

education, 72% of examinee stated that an imminent danger was the most common reason for using coercive measures.

Conclusions: In order to prevent the use of coercive measures in psychiatry and to prevent negative consequences, it is necessary to conduct continuous education of health professionals regarding the use of deescalation, recognition of triggers and early signs of aggression, increase the number of staff and to improve spatial conditions.

Key words: coercive measures, nurses, education

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EVALUATION OF A DESTIGMATISATION PROGRAM FOR ADOLESCENTS

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Background: Medical students started a destigmatisation program called Project In reflection that deals with prevention in the field of mental health. The main purpose is to de-stigmatize and raise mental health awareness among adolescents. The program was evaluated on how it decreases stigmatisation. The interventions were the projects workshops for adolescents, and we compared their attitudes towards mental disorders at different intervals in time to assess the short and long term effectiveness.

Methodology: Workshops of the project In reflection were performed in 6 different high schools in Slovenia over the course of 6 months. Each workshop had approx. 30 high schoolers aged between 14-19, altogether 539 adolescents. The workshop lasted 2 school hours during which 2 medical students used a peer to peer method of education. A questionnaire (Wolff G.) was given to the participants before and after the workshop, and one year later, without a booster session in between. Standard paired T-test was used, with a value of $p < 0.05$.

Results: A total of 486 out of 539 high schoolers responded (90% response rate) before and 425 after the workshop (79%). Comparison before and right after the workshop yielded a significant improvement of adolescents attitude (less stigmatising) towards people with mental disorders. 288 adolescents who participated in the workshops and answered the questionnaire 1 year later (53%). Comparison before the workshop and 1 year later showed an improvement - towards less stigmatizing attitude. Comparison between the workshop assessment after the intervention and a year later showed also an improvement. Conclusion: The destigmatisation program 'Project In reflection' with its workshops for adolescents gave results that indicate the persistence of the positive change in less stigmatising attitude. The change was not only short term, but also long term, without an intervention in between.

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ETHICAL ISSUES IN THE DOMAIN OF DISABILITY - INCLUSION AND EDUCATION OF DISABLED PUPILS IN THE REGULAR SCHOOL SYSTEM

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The birth of a disabled child presents many challenges to family members and is transmitted generationally from parent to child and vice versa. Definitions of terms such as 'healthy', 'normal', 'disabled', 'special' and 'difficulty' are not, in its entirety, clear, objective or universal over time and within different systems of protection and action. The physical and mental characteristics of an individual are assessed against a criterion of normality and health. Data on children and families affected by hardship indicate that such a lifestyle does not rule out a satisfactory life. Many of the problems attributed to the

existence of the problem actually arise from the inadequate social classifications on which changes public health professionals should work on. Experts play a key role in supporting a disabled child and their family members in making decisions about their child, which includes empowering families to be equal partners in the decision making processes based on informed choices. This paper deals with the classification and definition of disability, the experiences of children with disabilities and their parents in relation to schooling in the regular school system. The paper presents the cases of schooling of children with mental disabilities in the regular school system.

Key words: disability, education, ethical issues, mental difficulties

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JUSTIFICATION OF A PERSONIFIED PSYCHOCORRECTIONAL APPROACH FOR PUPILS OF SOCIAL PROTECTION INSTITUTIONS

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The purpose of the study is to evaluate the variety of adaptational (social and psychological, physiological) reactions of the body within the whole structure of adaptational resources in children and adolescents with different family status at their first admission to a social protection institution. The primary group consisted of 181 children at the age of ≥ 3 to ≤ 17 years from SPIs (orphans, social orphans and children from needy families). The control group included children and adolescents ($n=237$), who studied in a secondary school. The study was conducted according to the protocol as agreed with an independent Ethics Committee of the Federal State Budgetary Educational Institution of Higher Education "Smolensk State Medical University" of the Ministry of Healthcare of Russia. Used: semi-structured interview to identify signs of a post-traumatic stress in children; coping strategy technique for school children; Deviant Behavior Questionnaire in minors; Buss - Durkee Hostility Inventory; Questionnaire "Adolescents about parents" To estimate unspecific adaptational blood reactions by the lymphocyte levels, laboratory methods of Lyubov Kh. Garkavi et al. were used. Age-specific study of mental disorders was conducted based on the mental development periods identified by D.B. Elkonin.

Pupils of social protection institutions are dominated by a high frequency of non-psychotic mental disorders (80%). Compared to students in secondary schools, pupils of social protection institutions are dominated by scores on the criterion DSM-IV "immediate response" to a stressful situation; statistically more often non-specific adaptive blood reactions predominate (stress reactions, training reactions, and increased activation reactions); more often have somatoform vegetative dysfunction, characterized by disorders of the upper gastrointestinal tract. In orphaned adolescents (true and social), compared with adolescents living in families, mild addictive, aggressive, and delinquent forms were statistically more often deviant behavior and statistically significant prevalence of a reduced level of socially-conditioned behavior. In orphaned teenagers, coping strategies of "avoidance" prevail, which in the future, without elaboration, can lead to the formation of addictive behavior, suicidal states, and psychosomatic disorders. Adolescents from families who are brought up in social institutions are dominated by affectively aggressive coping strategies with a possible subsequent risk of maladaptation of aggressive and delinquent types.

The results obtained indicate the need for a differentiated approach to the development of personalized psychocorrectional measures depending on the affiliation to a subgroup (orphans and children/adolescents brought up in families) when compiling comprehensive medical and social rehabilitation programs.

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