Social Work foundations in mental Health Care – quantitative Research

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Original Article

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Abstract:

Aim. In the theoretical-empirical contribution, the author presents and identifies mental health care in connection with social work, its methods of activity and ways of implementing the work. The author analyzed the basic conceptual definitions that are inherent in social work in a psychiatric day hospital. She also pointed out specific work procedures of a social worker in a psychiatric day hospital.

Methods. In quantitative research, the author uses the SQUALA self-assessment questionnaire to determine life satisfaction in people with mental problems who have completed hos-

pitalization in a specialized outpatient psychiatric care facility. 70 respondents were approached for the research. Based on the selection of individual partial results of the quantitative research, the author evaluated the most important emotional and internal values in women and men in the average age category of 43 years. The total quality of life score was given by the sum of individual scores within 23 areas. Respondents had the opportunity to choose an answer within the questionnaire items, assigning importance to individual items within a range of eight values.
Results. The main indicator of satisfaction with the level of fulfillment in the life of a person with mental disabilities is the discrepancy between meaning and fulfillment. The author points out the priority areas of life down to the least important values that occur in the lives of respondents. At the end of the empirical part, the author evaluated the established hypothesis.
Conclusion. A person with mental disabilities must have all basic life needs ensured, even during hospitalization or placement in any facility, in accordance with the duties and obligations of the person guaranteed by legislation. The basic element of care for a person with mental illness is efficiency, concentration and ensuring the maintenance of social relationships. At the end of the empirical part, the author also points out the extensiveness of the research carried out, and it would be encouraging to expand the research based on the SQUALA questionnaire to include further investigations using the WHOQOL-BREF and WHOQOL-100 quality of life questionnaires.

Introduction

Psychiatry and social work have in common that they are both sciences that deal with people and their individual or social problems (41). Both disciplines aim to help people improve their relationships with others. They also express interest and understanding for the client's feelings and problems, which they try to guide in an appropriate way (6).

Social context when working with people with mental illness

When creating and organizing services for people with mental illness, the social context plays an important role in prevention, treatment and rehabilitation. In addition to medical and psychological care, support for the mentally ill is also important in overcoming social isolation, stigmatization, support in acquiring and developing social skills and abilities, support in engaging in meaningful work as actively as possible, and support in returning to the natural environment as painlessly as possible. These tasks are related to issues of housing, employment, or return to employment, or meaningful use of leisure time. All of this can work, especially if the client is encouraged to be active and self-directed and at the same time if the clients are empowered and strengthened in useful self-help. At the same time, however, it is necessary to focus attention on the methods and quality of interactions between clients, their relatives and the wider society. Focusing on the above-mentioned social needs becomes the primary task of the social worker as a member of a multi-professional team (3,4, 25).

The value, political and theoretical basis that the social worker holds, and the paradigm of understanding social problems that he adopts, together with others, determines the approach from the theory of social work he chooses and subsequently how he relates to the client and his

social field. In this chapter, we will focus our attention on the variety of social work methods in relation to people with mental disorders .

Methods of social work with people suffering from mental disorders

The role of a social worker in the most general sense is to map and identify the client's needs, map and identify the client's individual, social and systemic resources, conduct and evaluate case social work with a focus on fulfilling the client's social functioning in their social roles and social institutions. The focus of a social worker is therefore framed not only thematically but also contextually (7).

A radical social worker will probably agree with the ideas of the anti-psychiatric movement, understand individual problems as a consequence of social disadvantage and, in practice, will probably use more methods of social activism, community action, case representation, a therapeutically oriented social worker will prefer to look at the problem from the position of the client's individuality and will use one of the psychotherapeutic or sociotherapeutic models in his work (62, 12).

Social work has an irreplaceable place in psychiatry. It is an integral part of treatment and preventive care and complements nursing and medical care in order to achieve comprehensive, if possible, lasting treatment success. The basic goal is to examine and help solve the situation in the family, school, workplace and social environment – disturbed relationships and situations that have arisen in a person's life as a result of health and socially undesirable changes (29). As with other clients, we distinguish three basic areas of social work for psychiatric illnesses – individual, group and community.

Individual social work

Individual social work is the basic method and the most widely used method of social work. In individual social work, the social worker encourages the client to self-confidence, mobilizes inner strength and, at the same time, evaluates the possibilities of solving the client's problem. Case-based, individual social work is a process that includes diagnosis, intervention and case closure. The social worker, together with the client and his rehabilitation team, draws up a rehabilitation plan, participates in planning therapeutic goals and also provides specialized services necessary to overcome the limitations caused by the illness itself and the client's social situation (24, 25).

In this form of social work, it is extremely important that the social worker knows his client as well as possible, has all available, significant information about him, such as health status, family life, economic, housing, cultural and social background, as well as his life events, plans and wishes, in order to be able to help him professionally (48, 39). In addition to the client himself, the social worker also works with the client's family and surroundings. Last but not least, the social worker supports the process of healing, treatment, when the psychiatric patient/client also cooperates with other professionals, learns to accept himself and at the same time accepts his illness (55, 40, 75).

Case-based social work is a method in which a social worker focuses on supporting the client's healthy aspects of their personality. It does not rely on the client asking for help themselves; the social worker offers help. The aim of their work is to help them maintain or find suitable employment, friends, and hobbies. Such help and support leads people with serious, long-term mental illnesses to change their attitudes, learn, and improve their life situations (71, 88, 93, 94).

Group social work

In outpatient and residential care for people with mental disorders, we can find a wide range of professional intervention options in the field of group work. Participants in group work are people with mental disorders or their family members. As an example, we can mention social counseling, which helps the client in solving his difficulties, but at the same time, counseling can serve as help for family members in overcoming their problems in caring for a family member suffering from a mental disorder (19, 10).

Group social work plays an irreplaceable role in working with people with mental disorders. Leading a group is one of the most important competencies of social workers in the health

sector. The goal of group social work is to share problems and experiences with other people, group participants.

According to the focus, we know several types of groups, for example:

- Homogeneous groups (adolescents, people addicted to alcohol and other psychoactive substances, or a group of abused women).
- Groups created to achieve a certain goal (where specific problems are solved).
- Psychotherapeutic group (the treatment method is group dynamics and interaction between group members (48).

The difference between individual and group social work is that while individual social work intervenes in a specific client's environment, group work supports a person in their social relationships, i.e. as a social creature who is constantly part of a social group throughout their life (family, work, school, environment - surroundings, etc.), therefore, group work uses mutual influence, group dynamics as a means of socialization (76).

Group social work - mainly educational (22), recreational and social activities supporting change are carried out here. The content of such work is various topics and activities proposed by group members or group leaders.

Self-help groups - the main goal is to support mutual assistance between group members and achieve group independence (so-called self-help groups).

Group therapy – a treatment method that uses the therapeutic potential of each group member, especially suitable for the treatment of addictions, psychogenic disorders and personality disorders.

Basic activities of a social worker for people with mental disorders

The role of a social worker is to provide targeted assistance to the client - such as finding contacts or providing information that a mentally ill person needs at that moment. A social worker provides professional advice to the client in the area of social assistance and social care (processing disability pensions, sickness benefits, employment support for disadvantaged people, housing options, necessary rehabilitation, integration into everyday life, legal assistance options, assistance with placement in a social service facility) (60). In addition to this targeted assistance, a social worker can also provide the client with targeted, specific social intervention, such as family counseling or family psychotherapy. Naturally, it also supports the client's positive, healthy attitudes and their overall active approach to problem solving (61, 77). The primary activities of clinically oriented social workers are social counseling and psychotherapy.

Social Counseling

Social counseling (49) is one of the components of the client's social rehabilitation. It involves providing counseling regarding available social services, communication with authorities, but also advice focused on other areas of the client's daily life. Social counseling intended for people with mental disorders is provided in hospitals, psychiatric clinics, day care centers, civic associations, but also in the form of field social work, which includes visits to clients' homes (8, 2).

The current Slovak legislation defines social counseling according to Act No. 448/2008 – Section 19, as amended, as follows: "Social counseling is a professional activity aimed at helping a natural person in an unfavorable social situation. Social counseling is provided at the level of basic social counseling and specialized social counseling. Social counseling is a set of activities that are intended to lead the client to an independent, responsible solution to their own problem, which arose as a result of the collision of the client's aspirations with social reality (85)." According to Příhodová in Schavel and Oláh (71), in social counseling, the word social means social in the sense of an effort to improve or change social conditions, but also in the sense of care on the part of society, aimed at securing its citizens in the social area. Specific attention in the presented work is paid to counseling in the field of health, which is provided to the client / patient himself with the aim of improving his life and that of his family, and is also implemented preventively, with a focus on preventing the emergence or worsening of specific health problems in him.

Social counseling for people with mental disorders serves to prevent, repeat or worsen health and social problems of clients, but in addition it also fulfills an important preventive role. As in other areas, prevention is always more effective, efficient, cheaper and less painful than repression.

Psychotherapy

A social worker must also have certification training in psychotherapy. Since the second half of the last century, psychotherapy has developed rapidly as a scientifically based therapeutic activity. Doctors, especially psychiatrists, psychosomatically oriented doctors from other fields, clinical and other psychologists, social workers, therapeutic and special educators have contributed significantly to its development. Psychotherapy is generally defined as treatment by psychological means. It is stated that it is an interaction between one or more patients and one or more therapists, it is carried out for the purpose of treating behavioral disorders or states of suffering with psychological methods and techniques, while the goal is defined and the basis is a certain theory of normal and abnormal behavior (30, 3,4). The condition for inclusion in certification training in accordance with Annex No. 1 to Government Regulation No. 322/2006 Coll. of 3.5.2006 and the Gazette of the Ministry of Health of the Slovak Republic No. i - 004 of 1.3.2006 is in accordance with the applicable legislation (87):

- second-level university education in the following fields: general medicine, nursing, psychology, special education, therapeutic education, social work,
- and preparation for work in the health sector for graduates in the field of psychology, special education, therapeutic education, social work.

Social work has many points of contact with psychology:

- both focus on the client and his problem,
- deal with relationships in society, thought processes and emotional states of the client.
- A social worker deals primarily with the area of the client's social functioning and looks for possible solutions both in the client himself and in his immediate environment and in society.
- Psychoanalysis also appears to be the basis for the diagnostic theory of social work, which later established the method of individual psychosocial work (43, 11).

Psychotherapy is a purposeful and systematic treatment process in which treatment goals are set, with the intention of eliminating or controlling bothersome and unpleasant symptoms through psychological means so that the patient or client can return to their original normal functioning. The goal may also be to help overcome a specific problem, symptom, or difficulty. Therapy is a professional and intentional form of applying clinical methods and interpersonal attitudes, and may take the form of regular, usually 45 to 50-minute sessions, during which the patient and the therapist try to identify problems, learn to manage them, and gradually overcome various emotional and mental problems. Its essence is the psychological principles that are applied in its course and has not only a curative, but also a prophylactic and rehabilitative character (44).

"A psychotherapeutic relationship is actually a social contact. It includes interpersonal relationships and their special form – personal contact" (42). Within psychotherapy, the specialist who applies it to patients uses exclusively psychological means.

Day psychiatric hospital

The frequent occurrence of mental disorders and illnesses in the population has created the need for specialized professional psychiatric care in accordance with new trends in mental health care (44). Today's modern psychiatry, in accordance with the bio-psycho-social model of understanding disease states, emphasizes not only biological, but also psychotherapeutic and sociotherapeutic methods in the approach to patients. Throughout the EU, there is a tendency to move from traditional treatment of mental disorders in specialized health institutions to comprehensive community treatment (24).

A psychiatric hospital is a specialized outpatient psychiatric care facility in which patients with mental disorders are provided with com-

prehensive psychiatric treatment during the day. The aim is to improve the patient's health status, thereby enabling their return to their original working and social environment. Day psychiatric hospitals are established in Slovakia based on the Methodological Guidelines for the Establishment and Operation of Psychiatric Hospitals, issued by the Ministry of Health of the Slovak Republic in 2006 (18).

The main goal of day hospitals is to provide accessible, yet comprehensive psychiatric care and full reintegration of people with mental disorders into society and the work process.

Other goals are:

- reduction and elimination of deficits resulting from the chronicity of mental disorders,
- prevention of chronicity, disability and recurrence of mental disorders,
- improvement of the quality of life (78) of people with mental disorders and support for their broader social background according to their individual capabilities,
- prevention and qualified mental health care in the region. Modern mental health care requires decentralized, continuous, high-quality and effective treatment in the community (74). Decentralized treatment in the community allows for intensive and qualified treatment of patients with mental disorders without long-term removal from the family and maintaining their continuous contact with the original social environment. At the same time, it respects the need for accessibility and complexity of treatment according to the individual needs of a particular patient. Such a treatment system is destigmatizing, improves the quality of treatment and life of patients, and enables their faster reintegration into society. Criteria for inclusion and exclusion of a client in a day hospital (18).

The criteria include:

- Treatment of patients with mental disorders, including acute psychiatric illnesses and decompensated chronic conditions, which do not yet require full 24-hour hospitalization, but in terms of the needs of their health condition, regular outpatient psychiatric care is no longer sufficient.
- Follow-up treatment of people with mental disorders after discharge from psychiatric inpatient care, who no longer require hospitalization, but regular outpatient psychiatric care is not sufficient in terms of the needs of their health condition.
- Diagnostics, differential diagnosis of mental illnesses and disorders, levels of executive functions and cognitive deficits for treatment needs. Strengthening day stays lasting 5-7 days maximum twice a year, especially for patients of certain diagnostic groups (addictions, eating disorders, personality disorders, chronic recurrent psychoses) (18).

Treatment and follow-up in a day psychiatric hospital

Treatment and follow-up use all available methods of treatment aimed at the psychosocial reintegration of patients with mental illnesses and disorders, primarily pharmacotherapy, psychotherapy, milieu therapy, sociotherapy, psychiatric rehabilitation, family therapy and work with the family. It uses the latest knowledge of medical practice with an emphasis on the effective, clinically meaningful and integrated use of pharmacological, psychological and psychosocial procedures. Health care in a day hospital uses consulting services in accordance with standard medical practice according to the patient's health condition. The PS has a detailed daily program, which, in addition to the basic therapeutic regimen, regular medical visits and standard treatments, also includes preventive programs and educational activities (86).

The basic framework of the treatment continuum is the therapeutic community, on the basis of which the therapeutic team uses a wide range of treatment methods, an adequate approach to the patient and their symptoms, while respecting the needs of people with mental illnesses and disorders and supporting an active and responsible approach to the treatment of the patient and their family (50, 33).

Within the framework of milieu therapy (treatment through the environment), the emphasis in the inpatient unit is on ensuring that the environment for therapeutic activities resembles a non-stigmatizing social environment as much as possible (for example, civilian clothing for staff and patients, a calming environment with

enough pleasant and stimulating objects, etc.). It is recommended that each patient regularly compile an individualized therapeutic program from the inpatient unit's therapeutic activities according to their needs, which is based on an evaluation of their current clinical condition (diagnosis, current clinical picture, including their deficits and limitations) (36, 34, 35).

Specifics of the work of a social worker in a day psychiatric inpatient unit

Social workers who focus on working with people with mental disorders in the field of mental health usually have an increased interest in the human psyche, in the subjective inner experience of a person, in their intellectual and emotional world, as well as in the interpersonal relationships in which they live. In addition to the social work itself, the specifics of work in day psychiatric hospitals are - pedagogical activity, crisis intervention, individual and group psychotherapy, organization and planning of work, personal development (constant need for self-education and attendance of seminars, courses in psychotherapy, art therapy, sociotherapy), supervision, flexibility in thinking (adaptability, flexibility, improvisational abilities - one activity can be intertwined into three or four areas), motivating patients, communication (it is important in active, passive and collaborative interventions with the patient), educational skills (the educational aspect must be embedded in all activities), observational talent (the social worker observes the patient directly during therapeutic activities), orientation in psychotherapy (the social worker is not only a member of the psychotherapy team, but also performs certain types himself /needs certification/, orientation in art therapy techniques, preparation, implementation, evaluation, analysis and problem solving) (16).

Specific work procedures of a social worker in a day psychiatric hospital

Cognitive-behavioral therapy – a psychotherapeutic approach, is one of the most widespread approaches today. It focuses on the client's current problems. It includes several tasks, such as building a relationship with the client, which is based on cooperation, encouraging the client to change attitudes and their own behavior, analyzing the client's current problems, defining goals, applying cognitive-behavioral techniques and evaluation. Comprehensive cognitive-behavioral therapy programs include stress management exercises, assertiveness and communication skills, and relaxation (31, 39).

Art therapy – art therapy. Through creative activity or participation in artistic experiences, the emotional and creative side is treated and supported. Art therapy is currently most often associated with the impact of artistic means on a person. Like any other therapy (21), art therapy and its performance must meet certain conditions. First of all, the art therapist together with the client determine the therapeutic intention, which can be relaxing (abreactive), communicative, or other. An individual art therapy process can culminate in a group work.

Bražinová (8) and Králik (37, 38) consider art therapy to be part of the social rehabilitation of a person with a mental disorder, because it helps to overcome communication barriers caused by the illness. Last but not least, performing art therapy (drawing, modeling, etc.) practices fine motor skills, which are often affected in people with mental disorders, also as an undesirable effect of psychotropic medications (63).

Currently, there is no official profession of art therapist in Slovakia, because we do not have an institution authorized to assess education and issue certificates for art therapy. Art therapy in healthcare can be performed by psychologists, psychiatrists, social workers, nurses - specialists in psychiatric nursing, special educators.

The goals of art therapy in patients with mental disorders:

- an opportunity to sublimate negative experiences,
- enabling the correction of inappropriate, premature conclusions, and events in one's own life that lead to confused behavior,
- providing a realistic view of one's illness - offering a vision, a change in the understanding of events and hope for a cure (72).

Karen Machoverová (1902 – 1996) – an American psychiatrist of Belarusian origin, developed a method of personality analysis based on the interpretation of drawings, specifical-

ly human figures. According to Machoverová, these drawings reflect the thoughts, fears and inner mental state of the author of the drawing. The test consisted of two simple tasks – first, the person had to draw a human figure and then a figure of the opposite sex. Machoverová and her followers analyzed various details of the drawings, such as the size of the figures, their attitude, mutual connections, location on the page, and the like (13, 45).

Drawing and art therapy in this context serve to map the client's problems, are focused on finding a way to help, to correct, to a specific solution. Depressed clients in their drawings, for example, present rigidity, poverty of themes, figures are stiff. Symbols of death, hypochondria are common. Themes of suicide, suffering, grave and grief are frequent. The images lack meaning, there are dark colors, lack of detail, nudity, indications of control, self-control, few colors, incompleteness, little energy.

Music therapy - music is an important communication and social factor, it can encourage and calm, connect people and bring new, positive ideas.

According to Amtmanová et al. (1), psychotherapeutically oriented music therapy is applied mainly in the field of communication. It focuses on eliminating functional or organic disorders caused by hypertrophy of immature defense mechanisms. The psychotherapeutic concept of music therapy is based on the theoretical concepts of three main streams in psychotherapy - cognitive-behavioral, analytical-dynamic and humanistic-existential. The above concepts overlap more or less in practice, therefore Kusy considers music therapy as the targeted use of music and its components to positively influence the problematic states of an individual, carried out in an individual or group process managed by a specialist (14, 46).

Occupational therapy ("work therapy") – a medical discipline that offers help to people of various age categories with mental, intellectual, or physical disabilities, which means that it also offers help to people with mental disorders. It uses specific diagnostic procedures aimed at restoring impaired functions. Important for clients with mental disorders is the training of independence in everyday tasks. Very important is fitness occupational therapy, which aims to maintain good physical and mental condition. The client devotes himself to an activity that interests him, thereby detaching himself from his mental illness and establishing relationships with the collective (47,39,57).

Sociotherapy is a therapy of social relationships. It has a multidisciplinary character, it mainly applies knowledge of social work, psychotherapy, psychology, law, sociology, medicine. The goal of sociotherapy is to increase the quality of life (70). Sociotherapy supports the normal, healthy, regular, disease-free, free aspects of the client's individuality (17, 54, 64). The sociotherapeutic context of treatment is co-created not only by the social worker, but also by all members of the therapeutic team. Sociotherapy focuses on the specific world /bank, post office, work, self-help/ and the client's social behavior in this world. It tries to influence the client so that the illness does not isolate him from society, does not distance him from close groups, and so that he can maintain normal social skills. It finds out where the client gains social contacts /workplace, restaurant, bus/, how he approaches the norms of society in his illness and where he exceeds them. Unlike psychotherapy, sociotherapy does not penetrate the intimacy of the individual; rather, it can be said to be a therapy of the client's social relationships.

Schultz's autogenic training

Autogenic training originated as a relaxation method in 1926. J. H. Schultz is considered its author (26). The principle of autogenic training is based on certain exercises that help calm the whole body. Somatic, thought, emotional and volitional processes are interconnected. Intentional invocation of certain thoughts, feelings, physical states and ways of acting. Autogenic training allows a person to make a physical and psychological connection on their own. This process is carried out on the basis of the creation of conditioned reflexes. The presented word acts as a stimulus, coming from the cerebral cortex through the subcortical brain layers to the desired organs, for example, the heart, lungs, muscles, blood vessels. A person can then

regulate the blood supply to the entire organism himself. The practitioner takes a comfortable position on a sofa, lies on his back with his arms at his sides and his legs slightly apart, or sits upright. The training takes place in 6 phases - first, the practitioner tries to relax the dominant hand in order to achieve a feeling of heaviness in it. The heaviness spreads to the other limbs. After approximately 14 days of performing the exercises 2 to 3 times a day for 2 to 5 minutes, a sufficient effect can be expected on all limbs. Then follows the next phase, creating feelings of warmth. Phase 2 - serves to create feelings of warmth as a result of dilation of blood vessels. The practitioner begins by repeatedly saying “my right hand is quite warm”. After one to two weeks of training, a feeling of warmth can be induced in all four limbs. After good generalization of heaviness and warmth, the feeling of heart activity is modeled and the subsequent general calming occurs. Phase 3 – aims to influence the heart rate. “My heart beats calmly and strongly.” with a tendency to increased heart rate, “calmly, strongly, regularly.” Phase 4 – the next 14 days serve to control and feel calm and regular breathing. Phase 5 – aims to influence the internal organs. The practitioner concentrates on the abdominal area and tries to induce a feeling of warmth in the lower abdomen. If this phase is also achieved, the last phase follows. Phase 6 – aims primarily to relax the facial muscles. The starting point of relaxation-symbolic therapy is Schultz’s autogenic training enriched with Jung’s amplification method and his understanding of symbols (26).

According to Jung, an archetype is an a priori, autonomous, hereditary structure of the human unconscious without specific content. It acquires content only in the course of individual life, where personal experience is linked to archetypal forms. It is necessary to distinguish between one’s own formal archetype, hidden in the unconscious, and a specific archetypal image, manifesting at the level of consciousness. The effect of a problematic, crisis situation in personal or social life then leads to an unconscious revival and the presence of the relevant archetype. The given process is of a spontaneous, automatic nature. The archetypal matrix a priori shapes the activity of fantasy and creative thinking. Using this matrix, Jung explains the existence of recurring motifs in the myths and fairy tales of various nations. Training and strengthening of basic and developed social skills

According to Mitašíková (56) and Popovych (66) and Blynova (7) social skills are contact, communicative and social. Strengthening social skills is primarily about the development and training of adequate social behavior, i.e. specific social abilities and skills that are currently absent in the client / patient. It is an effort to move towards the greatest possible self-sufficiency, activity, ability to plan and make decisions, determination and perseverance, but also communication with other people and conflict resolution.

These include several areas:

- Development of cognitive abilities - training attention and concentration; training memory and problem-solving skills; ability to plan your learning and use effective procedures for this.
- Self-knowledge and self-perception - I as a source of information about myself; others as a source of information about me; my body, my psyche (temperament, attitudes, values); what I know about myself and what I don’t; how my self is reflected in my behavior; relationship to myself; relationships with others healthy and balanced self-perception.
- Self-regulation and self-organization - exercising self-control, self-mastery - regulating one’s own behavior and experiences, will; organizing one’s own time, planning free time; setting personal goals and steps to achieve them.
- Psychohygiene - skills for a positive mindset and a good relationship with oneself; social skills that help prevent stress in interpersonal relationships; good time organization; skills in coping with stressful situations (mental problem processing, relaxation, effective communication, etc.); seeking help in difficulties.
- Creativity – training in developing the basic features of creativity (flexibility of ideas, originality, ability to see things differently, sensitivity, ability to “pull” ideas into reality), creativity in interpersonal relationships (56, 67).

Social development

This includes the following areas:

- Getting to know people - getting to know each other in a group; respectful treatment of information about and from others, developing attention to differences and finding advantages in differences; mistakes when getting to know people.
- Interpersonal relationships - caring for good relationships; behavior that supports good relationships, the ability to experience situations of trust and sharing with others, empathy and seeing the world through the eyes of another (23), respect, support, help; human rights as a regulator of relationships, showing respect for the opposite sex.
- Communication - the ability to distinguish between respectful and disrespectful communication; the ability to politely express and assert one's opinions, needs and rights; practice observation, empathetic and active listening; practice verbal communication skills (speech technique, speech expression), practice and conscious use of non-verbal communication (body language, language of objects and the environment created by man, language of human actions and others); practice conducting a dialogue, its rules and management; communication in various situations (assertive communication, conflict resolution, negotiation and others); development of individual and social skills for ethical management of competitive situations (97).
- Moral development problem solving and decision-making skills - practice of a positive attitude towards solving problems, practice of effective techniques for solving problems and making decisions, problems in interpersonal relationships, values, attitudes, practical.
- Ethics - analysis of one's own and others' attitudes and values and their manifestations in people's behavior; rejection of manifestations of violence or addiction; awareness of real problems that they affect and their solutions; helpful and prosocial behavior; decision-making skills in difficult everyday situations (8, 51, 68).

The need to connect social work and healthcare

During the period when sociologists' increased interest in medicine was taking shape, the sociology of health and illness emerged. This relationship is not only based on institutionalization, but also on examining the behavior of clients during illness and its treatment. The results point to the essence of the influence of social aspects on health, not only physical but also mental, due to the further development of medicine and care. This development was related to the development of sociological theories. Practical social problems occurring in healthcare facilities also played a significant role (5, 73).

Social work has an irreplaceable place in healthcare, therefore the need for connection is very high. A social worker in healthcare solves various social problems depending on the type of facility, departments and number of clients. He must also have professional knowledge and skills from other areas such as: - the field of medicine - management of diseases and their characteristics, - the field of psychology, psychiatry, pathopsychology, psychotherapy, - the field of nursing, andragogy and pedagogy, - the field of information technology and computing (80, 82).

A very important work of a social worker in the health sector is counseling work in terms of preventing or worsening mental illnesses. The focus is on the mentally ill client who needs help. Attention is also paid to family members and loved ones (71, 88).

A person with a mental illness is affected by the illness primarily in interpersonal relationships, whether in private life, among colleagues or even in the presence of strangers. Mental illness is primarily visible in changes in communication, the ability to establish relationships and the ability to concentrate. Disorders also occur with the expression of emotions, which can manifest themselves in the form of "flat emotions" or in their own logic. This disrupts direct contact with other people, which can negatively affect the loss of social contacts. The illness can also cause a loss of self-confidence and confidence in one's abilities, which leads to so-called self-stigmatization, when a person gains a sense of their own incompetence. This condition can

also be accompanied by symptoms of anxiety and depression, which result in unwillingness to work, misunderstanding on the part of the family and complete isolation from the outside world (91). Social workers thus become witnesses to the personal decline of clients with mental disorders, unwillingness to work and their adaptation to the fate of a difficult life situation (53).

A social worker has the opportunity to use all available methods of social work, such as interviewing, social counseling, social rehabilitation, therapeutic prevention, primary, secondary and tertiary prevention, case analysis, up to targeted and supportive employment, and also participates in the client's resocialization, where he helps the client to reintegrate into a normal environment (53, 59, 79).

Mental illness is not only a manifestation of symptoms of the disease, but its consequences are also in social life, which is manifested in social and social isolation, unemployment, stigmatization, and possibly even the loss of family and home. The relevant negative consequences make the provided social services and social care extremely important means of assistance for people with mental disorders (81).

In order to improve the quality of life of people with mental disorders, it is necessary to examine this quality. This means that these people need to be viewed from different angles, it is necessary to look for their possibilities of application in life - from a physical, psychological and social point of view. There is often a discrepancy between what ambitions are and what can realistically be achieved. Therefore, it is necessary to find a measure of application and to induce a state of "personal well-being".

It consists of the following six parts:

- self-acceptance – a mentally ill person should accept themselves as they are, adopt a positive attitude towards themselves and come to terms with their disadvantages,
- autonomy – maintaining their own opinion,
- positive relationships with their surroundings – even mentally ill people need to socialize and maintain positive relationships,
- coping with the environment – meeting and coping with the demands of everyday life, seeing opportunities and using them for their own satisfaction,
- meaning of life – finding and seeing meaning in life, pursuing their goals,
- personal development – not stagnating, opening the door to new possibilities, developing and perceiving changes positively (32).

Every negative change in a health relationship worsens the quality of life of a mentally ill client. Doctors assess this quality based on the health relationship, but clients, on the contrary, look at functioning in everyday life and the possibilities they have. They do not assess the disease as such, but rather look at its consequences, lifestyle changes, changes in social relationships and future prospects (20, 58).

A social worker must adopt a professional attitude and fulfill the following functions:

- know the client's personality well, - be comprehensive when assessing the health status and take into account the client's psyche, ensure and enable contact with the family,
- be patient when explaining the treatment and related procedures and provide a diagnostic and therapeutic process, - provide information clearly, truthfully and in a timely manner,
- build a positive relationship and maintain it on this positive basis,
- be able to motivate the client, reduce their fear and anxiety and apply therapy if necessary (84).

A social worker must not succumb to a social problem and fail. He must be helpful to the client throughout the entire course of care. He is involved with the client as a member of the health team, but also in situations where the health system fails. When help from the health sector is not possible, social work comes in to provide support to clients. He must therefore meet the prerequisites for working with clients with mental disorders, such as psychological stress (27, 65).

The basic principle of combining social work and health is teamwork. A social worker comes to this team with his knowledge in the field of social relations, the ability to influence clients to fulfill their plans. He can be part of the team as a coordinator or as a team leader. Working in a team depends on the willingness of members to cooperate and on maintaining their professional views (69, 83).

Research part

The main objective of the quantitative research was to determine the quality of life and satisfaction with life in people with psychological problems who have undergone and have already completed day hospitalization in a specialized outpatient care facility for people with mental disorders. Methods of evaluation and interpretation of results, as well as statistical methods The method used in the presented work was the SQUALA questionnaire. This is a standardized self-assessment questionnaire Subjective Quality of Life Analysis, authored by M. Zanotti, the Czech translation was carried out by Dragomirecká and colleagues (15).

Respondents had the opportunity to choose an answer within the questionnaire items - they assigned importance to individual items within the following values: Essential; Extremely important; Very important; Important; Less important; Very little important; Not important at all; Unimportant.

The object of the research were people with mental disorders. The number of people with mental disorders is increasing, and in connection with this, social interest in this population group is also growing. There is great interest in this target group in the professional literature and in the research field - numerous studies have been conducted with this target group in our country

Table 1 Discrepancy in the importance and degree of fulfillment of individual areas among respondents

AREA	Order of importance	Satisfaction with the level of fulfillment in life	Discrepancy between meaning and fulfillment
Having and raising children	10.-11.	1.	9-10
Family relationships	6.	2.	4
Being physically self-sufficient	1.-2.	3.	1-2
Relationships with other people	7.-8.	4.	3-4
Relaxing in free time	19.	5.	14
Good food	15.-16.	6.	9-10
Having hobbies	17.	7.	10
Being healthy	1.-2.	8.	6-7
To love and be loved	3.-4.	9.	5-6
Freedom	13.	10.	3
Pleasant environment and housing	9.	11.	2
Taking care of oneself	5.	12.	7
Having faith, religion	20.	13.	7
Feeling psychologically good	3.-4.	14.	10-11
Being safe	10.-11.	15.	4-5
Truth	12.	16.	4
Good sleep	7.-8.	17.	9-10
Having a sex life	18.	18.	0
Work	15.-16.	19.	3-4
Justice	14.	20.	6
Beauty	21.	21.	0
Money	23.	22.	1
Being interested in politics	22.	23.	1

and abroad. They concern various areas of the everyday life of people with mental disorders - from the impacts of mental disorders on their overall health or on other areas of their lives, the risks of recurrence of mental disorders or factors that worsen them, the possibility of preventing the development of selected mental disorders, but also the possibilities of using the potential of people with mental disorders, their creativity, the level of support they need in relation to the consequences of mental disorders in their lives, to the possibilities of their social rehabilitation, the removal of stigmatization due to their mental disorders and the full inclusion of these people into ordinary social life. There are also frequent studies using the SQUALA questionnaire, examining the health and life satisfaction of people with mental disorders in relation to individual types of mental disorders, or different areas of life of these people, or in relation to access to them in various institutions. Research using the SQUALA questionnaire is described in more detail, for example, by Chrastina et al. (28).

We decided to use this questionnaire due to the facts being investigated - the variability of the areas of life that it examines and also because it allows for the subjectivity of the instrument, i.e. we can use it to find out how the individual himself perceives his situation. The results allow us to assess individual areas in terms of their importance to the person, and from his point of view, the degree of their fulfillment in himself, or the degree of their disruption. Based on a group analysis of disruptions, it is also possible to assess the possible impacts of the selected mental disorder not only on a specific individual, but also on people with a specific mental disorder as a whole - to determine which areas and to what extent they are disrupted as a result. It is also possible to compare the raw score profiles to create a hierarchy of importance of the individual life areas assessed (i.e. value significance) for the individual being studied, or to compare it within a specific target group. The total quality of life score is given by the sum of the individual scores within the 23 areas.

The research group consisted of patients/clients of the Day Psychiatric Hospital attending daily hospitalization in this specialized outpatient facility, the number of respondents was 70, the average age of respondents was 43,2 years and from the total research group there were 29 men and 41 women.

To interpret the partial results of the research, we present the established hypothesis 1 which was:

Hypothesis 1 For women - respondents, the most important are emotional and internal values (such as raising children, love, quality family relationships), on the other hand, for men - respondents, the most important values are work, money and freedom.

As our findings from the survey showed, people with mental disorders - respondents in the sample - considered health to be a priority value. 100% of the sample considered health to be essential, extremely important, very important or important, while more than 85% of the sample attributed it to essential or extremely important. No one attributed it to average or lower importance.

It is clear that for people with mental disorders in the sample under study, health is a value to which they assign importance and priority, they are aware of its necessity for themselves and appreciate the importance of health in their lives. Respondents also attributed the same importance to physical self-sufficiency. In addition to the ability to take care of oneself, the area of psychological well-being (feeling psychologically good) was also ranked at the top of their list of values, as were areas related to relationships (loving and being loved, family relationships, relationships with other people).

If we compare these values with the values of the general healthy population, there are no differences between them. Health, whether physical or mental, as well as the area of relationships constitute the basic and most important values for most of us.

The respondents attributed the lowest importance to values such as money, interest in politics, beauty, and surprisingly, faith also reached the lowest ranks in their value system, with only a little over half of the respondents in the research stating it as important.

In the general population, faith occupies a leading place in terms of value. If we look

at our findings in terms of satisfaction with the level of fulfillment of a given area in life - respondents were highly satisfied with the level of fulfillment of the possibility of having and raising children, as well as with family relationships, which is probably related to the fact that mental disorders often manifest themselves only in a situation when a person already has children and their own family.

Respondents were very satisfied with the level of fulfillment in the areas of interest in politics, money, beauty, justice and work in their lives.

Respondents also expressed a low level of satisfaction in the area of fulfilling their sexual life and quality sleep, which we consider to be a very interesting finding.

Quality sleep is important for a person's overall health and this area is extremely sensitive for a person with a mental disorder.

Their sexual life is probably also an equally sensitive area for people with a mental disorder, it can be difficult for them to adequately fulfill this need. This is also confirmed by the fact that in the answers regarding the level of fulfillment of this area among respondents, the most answers were in the item Rather dissatisfied, less than half of the group expressed satisfaction to some extent. In terms of the significance of this value, almost two-thirds of the group considered it necessary, extremely or very important, or important to have a sexual life in their lives, almost half of the group considered this option necessary or extremely important.

In the area of "Having a sex life", the most common answers were "Indispensable"; "Extremely important".

If we analyze the discrepancies between the importance of specific areas and the satisfaction with the level of their fulfillment among respondents, then in the case of physical self-sufficiency the difference is not significant - it is a priority value, and is also sufficiently fulfilled by respondents from their point of view.

However, the same priority value - health - shows a greater difference, it is not sufficiently fulfilled in the opinion of respondents in their lives. Sufficiently saturated areas also include the possibility of having and raising children, family relationships and relationships with other people, rest, good food and hobbies.

The area of quality sleep and work in particular shows a low level of saturation, there is a higher discrepancy between their importance for respondents and their perceived level of fulfillment among respondents. In this regard, justice as a specific area is interesting – we could assume that in the lives of respondents with mental disorders they perceive a lack of justice in their approach to themselves, they experience feelings of discrimination.

Overall, however, there was no discrepancy between its importance and the level of fulfillment. In terms of the fulfillment of this area, the answers "Rather satisfied" prevailed in the set, and in terms of value it was also not included among the priority areas.

Verification of hypothesis 1: For women, emotional and internal values are more important than raising children, love, and quality family relationships, while for men, the most important values are work, money, and freedom.

To confirm the hypothesis, we base it on the first part of the research, concerning the importance of individual values, where we consider the variables: Family relationships, Relationships with other people, Need to have and raise children, in comparison with the values, Work, Money.

Hypothesis No. 1 was not confirmed, since the values of family relationships, relationships with other people, and the need to have and raise children are important for approximately the same number of men and women, and these values are more important to them than the values of "money" and "work".

We were unable to prove that emotional and internal values (raising children, love, quality family relationships) are more important for women, while for men, values such as work, money, and freedom are more important (89, 95, 97). The values of men and women in the sample did not differ in this respect However, given the size of the sample and the unbalanced number of men and women, we do not consider it appropriate to draw any broader conclusions based on this finding.

Conclusion

People with mental disorders live among us and their number in society is increasing (100).

Hospitalization is a significant stress factor not only for a person with a mental illness, but also for their closest relatives – family, immediate surroundings. Sometimes it is possible to treat a patient / client in an outpatient facility, if we provide them with the necessary qualified medical and social services, create a useful individual social plan for them, aimed at maximizing their social and work application (90). We clearly hold the opinion that care for people with mental disorders must be consistently and effectively built in such a way that they do not experience unnecessary and unjustified long-term hospitalizations, which disrupt their ties to everyday life and original social relationships (98, 99).

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