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A Study of Social Support for Patients With Mental Disorders in Rehabilitation Stations

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Abstract

In recent years, the prevalence of mental disorders has increased dramatically and has become a disease that seriously endangers people's physical and mental health. According to the World Health Organization (WHO), about 1 billion people worldwide are suffering from mental disorders. However, the social organizations specializing in serving people with mental disorders in China are inadequate and have limited power, and the cooperative ties among welfare providers are not close enough, which cause the failing to provide efficient support and services for people with mental disorders. This study adopts a field research method to explore the complementary cooperative relationship among various welfare providers and the social support received by patients with mental disorders in the rehabilitation process, and to promote the social support role of various welfare providers in education, employment and medical care in the welfare services for the group of patients with mental disorders, using 17 rehabilitation stations in Suzhou City A District as the research subjects.

Key words: Mental disorders; Social support; Recovery station

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In June 2022, the World Health Organization released the World Mental Health Report 2022, stating that "we are experiencing a global mental health crisis," which pointed out that approximately 1 billion people worldwide suffer from mental health disorders in 2019 and that mental health is crucial for anyone anywhere. China's mental health law was drafted and written in 1985, and after 27 years of discussion and revision, it was officially promulgated on October 26, 2012, and went into effect on May 1, 2013. The promulgation and implementation of the Mental Health Law marked that China's mental health work has entered a stage of legalized management and has become an important basis and means for patients with mental disorders to safeguard their legitimate rights and interests. The promulgation and implementation of the Mental Health Law, which regulates mental health services and management by legal means, is a great progress in China's mental health career and a milestone in the mental health career.

1. THE REVIEW OF RESEARCH

Domestic and international studies on social support for patients with mental disorders have mainly focused on the role of support and factors influencing support, and have used various measurement scales to measure and analyze the relationship between support status, social support and related variables (e.g., quality of life), while fewer have discussed the classification of social support for patients with mental disorders. Foreign research on social support for people with mental disorders began in the 1950s. Prior to the 19th century, the care of patients with mental disorders belonged to the family affairs (Short, 2017). In the 1950s, the Anti-institutionalization Movement emerged in the United States, and the treatment and care of people with mental disorders began to shift from hospitals to the community (Tong, 2009). In the 1970s and 1980s, community support programs (CSPs) and community support systems (CSSs) were introduced for people with severe and persistent mental disorders in the

United States. Community Support Programs (CSPs) and Community Support Systems (CSSs) were introduced in the United States in the 1970s and 1980s for patients with severe and persistent mental disorders. Community support systems, in this context, refers to caregivers and service providers who help vulnerable, severe, and persistent people with mental disorders to develop their potential and meet their needs without being excluded, or isolated from the community (Torrey, 1988a).

Domestic research on social support for people with mental disorders can be broadly divided into three levels, which is "point-line-surface". The "point" is to study the individual (micro level) social support status of patients with mental disorders; the "line" is to study the social support status of caregivers and families of patients with mental disorders, focusing on their families (medium level); and the "surface" is a study of community care and community support systems for people with mental disorders, centered on the community (macro level). In a survey study in 2008, Zhang Yumao et al. used the Social Support Scale and conducted a comparative analysis of people with mental disorders and mentally healthy people, and found that the total score, subjective support score, objective support score, and utilization of support of people with mental disorders were significantly lower than those of mentally healthy people, and concluded that the social support of people with mental disorders was much lower than that of normal people (Zhang. et al, 2008). In the same year, Zhang Cuihua et al. discussed and studied the factors influencing the social support of patients with mental disorders, and concluded that the social support of patients with mental disorders was influenced by patients' education, disease duration, gender, and personality (Zhang & Li, 2008); Zhao Shumin, Shang Yuncai et al. used scales such as the SCL-90, Social Support Rating Scale (SSRS), and Eysenck Personality Questionnaire (EPQ) to Patients with mental disorders were tested and concluded that personality and social support of patients with mental disorders affect their prognosis (Zhao, et at, 2008). In 2018, Zhai Qian et al. also noted in a study on social support of patients with mental disorders that the relapse rate of mental disorders was negatively correlated with their social support; good social support and utilization of support played a positive role in social competence and personal will of patients with mental disorders (Lian & Chen, 2010).

Scholars from domestic and international have studied the relationship between social support and patients with mental disorders from different perspectives, and concluded that good social support situation contributes to the treatment and rehabilitation of mental disorder patients. A literature review of studies on the social support status of patients with mental disorders shows that patients with mental disorders who have better social support status and have high utilization of social support have higher quality of life. The social support situation of long-term inpatients with mental disorders is worse than that of patients with mental disorders in community rehabilitation; the establishment of community social support network is very important for patients with mental disorders and their families; the construction and improvement of a collaborative support system among multiple entities (e.g., government, community, social organizations, and families) can help patients with mental disorders obtain and use social support.

However, scholars from home and abroad have not categorized the various subjects of social support in the process of studying the social support of groups of patients with mental disorders. A review of the literature reveals that scholars have relied on various scales to measure the social support status of groups of patients with mental disorders; to explore the variables related to social support of patients with mental disorders and the relationship between variables; and to explore the subjective social support, objective social support, and the utilization of social support of individuals with mental disorders. However, few studies have been conducted to investigate the support status of formal and informal support subjects for patients with mental disorders from both formal and informal support systems, and to conduct research based on classified social support.

The researcher spent six months visiting and observing each of the seven rehabilitation stations in Area A of Suzhou City, and with the help of rehabilitation station physicians and station managers, made initial contact with patients with mental disorders in the rehabilitation stations and in the community by participating in the "follow-up visits" of the community's Office of Precision Prevention and assisting the staff of the rehabilitation stations in conducting rehabilitation assessments of patients with mental disorders. We used non-participant observation and semi-structured interviews to collect information on the social support of patients with mental disorders, and explored the social support of patients with mental disorders in the rehabilitation process from the perspective of multiple welfare. By investigating and studying the social support situation of seven case study subjects who had been ill for a long time and whose conditions were relatively stable, we learned about the living conditions and rehabilitation status of patients with mental disorders.

2. RESEARCH OBJECTS AND METHODS

In this paper, qualitative research methods are used to analyze the comprehensive factors of the 17 community rehabilitation stations in District A of Suzhou City, based on the recommendation of the station physicians, the services provided by social organizations, the personal

wishes and the type of disease of the patients with mental disorders and their recovery status, etc. Seven survey respondents were selected for participant observation and semi-structured interviews. The seven survey respondents investigated were all relatively well recovered and able to communicate clearly with the researchers. Four of them were female and 3 were male. Their disease years were all 5 years or more. Three of them had received social organization services, the others have not. Their age range is between 35 to 78. Only one of them is living alone and is supervised by the community, while the others live with their family members (spouse or parents). Among them, one was mental retardation , two were bipolar disorder, two were stress disorder, and two were schizophrenia. All of them voluntarily agreed to participate in this research.

Table 1
Socio-demographic characteristics of study subjects

Study subject	Family member	Gender	Age	Native place	Type of disease	Rehabilitation status
A1	2	Female	60	Shanghai	Mental retardation	Good
A2	2	Male	78	Suzhou	Schizophrenia (grade 2)	Stable
A3	2	Male	35	Suzhou	Schizophrenia (grade 2)	Stable
A4	1	Female	60	Zhejiang	Stress disorder	Good
A5	2	Female	55	Suzhou	Stress disorder	Good
A6	2	Male	45	Chongqing	Bipolar disorder	Good
A7	2	Female	40	Guizhou	Bipolar disorder	Stable

Based on the social workers' observations and visits to 17 community rehabilitation stations in District A of Suzhou City, the patients with mental disorders in the community rehabilitation stations were selected as the case investigation objects combined with the opinions of the community civil affairs staff and the station physicians. With reference to whether they have received services from social organizations and comprehensive factors such as personal wishes, socio-demographic characteristics, disease type, severity, and rehabilitation status of mentally ill patients, and in accordance with the "maximum differentiation principle", select survey respondents for participant observation and semi-structured interviews. From the perspective of multi-welfare, explore the formal and informal social support received by the study subjects during the rehabilitation process, in order to analyze and discuss the current situation of social support in the rehabilitation process of patients with mental disorders and the relevant factors that affect the social support provided by various welfare subjects to mental disorder patients are discussed, then suggestions for improving the support system for mental disorder patients are put forward.

2.1 Study Method

Due to the uniqueness and particularity of patients with mental disorders (some patients with mental disorders cannot write or communicate fluently, unstable disease conditions, greater stigma and difficult access, older age and physical inconvenience, etc.), it is difficult to collect by big data. Therefore, this research is a descriptive research, mainly adopts the research method of field research, and collects data through the participant observation and interview of the survey respondents.

Field research means that the researcher, as a research tool, goes deep into the living environment of the people studied, through observation, experience, feeling and recording, from an objective point of view, following the inductive thinking logic, to understand and analyze the internal structure of a phenomenon and its transformation (Feng, 2014).

The field investigation was carried out from August to November in 2018. Relying on the convenience of the researcher's social work professional practice, he chose District A in Suzhou as the research site, then visited and observed 17 community rehabilitation stations in District A in Suzhou. Observations and interviews were carried out on seven survey respondents.

The researcher spent a month making initial contact and establishing investigation relationship with the seven survey respondents. During this period, the researcher visited the families, attending physicians and the staff of the Community Fine Prevention Office of the seven survey respondents. The basic data of each survey respondent were collected and improved in depth and detail. Through the visits to the families of the seven survey respondents, the researchers learned about the current family situation, survival and living conditions of them and other family environment information. Through the visits to the attending physicians of the survey respondents, the researchers learned about their disease type, age of onset, medication status, current stable condition of the disease and other information related diseases. By visiting the staff of the communities where the survey respondents live, the researchers learned about the current status of the communities where they lived, including the existing targeted subsidy, subsidy policies, community environment and facilities.

From September to November, the researcher conducted further contacts and investigations on seven survey respondents for three months. During the research process, the research referred to the measurement

dimensions of various scales such as the Quality of Life Scale, the Support Scale, and the Comprehension Support Scale, then designed a semi-structured interview outline based on the uniqueness and commonality of the seven survey respondents. Non-participatory observation and interviews were conducted on patients with mental disorders, and relevant data on the social support status of seven survey respondents were collected.

2.2 Information Collection

In terms of data collection, focusing on the theme of social support of patients with mental disorders, the researchers adopted non-participatory observation and semi-structured in-depth interview as the main data collection methods.

The non-participatory observation method is that the researcher approaches the respondents and explores the deeper relationship network and structure of the respondents without destroying and affecting the original relationship and structure of the observation object. Based on the convenience of social organizations to visit and observe the rehabilitation station, the researcher initially contacted the survey respondents. After communicating with the follow-up doctor of the survey respondents, the researcher made preliminary contact with them. After obtaining the consent of the individual survey respondents, cooperate with the rehabilitation station doctors and community staff to visit and observe their home, then directly go deep into the life of them to conduct observations and interviews, and collect first-hand information about the living environment and social support status of the survey respondents. Then record and analyze it to draw specific conclusions. In the process of participating in the observation of the survey respondents, the social worker, as an observer, observes the social support status of them during the rehabilitation process from an objective perspective without intervening in the original relationship structure of the research object.

Semi-structured interview is a semi-open interview method, which means that the researcher prepares a semi-structured interview outline before conducting the interview. During the interview, the researcher can make necessary adjustments to the method and sequence of the interview questions, the method of interview recording, and the time and place of the interview based on the actual situation of the interview and the responses of the interviewees. The researcher used the semi-structured interview method to explore the social support of the patients with mental disorders. During the interviews, the researchers flexibly adjusted the interview time and content according to the physical and psychological states of the patients with mental disorders, and based on their answers, adjust and adapt interview questions to explore the social support of them.

In this study, the qualitative research software NVivo11. 0 was used to transcribe and code the existing interview data. During the research process, the researchers used NVivo11. 0 to code the interview transcripts of the seven survey respondents, and coded them in the order of A1-A7, and use “government”, “hospital”, “community”, “rehabilitation station”, “religion”, “work”, “school”, “home”, “social organization”, “friend”, “colleague”, “neighbor” ” and other keywords to create nodes to search the interview data, so as to view the interviews of seven survey respondents on these nodes and make analysis accordingly.

3. ANALYSIS OF THE RESEARCH

3.1 Basic Characteristics of People with Mental Disorders

A total of seven people with mental disorders were interviewed in this study, including four women and three men, ranging in age from 35 to 89 years old. The types of mental disorders are concentrated in four types: schizophrenia, bipolar disorder, stress disorder and mental retardation. Among them, two were schizophrenia (grade 2), one was bipolar disorder, three were stress disorder, and one was mental retardation. Among the seven cases investigated, three are local residents of Suzhou, and the others are migrant population. All of them have recovered in stable or good conditions and only one of the seven people is living alone.

The subjects of the case investigations were all from different rehabilitation centers and communities, with certain communication and reading skills, and the duration of illness was generally five years or more. Among them, five of the survey respondents believed that their social support was good, and they had received resources and help from their families, the state and all walks of life in the recovery process. The other two case respondents believed that their social support was poor, and they seldom received social support resources other than family and country in the rehabilitation process. The study found that the characteristics of medical, education, employment, social services and other support resources of the seven case respondents were as follows:

First, in terms of support resources at the medical service level, six respondents of the case study have had hospitalization experience, but they all indicated that they seldom received continued medical follow-up services from the hospital after being discharged from the hospital. Another case investigation object was not hospitalized for mental disorders because the type of disease was mental retardation with mental disorders, but continued to receive on-site medical services from community health stations and community rehabilitation station physicians. Second, in terms of support resources at the educational service level, six survey respondents had education experience and lost the opportunity to continue learning after the onset of the disease, and the other one was due to the type of disease with mental retardation associated with

mental disorders, so he has never received systematic educational services. Third, in terms of the support resources at the employment services level , only one of the case survey respondents had formal work experience (after the onset of the disease, he also lost his job due to the uncontrollable disease), and none of the others had work experience. Fourth, in terms of the support resources at the non-governmental organization (NGO) level, three survey respondents had received services provided by social organizations, and the others said that they did not know about the services of social organizations and had never been in contact with them. Fifth, in terms of neighbors' support resources, only one survey respondent clearly stated that he had a harmonious relationship with his neighbors, while the others indicated that they had a normal relationship with their neighbors, and even had little or no contact with them. Sixth, in terms of support resources at the level of friends or colleagues, all survey respondents believed that they lacked support resources from friends or colleagues. Seventh, in terms of support resources at the religious level, four survey respondents indicated that they believed in or once believed in a religion (mainly Buddhism and Christianity), and the others said that they never believed in any religion.

The study found that in the formal support system, the government's support for patients with mental disorders is continuous, and mainly manifests in macro policy support, social security and other aspects by providing financial support to them. However, when involve psychological and emotional support (such as listening, speaking, care and love) for patients with mental disorders, the support provided by hospitals to them is professional, mainly reflected in supply of professional medical services, but when the patients are discharged, the professional medical services provided by the hospital are not continuous. The community, as the main place for the life and activities of the mental disorder patients, provides economic support, life support and psychological support for them. The specific manifestations are providing medical assistance and subsidies, community rehabilitation services, policy consultation, home visits, etc. for patients with mental disorders, which play a very important role in the rehabilitation process of them. Enterprises provide employment services for patients with mental disorders and provide income support for them, but due to the particularity of mental disorders, the relevant support provided by enterprises as the main body of welfare is relatively small and not sustainable. The educational support and resources provided by schools for mental disorder patients include support for social interaction, social function recovery, and social skills learning. However, at present, there are very few schools in our country targeting mental disorder patients, and the support role of schools has not worked well.

3.2 Formal Support for Patients With Mental Disorders

3.2.1 Social Support of the Government for Patients With Mental Disorders

Formal social support provided by the government to patients with mental disorders is continuous and mainly manifested at the economic or material level. As the main source of social welfare, the government has issued relevant policies and regulations to provide financial support, material support and some instrumental support to patients with mental disorders, encourage relevant social organizations to provide social services to them, and pay attention to the recovery and quality of life of them, which play an important role in the rehabilitation of them. However, the government, as a macro support system, seldom involves emotional support for patients with mental disorders.

3.2.2 Social Support of Hospitals for Patients With Mental Disorders

The formal support that hospitals provide to patients with mental disorders is specialized, but it is not continuous and relatively small. Hospitals will provide professional medical service support for patients with mental disorders, while seldom provide financial support or emotional support. For most patients with mental disorders, going to the hospital for consultation is something they will avoid if they can. On the one hand, they think that suffering from mental disorders is a very disgraceful thing and going to the hospital will make them be criticized and gossiping by others. On the other hand, their previous hospitalization experience makes them afraid of hospitals, and they will avoid talking about hospitalization, medical treatment and other related topics.

3.2.3 Social Support of Community for Patients With Mental Disorders

The formal support provided by the community to patients with mental disorders is divided into the social support provided by the community committees for residents, and the social support provided by the community rehabilitation stations. At the level of the community and community committees, the social support to the mental disorder patients in the community is continuous and stable. The community is the main place for patients with mental disorders to live and carry out activities. The residents and community workers in the community provide emotional support, instrumental support, informational support and economic or material support for the mental disorder patients. At the level of community rehabilitation stations, they provide emotional support, information support, material support and self-esteem support for patients with mental disorders.

3.2.4 Social Support of Enterprises for Patients With Mental Disorders

Corporate support for people with mental disorders is relatively small and lowly persistent. The employment

situation of patients with mental disorders is not optimistic. The vast majority of patients with mental disorders will almost lose job opportunities after the onset of the disease. Some patients who have suffered from mental disorders since childhood said that they have no work experience . Due to the particularity of mental illness, few enterprises or units are willing to recruit patients with mental disorders, and due to the uncontrolled nature of the disease, patients with mental disorders are less likely to actively seek jobs in the society. So at the enterprise level, social support that patients with mental disorders can receive is the weakest.

3.2.5 Social Support of Schools for Patients With Mental Disorders

Schools provide very little support for patients with mental disorders. Due to the long-term and uncontrollable nature of mental disorders as well as the lack of some social functions, the education situation of them is not optimistic. Studies have found that the vast majority of patients with mental disorders will lose their ability to learn after the onset of the disease, and thus lose the opportunity to continue their studies. For patients with mental disorders that have been onset since childhood, there are almost no schools at home that are suitable for them.

3.3 Informal Support of Patients With Mental Disorders

No matter in the past or present, as the most basic social unit of human society, the family is the most important welfare resource for social members in all countries (Zhang & Xu, 2003). The study found that among all the informal support systems, the social support provided by the family to the patients with mental disorders is the most continuous, stable and comprehensive. Families provide emotional support, material support, information support and other kinds of social support for mental disorder patients. Other non-support systems, such as social organizations, friends, neighbors, etc., provide less social support for people with mental disorders; the strength of personal self-support (religion) is weak and unstable.

3.3.1 Family Social Support for People With Mental Disorders

The social support provided by families to patients with mental disorders is continuous and stable, which is the main part of the social support received by patients with mental disorders. Family support is one of the important factors affecting the quality of life of patients with mental disorders. The family provides life care, daily nursing, emotional support and other social support for patients with mental disorders, which plays a vital role in the rehabilitation of patients with mental disorders. On the one hand, family members will spend a lot of manpower, material resources, financial resources and energy to take care of patients with mental disorders. Long-term medication and unstable conditions of patients with mental disorders will bring heavy burdens to other family members. This burden is not only present financially, but also emotionally and spiritually of the primary caregiver. On the other hand, when there are two or more persons with mental disorders in the family, or when the family is a one-child family, and the parents are old and unable to take care of the sick children, the family or the mental disorder person will face a huge crisis, the social support that families can provide for people with mental disorders is very fragile, and they will face a variety of unstable factors and dangerous situations. At this time, the social support that families can provide for people with mental disorders is very fragile, and they will face various unstable factors and dangerous situations.

3.3.2 Non-Governmental Organizations (NGO) Social Support for People With Mental Disorders

Non-governmental organizations provide limited social support for people with mental disorders and the scope of mental disorder patients that can be served is small. There are polar differences in the services provided by non-governmental organizations for patients with mental disorders. There are polar differences in the services provided by non-governmental organizations for patients with mental disorders. Some patients with mental disorders actively seek help from the outside world and can link and obtain services from social organizations through the community or other channels; but the others refuse to accept services from social organizations and conceal their illness from the outside world. This is because the group of mental disorder patients has the characteristics of concealment and exclusivity, and most families of mental disorder patients will have a certain exclusion of social organizations that provide services at home, and it is difficult for social organizations to approach such groups and provide services for them. At the same time, the existing social organizations are small in scale, with few professional service personnel, limited capacity, and insufficient financial resources, so they can only provide limited services and little support for patients with mental disorders.

3.3.3 Social Support of Friends or Colleagues for Patients With Mental Disorders

The interpersonal relationships of patients with mental disorders are single, high in homogeneity, and weak in peer support. The misunderstanding, stigma, and over interpretation of patients with mental disorders by the public are one of the reasons for the simplicity of interpersonal relationships among patients with mental disorders. The frequent occurrence of accidents caused by mental disorder patients in recent years causes people to talk about mental disorders in discoloration. The belief that it is not illegal for mental disorder patients to kill a person makes people stay away from this group, believing that this group is very dangerous. When people

with mental disorders appear around them, people will unconsciously distance themselves from them and reduce contacts out of their instinct to avoid harm. On the other hand, in order to conceal their abnormal situation, patients with mental disorders will take the initiative to reduce their social interactions, so that they can live in the community without discrimination. As a result, people with mental disorders receive little peer support.

3.3.4 Neighborhood Social Support for People With Mental Disorders

Neighbors have little support for people with mental disorders. Due to the uncontrollable and sudden nature of mental disorders, patients with mental disorders cannot predict the time of their onset. Under the influence of the disease, they are prone to make strange actions or behaviors in front of others. These actions or behaviors will cause people to fear patients with mental disorders. Therefore, on the one hand, due to some existing negative news and the establishment of negative images in the society, people are prone to have resistance to the mental disorder patients around them, and the society usually adopts the method of isolation, isolating them in hospitals or sanatoriums far away from population centers. On the other hand, some areas have a certain religious or superstition color, and treat mental disorder patients as immoral, guilty, and need to be guarded against. Therefore, in order to avoid discrimination or prejudice, people with mental disorders and their families often reduce their interaction and contact with others around them, so as to conceal their illnesses. This is one of the reasons why neighbors have relatively little support for people with mental disorders.

3.3.5 Self-Support (Religion) for People With Mental Disorders

Personal self-support here mainly refers to the personal belief (religion) of the mental disorder person. Different from the support mode of the religious friends and churches (groups) in foreign countries, the support of religions in our country for the mental disorder and other vulnerable groups is mainly manifested in the individual spiritual level. The study found that the support provided by religion to mental disorder patients is unstable. The mental disorder patients pin their feelings on a certain religion, while religion provides emotional support to mental disorder patients, less economic and material support is involved. Religion provides emotional support for patients with mental disorders. Some patients with mental disorders will have a certain degree of religious belief. In the process of believing in religion, they can obtain certain spiritual comfort and spiritual sustenance. But at the same time, they are not devout religious believers. They will not go to church for worship or prayer like other people. They only choose to go to church or temple when they need it or in special circumstances. Even some people with mental disorders say that they do not believe in any religion.

4. CONCLUSION

The support system of patients with mental disorders is the result of the interaction and integration among the support subjects of patients with mental disorders, and their support status is closely related to their support subjects. Many problems faced by patients with mental disorders are not only from their own pathological reasons, but also the result of the comprehensive effect of "individual-society". The problem of the mental disorder patients is inseparable from the influence of the social environment. As a vulnerable group, the mental disorder patients are often unable to enjoy the fruits of social development that they should enjoy as members of society due to social exclusion.

4.1 Patients With Mental Disorders haven't received Formal Social Support

The social support provided by the government lacks humanistic care. On the one hand, it is not difficult to find in the social support provided by the government to patients with mental disorders that the government provides living allowances and medical assistance for patients with mental disorders through social policies, financial allocations. to improve their living conditions. However, the government's social support for patients with mental disorders is less involved in humanistic care; and the government's social security system for mental disorder groups is limited to the level of economic and material assistance, and rarely involves education, employment, welfare facilities, information services and social mutual assistance. On the other hand, the social policy in place does not mean that the grassroots will automatically change. The implementation of social policies still faces problems and defects, and the social policies doesn't always equipped with corresponding resources. Negative attitudes in society will not disappear soon because of the promulgation or requirements of social policies. This is a problem that all social policies may face, and urgently needs to be solved at this stage.

The social support provided by the community (neighborhood committees and community rehabilitation stations) is of great significance to patients with mental disorders, but attention should also be paid to the construction of community culture and community "friendly environment". Through interviews with patients with mental disorders, it can be found that the staff of the community and community rehabilitation stations have provided more emotional support, information support and social interaction support for them. Patients with mental disorders can get non-discriminatory and equal interaction in the community and rehabilitation stations, obtain relevant learning and work opportunities, and get timely help in times of difficulty have a very important impact in their recovery of social functions. However, due to multiple factors such as the frequent occurrence of

accidents caused by patients with mental disorders and the exaggerated reports of extreme cases in the mass media, community residents have emotions and behaviors such as fear and isolation in the face of them in the community, and community support fails to properly guide community residents from the perspective of community culture and community propaganda.

Hospitals, enterprises and schools have less social support for patients with mental disorders and fail to fulfill their welfare responsibilities. As the social welfare providers, hospitals, schools, and enterprises have social welfare responsibilities at the levels of their medical treatment, education and employment. However, it is not difficult to find in our research that once a mental disorders patient develops, it is hard to receive social services in education and employment, and there is a lack of special education schools or social organizations targeting mental disorders groups at home. When a patient with a mental disorder is discharged from the hospital, the hospital's professional services for him will also be interrupted, and there will be no continued follow-up services, and there will be few further observations on the recovery of the mentally disabled patient.

4.2 Patient with Mental Disorders have not received Informal Support

The family's support for the patients with mental disorders is relatively comprehensive and stable, and it is the core part of the informal support system for them, but the family's ability to provide social support for the patients with mental disorders is limited. On the one hand, the social support that families can provide for patients with mental disorders does not include professional medical care support, and it cannot provide professional medical treatment and rehabilitation techniques to them in time; on the other hand, as a small social unit, the family has limited financial, material and human resources. When patients with mental disorders need long-term medication and care, ordinary families cannot bear such huge financial and emotional pressures, especially when the main caregivers in the family are old and unable to take care of them, then family social support will face a serious crisis.

Non-governmental organization (NGO) is polarized in the social support they provide to patients with mental disorders. Non-Governmental Organization (NGO) is an important auxiliary body in the welfare system for patients with mental disorders. Compared with the family support system, it is more flexible and more professional and it is one of the indispensable support networks for patients with mental disorders. However, according to the above research findings, the current situation of the group of patients with mental disorders receiving social organization services is characterized by polarization, that is, some have received more social organization services, while others have never contacted with social organization services. The reasons are: on the one hand, although social organizations have developed, their overall scale and number are insufficient, making it difficult to form an organized rescue force, and due to the incompatibility of regional development, social organizations in many regions develop slowly and their types are limited, so it is difficult to undertake the function of providing professional services for patients with mental disorders; On the other hand, due to the influence of factors such as personal character and family cultural background of mental disorder patients, some mental disorder patients and their families are reluctant to accept the services from social organizations.

Friends or colleagues have less support for patients with mental disorders. The study found that the interpersonal relationships of patients with mental disorders are single and highly homogenous. In their existing interpersonal relationships, the proportion of sick friends is relatively high, and the proportion of colleagues or other friends is relatively small. On the one hand, it is because the group of patients with mental disorders has the characteristics of exclusivity. Many patients with mental disorders will take the initiative to reduce their interactions with others in order to conceal their illnesses, and they require long-term treatment. Patients with mental disorders are isolated from the society during treatment, which also leads to the instability of their peer relationships; On the other hand, due to the frequent occurrence of accidents in patients with mental disorders and the public's lack of understanding of mental disorders, people's feelings of rejection (resistance) towards patients with mental disorders are caused, which is also one of the reasons why patients with mental disorders have less peer support.

Neighborhood support system is absent. As an integral part of the community, neighbors' social support plays a very important role in the lives of patients with mental disorders. However, on the one hand, under the background of the existing housing culture, the original geographical relationship was broken and the interpersonal trust was reduced, resulting in less communication between neighbors, so their mutual support system could not be established; On the other hand, the Not-In-My-Back-Yard effect and social exclusion have led to the "unfriendliness" of neighbors to the group of patients with mental disorders. In order to conceal their illnesses, patients with mental disorders actively avoid interaction with their neighbors, which is also the reason why the neighborhood support system cannot be effectively worked.

Personal self-support (religious beliefs) is unstable. In foreign countries, churches, as a form of formal support, provide support for patients with mental disorders. Churches play a large role in charity or support. Churches have a long history of supporting and serving groups of patients with mental disorders. Churches provide

emotional support, spiritual comfort and even financial assistance to patients with mental disorders and their families. However, in China, the church's support for patients with mental disorders is more reflected in the level of personal self-support. On the one hand, the strength and scope of assistance of the church are limited by the institution and national conditions; on the other hand, many religious believers are not devout to their religion, and the ties between believers are not close enough to form mutual aid groups like foreign religions group. Therefore, the self-support of patients with mental disorders at the level of personal beliefs is unstable.

To sum up, the current social welfare system of mental disorder patients is not perfect, and a complete social support network has not yet been established. The welfare services provided by various welfare subjects have certain limitations, the welfare responsibilities of some welfare subjects have not been brought into full play, and the public (mainly reflected in the community residents who are closely related to patients with mental disorders) has a biased understanding of the group of patients with mental disorders, and the welfare subjects failed to form a good complementary cooperative relationship etc. , Therefore, all sectors of society should unite to share the responsibility for social welfare, alleviate existing social discrimination or social exclusion in society, and strive to create a "barrier-free environment" for the mental disorder patients. By integrating the social support system of the mental disorder patients, each support subject can complement each other, so that the mental disorder patients can obtain more comprehensive social support. At the same time, focus on transforming the passive acceptance of social support to active participation in society and economy, and promote the establishment of connections between providers of social support for mental disorders and patients with mental disorders, between providers of social support, and between patients with mental disorders, improve the utilization of social support by patients with mental disorders and the lives of patients with mental disorders, and help patients with mental disorders to better restore social functions and better integrate into society.

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