



THEORETICAL ASPECTS OF RESEARCH ON THE TOPIC OF CLINICAL FEATURES AND QUALITY OF LIFE OF PRESCHOOL AND PRIMARY SCHOOL AGE CHILDREN WITH MENTAL RETARDATION, PARENTAL COMPETENCE

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Annotation The study showed that mental illness is a major disease that contributes to the development of movement, personality and family, improving the quality of life, which can affect the quality of life in general. Mental weakness in social hospitals moslashuvning clinics analyze the dynamics. This ayat of the Quran states that all people are slaves of Allah and his Messenger (peace and blessings of Allah be upon him), and that all people are slaves of Allah and have no right to worship anyone but him.

Keywords: intellectual disability, risk factors, adolescents, neuropsychiatric disorders, dementia

Аннотация Тадқиқотда руҳий касалликлари мавжуд бўлган беморларда асосий касалликнинг ривожланишининг кучайиши, шахс ва унинг оила азоларининг ҳаёт сифатини баҳолаш кўрсаткичларига таъсирини ўрганиш принциплари. Ақл заифлиги бўлган беморларни ижтимоий мослашувнинг клиник динамикасини таҳлил қилиш. Ақл заифлик муаммосига бўлган қизиқишга қарамай, руҳий-клиник ва психопатологик жиҳатларнинг шаклланишига таъсирини, уларнинг хусусиятларига таъсири ва сифат кўрсаткичларига таъсирини ўрганиш бўйича қўшимча клиник-динамик тадқиқотлари ўрганиш.

Калит сўзлар: интеллектуал етишмовчилик, хавф омиллари, ўсмирлар, руҳий-асаб бузилишлар, ақли заифлик

Аннотация Исследование показало, что психические заболевания являются основным заболеванием, способствующим развитию передвижения,

личности и семьи, повышающим качество жизни, что может повлиять на качество жизни в целом. Психическая слабость в социальных больницах мослашувнинг клиник анализирует динамику. В этом аяте Корана говорится о том, что все люди являются рабами Аллаха и его посланника, да благословит его Аллах и приветствует, и что все люди являются рабами Аллаха и не имеют права на поклонение кому-либо, кроме него.

Ключевые слова: интеллектуальная недостаточность, факторы риска, подростки, психоневрологические расстройства, слабоумие

Topicality

In modern conditions of transition to a free labor market, the problem of social and labor adaptation of students with mental retardation is becoming more and more urgent, since the implementation of adapted basic general education programs (GEP), as well as professional orientation, vocational training and employment of graduates is not sufficiently developed in educational organizations. In a market economy, it is difficult for such graduates to compete with the labor force. Therefore, it is necessary to review the existing experience of labor and vocational training of students with mental retardation.

Despite this, in modern society there is a trend towards social integration of students with mental retardation. The Federal State Educational Standard (FSSES) for children with mental retardation (intellectual disabilities), severe and multiple developmental disabilities, which came into force on September 1, 2016, opens new perspectives for both graduates of educational organizations and their students. For the first time, parents were given the opportunity to choose educational institutions and learning opportunities for their children. This, in turn, creates conditions for their successful social and labor adaptation. There is a contradiction between the theoretical development of the problem of social and labor adaptation of adolescents with mental retardation (intellectual disabilities) and the practical application of these developments in modern educational organizations.

The aim of the study is to investigate the clinical manifestations and dynamics of borderline mental disorders among the studied patients depending on the socio-psychological conditions. The study will provide priority data on the clinical structure, clinical dynamics of social adaptation of patients with mental retardation, analysis of factors and conditions related to the formation of mental development, and the study of patients' adaptation states. The clinical dynamics of social adaptation of patients with mental retardation is studied. The main risk factors are emphasized. Development of measures to restore the social adaptation of patients with mental retardation.

Materials: Clinical dynamics of social adaptation of 35 patients with mental retardation, the main risk factors of social adaptation, measures to optimize the recovery of social adaptation.

Modern ideas about mental development of children are based on full recognition of the role of biogenetic and psychosocial conditions. In correctional psychology, the problem of the interrelation of these conditions always remains one of the central and most acute problems. In-depth study of biogenetic and psychosocial features of the emergence of intellectual disability in children was reflected in the works of famous scientists G.M.Dulnev, S.D.Zabramnaya, K.S.Lebedinskaya, V.I.Lubovsky, S.M.Mirsky, M.S.Pevzner, L.I.Peresleni, V.G.Petrova, S.Y.Rubinstein, U.V.Va. Despite this, some important questions remain open. Our work has allowed us to highlight them and identify possible directions for further research. According to A.N. Leontiev, despite the appeal to “dialectics,” these views remain within the framework of the theory of two factors shaping the psyche: the biological factor and the environment (social factor). Under his direction, special experimental studies were conducted, the subject of which was the question of the correlation between the biological and the social. As a result of these studies, the following general conclusion was made: ... “biologically inherited properties constitute only one of the conditions for the formation of human mental

functions, this condition certainly plays an important role...'. Another condition is the world of things and phenomena surrounding man, created by countless generations of people in their labor and struggle. This world brings true humanity to man. Thus, if in man's higher mental processes one distinguishes, on the one hand, their form, that is, their purely dynamic properties depending on their morphological 'texture,' on the other hand, their content, that is, the functions they perform and their structure, we can say that the former is biologically determined and the latter is socially determined.”

According to United Nations estimates, people with disabilities account for 10% of the total world population, which gives rise to a number of moral, social and economic problems, the level of solution of which is one of the most important characteristics of modern society [1, 2]. Currently, in the Russian Federation there are more than 160 thousand children with mental disorders (including mental retardation, speech disorders, other mental illnesses), which is 32.8% of the total number of children with disabilities, which determines the high social significance of the problem [1, 2]. In 60% of cases, pediatric neurological disability is associated with the pathology of the perinatal period, and 24% of children are patients with infantile cerebral palsy (ICP) [1]. According to foreign authors, the incidence of cerebral palsy ranges from 2.9-5 (average 2.5), in Russia - 2.2-3.3, in Moscow - 1.9 per 1000 children [4-6]. In total, there are about 4 thousand children and adolescents in Moscow, more than 80% of whom have some kind of mental developmental disorders, which should be taken into account when planning the recovery and social rehabilitation of patients [7-9].

Trends in the development of modern education: changing educational paradigms, reforming the system of educational institutions, changing the content of education and upbringing of children, defining the primary tasks of education and upbringing, introducing new forms and methods of work with children of preschool and primary school age - provide for the active inclusion of children with disabilities

in the educational space. In this connection, providing comprehensive qualified assistance to such children and their families becomes an urgent task. It is known that it is the family that is an active participant in the correction and development process, creates the necessary conditions for optimal psychophysical development of the child, forms a psychological environment in which the child is able to realize his or her potential. The personality of parents and the relationship between them determine the emotional well-being of the child both in the case of normal development and in the case of its violation. Parents are responsible for choosing the direction of education for their child, determine the need for special assistance, make important decisions concerning their child's life, health and education, based on their life experience. Therefore, at present, in general and special pedagogy, studies devoted to the problems of relationships between parents of healthy children, parents with children with developmental disabilities, issues related to the problems of family upbringing and formation of parental competence are of great importance.

The introduction of innovative approaches to the organization of social and labor adaptation in educational organizations implementing adapted basic general education programs is one of the main tasks of education and upbringing of mentally retarded adolescents. Labor activity allows adolescents to participate in processes that contribute to the improvement of their abilities, consolidation of knowledge gained in classes, formation of communication skills and organizational skills necessary for familiarization with the surrounding reality. Thus, the organization of social and labor adaptation in educational institutions implementing adapted basic general education programs creates conditions for positive dynamics in achieving personal and social well-being of adolescents with mental retardation (intellectual disabilities).

Table 1

Ratio of examined patients with mental retardation by the number of children in the family

Number of children in the family	Main group		Control group	
	Number	%	Number	%
1st child	12	34.2%	6	17.1%
2nd child	4	11.4%	7	20%
3rd child	5	14.2%	1	2.8%
Total	21	59.8%	14	39.9%

Table 2

Children with mental retardation on whom the study was conducted were dependent at the time of the study:

The child is at whose discretion	Main group		Control group	
	Number	%	Number	%
Parental	11	31.4%	9	25.7%
Paternal	-	-	-	-
Maternal	8	22.5%	4	11.4%
Close relatives	2	5.7%	1	2.8%
Total	21	59.6%	14	39.9%

Table 3

On mastering school textbooks in a special school boarding school by children with mental retardation

Level of mastery	Main group		Control group	
	Number	%	Number	%
Excellent	1	2.8%	-	-
Good	10	28.5%	8	22.8%
Satisfactory	10	28.5 %	6	17.1%
Total	21	59.8%	14	39.9%

Table 4

Wechsler test results

Wechsler test result	Main group		Control group	
	Number	%	Number	%
Low level	11	31.4%	4	11.4%
Medium level	9	25.7%	10	28.5%
High level	1	2.8%	-	-
Total	21	59.9%	14	39.9%

CONCLUSION

Mental retardation is widespread in the population, especially among children and adolescents; it negatively affects the individual himself, his environment and the quality of life of society as a whole. Although mental retardation is characterized by great variability in the severity of clinical manifestations and, accordingly, different possibilities of adaptation, however, in most cases (about 80%) it manifests itself in a mild degree. Mastering not only a simplified general education school program, but also the most simple labor skills that allow them to adapt to society, facilitates their adaptation to life in society.

Among children with mild mental retardation, families with both parents were significantly more frequent ($p < 0.001$), in the control group: 80% ($n = 16$) and 30.6% ($n = 19$) in the group of sick children. More frequent in complete families, non-local parent families were 45% ($n = 9$) among children in the control group compared to 8% ($n = 5$) in the group of children with comorbid diseases ($p < 0.001$). Single parent families were more likely to report comorbid mental illness among children, 53.2% ($n = 33$), compared to only 20% ($n = 4$) of the control group ($p < 0.05$). There were no significant differences.

As a result, as noted in the paper, 20-25 percent of graduates of institutions will be transferred to boarding schools for chronic mental patients not for medical but for social reasons, which will in no way depend on the adolescents themselves and contradicts the massively proclaimed principles. Indeed, the rehabilitation of

this important part (20-25%) of adolescents with mental retardation has been reduced to self-care with the possibility of positive outcomes. Approximately 50 years ago (in the 1960s) such was the rehabilitation of this population, but this behavioral approach has long been rejected by the world community.

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