way to face the stress and include everyday life (Lakic, Popovic, Jovanovic, Hasecic, 2012). The social worker achieves psycho-social support through previously planned psycho-social interventions, determined with the individual plan for work with the patient, in cooperation with the interdisciplinary team in psychic institutions, through direct inclusion of patients, their families, and if needed the community.

Psychosocial support for patients with mental disorders should respond to as many needs related to the illness of patients and their families, and it is therefore planned in numerous forms and interventions.

Psychosocial support is applied through planned forms of psychosocial intervention.

Psychosocial interventions are non-medical interventions aimed at facilitating the treatment process in a way that enhances the ability of patients and their families to cope with the health crisis more effectively.

Psychosocial support includes rehabilitation that encourages the development of cognitive, functional, communication and social skills of patients in order to improve the quality of life. It can take place on an individual level or in a group and on a social level.

At the individual level it promotes social change, solving the problem through interpersonal relations and strengthening the beneficiaries' capacity to improve their quality of life. Psychosocial support in the group contributes to the improvement and maintenance of interpersonal relations between patients, eliminating the negative impact of institutionalization, improving communication, enriching social life, improving social interaction among patients, developing community, learning and improving social and communication skills, manifestation of hidden and suppressed feelings, feeling of belonging, modification of preoccupation with their own state and psychological isolation, reduction of anxiety, acceptance of one's own individuality, acceptance by others.

At the social level, it refers to reducing the stigma, discrimination and inclusion of patients in the overall social life.

SOCIAL WORK IN A PSYCHIATRIC INSTITUTION

Social work is focused on strengthening and improving the personal, family and social well-being of the patients through securing of proper forms of protection, reestablishing or improving of the relations between the patient and the environment and giving help to patients so they can solve or be able to solve their problems.

Modern approaches of treating health and the diseases are being more and more analyzed and treated with the holistic aspect, which emphasizes not only the importance of the medical factors, but also social factors, which are considered very crucial for the quality of people's lives. The social-health bond is becoming more and more obvious in the treatment of people with acute and chronic mental diseases, but also in the part of preventive health protection of mental disorders. Therefore, the need for professional action in social work in psychiatric institutions on a global and national scale is becoming more and more obvious at all levels of social protection.

A great number of authors point out the connection and the need of health and social workers in the treatment of people with mental disorders.

This need is more and more present with the reforms implemented in many countries in the area of mental health, where traditional hospital treatment is replaced with "care in the community".

What is common for health and social workers in the health system is "for the sick person to get better as quickly and fully as possible so he/she can get back faster to normal life, his/her family, the work place, i.e. manufacturing" (Halimi, 1989:243).

The social worker in health institutions works as an expert cooperater, where they participate in all phases of the work with the patient and his family. The social worker is an essential part of the multi-disciplinary team in psychiatric institutions, who through their professional work and support, provide activities and services that correspond to the needs of patients in different areas - assistance in problems of interpersonal relations and communications, planning individual and group activities, assistance in securing housing, assistance in exercising their rights and support in the area of caring for their family and social functioning.

Since team members are of different professions, it is necessary to have knowledge from other professions in order to achieve a comprehensive approach to addressing patients' problems, especially in the process of planning individual treatment plans, mutual information exchange, and coordination of the services in the treatment and rehabilitation process.

The tasks done by the social worker in the treatment of patients in health institutions are different and depend on the place and role he has in the health protection of a certain type of patients and the type of treatment applied.

According to Krgovic (1998), the tasks of the social worker in health institutions include:

1. Work with the patient on solving his issues, overcoming difficulties and problems which can appear as an obstacle for successful treatment;
2. Work with the environment and mobilization of the environment for their inclusion in the treatment. Therefore, the task of normalizing the situation in the family is very important, development where possible and good interpersonal relations.
3. Keeping contacts with the work and wider social environment of the patient (Cekeravac, 2007: 33).

As methods of work with the patient, the social worker uses: the method of social work with an individual, the method of group social work and the method of social work in the local community.

The role of a social worker in psychiatric institutions is of great significance in treatment, especially in *diagnosis, therapy and rehabilitation*.

The social worker must be capable of diagnosing, predicting, and therapeutically assisting the person with psychological disorders, in which case they should always care for application in the psychiatric treatment of individual and group social work. The very fact that the basic subject of social work is the social functioning of the person, the humane and interdisciplinary approach of social work as science based on certain professional and methodological support, proves the social worker's obligation, which is oriented towards the improvement of the social status of the patients in the promotion and protection of his health, and to facilitate their functioning in the community with continuous cooperation with the multidisciplinary team in the psychiatric institution and the families of patients.

In the **diagnosis** phase, an interview is conducted with the patient in order to obtain hetero-anamnesis data for the patient and their family, in order to obtain insight into the patient's condition after their admission to the psychiatric institution, to assess individual needs in the context of the current situation, to make functional assessment of how the illness affects the life of the patient and their family, to identify the social risks and to choose the therapeutic procedures that will be applied in the treatment and rehabilitation phase, and to obtain the necessary social documentation for the patient and to advise the family members, the work organization for the reception of the patient and the course of the treatment.

In the **treatment** phase, psychosocial intervention, techniques for individual and group therapy and systemic family therapy are applied. The tasks of the social worker have a mediating and supportive role. Therefore, through the provision of professional support and support in the realization of the rights of the social and health care, the application of social interventions to overcome the current social problems of the patient are completed through: representing the interests of the patients in institutions the system in relation to their realization, advising the patients, members of their families and working organizations if the patient is employed.

This helps the patient in relation to the use of the resources that are present in the community, which will help them to heal, improve social functioning and increase the quality of life. During the treatment phase, it helps to address the patient's problems (family, residential, material) that endanger their social functioning.

The interventions are aimed at helping the individuals become independent in solving the problem, marriage counseling, counseling, referring, psychosocial support, connection with the resources of the system in the community where the patient lives.

The social worker is directly involved in the **rehabilitation** of the patient, which is a complex process, depending on the gravity of the person's illness with psychological problems, which helps them function individually in the social, family and working environment (Илиевски, 2013: 75-76).

Patients and their families are supported in the use of resources and services in the community by linking them to social support systems in order to reduce the need for their re-hospitalization, stigmatization and integration into the community.

EXAMPLE

S.M. is a patient at the age of 36, who has completed secondary education, and is unemployed. From 2008 to 2011 she worked in her own business, which was closed when she became pregnant with her first child. She is married and her husband is 37 years old. He has two daughters, aged 5 and 3. They live in a family house together with the husband's parents, but on a separate floor, in a separate household.

There's a conflicting relationship with the husband, she did not let her husband go out with the children, forbidding the children to have contact with his parents. She behaved aggressively towards her husband, threatened to kill him, forbade him to enter the home. The police intervened and she was advised to seek medical help. The husband talked to her on few occasions, asking her to seek medical help, but she refused. He reported the negligent aggressive behavior towards him and their children to the Center for Social Work. Professionals tried to get insight into the home, but were kicked out by her. The Center for Social Work proposal has been submitted, and the measure for the protection against domestic violence has been imposed by the court.

She arrived at the psychiatric institution with police intervention. The husband and his parents do not have any understanding of her psychological state, especially, the parents who think that their daughter-in-law's illness does not have a real basis, that there is influence of some "external forces".

Regular contacts were made with the employees at the Center for Social Work about the patient's health condition, as well as the cooperation with her spouse and parents.

INTERVENTION PROCESS

Assessment

An assessment by the social worker of the patient was made in relation to determining her individual needs, including in several areas: income, home/accommodation, employment, marriage/family, education, social protection, interpersonal relations and free activities;

- In the assessment, the following techniques were used: interview for receiving hetero- anamnesis data for the patient and
- Genogram.

As methods of work with the patient, the social worker has used: the method of social work with an individual, the method of group social work and the method of social work in the local community.

Identified Risks

- Health (the patient with mental disorder);
- Dysfunctional relations with the members of the primary and secondary family;
- Irresponsible parenting and aggressive behavior towards the children;
- The possibility of divorce and
- Unemployment.

Planning

An individual plan was developed by the social worker where priority goals, activities and expected results in the treatment with the specific time frame of their implementation were set.

Objective of treatment: Improving her psychological state, support by the members of the primary and secondary family in the treatment of the patient, improving the relationships with family members, strengthening parental responsibilities and competencies with her children and the opportunity for employment.

Activity 1: Inclusion in individual treatment twice a week;

Activity 2: Include in group treatment once a week;

Activity 3: Informing the Centre for Social Work about the course of the treatment of the patient;

Activity 4: Psycho-education of the patient for regular treatment of medical therapy and regular check-up after hospital treatment (once a week);

Activity 5: Psycho-education of the members of the family for regular treatment of medical therapy and regular check-up after hospital treatment (once a week) and

Activity 6: Notification for the option of employment.

Date and time of realization

The interventions by the multi-disciplinary team were made in a time period of two months. The first month while the patient was hospitalized in a psychiatric institution, while the second she was in a daily hospital treatment in the psychiatric institution.

Expected results from the treatment

In the course of the treatment with the patient, the following results were achieved;

Task 1: Patient participated in individual treatment;

Task 2: Patient actively participated in the group treatment;

Task 3: The Centre for Social Work was regularly informed about the treatment of the patient by the social worker from the psychiatric institution;

Task 4: Psycho-education of the patient for regular treatment of medical therapy and regular check-up after hospital treatment;

Task 5: Psycho-education of family members for regular treatment of medication and regular check-up after hospital treatment and

Task 6: The patient was informed about the option of her employment.

Unfulfilled results of the treatment

During the daily hospital treatment, the patient was given information on the possibilities, the convenience and the advantages for her employment by the social worker in the psychiatric institution and the employees in the Agency for employment. The patient did not show interest and motivation for her inclusion on the labor market.

Psychosocial support in treatment

The social worker worked in the direction of protecting, re-establishing or improving the relations between the patient with her primary and secondary family and with the social environment, as well as strengthening her personal abilities and capacities in solving the everyday problems she is facing and her involvement in everyday life.

In the part of the psychosocial support, the social worker worked on the following aspects of the patient:

- In the part of the individual treatment plan with the patient, activities were undertaken in the direction of accepting the disease by the patient and the members of the primary and secondary family. In this section, the social worker faced problems that are related to the acceptance of the disease by the patient and both the spouse and parents;
- Psycho-education of the patient was directed towards regular treatment of medical therapy and regular check-ups;
- Psycho-education of the patient's spouse and her parents for regular treatment of medical therapy and regular check-ups. In this part the whole multi-professional team was included, because the patient, her husband and her parents did not care for regular use of the therapy;

- In the part of the patient's involvement in the group treatment, her capacities and potentials in the area of improvement of interpersonal relations with other patients and the relatives with her family members, which will enable it to improve her family functioning, was strengthened;
- Regular contacts have been made with the Centre for Social Work for the patient's health status, as well as for the cooperation of the husband and her parents with this social institution;
- Strengthening the cooperation of the patient with the multi-professional team;
- Increasing the motivation for involvement in the treatment;
- Establishing positive patient relations with family members and overcoming problems within the family;
- Parental responsibilities;
- Strengthening her social skills;
- Inclusion of psycho-social support programs outside the hospital treatment;
- Organizing free time activities and
- Employment opportunities.

CONCLUSION

Through psychosocial rehabilitation of people with mental disorders, their strengthening, improvement of their functioning and improvement of their quality of life is achieved.

Psychosocial support refers to one-off or continuous: psychological, social, and legal types of support that can be offered to people who are in health-related crisis situations.

The forms of psychosocial support arise from the specifics of the type of mental disorders, the psychosocial needs of patients, and their families, the opportunities of the community to provide adequate support and the legal framework.

With the development of community mental health services, adequate treatment and integration of people with mental disorders in the local community is ensured.

Psychosocial treatment of people with mental disorders is accomplished with the participation of multi-disciplinary team that enables these people to overcome their problems, integrate in their families and the social

environment, in accordance with their individual needs and capacities planned and realized according to the Individual Plan for the treatment of a person with mental disorder. Analyzing the practical example with the patient in this paper, it is confirmed that the psycho-social support is based on team approach in a hospital and daily hospital treatment through active inclusion of the patient and her family.

With implementation of psycho-social support, the patient is given a better-quality life which enables strengthening of her emotional state, improving relations and communications with her family and her better social inclusion and functioning.

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PSIHO-SOCIJALNA PODRŠKA LICIMA SA PSIHIČKIM BOLESTIMA

Sažetak

Rad ima za cilj da sagleda proces psiho-socijalne podrške licima sa psihičkim problemima sa kojima se radi na povećavanju sposobnosti i umanjivanju negativnih reakcija okoline na njih. Insistiranje na razvijenom, standardizovanom procesu podrške licima sa psihičkim smetnjama, osnov je za ostvarivanje ciljeva sa pacijentima.

Sa teorijskom razradom psiho-socijalne podrške licima sa psihičkim smetnjama i aktivnom ulogom socijalnog radnika koji će biti uključen u psihijatrijskoj ustanovi, u proces dijagnoze, tretmana i rehabilitacije lica koje ima psihičke smetnje, gradi se dobra praksa. Socijalni radnik sakuplja podatke o pacijentu, njegovoj porodici, odnosima u okviru porodice, obrazovanju, zaposlenosti, materijalnom i stambenom statusu pacijenta i učestvuje u dijagnostici korisnika kao deo multidisciplinarnog tima psihijatrijske ustanove. Sa gotovim individualnim planom rada za pacijenta se planiraju aktivnosti za njega i njegovu porodicu, sa ciljem da se postigne jačanje i povezivanje sa institucijama u kojima pacijent može da ostvari prava i niz kontinuirane podrške od strane socijalnog radnika. Pored teorijske razrade psiho-socijalne podrške, u ovom radu je prikazan praktičan primer, proces procene, planiranje sa postavljenim ciljevima i aktivnostima i njihova implementacija.

Osnovni zaključak je da treba da postoji dobro razrađen proces psiho-socijalne podrške koja će se implementirati i koja će izazvati pozitivne promene kako kod lica sa psihičkim smetnjama tako i u sredini u kojoj žive.

Ključne reči: *psiho-socijalna rehabilitacija, psiho-socijalna pomoć, socijalni radnik, pacijenti, porodice*

