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Characteristics of the State of Mental Health of the Population of Ukraine as a Consequence of Prolonged Hostilities

Charakterystyka stanu zdrowia psychicznego mieszkańców Ukrainy będącego skutkiem przewlekłych działań wojennych

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SUMMARY

The article presents the general characteristics of the mental health of the population of Ukraine, analyzes the incidence of mental disorders in Ukraine during the period 2018–2020, identifies the level of medical staff in Ukraine compared to EU countries, and features of the microclimate on the psychophysiological state the body of patients and medical staff of psychiatric hospitals. The content analysis of scientific literature and the bibliosemantic method was used in the work. In the course of the analysis, the statistical data of the Ministry of Health of Ukraine for the period 2018–2020 were used on the incidence of mental and behavioral disorders and the provision of medical personnel, forms № 18 of the Ministry of Health of Ukraine “Report on the work on the control of environmental factors affecting the health of the population” for the period 2014–2021. It was found that men for the period 2018–2020 were more treated and treated in hospitals from 67,2% to 65,3%, respectively, and treated in day hospitals from 57,3% to 59,4%, respectively. At the same time, women were treated on an outpatient basis from 78,9% to 81,0%, respectively, with less treatment in psychiatric hospitals from 32,8% to 34,7%, respectively. The largest share of non-compliant microclimate was in 2015 – 11,3% and 2016 – 12,9%, and the lowest allowance in 2014 – 3,2%, in 2020 – 4,4%, and 2021 – 4,2%. Therefore, there is a need to create conditions for the provision of psychological and psychiatric care in mental health facilities of a new multidisciplinary type by qualified professionals.

Key words: psychological trauma, war, psychological and psychiatric care**Słowa kluczowe:** uraz psychiczny, wojna, opieka psychologiczna i psychiatryczna

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INTRODUCTION

The modern society of Ukraine for the last ten years inhibits conditions of psychological tension and stress caused by hostile military invasion of the territory of our state. The existing catastrophic problems of the transformative Ukrainian society were connected with the preservation of territorial integrity and national unity. Over the years, the vast majority of Ukrainian families have experienced psycho-emotional stress and mental trauma due to the disability or death of a loved one as a result of a hybrid war. Remarkable deterioration in the mental health of the population is due to constantly forced displacement. Yes, before migration: for torture, violence, trauma, abduction of children, property, livelihoods, deadly violence; during migration: betrayals, “harsh” environmental conditions,

separation from family members; after migration: language and communication barriers, discrimination, low income, changes in living conditions, adaptation of children to new circumstances in the school, kindergartens, etc. [1].

All traumatic events had a considerable impact and consequences on people of different ages of varying severity to engage in daily life and perform unquestionable tasks, responsibilities, and orders. The hostilities continue, but everyday life continues and continues, which today requires maintaining the mental health and emotional state of every citizen of the state. Due to the prolonged hostilities in Ukraine (ATO/OOS) and the beginning of full-scale operations in Ukraine, the professional psychological and psychiatric assistance of qualified specialists has become significantly needed for mental health care [2, 3].

In today's Ukraine, psychiatric medical care was provided by 91 institutions under the "Inpatient psychiatric care" package and 65 medical institutions under the "Psychiatric care package provided by mobile multidisciplinary teams".

According to a WHO survey, 129 studies had conducted in 39 countries, and one in five people (22,0%) who have survived the war or other armed conflict in the last ten years suffer from depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder or schizophrenia [4].

According to the Minister of Health of Ukraine, it has become known that every fifth person in Ukraine will suffer severe mental trauma due to the consequences of prolonged hostilities, and every tenth will experience anxiety, depression, psychosomatic disorders of moderate and severe severity, which can last from 7 to 10 years even though the war continues. About 15 million Ukrainians, of whom more than 7,7 million internally displaced persons need psychological counseling, and 3-4 million Ukrainians need medical treatment [5]. It is worth noting that the precedence, priority area of mental health care in Ukraine in the coming years should be aimed at maintaining mental health for the sake of a healthy Ukrainian nation. The Soviet biopsychosocial model, which focused on the psychosocial and pharmaceutical direction of the treatment of patients with mental disorders, should be replaced by a new multidisciplinary/intersectoral/interagency model, which has been operating in European countries for many years [6, 7].

The guarantees provided by the Constitution of Ukraine in Articles 3 and 49 for free quality medical care in health care facilities are declarative, with the WHO in 2013-2020 formulated directions for the provision of safe medical care in each state, regardless of the level of security of the population [8, 9].

Much work is being done in European countries on mental health in a multidisciplinary/intersectoral/interagency model to provide psychological and psychiatric care. In the EU, people with mental disorders first go to Mental Health Centers, as in Poland. They have the right to receive a free consultation without a referral and possibly without insurance. Initially, patients had contacted by center psychologists, and when there is a complex case, the patient is in crisis, he is consulted by a psychiatrist, who decides with the consent of the patient and relatives where the patient will treat, or on day departments of general hospitals, or outpatient treatment in their families doctors of the territorial community, or in a specialized psychiatric hospital.

The European Union from the European Social Fund of the EU is constantly funding many projects in the field of mental health, as in the Republic of Poland: "Return to the community", reconstruction of old mental health facilities, construction of new modern clinics, centers and other [10].

AIM

The purpose of the work is to conduct a general description of the mental health of the population of Ukraine during the

long hostilities, to analyze the incidence of mental disorders in Ukraine during the period 2018-2020, to determine the level of medical staff in Ukraine compared to EU countries and features of the influence of the microclimate on the psychophysiological state of the body of patients and medical staff of mental health institutions.

MATERIALS AND METHODS

The content analysis of scientific literature and the bibliosemantic method had used in work. Statistical data had used during the analysis of the Ministry of Health of Ukraine for the period 2018-2020. on the incidence of mental and behavioral disorders and the provision of medical personnel, forms № 18 of the Ministry of Health of Ukraine "Report on the work on the control of environmental factors affecting the health of the population" for the period 2014-2021.

REVIEW AND DISCUSSION

The consequences of prolonged hostilities in Ukraine hurt the psychophysiological state of man, both civilians, and military. According to US military scientists, the number of mental disorders in the army increased by 300% compared to the First World War, and during the US military operations in Korea and Vietnam was about 24-28%. According to the latest WHO data, during armed conflicts around the world, "10,0% of people who have survived traumatic events will have serious mental health problems, and another 10,0% will develop behaviors that interfere with their ability to function effectively". The level of mental illness among refugees (internally displaced persons) reaches 40,0% compared to migrants who leave their country for economic reasons reaches only 21,0%. In the structure of emotional disorders (depression, anxiety, irritability,) the occurrence of anxious thoughts is up to 100%, in the format of some-vegetative disorders there are permanent sympathetic and tonic states (psychogenic pain) in 90,0%, and in the structure of cognitive disorders there are ideas of inferiority in 90,0%, in the construction of cognitive disorders complicate everyday actions (difficulty concentrating, memory impairment difficulties in planning and organization) in 92,0%, there are suicidal thoughts in 28,0% [11].

In Ukraine, according to the World Psychiatric Association in 2020, it was established that there was a crisis in the psychiatric care system due to insufficient funding for the mental health service, which led to a reduction in medical staff, and beds in psychiatric hospitals. However, no new mental health facilities have been built/reconstructed where patients with mental disorders can seek mental health centers, district/central general hospitals, primary care centers, and university clinics [12].

According to the analysis of statistical reports for the period 2018-2020, It had established that in Ukraine every year from 183 thousand to 170 thousand for the first time detected and entrenched cases of mental and behavioral disorders are registered, respectively. Given the duration of hostilities and the full-scale war of today in Ukraine, there

has been an increase in internally displaced persons outside the country, and those in the war zone need timely, high-quality psychological and psychiatric care. The solution to this issue in our country must be carried out at the state level and for many years [13].

According to statistics for the period 2018-2020, in Ukraine, we see an increase in the number of patients with mental disorders seeking medical care in outpatient psychiatric institutions, which had built according to the old requirements and which did not take into account the “therapeutic, healing environment”: from 63,8% to 70,6% of patients and a decrease in visits to psychiatric hospitals from 32,2% to 27,0% due to “stigmatization, hospitalization” and to day hospitals from 4,0% to 2,4%, respectively (Figure 1) [14, 15].

According to the results of the analysis (Table 1) on gender specifics concerning requests for medical and psychiatric

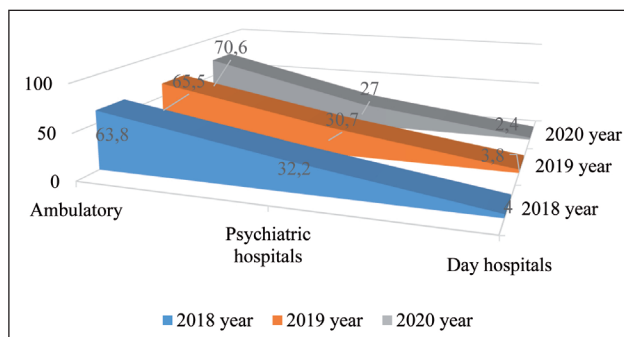


Figure 1. The share of applications for psychiatric care in Ukraine during the period 2018-2020, %

care, it had found that men for the period 2018-2020 had treated in psychiatric hospitals from 67,2% to 65,3%, respectively, were treated in day hospitals from 57,3% to 59,4%, respectively. Women for the same period (2018-2020) gave priority to the treatment of mental illness in an outpatient setting from 78,9% to 81,0%, respectively, and fewer women were treated in psychiatric hospitals from 32,8% to 34,7% in accordance. People living in rural areas sought less psychiatric care than the urban population and preferred to treat in psychiatric hospitals due to poor transport links and the lack of outpatient specialists [16].

According to the statistics of the Ministry of Health of Ukraine for the period 2018-2020. Regarding the number of individuals who provide psychiatric care in various institutions, the number of psychiatrists in hospitals has slightly increased, while the number of beds has decreased (Table 2). During the period from 1990 to 2019, the number of hospital beds decreased by 61,3% (per 10 thousand population), and the number of outpatient clinics increased two times – 6,9%/13,8% (per 10 thousand population) [8, 13].

The number of psychologists in this period decreased 29 times compared to psychiatrists. We observe a similar picture concerning the number of social care nurses compared to nurses in 12,4-23,7 times less, respectively. We detect a decrease in the number of psychologists, social workers, and social care nurses in recent years of mental health reform in Ukraine compared to EU countries, and therefore qualitative changes in the health of the psychiatric service in recent years have not occurred [9].

According to the 2015 report of the International Medical Corps with the support of the World Bank Group in Ukraine “On assessment and recommendations for the

Table 1. The share of gender features of psychiatric care and hospital stays during the period 2018-2020 in Ukraine, %

	Outpatient psychiatric care			Psychiatric care in day hospitals			Inpatient psychiatric care		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Men	21,1%	20,8%	19,0%	57,3%	56,6%	59,4%	67,2%	66,6%	65,3%
Women	78,9%	79,2%	81,0%	42,7%	43,4%	40,6%	32,8%	33,4%	34,7%
The rural population	8,6%	8,7%	7,9%	10,0%	8,0%	8,2%	32,1%	32,6%	31,9%

Table 2. The share of the number of individuals in various networks of psychiatric care during the period 2018-2020 in Ukraine, %

	2018	2019	2020	2018	2019	2020	2018	2019	2020
Psychiatrist (including children)	24,7	26,5	27,1	24,7	25,5	23,6	10,8	11,0	12,5
Psychotherapist	0,9	0,9	1,9	1,0	0,63	0,79	0,19	0,2	0,18
Psychologist	0,6	1,0	0,77	2,0	2,2	1,6	0,45	0,45	0,43
Practical psychologist	3,5	2,8	3,1	2,7	3,5	5,5	2,2	2,5	2,5
Social worker (with higher education)	0,7	0,9	0,9	1,7	1,6	0	0,4	0,4	0,22
Social worker (without higher education)	0,2	0,25	0,24	0	0	0,39	0,22	0,15	0,14
Social care nurse	3,6	3,6	1,9	0	0	0	0,4	0,31	0,19
Nurse	44,7	45,6	45,0	56,3	53,8	53,9	75,3	74,9	73,1

integration of mental health into primary care”, the number of psychiatrists was 11,6% per 100 thousand population, and in the EU – 7,75%, while that of practical psychologists per 100 thousand population in Ukraine – 1,3%, and in the EU was 2,7% per 100 thousand population. In the EU, the provision of specially trained psychiatric nurses was 824 (2009) per 100 thousand population, while in Ukraine 752 per 100 thousand population. Unfortunately, in Ukraine, it remains unclear about the weak relationship between psychiatrists and psychotherapists, social workers with higher education, psychologists in the treatment of patients with mental disorders, rehabilitation, and occupational therapy [6,8,9].

According to the WHO, the mental health of the population of Ukraine is insufficiently qualified psychiatric medical staff to provide psychosocial care. This had confirmed in the report of the Ministry of Health of Ukraine for 2019 on certified doctors who successfully passed the exam was 85,1% – among psychiatrists, 82,7% – neurologists, 70,0% – psychotherapists in the field of mental health. However, 87,2% of general practitioners are inexperienced in managing patients experiencing mental health crises, 80,9% of staff have not been trained to understand mental disorders, and personnel focuses on physical injuries rather than mental health disorders. It may affect the correct management of patients. Thus, 50,0% of patients with depression complained of back and abdominal pain. At the same time, in the EU countries, mental health institutions constantly conduct surveys of patients, and relatives of patients on satisfaction, living conditions, and the attitude of medical staff to patients in these institutions [12].

According to the results of the analysis of state statistical forms № 18 Vinnytsia Regional Laboratory Center of the Ministry of Health of Ukraine for the period 2014-2021 “Report on environmental factors affecting human health” according to the “Study of physical environmental factors” provided by the Main Department of the State Sanitary and Epidemiological Service in Vinnytsia region, SI “Vinnytsia Regional Laboratory Center of the State Sanitary and Epidemiological Service of Ukraine”, was analyzed environmental indicators -prophylactic health care institutions of Vinnytsia region [9, 14, 16].

According to the results of laboratory measurements of lighting in the workplaces of medical workers and the wards of patients of health care facilities, it was found that natural light for the reporting period 2014-2021 met in 100% of cases the sanitary and hygienic requirements (KPO was 1,0-1,5%). Regarding the measurements of artificial lighting, the non-compliance with the regulatory requirements of DSP №173-96, DBN B.2.5.-28: 2018 “Natural and artificial lighting” the largest share was in 2017 – 11,8% and in 2019 – 10,7%, and the lowest indicators of non-compliance were observed in 2015 – 3,4% and in 2018 – 3,78%.

In connection with the Law of Ukraine “On temporary features of state supervision (control) in the field of economic activity” (Articles 2 and 3) moratorium on state supervision (control) of planned measures for state supervision (control)

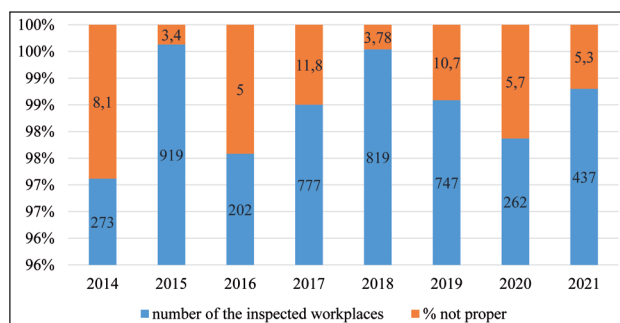


Figure 2. The number of surveyed jobs in treatment and prevention facilities of Vinnytsia region for 2014-2021 and the number of measurements of artificial lighting that did not meet regulatory requirements, (%)

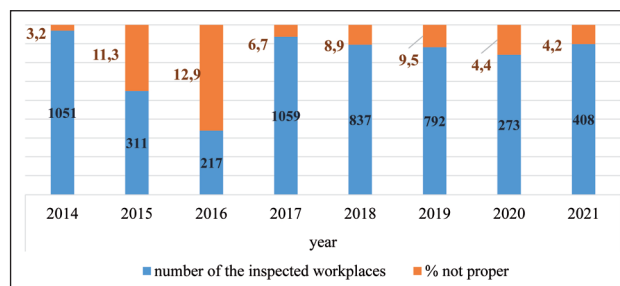


Figure 3. Indicators of the microclimate in treatment and prevention facilities of Vinnytsia region for 2014-2021, (%)

of institutions’ health care in the period 2014-2021, the number of surveyed jobs decreased every year. The smallest number of surveys, not more than 300, was conducted in 2014, 2016, and 2020 (Figure 2) [9, 16].

According to laboratory measurements of the equivalent sound level in medical and preventive institutions of the Vinnytsia region, they met the requirements and did not exceed the regulatory requirements of SOS DBN B.1.1-31: 2013 “Protection of territories, buildings, and structures from noise” (Figure 3).

According to LTO 3.36.042-99 “Sanitary norms of microclimate of industrial premises” data of measurements of parameters of microclimate for 2014-2021.

According to the “Study of physical factors of the environment” provided by the Main Department of the State Sanitary and Epidemiological Service in Vinnytsia region, SI “Vinnytsia Regional Laboratory Center of the State Sanitary and Epidemiological Service of Ukraine” 9,0% and the lowest share in 2014 – 3,2%, in 2020 – 4,4% and in 2021 – 4,2%.

According to the results of the analysis of these forms № 18 Vinnytsia Regional Laboratory Center of the Ministry of Health of Ukraine for the period 2014-2021 “Report on environmental factors affecting human health”, we observe violations of the in-hospital environment of treatment and prevention facilities of Vinnytsia region: insufficient level of artificial lighting, non-compliance with the requirements for the microclimate. The in-hospital habitat of treatment and prevention facilities can create a risk of exacerbation of the disease, depression, anxiety, and increased aggression,

and this is a consequence of increasing the length of stay of patients with mental disorders in an inpatient facility. At the same time, disruption of the in-hospital environment can create a risk for medical staff who spend a long time in the workplace with patients, having additional negative factors while working as an emotional, psychophysical condition that predict the development of emotional burnout.

CONCLUSIONS

Thus, in Ukraine during and after prolonged hostilities it is necessary to carry out the following preventive measures:

- information – explaining and communicating important information about mental health;
- providing psychosocial support – providing opportunities and safe conditions to share their own psychodramatic experience, gain mutual understanding and support, master the skills of emotional regulation, ways of self-help, and analysis of their psycho-emotional state;
- expansion of interpersonal sensitivity in matters of mental response in interpersonal interaction – reducing the level of stress in communication;
- identification of internal resources to overcome past events and difficulties;
- obtaining information on places of treatment of social, psycho-correctional medical care – psychoeducation, social skills training, social adaptation and assistance, counseling with adaptation and resocialization, communication in target groups.

Given the above material, further prospects should become: in Ukraine, it is necessary to create the conditions for the provision of psychological and psychiatric care in mental health facilities of a new multidisciplinary/intersectoral/interagency type by qualified professionals.

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