

Abstract:

Background: Mental hospitals fall under the state medical sector, where treatment programmes are the same for several decades. Although they have undergone some changes, their essence is unchanged and largely based on the established concept by doc. Jaroslav Skála. However, the society has changed since its inception and the requirements of the current generation of adictological patients, treated in the medium-term constitutional treatment, have changed too.

Aims: The work aims to find out how current patients – men, with alcohol addiction syndrome, evaluate the programme of mid-term constitutional treatment ongoing in the segregation of mental hospitals ' addiction. This is also mapping justification of those elements of the programme which patients perceive as beneficial and which are unsatisfactory. The research includes three mental hospitals – Kosmonosy (PNK), Bohnice (PNB) and Červený Dvůr (PLČD).

Methodology: The concept of work is based on a qualitative research methodology. Data were collected by an in-depth interview method, conducted in a non-prescriptive form, based on four open questions. The obtained data were processed by the approach of the enshrined theory. At the end of the process, the open talks revealed five categories (therapeutic program; rules and regime; community; therapeutical team; abstinence, after-treatment), under which research results are presented. For all three institutions it was further described, from which therapeutic philosophy the programme is based and, if necessary, what other theoretical approaches it integrates. Accessible written documentation of the department was used for this finding. Additional information was obtained by an interview with a member of the local health team.

Results: In the therapeutic programme, respondents positively evaluated for group psychotherapy in all three establishments. In addition to psychotherapeutic sessions, the PNK was positively perceived by an educational group, in PLČD ART therapy and work therapy. In the context of the scheme, the severity with which it is required was negatively classified in the PNK, as well as in the case of PNB. In PLČD, where the regime was considered to be the least strict, some respondents were negatively perceived by its temperity. In the PNK, dissatisfaction was noted for non-observance of the basic rule concerning the prohibition of sexual relations. In PLČD, on the contrary, it was assessed positively that there was no such prohibition. In the PNB, a number of rules concerning the restriction of the outside area, the amount of written expression required or the number of patients in one room were in negative terms. At the same time, it was in a positive sense that certain rules existed. Positively, treatment arrangements were perceived in the community, both in PNK and PNB, where patients also appreciated the presence of those who were on recurrent therapy. In the PNK, the approach of therapeutically untrained middle health personnel was negatively evaluated. In PLČD the system of control,

which is carried out by the staff. But there was a very positive perception of the attention that patients received from the mayor and the director. In PNB, respondents were awarded the presence of ex-users in the role of therapists in the local health team. Comparing the therapeutic programmes for all three institutions, it was confirmed that the only identical element of therapeutic philosophy on the departments being monitored was the apolinist model. However, its elements do not appear everywhere in the same intensity, in PLČD they are most modified and reduced.

Conclusion: According to the available information, the programme was described in the segregation of addictions and its reflections on the part of currently treated patients. Based on the results, it is advisable to apply a more humanistic approach in the medium-term constitutional treatment, stressing the therapeutic relationship, autonomy and individual needs of patients.