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SYSTEM OF PSYCHOLOGICAL SUPPORT FOR THE DEVELOPMENT OF REHABILITATION POTENTIAL OF POWER STRUCTURES SPECIALISTS

Abstract. The article identifies the main approaches to the psychological support of the process of development of rehabilitation potential of specialists of law enforcement agencies. Factors of development of rehabilitation potential of personality are characterized. The peculiarities of the systemic structure of mental phenomena and the concept of psychological support of the process of development of rehabilitation potential are considered. The need to implement a systematic approach based on empirical data, which includes research aimed at harmonizing the psychological state of law enforcement officers, is emphasized. Empirical research has revealed the peculiarities of the social functioning of specialists in law enforcement agencies with depressive disorders of neurotic origin. There are differences in the psychological well-being of professionals with depressive disorders of neurotic origin and people without

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mental disorders, namely: people without mental disorders are characterized by a predominance of interest in life, reflecting their interest in everyday life, enthusiasm for what is happening; in people with mental disorders, the indicators of "consistency in achieving goals" and "consistency between goals and their achievement" are such that indicate inadequate assessment and inability to use their own strength to achieve the goal.

Keywords: *rehabilitation potential, psychological state, specialists of law enforcement agencies, development, methodological approach, social support, psychological support*

Introduction. According to many scientists, the social functioning of man is the mechanism that determines his social nature and allows him to be a person. But despite the fact that the individual is mainly considered as a social phenomenon, its formation is influenced by both psychogenic and exogenous-endogenous factors.

It is known that any disorder, even if it is not accompanied by destructive changes in brain activity, necessarily changes the psyche due to the emergence of new forms of response to the outside world. Such diseases include such a biochemical disorder as depression, which affects almost 300 million people worldwide.

Analysis of recent research and publications. According to many scientists, for a long time, the problem of health was not among the priority research interests of psychological science (Culbertson, 2010). But lately, it is considered not only in the medical field, but also in the psychological, because at the heart of the problem is the individual (Constand, 2014).

Thus, the psychological rehabilitation of a person suffering from depressive disorder is an urgent socio-psychological problem due to the growing prevalence and increase in the number of people with this pathology. According to the WHO, approximately 4-5 % of the world's population suffers from depression, with the risk of developing lifelong depression reaching 10 % in men and up to 20 % in women (Coventry, 2015). According to WHO forecasts, by 2022, depression will rank first among diseases in the world, surpassing today's leaders – infectious and cardiovascular diseases (Arshava, 2019). The medical and social consequences of depression are diverse and severe (Bengel, 2018). These include: high risk of suicide, impaired adaptive capacity, reduced professional status, family breakdown, disability, loss of social ties and reduced quality of life in general (Bennabi, 2015). The need for their comprehensive rehabilitation is due to the fact that mental illness leads to personality changes, social maladaptation and significantly reduces the ability of professionals to social functioning (Chung, 2018).

The conducted research in the field of rehabilitation of specialists reflects different opinions of scientists on this process (Burlakova & Sheviakov, 2021). The history of rehabilitation shows a certain dynamics of views with a shift of emphasis from occupational rehabilitation to social and psychosocial rehabilitation (Bohlmeijer, 2011).

When discussing rehabilitation, researchers more often emphasize their personal characteristics, rehabilitation potential, give more importance to the forms and methods of the actual rehabilitation impact much less affect the socio-environmental environment (Caza, 2010). Meanwhile, this objective factor plays a significant role in rehabilitation and its importance cannot be ignored (Christian, 2011).

The purpose of our article is to study the peculiarities of social

functioning and the leading factors of mental trauma in specialists of law enforcement agencies with depressive disorders of neurotic origin.

Formulation of the main material. 175 people took part in the study of the peculiarities of social functioning as components of psychological rehabilitation potential: the main group consisted of 91 specialists with depressive disorders of neurotic origin and 84 people without mental disorders were included in the control group.

Objectives of the study:

1. To conduct a theoretical and methodological analysis of approaches to the problem of rehabilitation of the individual in modern society.
2. To build a conceptual model of the phenomenon of rehabilitation in modern society.
3. To construct and test methods of psychological diagnostics of rehabilitation potential of personality.
4. Develop criteria for distinguishing between different forms of rehabilitation in modern society.
5. Investigate the psychological possibilities of developing constructive forms of rehabilitation potential of the individual.
6. To propose a socio-psychological program for the correction of destructive forms of rehabilitation of the individual in modern society and evaluate its effectiveness.

To achieve this goal, the following set of methods was used: questionnaire I. Karler, test "Life Satisfaction Index" in the adaptation of N. Panina and methods of mathematical data processing. The obtained data were processed using SPSS 15.0 and MS Excel v.8.0.3 programs.

To study the peculiarities of social functioning in various fields, specialists of law enforcement agencies with depressive disorders of neurotic origin used the questionnaire I. Karler, the results of which identified areas of greatest trauma and dissatisfaction (Figure 1). Thus, it was found that specialists with neurotic depression were dissatisfied with relationships with spouses (58.65 ± 13.47) %, with relatives (52.76 ± 11.63) %, and there was a lack of satisfaction with professional and social spheres. 44.68 ± 10.31) % and (42.62 ± 10.12) %, respectively). Among people without mental disorders, the level of dissatisfaction with the spheres of social functioning was below average: dissatisfaction with marital relations was 32.96 %, relations with relatives – 34.78 %, professional activity – 32.33 % and social sphere – 34.09 %.

Statistical analysis of the results showed that the overall level of dissatisfaction with social functioning was higher in patients with neurotic depression than in persons without mental illness ($p < 0.05$), which was manisted in greater dissatisfaction with relationships with relatives, spouses, occupational and social spheres. specialists with neurotic disorders compared to healthy ($t = 6,349$, $p < 0,0001$; $t = 6,341$, $p < 0,0001$; $t = 4,761$, $p < 0,0001$ and $t = 5,102$, $p < 0,001$, respectively).

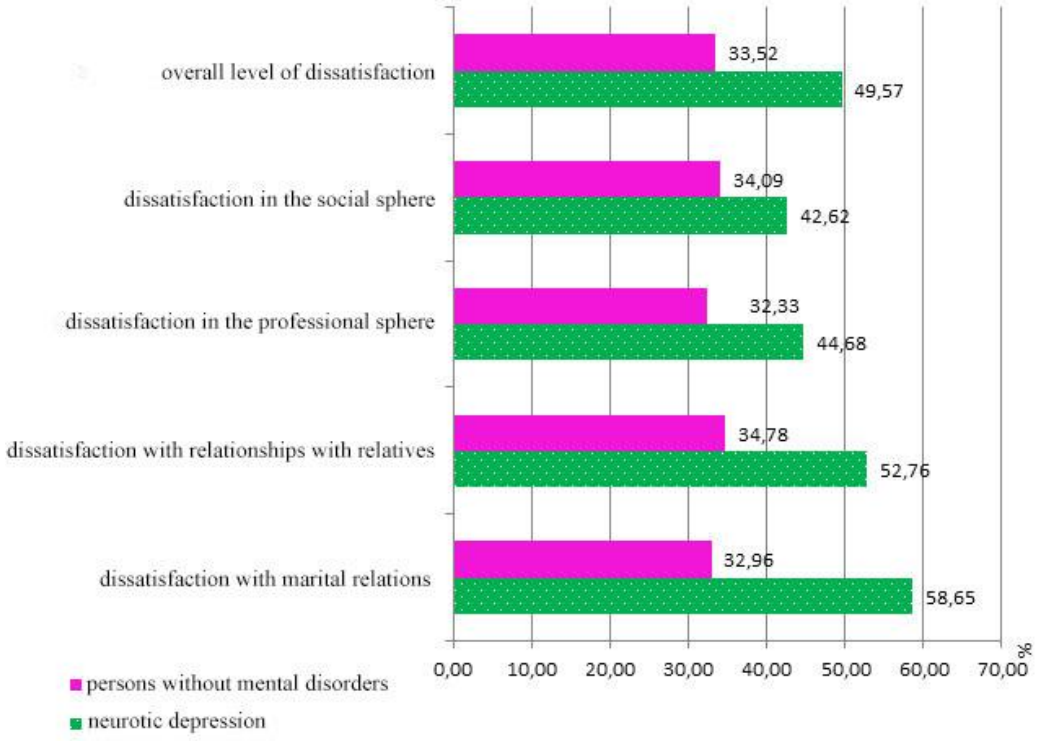

Figure 1 – Features of social functioning of specialists of law enforcement agencies with depressive disorders of neurotic origin

For a more detailed analysis, some data scales were analyzed to establish the specifics of the areas of mental trauma among specialists with depressive disorders of neurotic origin. Thus, in the field of marital relations in specialists with neurotic depression, the most pronounced area of mental trauma was defined as extramarital relations (3.67 ± 1.22 points), misunderstandings about the division of responsibilities (3.67 ± 1.17 points), lack of emotional intimacy between spouses (3.24 ± 1.47 points), different attitudes towards money (3.15 ± 1.29 points) and lack of mutual understanding with spouses (3.02 ± 1.07 points). In persons without mental pathology, there were slight difficulties in understanding the division of family responsibilities (2.35 ± 1.44 points), and dissatisfaction associated with excessive employment at work of one of the partners (2.32 ± 0.92 points).

A detailed analysis of the leading areas of mental trauma in relations with relatives revealed that specialists with neurotic depression had difficulties in relations with relatives living in the same area (4.25 ± 1.15 points), lack of satisfactory family and domestic situation (4, 11 ± 1.22 points), misunderstanding with mother and mother-in-law (or mother-in-law) (3.97 ± 1.10 and 3.45 ± 0.92 points, respectively), the presence of illness of a family member or the need to care for him (2, 69 ± 0.96 points), as well as problems with children (2.38 ± 0.64 points). Persons without mental disorders were characterized by difficulties in communicating with the mother of the spouse (2.13 ± 0.67 points), especially if they live in the same area (2.13 ± 0.84 points), and children (2.08 ± 0.71 points).

Peculiarities of mental trauma in the professional sphere of specialists with

neurotic depression were associated with strained relationships with management and colleagues (3.25 ± 1.21 and 2.83 ± 1.12 points, respectively), with overload at work (3.89 ± 0.90 points), insufficient recognition (3.26 ± 0.71 points) and dissatisfaction with work that does not meet professional interests (3.45 ± 1.27 points). In persons without mental disorders, the areas of conflict were insufficient recognition (2.13 ± 1.26 points) and overwork (2.68 ± 1.07 points).

The definition of areas of mental trauma in the social sphere showed the predominance of frustration in politicians (4.78 ± 0.51 points), the contradiction between socio-political guidelines and reality (3.77 ± 1.23 points), differences in worldviews and political positions (2.67 ± 0.74 and 2.65 ± 0.87 points) in specialists with neurotic depression. Healthy people were also disappointed in politicians (3.89 ± 1.15 points).

Statistical analysis of the results allowed to identify the leading areas of mental trauma in specialists with depressive disorders of neurotic origin. Thus, it was found that specialists with neurotic depression were more pronounced and representative of the areas of mental trauma in marital relationships. Thus, specialists with neurotic depression were dominated by difficulties related to extramarital affairs and the division of responsibilities in the family ($t = 3{,}242$, $p < 0{,}001$ and $t = 2{,}461$, $p < 0{,}025$, respectively), as well as misunderstandings about the intentions to have children and distribution of money ($t = 2.253$, $p < 0.025$ and $t = 2.914$, $p < 0.005$, respectively) compared to healthy people. It was determined that specialists with neurotic depression experienced greater difficulties in mutual understanding with spouses ($t = 2{,}162$, $p < 0{,}05$) and lack of emotional intimacy ($t = 2{,}712$, $p < 0{,}025$) than healthy ones. It should be emphasized that sexual dysfunction ($p < 0.001$) and lack of understanding of leisure ($p < 0.01$) distinguished specialists with depressive disorders of neurotic origin from people without mental illness.

Probable differences were also found in the field of relations with relatives: dissatisfaction with the family situation ($p < 0.0001$), relations with the mother of the husband or wife ($p < 0.025$), with relatives living in the same area ($p < 0.001$) distinguished specialists with neurotic depression from healthy ones. Specialists with neurotic depression differed from those without mental disorders in the greater severity of difficulties in understanding with parents ($t = 4.122$, $p < 0.001$) and relatives of the wife ($t = 2.489$, $p < 0.025$).

Peculiarities of mental trauma in the professional sphere of specialists with neurotic depression differed from the control group by the predominance of tense relationships with management ($p < 0.0001$) and colleagues ($p < 0.05$), as well as difficulties associated with the mismatch of work to professional interests ($p < 0.001$).

In order to understand the characteristics of satisfaction with different areas of life of law enforcement officers, assess psychological comfort and socio-psychological adaptability, an analysis of components of psychological well-being and index of life satisfaction among professionals with neurotic depression. For this purpose, the test “Life Satisfaction Index” was used in the adaptation of N. Panina (table 1). As can be seen from Table 1, 49.45 % of specialists with neurotic depression had an average level of interest in life, 29.67 % – low and 20.88 % – high. That is, most professionals with neurotic depression have a moderate interest in life. Another situation was observed on the scale of “consistency in achieving the goal”: most professionals were

defined as low (41.76 ± 3.54) %, 34.07 % – medium and 24.18 % – high level of expression of this indicator . That is, specialists with neurotic depression in most cases tended to take a passive life position in the face of failures and did not try to solve them.

Table 1

Features of the psychological well-being of specialists with depressive disorders of neurotic origin (according to the results of the test "LSI")

Name of indicators	**Level severity**	**Specialists with neurotic depression** N = 91	N = 84	**DC**	**MI**	**P**
Life satisfaction index (LSI)	high	20.88 ± 2,06	32,14 ± 3,19	1,87	0,11	0.331
	average	43.96 ± 3,66	47,62 ± 4,15	0,35	0,01	0.107
	low	35.16 ± 3,15	20,24 ± 2,18	-2,40	0,18	**0.012**
Interest in life	high	20,88 ± 2,06	38,10 ± 3,61	2,61	0,22	**0.005**
	average	49,45 ± 3,91	45,24 ± 4,03	-0,39	0,01	0.103
	low	29,67 ± 2,76	16,67 ± 1,83	-2,50	0,16	**0.018**
Consistency in achieving goals	high	24,18 ± 2,34	29,76 ± 3,01	0,90	0,03	0.096
	average	34,07 ± 3,07	46,43 ± 4,09	1,34	0,08	**0.030**
	low	41,76 ± 3,54	23,81 ± 2,50	-2,44	0,22	**0,005**
Consistency between goals and achievements	high	15,38 ± 1,57	34,52 ± 3,37	3,51	0,34	**0,001**
	average	35,16 ± 3,15	40,48 ± 3,76	0,61	0,02	0,095
	low	51,65 ± 3,99	25,00 ± 2,61	-3,15	0,42	**0,000**
Positive self-esteem	high	25,27 ± 2,43	23,81 ± 2,50	-0,26	0,00	0,136
	average	51,65 ± 3,99	61,90 ± 4,60	0,79	0,04	**0,048**
	low	23,08 ± 2,25	14,29 ± 1,59	-2,08	0,09	0,519
General mood background	high	20,88 ± 2,06	36,90 ± 3,53	2,47	0,20	**0,008**
	average	47,25 ± 3,81	45,24 ± 4,03	-0,19	0,00	0,116
	low	31,87 ± 2,92	17,86 ± 1,95	-2,52	0,18	**0,014**

There was also a predominance of people with a low level of coordination of goals and achievements in life (51.65 ± 3.99) %, which reflected the presence of intrapersonal conflicts among patients in this group. It should be noted that 25.27 % of professionals tended to evaluate themselves and their actions, 51.65 % – self-esteem was average and 23.08 % of professionals – low.

It was found that in the vast majority of specialists with neurotic depression, the general mood was satisfactory (47.25 ± 3.81) % or reduced (31.87 ± 2.92) %, as well as a general index of life satisfaction, which reflects the feeling of psychological comfort, 43.96 % of specialists were characterized by average indicators, 35.16 % – low and only 20.88 % of specialists were satisfied with their own lives.

Individuals without mental disorders were characterized by a predominance of high and medium levels of interest in life (38.10 ± 3.61) % and (45.24 ± 4.03) %, respectively), which reflected their interest in everyday life, enthusiasm that happens. It was found that in people without mental disorders, the indicators of "consistency in achieving goals" and "consistency between goals and their achievement" were mostly average (46.43 ± 4.09) % and (40.48 ± 3.76) %, respectively), which indicated an adequate assessment and use of their own efforts to achieve the goal. It should also be noted that the vast majority of experts determined the average level of positive self-esteem (61.90 ± 4.60) %, which corresponded to adequate self-esteem. It was determined that in 36.90 % of people without mental disorders the general mood was characterized by high indicators, in 45.24 % – average and only in 17.86 % of people the mood was reduced. A similar trend was observed in the assessment of the overall index of life satisfaction and psychological comfort: 32.14 % of patients had a high level of satisfaction, 47.62 % – medium and 20.24 % – low.

A comparative analysis of psychological well-being among professionals with depressive disorders and people without mental disorders was conducted. Statistical analysis of the results revealed that the general index of life satisfaction of people with high levels of satisfaction was more among healthy people, and specialists with low levels – among patients with neurotic depression ($p < 0.01$, DC = 2.40, MI = 0, 18). Interest in life was higher among healthy people, who had more people with a high level of severity, compared with specialists with neurotic and endogenous depression ($p < 0.005$, DC = 2.61, MI = 0.22), among whom there were more people with low interest in life ($p < 0.01$, DC = 2.50, MI = 0.16). Determination and resilience in achieving goals also distinguished people without mental disorders, who had more people with a medium level ($p < 0.05$, DC = 1.34, MI = 0.08), from specialists with neurotic depression, who were characterized by passivity to achieve their own goals ($p < 0.005$, DC = 2.44, MI = 0.22). There were more people with a high level of self-confidence in overcoming failures among people without mental disorders compared with neurotic depression ($p < 0.001$, DC = 3.51, MI = 0.34), which was dominated by people with a low level of confidence. $p < 0.0001$, DC = 3.15, MI = 0.42). There were more people with adequate self-esteem among healthy people than among patients with neurotic depression ($p < 0.048$, DC = 0.79, MI = 0.04). It was also found that the general mood was high among people without mental illness ($p < 0.01$, DC = 2.47, MI = 0.20), while patients with neurotic depression were dominated by people with low mood ($p < 0.01$, DC = 2.52, MI = 0.18).

Thus, the assessment of the characteristics of psychological components of psychological rehabilitation potential of law enforcement officers with depressive disorders of neurotic origin revealed that social functioning, psychological well-being, features of interpersonal and family communication are important components that determine psychological rehabilitation.

The normative components of the psychological rehabilitation potential of people without mental disorders were identified, reflecting the features of psychological well-being and can be considered as a standard / goal of rehabilitation intervention, which included: overall life satisfaction (47.62 %),

interest in life (45.24 %), determination and resilience in achieving goals (46.43 % and 40.48 %), a high level of self-confidence (61.90 %).

Conclusions. As a result of the study, differentiated components of psychological rehabilitation deficit were identified, which reflected the specificity of depressive disorders of law enforcement officers, which included:

- expressed passive position in overcoming difficult situations;
- dissatisfaction with social functioning in the family, professional, social spheres;
- the presence of factors of mental trauma: in marital relationships (lack of mutual understanding and emotional intimacy, the presence of extramarital relationships, inconsistencies in the distribution of responsibilities, finances and intention to have children); in relations with relatives (dissatisfaction with the family situation, relations with the wife's parents and with relatives living in the same area); in the professional sphere (strained relations with management and colleagues, lack of recognition, inconsistency of work with professional interests); in the social sphere (differences in worldviews);
- features of psychological well-being: low level of life satisfaction index, low mood background, low level of interest in life, lack of consistency between goals and achievements, low level of self-confidence and passive life position.

Thus, the obtained data should be taken into account when determining the psychological rehabilitation potential for specialists in law enforcement agencies with depressive disorders of neurotic origin and can be considered as targets for rehabilitation intervention in the creation of differentiated psychocorrection programs.

Conflict of Interest and other Ethics Statements

The authors declare no conflict of interest.

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СИСТЕМА ПСИХОЛОГІЧНОГО ПІДТРИМКИ РОЗВИТКУ РЕАБІЛІТАЦІЙНОГО ПОТЕНЦІАЛУ ФАХІВЦІВ СИЛОВИХ СТРУКТУР

Анотація. У статті визначено основні підходи до психологічного супроводу процесу розвитку реабілітаційного потенціалу фахівців правоохоронних органів. Охарактеризовано фактори розвитку реабілітаційного потенціалу особистості. Розглянуто особливості системної структури психічних явищ та концепції психологічного забезпечення процесу розвитку реабілітаційного потенціалу. Наголошується на необхідності впровадження системного підходу на основі емпіричних даних, що включає дослідження, спрямовані на гармонізацію психологічного стану працівників правоохоронних органів. Емпіричним дослідженням виявлено особливості соціального функціонування фахівців правоохоронних органів з депресивними розладами невротичного походження. Існують відмінності в психологічному самопочутті фахівців з депресивними розладами невротичного походження та осіб без психічних розладів, а саме: особи без психічних розладів характеризуються переважанням інтересу до життя, що відображає їх інтерес до повсякденного життя, захоплення тим, що є. відбувається; у людей з психічними розладами показники «послідовність у досягненні цілей» та «узгодженість цілей та їх досягнення» є такими, що свідчать про неадекватну оцінку та невміння використовувати власні сили для досягнення мети.

Ключові слова: *реабілітаційний потенціал, психологічний стан, спеціалісти правоохоронних органів, розробка, методичний підхід, соціальний супровід, психологічний супровід*

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