

The Analysis of the Surveys

1. Surveys completed by the patients:

The group is predominantly male with ages between 23 and 78 years. The items have been realized in accordance with the current mentality of Romanian patients and the expectations known by the current health system in Romania (after 50 years of communism).

They considered that they were receiving emotionally good care partially subjective; also that their rights were being respected and that their material claims were being granted to them. Half of the survey respondents noticed a decrease in the importance of social and family relationships, and less than third of them considered themselves as beneficiaries of a social inclusion. The item about personal development is minimally quantified.

According to the survey, most hopes are set for growth in all the indicators between 96%-72%, as they acknowledge that the European society is on a rise and that Romanian realizations in the last 50 years are not enough. This is considering their subjective perspective of welfare, personal development and material right Romanians are frustrated in comparison to the western European equivalents.

2. Surveys completed by the families:

The surveyed family group is predominantly female, with ages varying between 30 and 82. This was a clear sign that mothers and wives are primarily responsible for taking care of the patients. In their opinion there has been a significant improvement in the emotional state of the patients, while also appreciating the gain of material status of ad rights. The lowest percentages concerned the self-esteem, the lobby, the social inclusion and the personal development.

The requirements of all the families show that all items can have improvements up to 80%. The conclusion is that the Romanian society subscribes to the notion that European dynamics where the target group expectations is the improvement of the life quality through specialized quality services, adapted to their real and current needs.

3. Surveys completed by the recovery and support personel

The recovery and suport personel is predominatly female, as the orientatntion towards social and human jobs is more frequently met at women in Romania. The age group is in between 26 and 54 years, primarily of younger age, whici consequently is of good hope for future perspectives. The duration of the activity is 1-25 years, proving the long term commitment with the people met at the beginning of the career and the ability to comply to these needs currently as well.

The entire personnel works with all categories of clients. The table of clients shows a monthly distribution on diagnostic groups (assessed subjectively by each interviewed person)

The general opinion of the personnel shows that the activity sustained involves maximum responsibilities. Among the most importantly rated activities are: interpersonal communication and within team communication, nursing care, hygiene, nutrition, occupational therapy, psychotherapy and recreational therapies. The last places are occupied by human rights and social integration.

Basic theoretical concepts that serve as foundation for the team's activity are distributed heterogeneously according to the preparation of every interviewed member. The most well-known item is the symptomatology of diseases, then the psychological problematics, multidisciplinary, medication, alternative therapeutic methods, quality of life, basic concepts of the dual diagnosis. Theories like the ecological model, psychodynamics, educational perspectives and the model for theory development are unknown.

The team is formed out of 3 psychiatrist doctors, 1 psychologist, 10 general nurses and 2 special care nurses, one social worker employed for ½ shift, one general doctor working for 1/5 shift responsible for interclinical consultancies, one 1/5 shift occupational therapist, 1 psychotherapist, whereas all the other specialists from the study graphics are missing. The team is completed by 10 members of the basic health and body care personnel.

Inside the team we sustain empirical activities for the general improvement of the emotional and subjective state of mind aiming in improving the social and family relationships, the patient's rights acknowledgement, their self-esteem, and their social inclusion. The team works intuitively and according to transcultural principles, which explains the appreciations in the subsequent table.

The preparation of the team targets individual medical practice, knowledge about medication, know-how about symptomatology, psychological problems, alternative therapeutic methods, the quality of life and the basic knowledge about dual diagnosis. The team does not yet possess the knowledge about ecological methods, psychodynamics, educational perspectives and the model for theory development.

In 85% of the cases the team considers of not having benefited from psychological and emotional support for being able to work with people with dual diagnosis.

The team considers that it has not benefited 100% of the training in managing stress in the work place.

