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# Mental Changes in the Parents of Children and Adolescents with Mental Disorders

### Turgunboyev Anvar Uzokboyevich

Assistant of the department of psychiatry, medical psychology and narcology Samarkand State Medical University, Samarkand, Republic of Uzbekistan

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#### ABSTRACT

Recently, the number of families requiring the attention and assistance of a psychiatrist has been increasing due to mental illness in a child. Distrust of the doctor, fear that the diagnosis can affect the social status of the child, bias towards psychiatry – all this leads to a deterioration in medical care and, first of all, harm the health of the child. Often a psychiatrist uses only the clinical method to make a diagnosis.

**Introduction.** Compliance. One of the leading tasks in solving the problems of mental health and optimal psychosocial development is the socialization of the child. The process of mastering the child's patterns of behavior, psychological relationships, social norms and values, knowledge and skills that allow him to successfully work in society is an integral component of the formation and development of a person. These are children and adolescents with the weakest psychological security and low ability to resist modern negative social influences [1, 2].

Over the past twenty years, a number of persistent negative trends have been noted in the mental health of children and adolescents: a high level of childhood disability, in which mental disorders come first; an increase in the number of children with drug and deviant behavior, such as negligence, early alcoholism, drug abuse, suicide and suicide risk; cyberattacks and chemicals to computer games. It is not for nothing that at the current stage of development of clinical, children, adolescents and Social Psychiatry, such a basic concept as "psychosocial mental illness" is distinguished, while special attention is paid to emotional distress, adaptation disorders and post-traumatic stress disorder in minors, which leads to serious personal disorders and deviations of permanent behavior. forms of behavior, criminal offenses [3, 4].

The seventh International report of the World Health Organization (2016), dedicated to the study of the health and well-being of children and adolescents, focuses on the influence of social factors such as family, parents, peers, relationships with classmates, which have the main impact on the formation and mental well-being of minors. A child, developing in favorable conditions of the family, as a rule, when experiencing stress, shows the ability to resist Psychotrauma, and this level of resistance reflects his personal growth and the ability to emotionally and voluntarily

control his condition and condition [5-7].

The peculiarities of development are that, despite the life-threatening conditions that contribute to the appearance of various mental abnormalities, some children showed the results of normal development. Conditions have been identified that determine the success of overcoming difficult situations: external, arising from the social environment of the child, and internal, associated with some personal characteristics. The first is affection and support from family members or at least one of them, good relationships or friendships with other adults. In the second case, it was shown that the success of adaptation depends on the mental development of the child, temperament characteristics, independence, self-confidence, communication, the effectiveness of copy strategies, communication skills and skills, positive school experience [8-10].

A number of researchers have pointed out the existence of age-related characteristics of personality resistance. But it is not yet known how this feature of personality changes throughout a person's life, and the resistance of an individual is stable in terms of structure and quality at each age stage. There are [11-15] references to resistance in old age, such as "healthy, comfortable aging" and "successful aging" (the latter is even described as "oxymoron" — a stylistic figure, a combination of words opposite in meaning). "Successful old age" includes a high level of resistance, an individual's resistance to life difficulties, first of all, problems that arise directly in retirement, a decrease in physical capabilities, changes in the functioning of a number of mental functions [16-20].

In local studies, the concept of "psychological stability" is used to describe issues related to an individual's resistance to difficult situations. A clear connection between the psychological stability of the individual and the adaptation of the individual to life situations can be noted [21-24].

In the 30s of the last century, H. Selye was one of the first to begin to develop the concept of adaptive potential within the framework of the" stress concept", which he identified as the sum of all non-specific changes that occur under the influence of any strong influences and are accompanied by the restructuring of the body's protective systems. At the same time, he pointed out that psychogenic effects can in some cases reach psychotraumatic power, leading to the breakdown of orderly communication relationships, while in others they are indifferent. Features of adaptation syndrome, H. according to. Selye, on a psychological level, S. Rozenzweig's theory of hopelessness may be related. According to this theory, despair is the collision of any life need of an individual with an insurmountable psychological barrier, moral prohibition. In this case, initially a "stress state" develops, and depending on the duration of the internal conflict, a "reactive state"may appear. Revealing the concept of "adaptation barrier" in his studies, noted that one of the most important conditions for the emergence of reactive States is the inconsistency of the existing social and biological capabilities of a person for information processing [25-30].

To posokhova, adaptation is recognized as a mechanism for ensuring the body's balance with the changing environment, maintaining its mental and personal integrity and stability. Special cases of mental stability are emotional stability and mental stability in general. The latter determines the ability of a person to maintain adaptive behavior in acute conditions of existence, the ability to avoid the risk of the appearance of mental disorders and mental abnormalities. It is advisable to present the adaptive potential as an integral education that systematizes socio-psychological, mental, biological characteristics and qualities renewed by the individual in order to create and implement new behavioral programs in the changed conditions of life. Stability and flexibility, according to the author, determine the harmony of the individual with the environment [31-35].

Based on the concept of adaptation personal characteristics, such as the potential for personal adaptation, have been developed. Adaptation, on the one hand, is the process of dynamic

formation, adaptation to environmental conditions, on the other hand, the property of any living system that "mediates its resistance to environmental conditions (which implies a certain level of development of adaptive capacity)" [36-40].

According to a number of researchers [41], protective mechanisms and resources generated in the intimate social environment of adolescents can mitigate the effects of negative factors of life. This Included S. T. Stoshova's data is consistent [42-44], "parent-child Relations, family environment and customs with the most subtle network of specific relationships and nuances, an important intimate environment forms the basis of a certain repertoire of adaptive behavior of an individual".

Who (2016) identifies the following social factors that influence the formation of a child's socially adaptive personality: 1) relationships with family and primarily parents or individuals raising a child; 2) relationships with peers, the importance of a reference group; 3) interaction with teachers and classmates at school.

Communication with parents is one of the main sources, thanks to which the family acts as a protective mechanism that allows the child to cope with stressful situations and protect him from negative influences. The convenience of communicating with a teenager's mother has a positive effect on the level of life satisfaction [45]. The negative impact of the use of electronic communication on life satisfaction in adolescence is also mitigated by parental support [46]. Adolescents who report Ease of communication with their mother are less likely to smoke, frequent alcohol consumption, or early sex life [47]. Interaction with parents also has positive effects on nutritional preferences and physical activity during adolescence [48]. Family communication is an indicator of social support and interaction of family members [49-51]. Comfort and confidence in communicating with parents help the child to self-disclose, which can be considered as an indicator of the most effective forms of parental control (parents 'awareness of the child's whereabouts, his activity and social circle) and hinder such behavior of adolescents.health risks [52-55].

Building positive and friendly relationships with peers is the most important factor that helps in developing tasks related to development, such as the formation and formation of personality, the development of social skills and self-esteem, and the affirmation of your independence. In a study of different countries and regions [56-60] it was argued that the presence of a harmonious relationship with peers is a protective factor that positively affects the health of adolescents, including the decrease in psychological complaints.

As for school life, it can also be important for the development of self-esteem, the perception of oneself as a person and for behaviors that promote health. Thus, adolescents who have received school positively develop healthy habits and have high health indicators, including high self-esteem, high life satisfaction, low health complaints [61-64]. These data indicate that the school plays an important role in supporting the well-being of students and protecting them from unhealthy habits and related consequences.

What is significant in terms of socio-psychiatric unfavorable social, psychological, somatic consequences is a state of emotional stress that occurs in conflict, crisis life situations and exceeds the individual psychophysical and personal adaptive capabilities of the child in terms of intensity or duration. The peculiarity of the child's psyche and the child's body is that the child responds to severe or prolonged stress mainly with discomfort - a pathological, painful reaction of malfunctions [65-67].

The most important social stresses for children and adolescents are mental deprivation, loss of parents and loved ones, separation from the usual stereotype of relationships.

The purpose of the study: to study information and confidence in the clinical method from the point of view of parents of children and adolescents with mental disorders.

**Materials and methods.** Due to the relevance of this problem, a survey was developed in the Department of Adolescent Psychiatry of sopb, with the help of which 160 parents with children with various mental disorders were examined (schizophrenia-32 people (20%), Attention Deficit Hyperactivity Disorder – 24 (15%), other behavioral disorders – 14 (8,75%), epilepsy-64 (40%), autism-8 (5%), mental retardation-18 (11,25%)). The median age of children was  $14.4 \pm 3.32$  years.

**Results.** After consulting a psychiatrist, 60 parents (75%) agreed to the doctor's diagnosis, 20 parents (25%) struggled to answer the question, and 20 parents (25%) also expressed disagreement with the diagnosis. Immediately after consultation, 80 parents (50%) began treating the disease, 72 parents (45%) conducted additional studies and consultations with other specialists to confirm the diagnosis, 8 (5%) used unconventional treatments (psychics, traditional healers).

112 parents (70%) were convinced that the child was indeed mentally ill after instrumental research methods (EEG, MRI, TKDG). Examination of the child by a psychiatrist and explanation of the symptoms convinced only 40 parents (25%). 106 parents (66,3%) were convinced that in order to diagnose mental disorders, the doctor had to examine the child several times, 42 (26,2%) agreed to the diagnosis after several consultations from different psychiatrists, only 12 (7,5%) struggled to answer this question.

When parents first heard the diagnosis, 132 of them (82,5%) felt embarrassment, 84 parents (52,5%) felt shock, 76 (47,5%) sadness, 68 (42,5%) fear, 24 Parents (15%) felt suspicion and guilt in this situation, and 8 people (5%) - were shocked. 144 parents (90%) discussed the diagnosis with their spouse, 64 (40%) with their parents, and 32 (20%) with mental illness in Internet forums for parents of children. 50 parents (31,3%) sought professional help from a psychotherapist or psychologist, 28 (15%) went to a priest, and 96 (60%) read literature on the disease.

The optimal time that the doctor should spend on the examination of the child was 120 parents (75%) 40-45 minutes, 8 (5%) - 10-15 minutes were enough to conduct consultations, and the examination of the child should take more than an hour, for 24 Parents (15%) this issue was not in principle.

For 128 parents, one of the main signs of a psychiatrist's qualifications (80%) was the appointment of additional medical research methods and advice from other specialists, the careful treatment of 112 people (70%) of the patient. A detailed explanation of his positive impressions and expediency revealed a level of professionalism for 104 parents (65%).

77,5% said that, as far as possible, the doctor tried to fully comply with his recommendations. In 50% of cases (18 parents), the main reasons for withdrawal were fear of side effects and bias towards the chemical nature of the drugs. 12 parents (33.6%) refused treatment because several drugs were prescribed at the same time.

It was found that 144 parents (90%) were not satisfied with medical information about the child's illness. For 102 parents (69,8%), the prognosis of the disease, treatments, and information about factors that can exacerbate the disease are critical for 94 parents (58,8%). As an additional source of information, 106 people (66,3%) want medical periodicals, 32 (20%) brochures, 56 (35%) want to get information from the Internet and community organizations for parents of children with the disease, 62 parents (38,8%) want to attend lectures and classes. in small groups.

Conclusion. Thus, the use of the clinical examination method in rare cases in the diagnosis of children and adolescents by a psychiatrist was found to be reliable for parents. Unfortunately, sometimes doctors cannot even properly assess the condition of parents who seek help from a psychiatrist. When parents hear the diagnosis for the first time, they cannot remember and fulfill the recommendations due to emotional turmoil. This worsens the interaction between the doctor and the parents of a child with mental illness, leads to the search for another specialist, the use of unconventional methods of treatment, incomplete implementation of recommendations, which makes effective interaction difficult and leads to a decrease in the quality of providing the necessary assistance and negatively affects children's health.

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