INFLUENCE OF THE TRANSITIONAL PROCESSES TO MENTAL HEALTH

Branislava Lazarević-Jovanović¹, Slobodanka Bašić², Milena Dimić³, Aleksandar Dimić⁴, Snežana Cekić⁵

¹Clinic for Psychiatry, Clinical Center, Niš
²Institute for Public Health, Clinical Center, Niš
³Institute for Mental Health, Clinical Center, Niš
⁴Institute for Rheumatic and Cardiovascular Diseases Niška Banja
⁵Institute of Physiology, Faculty of Medicine, University of Niš, Serbia and Montenegro

Summary. Mental health and its protection are given the central place and role in developmental aims, perspectives, and prosperity of a nation, which is a prerequisite of continuity and successful survival. Man as a specific psychological and social being, with characteristics acquired in a long natural evolutionary selection, must be able to control and direct the course of his behaviour towards ethical norms and needs of our time such as: tolerance, solidarity, constraint from violence, love, equality, and altruism. Recognizing the importance of mental health as the factor of social stability, as well as of the creation of the most humane society possible, we find it necessary to commit ourselves to the most adequate concept of protection and improvement of mental health in Serbia.

Key words: Mental health, mental health protection, reform, social stability, human society

Introduction

The problem of mental health and the strategy for its protection will be considered within the context of: 1) mental health, its perspectives and protection, and 2) development of concept of mental health protection and improvement. It is these two contexts that represent two basic parameters for the understanding of this problem.

Mental health and perspectives of its maintenance

Mental health and perspectives of its protection are nowadays the target of considerable interest. It is with every day that the intensity and seriousness of this interest increases, arousing the sense of its significance and a responsibility in a wide variety of leading intellectuals and experts in the fields of medical sciences, psychology, pedagogy, sociology, law, philosophy, and other scientific disciplines (1). Mental health has always been a challenge in artistic creation, construction, and experience. Concern for mental health is also embedded in the documents of the United Nations and World Health Organization, which are making the best of their efforts to provide "health for all" (2).

In addition, mental health is more and more becoming the subject of examination by political scientists, economists, and strategic planners, who are aware of the fact that sustainable social stability and progress cannot be accomplished without mentally healthy individuals (3). Man, born out from nature, maintains as being its part till the end of his existence. Being a supreme expression of the evolution and the most complex organic structure, man acts through his continuity as an integration of his biological, psychological, and social being. This very nature of man's being elicits the observation that man is determined not only by his genetic constellation, but also by numerous social and psychological laws, motives, and viewpoints that are part of his ideological preferences and moral conduct (4,5).

Man's behaviour is primarily determined by instincts, encoded in his hereditary structure, acquired in the course of natural selection, and conductive to aggressive and asocial behaviour. Some forms of aggressive behaviour, which once used to be an evolutionary and selective advantage, are today considered the impediment to further social development. Such forms of behaviour may represent a real danger to man's mental and physical integrity and a genuine attack to the biopsychosocial unity of his personality. Man, therefore, in the course of his life, establishes an inseparable bond between his mental space and the society, thus creating a fine network of conducts resulting from the interaction of genes, contained in the hereditary matter, and the entire environment he lives in (6,7).

Scientific and, in particular, philosophical thought has recently paid a considerable attention to the problem of man's personality. Such interest has its own causes. The economic crisis is becoming increasingly reflective on the culture of people. Wars in general and fascistic atrocities in particular have undermined the notion of humanness and human personality, leaving severe consequences on the condition of people who managed to survive. Some authors, who have lost their faith in the social order, consider the problem of the personality outside the social context (Existentialism), whist others cynically deny any significance man's personality may have (8,9).

There are more and more people who actively engage themselves in social and cultural life, in which man's personality is revealed and actualized. The individuation is not an elemental process. The society actively participates in this process, being an essential factor. It is a deep understanding of the individual that education and up-bringing of new generations should be built upon. Man's personality, that unique specificity of nature, comprises anthropological (hereditary), mental, cultural, intellectual and social traits that are inseparable from the actual life situation of a given individual. In this unity, man's personality is taken in all its aspects such as the somatic structure, emotional type, type of nervous system response, cognitive abilities, will, talent, character, culture, needs, viewpoints, all of which are manifest through thinking, emotions, and behaviour. In man's personality the overall treasure of his inner and outer life is portrayed (1,5,10).

Mental health, as one of the most important issues in the health of a nation, is a dynamic process of psychic activity, adequacy of response to social, biological, and physical conditions. It is an ability of man to anticipate and actualize his life course in both the micro and macro social environment (10,11).

Adult, mentally formed and healthy man does not only live in the present. He brings into contact his actual mental contents with the past and directs them towards the future. This perspective back into the past and forward into the future makes up his time horizon. The width of his time horizon is variable and many-fold dependent on age, general health, and social, family, and professional condition. In the youth-hood, the actual life events are estimated through the perspective of the future, in the old age – through the perspective of the past (2,12).

In neurotic conditions, time perspectives are disturbed. Neurotic persons either underestimate or overestimate the value of the present. For some, the present is never the time for "the real opportunity": that time has already gone by or is yet to come. For others, who overestimate the value of the present, it seems that there is neither past nor future. A neurotic patient says: "For me, the future is a mountain and the past is an abyss." A characteristic of neurotic persons is, therefore, that their view cannot grasp all three temporal dimensions contained in any actual event. Neurotic persons are not able to resolve everyday problems in the continuity of their experience and open perspectives (13,14).

For a man of preserved mental health, a movement to attract the past corresponds with the effort to comprehend the present and anticipate the future. Time horizon in this context contains all its three temporal dimensions: past, present, and future. As such, it represents a firm foundation for a coherent and psychophysiologically integrated individual (15).

Moral and intellectual crisis, economic and political crisis, social crisis with all its prejudices, illusions, and hatred to the extent of pathology and genocidal behaviour, and various forms of war, make up a sum of stressors that ultimately lead to disturbances in time horizon and to mental pollution with polyvalent consequences. What is disturbed is the integrity of the individual, family, community, and nation (16,17).

Examining the influence of acute and chronic stress on the individual, his emotional and motivational condition and somatic response, psychophysiology points out that stress is a non-specific reaction of the organism to a sudden request. Stressors, as factors causing stress, may be most diverse in terms of their nature, and their effects may trigger specific responses in the organism. For the stressor's effect, it is not only important whether the individual's experience of a stressor is pleasant or unpleasant but also how intensive is request to the individual for adjustment or adaptation to a given situation (18,19).

Social environment in which the individual functions, as well as the manner in which he actualizes himself in that environment, is an important factor that has an impact on the response of a given individual to stress, irrespective of the stressor type and assuming it is derived from a given social environment. An additional quality for examining the past of a traumatized individual or a population lies in a more realistic insight into the actual present and a more successful panning of the future. Examination of the past of a given individual or a population within the context of their life prior to the effect of the sum of stressors is one of the unavoidable factors in holistic approach to integral treatment of mental health of an individual and a nation, and a perspective of its maintenance. The experience of stress as the price of life-caused "wearing-out" suggests that stress represents a foundation for the evaluation of changes that are in man triggered by stressors (18,19).

Schopenhauer notices: "It is not important what really happened to man, but what he thinks it did." It is for this reason that the consequences of stress of the same kind and intensity manifest differently in different individuals. Stressors, irrespective of their origin and quality or whether they act through functional systems such as homeostasis, cyclostasis, psychostasis, sociostasis and ecostasis, may to a certain extent equally contribute to desynchronization of regulation of the functions in the human organism. The sum of stressors, as a collective attack on the regulation in the human organism, disturbs the coefficient of correlation between the functions. This coefficient is immanent to intra-individual specificities of each man (8).

Kaplan distinguishes four general types of response to stressors' effects:

- 1. normal response;
- 2. neurotic response;

B. Lazarević-Jovanović, S. Bašić, M. Dimić, et al.

3. psychotic response;

4. psycho-physiological response, which due to response readiness lead to somatic systems causing changes (9).

In our view, however, Kaplan's classification should involve one more type of response, namely, psychopathological response to stressor's effect.

If a disease is understood as a landmark indicating how much we have strayed from the path determined by the nature of our biological, mental, and social being, then suicide, homicide, social pathology, alcoholism, and drug abuse, particularly among juveniles, provide evidence on how much adolescent crises, in all of their polyvalent causation, are the expression of the crossroads of misleading paths in our space and in our time (9,20,21).

Although there is no prospective study that offers a valid follow-up of incidence and prevalence of the value of indicators significant for the realistic estimation of mental health, a great many of numerical indicators suggest a strong upward tendency in the value of all indicators for mental health evaluation. So-called border conditions, neuroses and depression, represent a chapter for themselves in all serious analyses and indicators of the mental health worldwide, particularly in the countries of the former Eastern Block or in the countries in transition. Senior population, due to their vulnerability, does not occupy the place it deserves in the reality of insight into health condition in our country (22,23).

A nation that rejects a part of itself due only to its progressing age cannot provide respect for itself. The rest of the population, particularly adolescent population, for their invaluable significance, role, and the perspective of demographic development and overall strategy, is obliged to mobilize the entire potential of all social subjects and scientific factors. Only in this way will mobilization allow for those elementary premises of social quietude in which a content and happy childhood would manage to transform itself into a successful, working adulthood and a life worthy of man of 21st century. The working and living regime of modern man must be comprehended in its unity through holistic logic and multidisciplinary approach in order that the principles would be specified of optimum man's functioning with respect to all professional and life demands of the forthcoming period (22,24).

Finally, on the basis of all aforementioned, we may conclude that mental health and its maintenance is an enormously complex phenomenon and problem, which is of existential significance not only for the individual but also for the society as a whole. Mental health is central to normal functioning of both the individual and the society that both constitute a dynamic and dialectic unity, and is therefore an invaluably important factor of social quietude and stability, and an unavoidable basis for social progress and the survival of the individual, family, community, nation, and society (4).

Developing a concept of mental health protection and improvement

Numerous documents from developed industrial countries, in particular the documents on measures and activities of the World Health Organization, reveal the seriousness of approach to mental health and the necessity for novel concept approaches to its protection and improvement. The authors from the region of eastern European countries and the former Soviet Union emphasize in their studies a remarkable aggravation of the mental health of the population, particularly at the beginning of the 90s, and have no doubt when reporting that this trend will maintain until and beyond the year 2000 (1,15).

Comparative analyses and incidence and prevalence of mental illnesses as indicators of the mental health of worldwide population also show a deteriorating tendency. Particularly highlighted is the increase in the number of cases classified as border-line mental disorders. The number of alcoholics, drug addicts, and retards is increasing in nearly all countries in the world (14,23).

We are witnessing the rapid growth of exogenous mental disorders resulting from unfavorable ecological life-conditions in developed industrial regions and radionucleotide-polluted territories, and psychogenetic disorders that are consequences of essential changes in social and economic relations, social and psychological stereotypes, and values in conditions of economic crisis and market turnovers. All this leads to an aggravation of mental health in children and the young, the increase in the number of people with various forms of addictive behaviour, the increased use of narcotics and alcohol, and the rising tendency in young people to join pseudo-religious or semicriminal religious sects and groups (23,24,25).

Given all facts and factors associated with mental health of the individual and the nation, analyzing the value trends for indicators of mental health worldwide, particularly in our country, and considering mental health as a significant factor of social system stability and a deeper knowledge of it as a prerequisite for creation of the most humane social system possible, we find it necessary to commit ourselves to development of the most appropriate concept of mental health protection and improvement (4).

The main directions in the development of psychiatric care should comprise the following issues:

1. Shift in ideology of psychiatric care development;

2. Legal foundation for mental health protection;

3. Transformation of the system of psychiatric care organization and mental health protection;

4. Follow-up of the mental health of the population and attempt to join the international scientific and information area;

5. Determination of the aims and directions of scientific research in the field of mental health protection;

6. Transformation of the system of education and human resources policy in the field of mental health protection (18).

1. Shift in ideology of psychiatric care development

In accordance with the contemporary concept of psychiatric service, the most important item is a transition from psychiatric support to mental health protection.

A shift in the ideology of psychiatric care service development necessarily implies:

- Integration of psychiatric and primary medicine network;

– Close cooperation between lawyers, pedagogues, sociologists, representatives of various funds and clergy, various associations and non-governmental organizations, for the purpose of mental health protection using individual-oriented psychotherapy methods, group, social and occupational rehabilitation of patients, social and psychological support of the patient's family. Naturally, in the holistic approach and integral treatment of the patient, biophysical procedures and techniques such as laser therapy in psychiatry, electro-dream therapy, photostimulation based on lateralization and similar procedures based on psycho-physiological and ecological principles supporting primary, secondary, and tertiary prevention, must be an integral part of psychiatric care for the entire nation (5,10).

- Psychiatrists, experts on narcotics, medical psychologists, all specialists in the system of mental health protection will be obliged, by rational use of the achievements of biological psychiatry, to employ individual-oriented and group phase rehabilitation not only in their everyday medical practice but outside it as well (8).

- The application of psycho-physiological principles in the work organization, particularly the chrono-psychophysiological criteria of time organization in multishift work system, is a necessity in contemporary occupational safety, contemporary protection and improvement of the health of the population, and mental health in particular (13).

- Such a strategy correlates with the recommendations by the World Health Organization and is based on the contemporary achievements in psychiatric science (26).

- The accent in mental health protection should be shifted to the primary level of medical and hygienic help.

- This may be accomplished by functional integration of ambulatory psychiatric and territorial primary medicine network, a close mutual activity of health care workers with representatives from other fields, cultural, social, religious organizations and funds, and must be determined through evaluation of the newly set up norms, evaluation of law regulations, and adoption of law on mental health protection (11).

- The International Mental Health Day (October 9) and International Day of Fight against Drug Abuse (March 1) must be not only officially acknowledged but also accepted as final meetings of meticulously organized measures and activities aimed at protection and improvement of the mental health of the population. All this must also be an expression of a concerned and responsible approach of the state to protection of the mental health of the population (14,27).

2. Legal foundation for mental health protection

Adoption of the law on mental health protection requires corrections in the normative basis for psychiatric care service and in the hierarchy of delivering psychiatric care to the population.

In the forthcoming period, it is necessary to accomplish the following measures:

2.1. To discuss bylaws that will regulate the activity of the psychiatric service and the hierarchy of psychiatric care delivery:

- to determine a normative basis for the establishment of the system of protection of the rights of patients and professionals in psychiatric care service

- to build a system of social security that will provide support to mental patients; as priority, benefits should be given to psychiatrists, that is, psychiatric professionals, which will prevent the out-flow of human resources from this not yet enough prestigious segment of public health

- to determine, as a legal norm, the percentage of positions in companies for persons with mental disorders

- to work on the quality standards for the assessment of mental institutions' activity, and to determine a minimum contribution of free forms of specialized care guaranteed by the state

- to build up a normative basis in the field of forensic psychiatry, to secure that a mutual effect between forensic psychiatric expertise and the prosecution and court comply with normative documents, to work out the regulation on psychiatric hospital under strong supervision, to work out the normative acts in accordance with opening of new health centers, to regulate the position of mental patients recognized as dangerous to society

- to specify the norms on pharmacology service and a package of rules by the Ministry of Health of the Republic of Serbia that regulate its activity

- to prepare basic provisions and regulations of the Ministry of Health and the Ministry of Internal Affairs of Serbia with respect to prophylaxis of alcoholism, drug abuse, toxic-mania, tablets-mania, and smoking (2,8,14,16,22,25)

2.2. To build up a normative basis for the activity of network of therapeutic associations for the diseased and their family members. Societies and associations for protection of mental health must be an expression of the interest by the society in mental patients. Lawyers (the Bar) that are to work on this problem will be obliged to offer competent assistance in protecting the rights to work and life or at least to make it possible for these patients and their family members to live a life in dignity (4,16).

2.3. To build up the system in which the state would protect mental health against unprofessional treatment of mental and narcotics-related diseases, harmful advertising campaigns, mass sessions, and religious cults dangerous to health. A practice of counseling should be introduced into the ambulances that offer psychiatric support to their patients (11,14).

3. Transformation of the system of organization of psychiatric care and protection of mental health

3.1 It is necessary that a cross-sectoral council be established that would deal with the issues of mental health protection within the ministers cabinet and that would bring decisions on actions of integration of sectors, social movements, organizations, foundations, and individuals for the purpose of mental health protection of the population. This inter-sectoral council should have a direct cooperation with the National Council for Health within the Cabinet of Ministers (4,26).

3.2 To work out optimum models of psychiatric service structure at local, regional, provincial, republic level (the staff, the number of beds, normative regulations on drug supplies, medical equipment, etc.) (17).

3.3. To carry out the synchronization of residential (in-hospital) psychiatric help. The provision of all is necessary for psychiatric work depends to a great extent on local and individual factors; the economic purpose and effectiveness are likely to appear as a basic and

References

- Grinshpoon A, Naisberg Y, Dashewski I, Mester R. Has Israel and the Russian Federation legislation a full set of laws securing the protection of mental patients relative to United Nations' proposals and do they require modification? Med Law 2001 20:267-282.
- Kessler RC, Walters EE, Forthofer MS. The social consequences of psychiatric disorders. III. Probability of marital stability. Am J Psychiatr 1998; 155: 1092-1096.
- Rossler W, Salize J, Knapp M. The costs of schizophrenia. Fortschr Neurol Psychiatr 1998; 66: 496-504.
- Bijl RV. The Netherlands Mental Health Survey and Incidence Study (NEMESIS): objectives and design. Social Psychiatr Epidemiol 1998; 33:581-586.
- Earaveo J, Martinez J, Rivera B. A model for epidemiological studies on mental health and psychiatric morbidity. Salud Mental 1998; 21: 48-57.
- Arredondo A, Ramos R, Zuniga A. Economic evaluation of the demand of medical care for mental health in Mexico: schizophrenia and depression 1996-2000. Rev Invest Clin 2003; 55: 43-50.
- Bosanac SB. Involuntary hospitalisation and the rights of mental patients in recent Croatian legislation. Med Law 2002; 21: 87-106.
- Symonds B. The philosophical and sociological context of mental health care legislation. J Adv Nurs 1998; 27: 946-954.

predominant factor. This is an additional reason for a parallel existence of three networks of mental institutions (14).

3.3.1. Specialized state mental institutions, operating on complementary programmes, function as an association of mental institutions in Serbia with a national institute for neuropsychiatric disorders of Serbia as a professional, methodological, scientific, research, and educational center on the territory of Serbia. Specialized mental institutions, in addition to providing specialized psychiatric support in accordance with the type of pathology and the age group of the population, provides conditions for specialist and sub-specialist medical training in relevant fields. The Institute for neuropsychiatric disorders of Serbia initiates, coordinates, organizes, and implements activities of significance for the innovation of professional and methodological work (diagnostics and therapy and all measures and activities in support of prevention), undertakes all necessary measures for the organization of postgraduate education and specialist and sub-specialist training in psychiatry, continually organizes the innovation and evaluation of knowledge through various public lectures, seminars and postgraduate summer schools (12, 15, 16).

The institutes and clinics affiliated to faculties of medicine, through their leading experts as members of the academic council of the Institute for Neuropsychiatric Disorders, participate in complex activities of the Institute. Residential state psychiatric institutions affiliated to universities or independent can and should have the status of a clinic due to their human potentials, organizational structure, rich experience, and the scope of specific pathological forms treated (3,24,25).

- Wittchen H-U. Early developmental stages of psychopathology study (EDSP): objectives and design. Eur Addict Res 1998; 7: 33-55.
- Helgason T. Epidemiology of mental disorders in Iceland. Acta Psychiatr Scand 1964; 40: 115-132.
- Kessler RC. Social Consequences of psychiatric disorders. II. teenage parenthood. Am J Psychiatr 1997; 154: 1405-1411.
- 12. Lin TY. A study of incidence of mental disorders in Chinese and other cultures. Psychiatry 1953; 16: 315-335.
- Kessler RC et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. Arch Gen Psychiatr 1994; 51: 8-19.
- Nakayama K. Principles for the reform of protection and mental health services for people with mental disorders (UN Human Rights Committee Working Draft). Seishin Shinkeigaku Zasshi 1991; 93:266-283.
- Mullarkey K, Keeley P, Playle JF. Multiprofessional clinical supervision: challenges for mental health nurses. J Psychiatr Ment Health Nurs 2001; 8: 205-211.
- Appelbaum PS. Almost a revolution: an international perspective on the law of involuntary commitment. J Am Acad Psychiatry Law 1997; 25:135-147.
- 17. Arboleda-Florez J, Weisstub DN. Ethical research with the mentally disordered. Can J Psychiatry 1997; 42:485-491.
- 18. Davidson JR. Post-traumatic stress disorder in the community: an epidemiologic study. Psychol Med 1991; 21:713-721.

INFLUENCE OF THE TRANSITIONAL PROCESSES TO MENTAL HEALTH

- Kazmierow M. The New Zealand Health and Disability Commissioner: a comparative assessment of the commissioner's contribution to protecting the rights of mental health consumers. J Law Med 2002; 9:279-302.
- Olfson M. Psychiatric Disorder onset and first treatment contact in the United States and Ontario. Am J Psychiatr 1998; 155: 1415-1422.
- Simon GE, VonKorff M. Recall of psychiatric history in crosssectional surveys: implications for epidemiologic research. Epidemiol Rev 1995; 17: 221-227.
- Pollack MH, Smoller JW. The longitudinal course and outcome of panic disorder. Psychiatr Clin North Am 1995; 18: 4785-4801.
- Turner CF. Adolescent sexual behaviour, drug use, and violence: increased reporting with computer survey technology. Science 1998; 280: 867-873.
- Oakley-Browne MA. Christchurch Psychiatric Epidemiology Study. Part II. Six month and other period prevalence of specific psychiatric disorders. Australian and New Zealand Journal of Psychiatry 1989; 23: 327-340.
- Weissman MM. The cross-national epidemiology of panic disorder. Arch Gen Psychiatr 1997; 54: 305-309.
- Kessler RC. Post-traumatic stress disorder in the National Comorbidity Survey. Arch Gen Psychiatr 1995; 52: 1048-1060.
- 27. Eastman N. Mental health law: civil liberties and the principle of reciprocity. BMJ 1994; 308(6920):43-45.

UTICAJ TRANZICIONIH PROCESA NA MENTALNO ZDRAVLJE

Branislava Lazarević-Jovanović¹, Slobodanka Bašić², Milena Dimić³, Aleksandar Dimić⁴, Snežana Cekić⁵

¹Klinika za psihijatriju,Klinički centar, Niš

²Institut za zaštitu zdravlja,Klinički centar, Niš

³Institut za mentalno zdravlje,Klinički centar, Niš

⁴Institut za fiziologiju, Medicinski fakultet, Univerzitet u Nišu

 5 Institut za prevenciju, lečenje i rehabilitaciju reumatičkih i kardiovaskularnih bolesti, Niška Banja

Kratak sadržaj. Psihičko zdravlje i njegovo očuvanje imaju centralno mesto i ulogu u razvojnim ciljevima, perspektivama i prosperitetu jedne nacije, što je preduslov za trajanje i uspešan opstanak. Čovek kao specifično psihološko i socijalno biće, sa karakteristikama stečenim dugom prirodnom selekcijom tokom evolucije, mora uspešno da kontroliše i usmerava svoje ponašanje ka etičkim normama i potrebama našeg vremena kakve su tolerancija, solidarnost, uzdržavanje od nasilja, ljubav, jednakost i altruizam. Svesni činjenice da je psihičko zdravlje factor socijalne stabilnosti i izgradnje što humanijeg društvenog sistema, smatramo da je neophodno usvojiti adekvatan koncept zaštite i unapredjenja psihičkog zdravlja u Srbiji.

Ključne reči: Psihičko zdravlje, zaštita psihičkog zdravlja, reforma, društvena stabilnost, ljudsko društvo