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Research Article

Socio-medical profile of the population in matters of organization of psychological, psychotherapeutic and psychiatric care

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ABSTRACT

BACKGROUND: This study is due to the need to study the psychological safety of a person, since various social upheavals, the COVID-10 pandemic, military conflicts are stress factors in the formation of not only somatic morbidity, but also mental disorders in the population. For this reason, the study contains a comprehensive empirical collection of material and an assessment of the real need for psychological, psychotherapeutic and psychiatric care in order to compile a population routing system aimed at providing adequate targeted psychological, psychotherapeutic and psychiatric care.

AIM: Assess the socio-medical profile of the population for an adequate organization of psychological, psychotherapeutic and psychiatric care.

MATERIALS AND METHODS: In shaping the need for psychological, psychotherapeutic and psychiatric care, women of working age, with a working status, mostly married, who had a mild to moderate Covid-19 disease, who felt unwell, lack of strength, increased fatigue, showing a desire to turn to both a psychologist and a psychotherapist and a psychiatrist.

RESULTS: The socio-medical determinants of the need for psychological, psychotherapeutic and psychiatric care included signs between which a close correlation was revealed: "Memory decline, difficulties in mastering a new one" and "Reduced performance; difficulties in communicating with others" ($R = 0.7$), "Reduced performance; difficulties in communicating with others" and "Willingness to see a psychotherapist" ($R = 0.64$), "Depressive mood" and "Decreased memory, difficulty communicating with people" ($R = 0.76$), "Depressive mood" and "Decreased performance" ($R = 0.76$), "Depressive mood" and "Willingness to seek counseling from a psychiatrist" ($R = 0.51$), "Age" and "Chronic diseases" ($R = -0.55$).

CONCLUSION: The results obtained serve as the basis for the formation of a population routing system to provide adequate targeted psychological, psychotherapeutic and psychiatric care.

Keywords: female population; mental disorders; psychiatric care; psychological and psychotherapeutic assistance; psychosomatic diseases; socio-medical profile; stress factors.

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Научная статья

Социально-медицинский профиль населения в вопросах организации психолого-психотерапевтической и психиатрической помощи

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АННОТАЦИЯ

Актуальность. Настоящее исследование обусловлено необходимостью изучения психологической безопасности человека, поскольку различные социальные потрясения, пандемия коронавирусной инфекции COVID-10, военные конфликты являются стрессовыми факторами в формировании не только соматической заболеваемости, но и психических расстройств у населения. По этой причине исследование содержит комплексный эмпирический сбор материала и оценку реальной потребности в психолого-психотерапевтической и психиатрической помощи с целью составления системы маршрутизации населения, направленной на предоставление адекватной адресной психолого-психотерапевтической и психиатрической помощи.

Цель исследования: оценить социально-медицинский профиль населения для адекватной организации психолого-психотерапевтической и психиатрической помощи.

Материалы и методы. В формировании потребности в психолого-психотерапевтической и психиатрической помощи высокую медицинскую активность в большей степени составили женщины трудоспособного возраста, имеющие трудовой статус, преимущественно состоящие в браке, которые перенесли заболевание COVID-19 в легкой форме и средней тяжести, ощущавшие недомогание, отсутствие сил, повышенную утомляемость, проявляющие желание обратиться как к психологу, так и к психотерапевту и психиатру.

Результаты. К социально-медицинским детерминантам потребности в психолого-психотерапевтической и психиатрической помощи относили признаки, между которыми выявлена тесная корреляционная взаимосвязь: «Снижение памяти, трудности в освоении нового» и «Снижение работоспособности; трудности в общении с окружающими» ($R = 0,7$), «Снижение работоспособности; трудности в общении с окружающими» и «Готовность обратиться к психотерапевту» ($R = 0,64$), «Депрессивное настроение» и «Снижение памяти, трудности в общении с людьми» ($R = 0,76$), «Депрессивное настроение» и «Снижение работоспособности» ($R = 0,76$), «Депрессивное настроение» и «Готовность обратиться за консультацией к психиатру» ($R = 0,51$), «Возраст» и «Хронические заболевания» ($R = -0,55$).

Заключение. Полученные результаты эмпирического исследования служат основанием формирования системы маршрутизации населения для предоставления адекватной адресной психолого-психотерапевтической и психиатрической помощи.

Ключевые слова: женское население; психиатрическая помощь; психические расстройства; психолого-психотерапевтическая помощь; психосоматические заболевания; социально-медицинский профиль; стрессовые факторы.

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BACKGROUND

Currently, in this era of social upheaval, the coronavirus disease 2019 (COVID-19) pandemic, and military conflicts, stress factors play an increasingly important role in the development of somatic morbidity and psychiatric disorders. These factors have a profound effect on an individual's psychological well-being. The assessment of somatic morbidity and provision of specialized medical care are regulated by appropriate procedures and standards and have the necessary regulatory support. Assessing morbidity in mental disorders is challenging because of imperfect normative mechanisms, inadequate patient routing, insufficient reserves for ensuring the accessibility of psychiatric and psychological and psychotherapeutic care, and presence of private practitioners and medical organizations that do not offer reliable reporting on actual morbidity. Such difficulties demand careful consideration to ensure accurate evaluation. Studying the need for psychiatric and psychotherapeutic care and assessing morbidity pose extreme challenges. Researchers are forced to search for solutions to obtain reliable information and conduct adequate assessments of morbidity and the need for these types of care. Thus, this study presents a contemporary approach to gathering and evaluating data on the true demand for psychological, psychotherapeutic, and psychiatric care to establish a population routing system that delivers appropriate targeted care [1–10].

This study aimed to assess the sociomedical profile of the population for adequate organization of psychological, psychotherapeutic, and psychiatric care.

MATERIALS AND METHODS

The study enrolled individuals willing to seek psychological, psychotherapeutic, and psychiatric help.

The study examined theoretical, methodological, and practical aspects concerning the medical and social evaluation of the population's demand for psychological, psychotherapeutic, and psychiatric care.

The study analyzed data from a sociological survey of individuals who were willing to seek psychological, psychotherapeutic, and psychiatric assistance. The study employed several techniques including analytical procedures, sociological survey, and correlation and regression analyses. The study results were statistically processed using StatSoft ver. 13 (serial no. Jpz8071452917ARCN20ACD9). The program was installed on a personal computer operating on Microsoft Windows 10.

RESULTS AND DISCUSSION

In the population seeking psychological, psychotherapeutic, and psychiatric help, women predominated (61.96%), whereas men constituted a smaller portion (38.04%). The respondents were primarily 35–39 years old (20.57%), followed by those aged 40–44 (16.14%), 30–34 (15.38%), and 25–29 (11.29%).

Among the respondents who expressed an interest in seeking psychological, psychotherapeutic, or psychiatric help, 65.89% were married, 20.57% were divorced, 10.79% were single, and 2.76% were widowed (Fig. 1).

Among the respondents, 47.41% were employed in public institutions, whereas 39.21% worked in private institutions and enterprises. In addition, 7.44% were not employed, 3.6% were old age pensioners, and 2.34% were pensioners with disability (Fig. 2).

Data revealed the proportion of individuals seeking psychological, psychotherapeutic, and psychiatric assistance, categorized by family composition. Among those seeking help, 52.17% cohabited with their partner and children, 13.04% lived alone, 12.96% cohabited with a

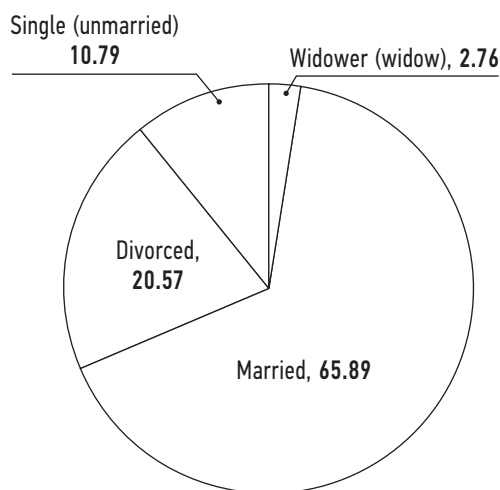


Fig. 1. Distribution by marital status of individuals willing to seek psychological, psychotherapeutic, and psychiatric help, %

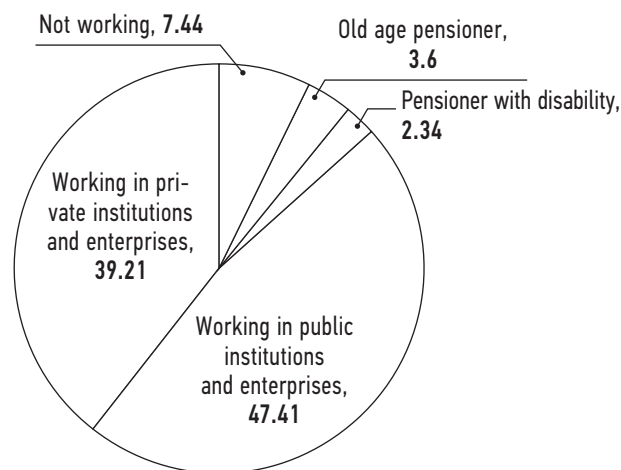


Fig. 2. Distribution by social status of individuals willing to seek psychological, psychotherapeutic and psychiatric help, %

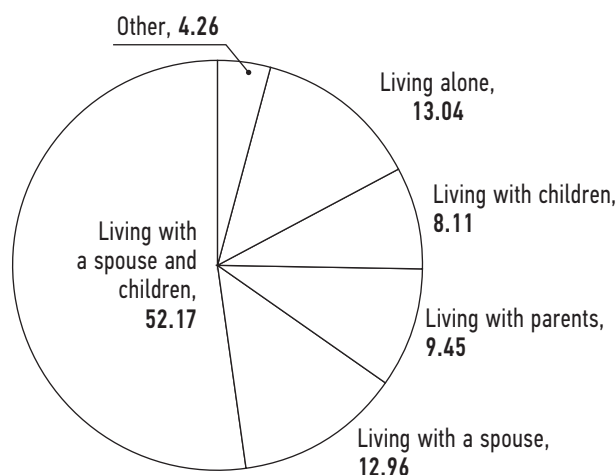


Fig. 3. Distribution by family composition of individuals willing to seek psychological, psychotherapeutic and psychiatric help, %

partner, 9.45% cohabited with their parents, and 8.11% cohabited with children (Fig. 3).

Among the respondents, 34.7% reported having chronic illnesses, whereas the remaining 65.3% did not.

Of the respondents, 91.47% had contracted COVID-19, whereas only 8.53% had not.

Based on the progression of COVID-19, participants were categorized into mild (58.78%), moderate (35.56%), and severe (5.21%) groups (Fig. 4). Moreover, 77.68% of the respondents reported feeling depressed, whereas 22.32% reported normal mood. In addition, 38.38% of the respondents reported experiencing fear, anxiety, or worry, whereas 61.62% indicated that they did not encounter such feelings. According to the criterion "Do you have recurring panic sensations?" 79.43% of the respondents did not report experiencing such feelings, whereas 20.57% did.

When asked, "Have you noticed a decline in your memory and difficulties assimilating new information?," 76.7% of the respondents confirmed such difficulties, whereas 23.33% rejected this claim.

To the question "Do you have difficulties in communicating with others?" only 11.87% of the respondents answered positively, whereas 88.13% denied this fact.

Regarding the question "Do you experience sick, lack of energy, and increased fatigue?," 50.17% of the respondents answered positively, whereas 49.83% answered negatively.

When asked "Do you notice a decrease in your ability to work?," 81.69% of the respondents answered positively, whereas 18.31% answered negatively.

When asked "Do you experience persistent pain or discomfort in internal organs or muscles even after taking medication and receiving medical treatment?," only 11.87% of the respondents confirmed this, whereas the remaining 88.13% did not.

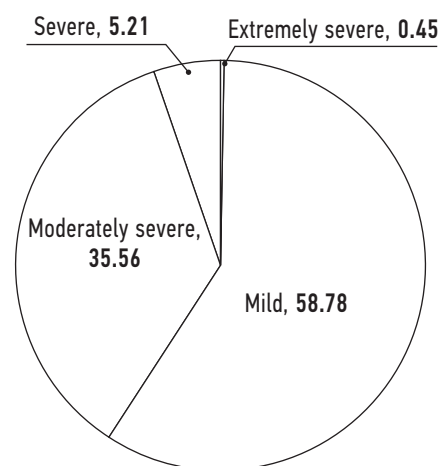


Fig. 4. Distribution of individuals willing to seek psychological, psychotherapeutic, and psychiatric help, according to the attribute "Course of coronavirus infection", %

To the question "Would you consult a psychologist if necessary?," 56.19% of the respondents answered positively, whereas 43.81% answered negatively (Fig. 5).

For the item "Select reasons for consulting a psychologist," 92.94% of the respondents stated that this need could not arise, whereas 7.06% expressed concerns about the potential consequences (Fig. 6).

When asked "Would you consult a psychotherapist if necessary?," 65.13% of the respondents gave a positive response, whereas the remaining 34.87% answered negatively (Fig. 7).

For the item "Select reasons for consulting a psychotherapist," 87.53% of the respondents indicated that they did not need such services, whereas 12.47% expressed concerns regarding potential repercussions of undergoing treatment (Fig. 8).

In response to the question "Would you consult a psychiatrist if necessary?," 86.79% of the respondents were ready to consult a psychiatrist, whereas 13.21% excluded this possibility (Fig. 9).

To the question "Select reasons for consulting a psychiatrist," 72.78% of the respondents stated that no such need would arise, whereas 27.22% expressed concern regarding the potential consequences of the treatment (Fig. 10).

A strong correlation ($R = 0.7$) was found between the symptoms of "impaired memory and learning abilities" and "reduced efficiency and communication difficulties," "reduced efficiency and communication difficulties," and "willingness to consult a psychotherapist" ($R = 0.64$), "depressed mood" and "impaired memory and communication difficulties" ($R = 0.76$), "depressed mood" and "decreased ability to work" ($R = 0.76$), "depressed mood" and "willingness to consult a psychiatrist" ($R = 0.51$), and "age" and "chronic diseases" ($R = -0.55$).

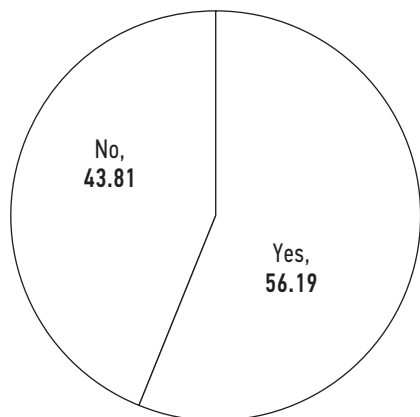


Fig. 5. Distribution of individuals willing to seek psychological, psychotherapeutic, and psychiatric help according to the attribute "Would you consult a psychologist if necessary?", %

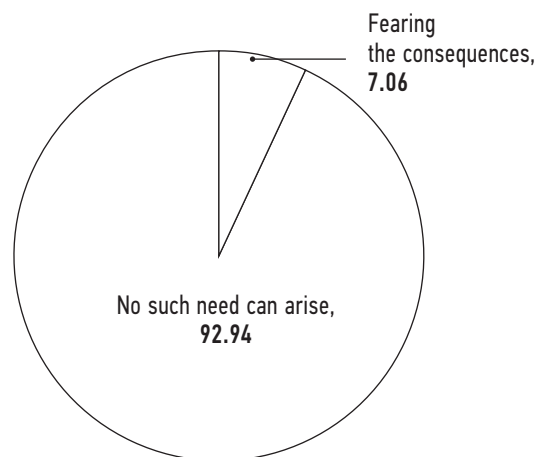


Fig. 6. Distribution of individuals willing to seek psychological, psychotherapeutic, and psychiatric help according to the attribute "Select reasons for consulting a psychologist", %

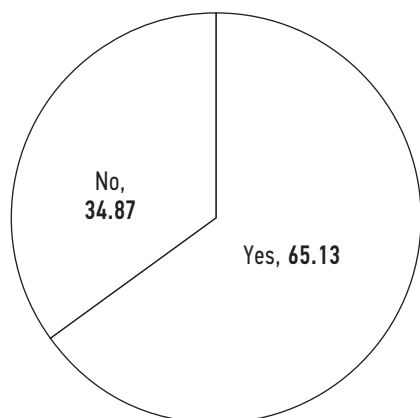


Fig. 7. Distribution of individuals who are willing to seek psychological, psychotherapeutic, and psychiatric help, according to the attribute "Would you consult a psychotherapist if necessary?", %

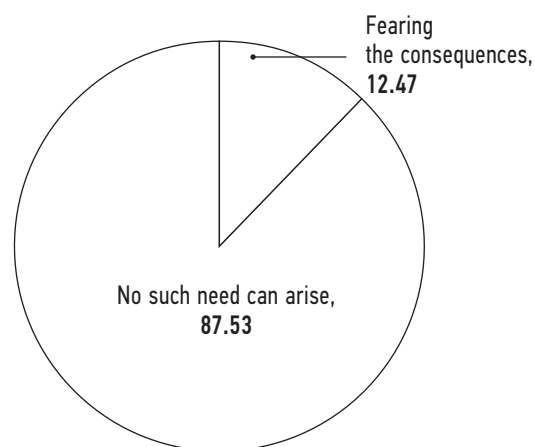


Fig. 8. Distribution of individuals willing to seek psychological, psychotherapeutic, and psychiatric help according to the attribute "Select reasons for consulting a psychotherapist", %

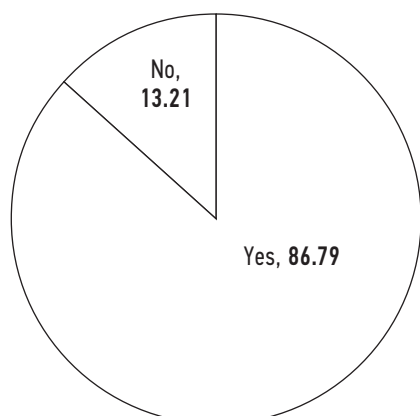


Fig. 9. Distribution of individuals willing to seek psychological, psychotherapeutic, and psychiatric help according to the attribute "Would you consult a psychiatrist if necessary?", %

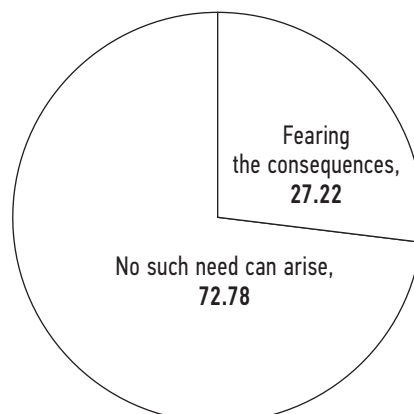


Fig. 10. Distribution of individuals willing to seek psychological, psychotherapeutic, and psychiatric help according to the attribute "Select reasons for consulting a psychiatrist", %

CONCLUSIONS

Thus, the economically active female population of working age, who were predominantly married and had mild to moderate COVID-19, experienced malaise, lack of strength, and increased fatigue. They expressed willingness to seek professional help from a psychologist, psychotherapist, or psychiatrist.

The sociomedical factors that determine the need for psychological, psychotherapeutic, and psychiatric care are characterized by a significant correlation between certain attributes. These attributes include “impaired memory and learning abilities” and “reduced efficiency and communication difficulties” ($R = 0.7$), “reduced efficiency and communication difficulties” and “willingness to consult a psychotherapist” ($R = 0.64$), “depressed mood” and “impaired memory and communication difficulties” ($R = 0.76$), “depressed mood” and “decreased ability to work” ($R = 0.76$), “depressed mood” and “willingness to

consult a psychiatrist” ($R = 0.51$), “age” and “chronic diseases” ($R = -0.55$).

The obtained results establish a foundation for developing a system to ensure sufficient, targeted psychological, psychotherapeutic, and psychiatric care for the population.

ADDITIONAL INFORMATION

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Conflict of interest. The authors declare no obvious and potential conflicts of interest related to the publication of this article.

Ethical review. The conduct of the study was approved by the local ethical committee.

Author contributions. All authors made a significant contribution to the study and preparation of the article and read and approved the final version before its publication.

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