

## The Quality of Social Functioning in Patients with Depression, as a Parameter of State Severity

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**Introduction.** According to specialists' prognosis, significant growth of depressions in the structure of morbidity with mental disorders will be the leading cause of the loss of productivity of the adult population in the near future despite the achievement of psychopharmacology (World Health Organization, 2017). The course of depressions is determined by the clinical polymorphism, the tendency to the atypical variants, prolonged episodes and stressful effects on the patients and their social environment (Maruta, Zhupanova, 2016, Maruta, 2013). This leads to significant social maladaptation, which becomes a tangible socio-economic problem (Prib., 2012, Barnett, Gotlib, 1988). Taking into account the specificity of the problem of depressive disorders at the present stage, in addition to understanding the biological and psychological mechanisms of the depression formation, it is necessary to consider social factors that have a significant impact on the development and course of the disease, and the use of the resource of social interaction will play an important role in the treatment efficacy (Asanova, 2008, Fava, et al., 2007, Coyne, et al., 1987).

**Purpose.** Study of social functioning structure in patients with depressive disorders and to identify the parameters of their social dysfunction.

**Design, Methodology and Approaches.** 68 patients with depressive disorders during outpatient and inpatient treatment were examined. The following methods were used: clinical and psychopathological, psychometric, pathopsychological, statistical. The clinical and psychopathological method was based on a psychiatric examination in accordance with the criteria of ICD-10, patients' complaints, anamnestic data, symptoms, syndromes (psychopathological interpretation, correlation with classification characteristics of ICD-10) were evaluated. The severity of the depression was evaluated by the Hamilton scale – 21 points (HAM-D-21) (Hamilton, 1960). Social functioning (SF) was researched according to the WHO Psychiatric Disability Assessment Schedule (WHO/DAS) (Maruta, et al., 2004); the following factors were evaluated: general behavioural dysfunction, social roles performance, intrahospital functioning and modifying factors.

**Results.** 26 patients were diagnosed with bipolar affective disorder, depressive episode (F31) – 38.2%, recurrent depressive disorder (F33) – 35 (51.5%), dysthymia (F34) – 6 (8.8 %), depressive episode (F32) – 1 patient (1.5%). Duration of the disease is  $18,4 \pm 6,1$  years. The average age of the manifestation of depressive disorder is  $21,3 \pm 1,4$  years. Duration of depression on average  $6,2 \pm 1,6$  months, the number of episodes of depression –  $3,3 \pm 0,6$ . According to the HAM-D-21, 52 patients (76.5%) had a severe depression (more than 27 points), and 16 (23.5%) were of moderate severity.

In 61.9%, the indicator of general behavioral dysfunction was defined as "severe" and "very severe", reflecting significant systemic disorders of patients social functioning in society with problems in self-service, professional and family activities, activities in the general social sense. The average score of total behavioral dysfunction was 3.2 points. When performing social roles, "severe" (31.6% of people) and "very severe" (40.4% of people) dysfunction levels prevailed in all of the evaluated indicators.

The average point of performing social roles dysfunction was 3.7, which indicates low social interactions with loss of social contacts, insufficient performance of professional duties, study and work interest loss, marital and family life, as well as changes on behaviour in non-standard situations.

The analysis of structure of inpatients' dysfunction revealed that the state of "without dysfunction" was observed at 8.5%, the "minimum" dysfunction was 14.4%, "obvious" – 27.1%, "severe" – 30.2 %, "very severe" – 19.8%. Obtained data are shown significant problems of depressive patients social functioning in stationary conditions, confirming the need for early psychotherapeutic and rehabilitation interventions. The average score of social dysfunction parameters for a group of inpatients was 3.7. The modifying factors of social dysfunction included patient's positive qualities, special barriers, home atmosphere, support from the outside. The research of actual existing problems, the possibilities to solve them, evaluation of micro-and macro-social environment that can support the patient and be involved in rehabilitation processes was conducted. Violation of functioning with the prevalence of "severe" dysfunction was found in 33.5% of people.

The study results generalization reflected the average index of social functioning in the "Psychiatric Scale of Restrictions of Life" (WHO / DAS), the total and total average adaptation scores were determined. The most significant violations for depressive patients were observed in social roles performance (average point -3.7, "very severe dysfunction") and the severity of individual problems that are determinative (modifying) at the decrease of social functioning (the average point 3.4, "severe dysfunction"). However, obvious resource sources are the correction of behavioural dysfunction with early psychotherapeutic intervention, participation of the

patient in psychosocial rehabilitation measures, conducted in the intrahospital environment (indicators of social dysfunction in these areas are somewhat lower).

**Limitations and strengths of the study.** Study findings can be generalized to the patients about whom information is obtained.

**Practical/ Social value.** The obtained results will promote the construction of effective individual rehabilitation programs with mandatory measures aimed at overcoming social dysfunction.

**Conclusions.** Current research has shown significant structural violations of social functioning in depressive patients. General behavioural dysfunction is manifested by a decrease in activities in the family environment and activities in general social sense. The performance of social roles is substantially affected in the family environment, namely in spheres of marital life, parenthood, social contacts, tangible violations in decision-making, solving problems in non-standard life situations. Inpatients' dysfunction is characterized by a lack of interest in the performance of certain work (employment) and the difficulties of external communication. The main modifying factors of social dysfunction in patients are the lack of regular activities aimed at enhancing knowledge, skills in a particular area, and the lack of stable, trust relationships with any person other than close relatives (category "Special Positive Qualities") and factors associated with home atmosphere (in particular, rejection of the patient by a key figure). The total average point of social functioning corresponded to "severe" social dysfunction, leading was role dysfunction. Severe and moderate depressive symptoms form a social dysfunction through the mechanism of emotional interaction violation with the outside world.

**Keywords:** mental illness, social roles, social behavior.

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