

INTEGRATION INTO THE COMMUNITY OF ELDERLY PEOPLE WITH MENTAL DISABILITIES

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ABSTRACT: *The topic "Integration in the community of elderly people with mental disabilities" is an important topic for social assistance because at present there are relatively few opportunities for integration or social reintegration of people with mental health problems. If mental illness is treated in specialized institutions - clinics, hospitals and psychiatric wards - where patients receive specialized treatment and counseling, the same cannot be said about the actions of integration or social reintegration of those mentally affected at discharge from these units.*

Keywords: *mental disability; old people; integration; community.*

1. Methodological aspects of mental deficiency

Mental health and well-being are essential elements for people's quality of life and for society, and the prevention, early detection, intervention, and treatment of mental disorders significantly reduce their personal, financial, and social consequences.

A large proportion of people with mental health problems are perfectly capable of carrying out an adequate professional activity outside the periods when their condition decompensates. Specialized psychosocial assistance is needed for their professional and social reintegration.

The mentally ill need to always be assured that they are not alone and that they will succeed in any activity they set out to do. Stigma and social marginalization due to their illness can cause them more suffering than the condition itself.

One of the tasks of social assistance should also be to prevent and eliminate the social exclusion of people with mental

disorders. Although 85% of older adults with schizophrenia reside in the community, little is known about community integration in this population [1].

Nowadays most people with mental disabilities reach old age, although these people are subject to two dangers related to resistance to the community and their advanced age, they do not receive adequate care because a negative stereotype is observed in regarding the intellectual decline and mental disability associated with old age.

That is why it is very important to explain to these people that in order to remove these dangers, social institutions, social services and understanding from the community are provided, at the same time there is an interest in line with increasing the visibility of this group of people in society and with the development of the perception that this group takes an active part in the life of the communities they belong to.

It is increasingly observed that in most developed countries there is a strong concern for improving the facilities and services

provided to people with disabilities that allow all these people regardless of the type of disability they are affected to live independently, to participate in the labor market, to participate in leisure activities and to participate actively, to make a positive contribution to the life of the community. All these concerns reflect a change in the values that guide social policies, but the objectives inspired by these values have nowhere been fully met.

The importance of the issue of people with disabilities derives from the fact that people with disabilities, no matter how generous the objectives of social policies, remain a clearly disadvantaged category compared to other categories of "normal" people and the improvement of social functioning cannot be achieved without involvement of community members. It is a generally accepted fact that the degree of civilization of society is largely determined by the attitude towards these people with a mental disability. Creating the conditions for education, socio-professional adaptation and social integration of the respective persons is also a main objective of any state and of the world community in general.

The topic can also be current through the strict differentiation of people with mental disabilities, which is determined by the individual-typological particularities of abnormal people and ensures the maximum realization of the possibilities of knowing them. Differentiating people with mental disabilities is a fundamental problem of defectology science, a complex action that is carried out interdisciplinarily (medicine, psychology, pedagogy, etc.) focusing on the particularities of individual psychophysical development.

The topicality of the topic is also determined by a large number of factors: the high level of disability and the general trend of increasing it with implications on the health of young people with mental disabilities and affecting the quality of human resources of society.

2. Social integration of people with disabilities

Social integration refers to the social processes of classifying people into social systems (e.g. the insertion of individuals into groups and groups in a social system or the unification of social systems).

In a generic sense, integration is a process of active and efficient insertion of the individual in social activities, in social groups and in a wider meaning in social life. Overall, this process is achieved through various forms and means, such as: training, education, and social services.

Regarding the social integration of people with disabilities, this can be defined by the relationship established between people with disabilities and society at different levels:

a. Physical integration - allows people with special needs to meet the basic needs of their existence, ie providing a living space in residential areas, organizing classes and groups in regular schools, professionalization in various fields, jobs (protected system), etc.

b. Functional integration - provides access to persons with special needs to use all facilities and services provided by the social environment / community to ensure a minimum of comfort (for example: use of public transport, facilities on the street or in various public institutions, etc.).

c. Personal integration - is related to the development of interaction relationships with significant people, in different periods of life. Here are included various categories of relationships, depending on the age of the subject - for a child relationship with parents, relatives, friends, for an adult the relationships with the spouse, friends, children, relatives, etc. The most efficient integration presupposes the existence of certain conditions, for a child relation as close as possible with the family, and for an

adult, ensuring a dignified existence, with diverse relations within the social groups in the community.

d. Social integration - refers to the set of social relations established between people with special needs and other members of the community (neighbors, colleagues, people on the street, civil servants, etc.), the social networks of which the person is part. These relationships are influenced by all the ways of interaction between normal people and those with special needs.

e. Integration in society/societal - refers to ensuring equal rights and respecting the self-determination of the person with special needs as well as assuming responsibilities - social roles, exercising influence over partners, full acceptance by other members of the community, the existence of a sense of self-confidence and trust in others as well as full participation in the community;

f. Organizational integration - refers to the organizational structures that support integration.

There are interdependencies between these aspects / levels of integration. They form a continuous integrator, which involves amplifying the spheres of scope, from physical to societal integration, the latter including the others.

If the physical integration is the easiest to achieve, the functional one is achieved to a lesser extent in practice; while social and societal integration are quite difficult to achieve, even for people without obvious deficiencies.

In conclusion, the implementation of integration requires the development of a cohesive system of actions in various fields: psychology, pedagogy, sociology, social assistance, organizational, legal, and political.

These actions must be carried out from the individual to the social level, with the aim of changing society as a whole and

transforming it into a society capable of ensuring the integration of people with special needs within it. The two types of integration (social and professional) do not eliminate or replace the other types of integration we talk about daily: school, collective, individual, emotional, emotional integration, etc.

Integration implies equal social participation and equal opportunities in achieving access to education. Among the current and future values of the integration of the democratic society in the world, he considers the following to be dominant:

- acceptance of all differences;
- respect for diversity and otherness;
- human solidarity and especially with different people;
- the fight against exclusion and marginalization;
- the fight against social inequality.

The levels of integration are in a relationship of interaction, influence and enrich each other, thus creating the set of conditions necessary for the change of society and the transformation into a society capable of ensuring the integration of people with mental disabilities within it.

Access to integration is valid for all people, including those with a disability, regardless of their disability and severity. There should be no restrictions in this regard. People with a certain disability and especially with a mental disability are very ordinary people, people with dreams, hopes, aspirations, but with more pain and more obstacles they face.

The success of the integration of people with mental disabilities depends on the cooperation of all Community institutions responsible for special education, social protection, and legal protection to ensure the realization of all their rights.

Social integration cannot be separated from school integration, it is not only post-school, but is built gradually, as the child becomes through education, as an adult "social being" the school is itself a part of

social life, as such progress in the direction in order to gain autonomy, social "skills" must be, like intellectual development, an educational goal.

3. Methodological aspects of social research

The research was conducted on two samples comprising people who are domiciled in social activities.

There were 134 subjects (67 subjects - sample 1 and 67 subjects' sample 2) aged between 50 and 89 years (no institutionalized).

The study was conducted only on subjects with mental disabilities. In establishing the 2 samples we used as a procedure the sampling by stratification by dividing the subjects according to a criterion. In this case, the criterion was age and implicitly the type of disability. Adults with mental disabilities aged 50-65 years are sample 1, and sample 2 consists of elderly people with mental disabilities over 65 years of age, a comparison was made.

3.1. Purpose and objectives of the research

The aim of the research was that older adults with mental disabilities have a much lower chance of integration into the community even if they live in a family.

The objectives of the research were to: assess the level of social integration in the community of people with mental disabilities and assess the size of the community of people with disabilities.

The questionnaire used in the investigation of social phenomena is a logical and psychological sequence of written questions or graphic signs with the function of stimulus in relation to research hypotheses, which by administration by survey operators or self-administration,

determines, from the respondent a verbal behavior or non-verbal to be recorded in writing.

As a research tool used in the application of the survey method, the questionnaire is a collection of indicators designed to reveal the dimensions of a concept.

We chose this method because we considered that, given the specifics of the research we proposed, it is the most efficient way to collect relevant information, data and concepts that would be the necessary basis for further analysis.

The questionnaire applied in practice included items focused on intra-family relations. Since the questionnaire consists of practically four parts, each containing questions but also statements that aim to stimulate the elderly with all that this entails, I called it a questionnaire.

The first part of the questionnaire consists of a set of four questions of which 3 questions are closed questions and one is open.

The second part of the questionnaire consists of 3 questions, the first question is closed and a part includes two items in which the subjects are cognitively asked, aiming at knowing the extended community and the role of public institutions in the life of society.

The third part of the questionnaire consists of a set of two closed questions containing answer options.

The last part of the questionnaire consists of a set of 4 questions, of which three questions are closed, and one allows the subject to express himself on his relationships with community members.

To understand the integration in the community of people with disabilities, we considered 4 dimensions: social activity, social services, interpersonal behavior, and people involved in social interaction. Applying these 4 dimensions to 67 adults, the study highlights the fact that they lack company in out-of-home activities and community activities.

3.2. Research results

Following the elaboration of the questionnaire, we found several conclusions that would finally offer a better and more pertinent characterization of the problem of mental deficiency:

- the formation and development of psychic processes is performed differently depending on the type of deficiency and its severity;
- mental disability can be caused and even aggravated by the lack of attachment, this being in the case of the child-parent relationship, mental deficiency is closely related to the characteristics of the individual-society relationship;
- the mentally handicapped of easy type can adapt socio-professionally, can carry out some skills of unskilled work, performing different practical activities;
- most mentally handicapped people have emotional lability;
- social integration can be achieved with a certain relativity depending on the psycho-pedagogical picture;
- the elderly with mental disabilities has a desire for their integration into the community;
- the elderly with mental disabilities knows they are marginalized by

members, and even by their families, motivating them to be engaged in various activities.

Most social assistance programs are run within social services that seek the well-being of the individual to ensure the vital support of people in difficulty so that they can overcome the crisis and reintegrate into the community. It is about integrating the elderly in the community, but also finding peace and security for the elderly.

The research clearly shows that the services provided to the elderly ensure a favorable climate for both them and their families. The best care, protection for the elderly with mental disabilities is a happy life and full of harmony in the family is considered a mutual relationship and full of love.

Although much has changed since 1990 regarding institutions for the elderly, the elderly say that if they were institutionalized they would be depressed, unhappy, maladaptive, studies have shown that they have less vitality, less activity and die faster than older people. the same age in society. Rather, they tend to enjoy integration into the community that is appropriate for them, which is reflected in terms such as: a sense of company availability and knowledge about certain specific activities or services. This makes integration into the community need support, an encouragement for adults to use the services provided more frequently.

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