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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и http://www.nlm.nih.gov/bsd/uniform_requirements.html В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned
Requirements are not Assigned to be Reviewed.**

ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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PSYCHOLOGICAL/PSYCHIATRIC CARE SERVICES IN UKRAINE DUE TO THE CONSEQUENCES OF FULL-SCALE WAR

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Abstract.

The article presents a retrospective analysis of the incidence of mental disorders in the population, determines the level of provision of the service with medical personnel for the period 2018-2020. of Ukraine. In order to overcome the consequences of a full-scale war, a new model of providing psychological, psychiatric, and social assistance to the population affected by military operations is proposed. In the course of the analysis, the statistical materials of the Ministry of Health of Ukraine on the incidence of mental and behavioral disorders and the availability of medical personnel in psychiatric health care institutions for the period 2018-2020 were used.

Key words. War, mental health, morbidity of mental disorders, medical personnel.

Introduction.

Due to the consequences of a full-scale war, according to the Ministry of Health of Ukraine, one in five people in Ukraine will experience severe mental trauma in the near future, and one in ten will experience anxiety, depression, moderate to severe psychosomatic disorders that can last from 7 to 10 years. About 15 million Ukrainians, including more than 7.7 million internally displaced persons, will need psychological counseling, and 3-4 million Ukrainians will need medication [1,2].

The WHO annually states that depressive disorders are a global, regional, and national burden, affecting up to 280 million people (3.8%) worldwide. The expected number of cases of mental disorders in 1990 was 654.8 million cases, and in 2019 it was 970.1 million cases (48.3%). According to the WHO, according to the International Classification of Diseases (ICD-11), in 2019, 301 million people were registered with anxiety disorders worldwide. people, including 58 million among children and adolescents; 280 million people with depressive conditions, including 23 million among children and adolescents; 40 million people with bipolar disorders; 301 million people with schizophrenia, including 24 million among children and adolescents; 14 million people with eating disorders; and 40 million people with conduct and dissociative disorders.

The latest WHO report, World Mental Health Report: Changing Mental Health for All, calls on all countries to accelerate the implementation of the action plan. It argues that all countries can make significant progress in improving the mental health of their populations by focusing on three "pathways to transformation."

- deepening the value of mental health by individuals, communities, and governments; and coupling this value with the commitment, engagement, and investment of all stakeholders across all sectors.

- change the physical, social and economic characteristics of the environment - in homes, schools, workplaces and the wider society - to better protect mental health and prevent mental illness.

- strengthen mental health care so that the full range of mental health needs is met through a local network of accessible, affordable, and quality services and support.

Thus, in the coming years, mental health care should become a priority in the problem of preserving the health of the Ukrainian population. The Soviet biopsychosocial model, which focuses on psychosocial and pharmaceutical treatment of patients with mental disorders, should be replaced by a new multidisciplinary/intersectoral/interagency model that has been in place in European countries for many years.

In furtherance of this direction, the Resolution of the Cabinet of Ministers of Ukraine of May 7, 2022, No. 539 "On the Establishment of the Interagency Coordination Council on Health Care and Psychological Assistance to Persons Affected by the Armed Aggression of the Russian Federation against Ukraine" clearly defines measures to provide millions of Ukrainians with timely, qualified psychological and psychiatric care [3,4].

At the same time, unfortunately, the guarantees of free quality medical care in health care facilities provided for in Articles 3 and 49 of the Constitution of Ukraine are declarative, while the WHO in 2020-2030 formulated directions for providing safe medical care to the population of each state, regardless of the level of material security of the country's population [5].

A major problem in Ukraine for patients with mental disorders is a long-term stay of 53.5 to 33.3 days in inpatient treatment in psychiatric health care facilities (PHCFs), which were built in the eighteenth and nineteenth centuries and lack proper sanitary and hygienic conditions for modern rehabilitation therapy. For patients with mental disorders in Ukraine, there is a limited choice of multidisciplinary care/rehabilitation. Whereas, in EU member states, patients with mental disorders stay in psychiatric facilities for an average of 10 to 20 days (Poland, Lithuania, Belgium, etc.) and in newly built modern psychiatric facilities. These institutions in European countries, when designing and constructing new modern mental health facilities, take into account new sanitary, hygienic, architectural, and planning approaches to the requirements for modern premises to create a "healing/therapeutic environment" for patients with mental disorders [6-8].

Mental health care in the EU countries is working towards a multidisciplinary/intersectoral/interagency model of psychological and psychiatric care [9,10]. In European

countries, people who have mental disorders first go to mental health centers and can also get advice by telephone or online. For example, in Poland, patients receive free counseling without a referral and without insurance. First, psychologists of the centers talk to patients, and when there is a complicated case, the patient is consulted by a psychiatrist, who decides and offers where the patient will be treated with the consent of the patient and relatives, either in the day care units of general hospitals or receive outpatient treatment from their family doctors in the territorial community [11-14].

Materials and Methods.

Based on a retrospective analysis of the incidence of mental disorders in Ukraine, a new model of psychological and psychiatric care for the population affected by military operations is proposed. In the course of the analysis, the statistical materials of the Ministry of Health of Ukraine on the incidence of mental and behavioral disorders and the availability of medical personnel in psychiatric health care institutions in Ukraine for the period 2018-2020 were used.

Results and Discussion.

Military operations affect the human psyche of both civilians and military personnel. According to the WHO, during armed conflicts around the world, "10% of people who have experienced traumatic events will have serious mental health problems, and another 10% will develop behaviors that interfere with their ability to function effectively." The rate of mental illness among refugees (internally displaced persons) reaches 40% compared to migrants who leave their country for economic reasons, which reaches only 21% [15].

Unfortunately, according to the World Psychiatric Association in 2020, it was found that in Ukraine, there was a crisis in the mental health care system due to insufficient funding for inpatient hospitals and the lack of a new mental health service based on primary health care centers and outpatient care. In recent years, there has been a reduction in the number of PHCFs: psychiatrists, psychologists, social workers, and beds [16], and not newly built/reconstructed mental health facilities have been built, and the number of previously built PHCFs has decreased significantly due to the war. Unfortunately, at the beginning of the full-scale war, Ukraine did not have a new modern multidisciplinary/interdisciplinary/interagency system of psychological and psychiatric care in accordance with international standards of the EU countries.

According to the Ministry of Health of Ukraine, 173 medical institutions were completely destroyed as a result of Russian aggression, and 1218 were significantly damaged, despite the fact that the war is not yet over. The consequences of the ongoing hostilities in Ukraine have a negative impact on the psychophysiological state of both civilians and military personnel. The consequences of these events have led to an increase in the number of patients with mental and behavioral disorders and a deterioration in the mental state of society as a whole.

According to the Ministry of Health statistics, in 2012 the number of psychiatric beds was 39251, in 2014 - 31857, and the number of beds in specialized hospitals in Ukraine decreased

by almost 18.8% (over three years). Starting in 2015, the state statistical documentation of the Ministry of Health of Ukraine, in particular, Form 47 "Report on the Network and Activities of Medical Institutions", Table 1111, excludes data on beds in PHCFs [17].

According to the Association of Psychiatrists of Ukraine, at the beginning of 2019, there were 58 psychiatric hospitals and 24 drug treatment facilities (22 drug treatment clinics with inpatient facilities and 2 drug treatment hospitals) with a total bed capacity of 26915 psychiatric and 3371 drug treatment beds, with the average length of stay in a psychiatric hospital being 48.7 days and in a drug treatment facility being 12.3 days. The long period of stay of patients with mental disorders in the hospital, combined with unsatisfactory sanitary and hygienic conditions of the in-hospital environment of PHCFs, can lead to the risk of exacerbation of the disease, exacerbation of depression, anxiety, increased aggression, and as a result, to an even longer period of stay in the hospital.

According to the NHSU website, 194 institutions, including only 58 psychiatric hospitals, received the package of medical guarantees "Mental Health Care for Adults and Children" for inpatient psychiatric care. 136 packages of medical guarantees "Psychiatric care for adults and children" were received by narcological hospitals (the NHSU announced that it does not finance the provision of inpatient narcological care) and somatic hospitals, most of which currently do not have inpatient psychiatric departments and do not provide inpatient psychiatric care [18].

The available data from the Association of Psychiatrists of Ukraine indicate a significant decrease in the bed capacity (by 4942 beds) in PHCFs, namely from 31857 beds (2014) to 26915 beds (2019).

Based on the analysis of state statistical forms No. 10 "Report on the provision of psychiatric care to the population in Ukraine" provided by psychiatric health care institutions, the following was found in the dynamics of three years (2018-2020) (Table 1) [19].

In PHCFs in structural units - outpatient clinics, the number of positions in Ukraine in the profile of a psychiatrist was 1145.25 full-time positions (2018), while 1036.0 positions were filled, with a deficit of 9.5%, which compared to 2019 and 2020, this deficit increased and amounted to 12.5% and 12.8%, respectively. According to the staffing table in Ukraine, 61.0 positions of psychotherapists are provided for in PHCFs outpatient clinics (2018), while 43.0 positions were filled, with a shortage of 29.5%. Psychologists in the same outpatient clinics were supposed to have 36.25 positions in 2018, while 29.5 were filled, with a shortage of 18.6%, which increased compared to 2019 and 2020 and amounted to 22.6% and 25.6%, respectively. According to the staffing table, in 2018, 183.25 positions of psychologists were envisaged in outpatient clinics of HCFs, 165.25 positions were staffed, the deficit was 9.8%, which increased compared to 2019 and 2020 and amounted to 10.7% and 13.7%, respectively.

Table 1 shows that in the MoH system, the staffing of psychiatrists, psychologists, psychotherapists, and other psychiatric specialists is provided only in the structure of

PHCFs - outpatient clinics and is intended specifically for patients with psychiatric disorders who have been registered in these institutions for a long time.

This indicates that in Ukraine, the healthcare sector lacks a preventive mission to prevent mental illness among the population - as provided for in the EU, the USA and other countries of the world when at the level of a territorial healthcare institution - primary healthcare centers, outpatient care, that is, the provision of psychological and psychotherapeutic care is carried out in the healthcare institution closest to the average citizen.

In the structural units - inpatient psychiatric facilities of health care institutions, the number of positions in Ukraine in the field of psychiatrists was 1574.75 full-time positions (2018), with 1411.15 positions staffed, with a deficit of 10.4%, which increased compared to 2019 and 2020 and amounted to 13.3% and 15.1%, respectively. According to the staffing table in Ukraine, 39.75 positions of psychotherapists are provided for in PHCFs inpatient facilities (2018), while 28.25 positions were filled, the deficit was 28.9%, and in 2019 - 27.0% and in

2020 - 32.1%. Psychologists in the same PHCFs hospitals were supposed to have 62.75 positions in 2018, while 51.25 were filled, with a deficit of 18.3%, which increased compared to 2019 and 2020 and amounted to 24.6% and 16.9%, respectively. According to the staffing table, in 2018, 269.75 positions of psychologists were provided for in PHCFs inpatient facilities, 260.25 positions were filled, with a deficit of 3.5%, which increased compared to 2019 and 2020 and amounted to 8.4% and 12.3%, respectively.

Unfortunately, in Ukraine, according to the results of the analysis of state statistical forms No. 10 "Report on the provision of psychiatric care to the population in Ukraine" in the dynamics of three years (2018-2020) [20], we observed a decrease in the number of people with mental health problems [20], we observed an increase in the number of patients with mental disorders seeking medical care in PHCF outpatient clinics from 63.8% to 70.6%; inpatient admissions due to unsatisfactory sanitary and hygienic conditions decreased from 32.1% to 27.0%, as well as in day care centers from 4.1% to 2.4% (Figure 1).

Table 1. Dynamics of changes in the human resource of psychiatric health care institutions (2018-2020) according to the state statistical form № 10 "Report on the provision of psychiatric care to the population in Ukraine".

Specialists	Quantity	In the outpatient network			In the fixed network		
		2018	2019	2020	2018	2019	2020
1	2	3	4	5	6	7	8
Psychiatrist	staff positions	1145,25	1156,45	1078,25	1574,75	1604,75	1516,5
	positions held	1036,0	1012,0	940,25	1411,15	1391,25	1288,0
	%	90,5	87,5	87,2	89,6	86,7	84,9
Psychotherapist	staff positions	61,0	57,75	60,25	39,75	38,00	32,0
	positions held	43,0	43,50	44,5	28,25	27,75	21,75
	%	70,5	75,3	73,9	71,1	73,0	67,9
Doctor-psychologist	staff positions	36,25	44,25	45,0	62,75	66,00	47,25
	positions held	29,50	34,25	33,5	51,25	49,75	39,25
	%	81,4	77,4	74,4	81,7	75,4	83,1
Psychologist	staff positions	183,25	145,50	140,75	269,75	306,75	270,0
	positions held	165,25	130,00	121,5	260,25	281,00	236,75
	%	90,2	89,3	86,3	96,5	91,6	87,7
Social workers (with higher education)	staff positions	44,25	47,75	38,75	56,00	53,50	39,5
	positions held	38,25	42,25	37,25	53,50	64,00	27,25
	%	86,4	88,5	96,1	95,5	119,6	67,0
Social workers (without higher education)	staff positions	16,25	21,50	11,0	37,50	28,00	24,25
	positions held	9,25	15,75	10,75	30,50	19,00	15,50
	%	56,9	73,3	97,7	81,3	67,9	63,9
Social care nurse	staff positions	221,25	227,75	105,25	73,50	49,00	30,75
	positions held	196,75	188,0	84,0	52,00	43,50	20,25
	%	88,9	82,5	80,0	70,7	88,8	65,9
Nurse	staff positions	2397,5	2260,25	2132,25	10494,50	10298,0	8613,50
	positions held	2231,0	2109,82	1953,5	9643,75	9510,0	7589,25
	%	93,1	93,3	91,6	91,9	92,3	88,1

Table 2. Share of gender peculiarities of psychiatric care in psychiatric institutions in 2018-2020 in Ukraine, %.

	Outpatient psychiatric care			Inpatient psychiatric care			Mental health care in day care centers		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Men	21,1%	20,8%	18,9%	67,2%	66,6%	65,3%	57,3%	56,6%	59,1%
Women	78,9%	79,2%	81,0%	32,8%	33,4%	34,7%	42,7%	43,4%	40,9%
Rural population	8,3%	8,7%	7,9%	32,1%	32,6%	31,9%	10,0%	8,0%	8,2%

Table 3. Provision of psychiatric care to the population: outpatient, inpatient and day care inpatient psychiatric care in the dynamics of years (2018-2020).

Provision of psychiatric care	2018	2019	2020
Total outpatient, inpatient and day care mental health care provided	966230	985193	887712
Number of people who received outpatient psychiatric care (total)	616 318	645 589	627 056
% of all psychiatric care provided	63,8	65,5	70,6
Of these, newly diagnosed mental and behavioral disorders (total)	183 996	189 005	170 687
% of the total number of outpatient visits	29,9	29,3	27,2
Including:			
1) men	129 527	134 346	118 935
% of the total number of outpatient visits	21,0	20,8	18,9
2) rural population	53 223	56 401	49 742
% of the total number of outpatient visits.	8,3	8,7	7,9
By age group:			
1) minors	16 992	17 791	15 773
% of the total number of outpatient visits	2,8	2,8	2,5
2) children	23 264	24 171	20 400
% of the total number of outpatient visits	3,8	3,5	3,4
3) youth	62 589	63 221	53 634
% of the total number of outpatient visits	10,2	9,8	8,6
4) elderly persons	23 297	22 554	21 042
% of the total number of outpatient visits	3,8	3,5	3,4
Number of people who received inpatient psychiatric care (total)	310 665	302 218	239 641
% of all psychiatric care provided	32,1	30,7	27,0
Of these:			
1) men	208 690	201 348	156 531
% of all inpatient care started	67,2	66,6	65,3
2) rural population	99 699	98 431	76 533
% of all inpatient care started	32,1	32,6	31,9
By age group:			
1) minors	10 912	9 879	5 904
% of all inpatient care started	3,5	3,3	2,5
2) children	17 189	16 462	10 248
% of all inpatient care started	5,5	5,4	4,3
3) youth	75 982	73 263	55 862
% of all inpatient care started	24,5	24,2	23,3
4) elderly persons	49 450	49 159	40 556
% of all inpatient care started	15,9	16,3	16,9
were hospitalized two or more times a year	56 041	57 230	47 741
% of all inpatient care started	18,0	18,9	19,9
Number of people who received psychiatric care in day care centers (total)	39 247	37 386	21 015
% of all psychiatric care provided	4,1	3,8	2,4
Of these:			
1) men	22 478	21 143	12 487
% of all persons who received psychiatric care in day care centers	57,3	56,6	59,1
2) rural population	3 925	2 991	1 728
% of all persons who received psychiatric care in day care centers	10,0	8,0	8,2
By age group:			
1) minors	1 979	2 509	1 580
% of all persons who received psychiatric care in day care centers	5,0	6,7	7,5
2) children	2 261	2 787	1 810
% of all persons who received psychiatric care in day care centers	5,8	7,5	8,6
3) youth	9 078	7 222	3 815
% of all persons who received psychiatric care in day care centers	23,1	19,3	18,2
4) elderly persons	5 766	5 857	2 985
% of all persons who received psychiatric care in day care centers	14,7	15,7	14,2
Mental health care in day care centers was provided two or more times a year	4 990	4 110	2 091
% of all persons who received psychiatric care in day care centers	12,7	11,0	10,0

In Table 2, we analyzed the gender specifics of mental health care seeking. According to our observations, in the period 2018-2020, men sought and received treatment in PHCFs hospitals more often (67.2% to 65.3%) and were treated in day hospitals (57.3% to 59.1%). At the same time, 78.9% to 81.1% of women were treated on an outpatient basis during this period, and 32.8% to 34.7% of patients were treated in PHCFs psychiatric hospitals. People living in rural areas preferred inpatient treatment in PHCFs, which ranged from 32.1% to 31.9% during the period, and less preferred treatment in day care centers from 10.0% to 8.2% and in outpatient clinics from 8.3% to 7.9%.

By age groups (minors, children, youth, elderly) over the mentioned period, we observe a preference for treatment in inpatient PHCFs. The largest number of young people were treated in in-patient facilities (24.5% to 23.3%), and in day care facilities (23.1% to 18.2%) during the mentioned period (Table 3). At the same time, most children abroad receive medical care in the centers of secondary schools, primary health care centers, and outpatient clinics with psychologists, psychotherapists, and social workers.

Instead, in the United States, which is a prototype for the implementation of reform changes, the distribution of psychiatrists in PHCFs per 100 thousand people is 1.4, while in Ukraine this figure is 7.76, which is 5.5 times higher. The number of psychologists in the United States per 100 thousand people is 5.4, which is 10.8 times higher than in Ukraine - 0.5 per 100 thousand people. In terms of the distribution of nurses in the United States, the figure is 3.5 per 100 thousand people, while in Ukraine it is 16.5, which is 4.7 times higher (Figure 2) according to WHO (2017). In European countries, the priority area of mental health care is aimed at prevention/prevention of mental illness at the level of primary health care centers, outpatient care.

In the EU countries, mental health care has a preventive component, as in the United States, when psychologists' consultations in primary health care centers, outpatient clinics (proactive and telemedicine consultations) are widely used for people who seek medical care for the first time. And only when a psychiatrist's consultation is needed, they are referred to specialists of the relevant profile [21].

Every year, according to the WHO, in the EU countries, the indicator of the population's provision with medical personnel providing mental health services is increasing, so in 2019 the number of employees varies in different countries with high living standards in the EU and averaged 13 specialists per 100 thousand people (in 2014 - 9 specialists). The largest changes in the number of employees in the Western Pacific region in 2020 amounted to 15.4 specialists per 100 thousand people, and in 2014 this figure was 8.7 specialists per 100 thousand people. According to the WHO, in low-income countries, there was a decrease in the number of health workers in this area and ranged from 6.2 to 3.8 workers per 100 thousand people (2017/2020).

Psychosomatic reactions in most Ukrainians now, during the military conflict, tend to turn into a psychosomatic disorder, which is a consequence of the disruption of all human adaptive resources: emotional and sensory, somato-vegetative, cognitive, which poses a diagnostic dilemma for scientists, which is still being studied. To prevent the pre-disease from turning into a disease, it is necessary to create conditions for accessible, free counseling by psychologists and social workers in primary health care centers, outpatient clinics, as is the case with similar centers in the EU, where a multidisciplinary integrative approach to this issue is followed.

In Ukraine, the psychiatric service is currently partially ready to accept such a number of people with psychosomatic disorders, both civilians and military personnel. Persons with

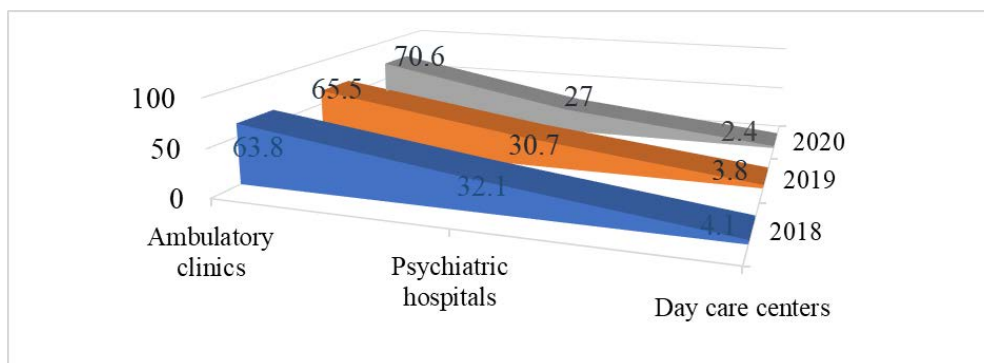


Figure 1. Number of referrals for psychiatric care in mental health facilities in Ukraine in 2018-2020, %.

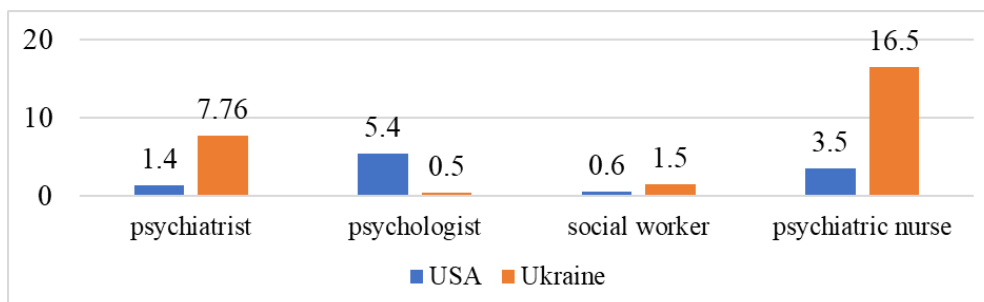


Figure 2. Mental health workforce distribution per 100 thousand people (WHO, 2017).

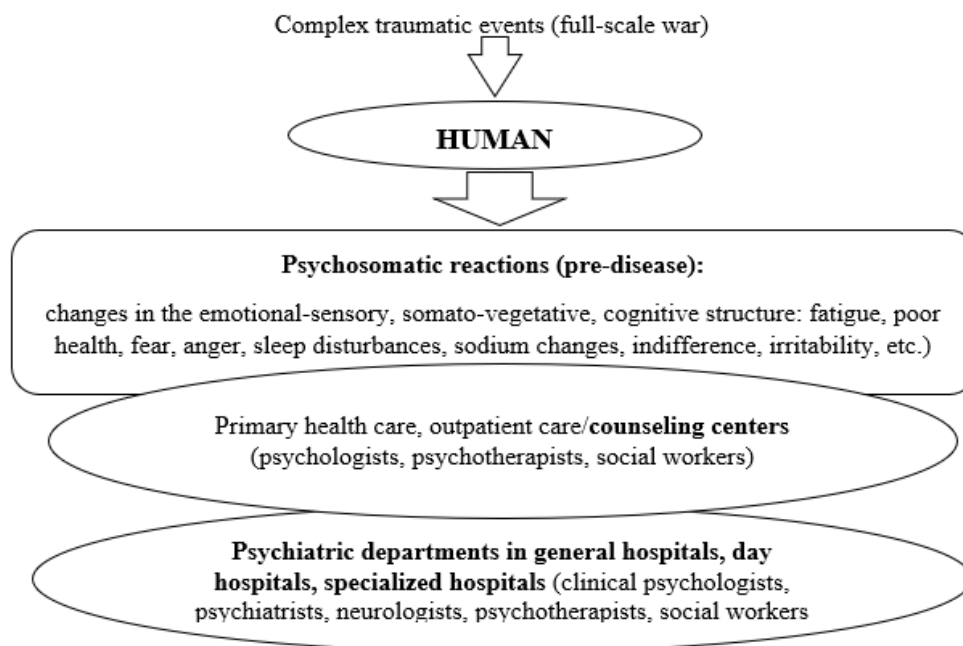


Figure 3. Model of psychological/psychiatric care for patients with mental disorders resulting from the effects of traumatic events (full-scale war).

psychosomatic reactions and disorders often unsuccessfully seek treatment from various medical specialists, migrating from one to another and receiving only temporary relief (Figure 3). For this purpose, it is necessary to create accessible primary health care, outpatient care/counseling centers staffed by psychologists, psychotherapists, social workers, etc. It is necessary to intensify the opening of new psychiatric departments, day hospitals on the basis of general hospitals, which will be staffed by medical personnel - clinical psychologists, psychiatrists, neurologists, and psychotherapists, which will generally ensure an increase in the level of readiness of domestic PHCFs to protect the mental health of the population of Ukraine in general and those affected by military operations. Based on the results of our research, we developed a model of psychological/psychiatric care for patients with mental disorders (Figure 3).

Conclusion.

1. It is necessary for the Ministry of Health of Ukraine to launch a preventive mission on mental health care at the level of primary health care centers in Ukraine by staffing them with psychologists, psychotherapists, social workers, as is provided in the EU, the USA, and other countries.

2. To create appropriate working conditions for mental health professionals to prevent occupational diseases.

3. The Ministry of Health of Ukraine needs to study the experience of European countries on the methodology of collecting information on the state of mental health of the population by creating a unified electronic system for the exchange of medical information about each patient, which will improve the work of health care facilities at all levels, ensure the reliability of statistical data that will meet the requirements of reforming the patient-centered mental health care system.

Conflict of interest.

Authors have no conflict of interest to declare.

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РЕЗЮМЕ СЛУЖБА ПРЕДОСТАВЛЕНИЯ ПСИХОЛОГО/ ПСИХИАТРИЧНОЙ ПОМОЩИ В УКРАИНЕ ЧЕРЕЗ ПОСЛЕДСТВИЯ ПОЛНОМАСШТАБНОЙ ВОЙНЫ

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В статье проведенный ретроспективного анализа показателей заболеваемости населения на психические расстройства, определен уровень обеспечения службы медицинскими кадрами за период 2018-2020 г.г. Украины. Для преодоления последствий полномасштабной войны предложена новая модель предоставления психологической, психиатрической, социальной помощи населению, которое пострадало в результате военных действий. В ходе проведенного анализа использованы статистические материалы МОЗ Украины относительно заболеваемости на расстройства психики и поведения и обеспеченность медицинскими кадрами заведений здравоохранения психиатрического профиля за период в 2018-2020 г.г.

Ключевые слова: война, умственное здоровье, заболеваемость душевных расстройств, медицинский персонал.