



THE EFFECTS OF PSYCHOPATHOLOGICAL DISORDERS ON SOCIO-PROFESSIONAL INTEGRATION

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SUMMARY

The process of professional and social integration of the mentally ill remains a topical issue, which refers to a diversity of practices currently in full development, aiming to promote, support and accompany the return to society of people who have presented disorders psychiatric. Vocational reintegration is often seen as an essential component of rehabilitation. It is in work that the human and economic dimensions of mental health and mental illness manifest themselves most clearly. Psychosocial interventions based on rehabilitation programs or work in psychotherapy, on information and education of those around them, can then help a lot in the socio-professional integration of patients.

I. INTRODUCTION

The process of professional and social integration of the mentally ill remains a topical issue, which refers to a diversity of practices currently in full development, aiming to promote, support and accompany the return to society of people who have presented disorders psychiatric.

The subject engaged in a reintegration process feels a sense of major insecurity in the face of the demands of the social realities he must face: housing, employment, interactions with those around him.

This feeling of insecurity reflects the negative identity that characterizes it, developed from massive personal devaluation.

Psychosocial reintegration can be defined as all of the direct and indirect processes that tend to reduce the stigma of mental illness and increase the psychosocial skills of unintegrated patients.

If they are particularly disabling during the acute phases of the disease, the symptoms do not compromise social adjustment in the remission phases. But the cyclical aspect of the disease often leads to other problems that reduce the chances of integrating.

II. Mode of stabilization of the disorders and their incidence on the professional capacities and social integration

The integration potential depends to a large extent on the nature of the psychopathological disorders presented and their mode of stabilization. However, this should not lead to underestimating the importance of other factors such as the level of education initially achieved or the professional experience acquired before the disorders (Mc Gurk et al., 2000).

Mental pathologies are distinguished from somatic pathologies by the fact that it is not only a question of appreciating the after-effects that they have left, but their mode of stabilization and their predictable evolutionary profile.

Two types of factors conditioning reinsertion:
The degree of stabilization, the extent of the residual disorders and the possible evolutionary profile.
The impact of (residual) troubles on a set of dimensions.

1. The type of stabilization and the possible mode of evolution of the pathology

The assessment of the type of stabilization is based on a clinical assessment, that is to say multidimensional, trying to apprehend not only the detectable residual disorders, but also their functional impact on the main sectors of the existence of the subject, endeavoring to grasp diachronically the modes of manifestation and the incidence of these disorders.

We can schematize the main evolutionary configurations encountered as follows:

- o Stabilization after amending the troubles;
- o Persistence of disorders whose intensity is to be assessed, with stabilization on a chronic basis;
- o Alternating periods of improvement and relapses, of which it is important to identify the triggers when they exist and can possibly be avoided.

2. Interference of disorders on integration skills

These are mainly the faculties of adaptation to the constraints specific to society and to the world of work (constraints of movement, hours, pace, organization involving a "hierarchy"),

The mentally ill facing employment.

The job contributes to the social identity of the subject, but far beyond, by the sense of usefulness it provides and the potential for self-realization it offers, it concerns identity in all its facets, set of characteristics that the subject attributes to himself, system of representations and feelings of self about oneself.

It is in work that the human and economic dimensions of mental health and mental illness manifest themselves most clearly. Work can make a constructive contribution to mental well-being, because it is work that we get most of our sense of social integration.

Vulnerability and professional integration

Vulnerability, resulting from the combination of innate and acquired factors, does not necessarily predispose the subject to mental illness. It results in a difficulty in mastering complex information in the broad sense. And it is only when the situations encountered by the subject constitute for him too strong an emotional and cognitive charge that he can fall into decompensation and present a productive symptomatology, in an acute phase. From this perspective, mental illness is not the long-term expression of a structure of the subject's psychic reality that turns out to be pathogenic. It is only the manifestation, which can be transient, of the inability of a vulnerable subject to cope at certain moments or stages of its existence. Vocational reintegration is often seen as an essential component of rehabilitation. The constraints that it requires, the emotional implication and the mastery that it requires intensely test the vulnerability of the subject and can lead to a new acute symptomatic phase and a reinforcement of negative identity.

III. The social impact of mental disorders

The impact of mental disorders on the community is as deep as it is multiple: cost of care, loss of productivity, legal problem.

Mental or behavioral disorders have a significant impact on individuals, their families and those around them. The individual suffers not only from the disturbing symptoms of his illness, but also from being unable to participate in

professional or recreational activities, often due to discrimination against him. He worries that he cannot take responsibility for his family and friends, and fears that he will be a burden on others.

IV. Impact on quality of life

The quality of life of people with mental disorders has been the subject of several studies, from which it appears that the damage is not only considerable, but lasting. Often the quality of life remains poor, even after recovery, due to different social factors.

Adding the economic cost of mental suffering; mental disorders represent a heavy economic burden, inter alia on people's incomes, the capacity of patients or their carers to work and to make a productive contribution.

Consequences on 03 levels:

- 1- Individual: impairment of earning capacity, performance loss, treatment costs, loss of autonomy.
- 2-Socio-professional: in the workplace, reduction in productive capacity and absenteeism, errors in judgment, accidents, conflicts, disputes.
- 3-Socio-politics: increase in the cost of taking charge of health and social insurance which directly affects the costs of citizens.

V. CONCLUSION

Even after stabilization of psychopathological disorders, difficulties in carrying out tasks or simple projects persist. In particular, the sick do not have the capacity to perform skilled or overly specialized work.

Psychosocial interventions based on rehabilitation programs or work in psychotherapy, on information and education of those around them, can then help a lot in the socio-professional integration of patients.

To secure the subject, to support it in the reconstruction of a positive identity, is to encourage it to register in interactive networks less demanding than those of the job where it will be able to deploy its creativity, to break its social isolation, s " appreciate and be recognized as useful.

Activities of collective utility must become the major constituent of psychosocial rehabilitation.

"... Mental health is integrated into a person's physical, social, spiritual and economic well-being. Hope for a future in this regard will be realized if there are genuine expectations of the settlement of inequities in society. "

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