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**BRIDGING GAPS IN THE FIELD OF MENTAL HEALTH BY  
SPREADING THE BASICS OF PSYCHIATRIC AND  
PSYCHOLOGICAL KNOWLEDGE AND DEVELOPING  
COMMUNICATION SKILLS**

Today, the level of stress and challenges faced by Ukrainians are unprecedented. According to sociological surveys conducted after the full-scale invasion, a large part of the respondents experience anxiety and tension, depressed mood and sleep disturbances. The level of subjective stress has increased significantly compared to previous years. Along with this, most of the interviewed persons do not consider their conditions sufficient to seek help and are of the opinion that psychological help is not for them, but for the mentally ill. (1)

The experience of working with patients and training doctors as part of postgraduate education shows that there is a huge gap in the knowledge of mental disorders, conditions and symptoms that require professional help among the population. The specialties of psychiatry, psychotherapy and psychology are overgrown with so many myths and stereotypes that, along with stigmatization, which continues to actively circulate among the population, create a significant obstacle on the way to receiving professional help.

A large number of patients with depression, for example, reported that before seeking help, they had long considered their symptoms to be personal flaws ("I'm lazy," "I need to pull myself together," "I'm worthless," etc.).

Some patients needed additional psychoeducational measures to debunk myths about antidepressants (allegedly they cause addiction, turn a person into a vegetable, "burn" the brain).

Prejudice and stigma about mental disorders in society keep people from seeking professional help.

Patients with a mental disorder are often considered dangerous to society, this limits and discriminates against them, full social functioning is often unavailable, and the risk of violence against them is about 4 times higher compared to other people. (2)

A special category of patients consists of persons with borderline mental disorders that arise as a result of chronic or acute stress. These people postpone a visit to a specialist, trying to cope with problems on their own, which leads to the chronicity of processes and the appearance of complications, a significant deterioration in the quality of life, a decrease in work capacity, the development of psychosomatic disorders, and sometimes - suicidal risks. In the case of some disorders, timely help may consist in correctly explaining to a person the specifics of his condition, providing rational recommendations to those close to him, referral to a psychologist or psychotherapist, and only in some cases - pharmacotherapy. And in the case of untimely treatment, psychopharmacotherapy already becomes the main method of treatment.

In the process of working with doctors as part of postgraduate education, we also noticed that some myths and prejudices about psychiatry and psychology are sometimes supported by medical workers themselves. And the experience of clinical counseling, especially during the last year, showed an ever-increasing need to provide professional assistance to the population.

Therefore, we believe that today it is necessary to actively conduct educational activities to improve awareness in the field of mental health. This will help people at earlier stages to recognize certain manifestations of pathological conditions in themselves, and therefore, to seek help in a timely manner. In our opinion, such education can be implemented most effectively at the primary level of providing medical care - most of the population has declarations with their family doctors; the patient trusts the family doctor more, turns to him more often, accordingly, and the family doctor can recognize the first manifestations of disorders and direct the patient's route in a timely manner.

In view of the listed factors, as part of the educational process at our department, a decision was made to introduce training based on mhGAP into the training program for interns specializing in "Family Medicine", general practitioners undergoing specialization, and other doctors undergoing study at an additional cycle in psychiatry and medical psychology. Also, the above-mentioned training is conducted for doctors who do not undergo training at the department, but feel the need to overcome gaps in the field of mental health.

Mental Health Gap Action Program (abbreviated as mhGAP) is a WHO global program aimed at increasing access to mental health care services by involving primary health care workers in the provision of services to patients with mental disorders, which was started by the World Health Organization of health in 2008. Currently, it is being implemented in more than 100 countries of the world, and its materials have been translated into more than 20 languages, including Ukrainian.

In Ukraine, the implementation of the mhGAP program began in 2019. From that time until November 2022, 669 people were trained. But the full-scale stage of the war caused a significant increase in the need for psychological services. That is why the Ministry of Health of Ukraine, together with its partners — WHO and the National Health Service of Ukraine (NHSU) — started scaling training under the mhGAP program, primarily among non-specialized personnel — family doctors, pediatricians, therapists, paramedics, nurses/brothers — for increasing patients' access to psychological services. For this, in particular, the mhGAP online course "Support and treatment of adults and children with mental disorders at the primary level of medical care" was launched at the end of last year. (3)

Mental, neurological, and substance use disorders (NSDs) are extremely common and account for a large burden of disease and disability worldwide. There is still a large gap between the urgently needed and existing capacity and resources of health systems to reduce this burden. Almost one in ten people have a mental disorder, but only 1% of the world's health care workforce provides mental health services. PNDP-disorders are a significant obstacle in children's ability to learn, and in the case of adults - an obstacle to functioning in families, workplaces and society as a whole.

The training is conducted on the basis of the mhGAP Guidelines developed by the WHO for the management of PNDP-disorders in non-specialized health care institutions (PHIs). The mhGAP guideline is a simple tool, developed on the basis of the mhGAP guidelines, which presents the integrated management of priority PNDP disorders using protocols for clinical decision-making. There is a widespread but mistaken belief that all mental health interventions are complex and can only be provided by highly specialized staff. Research in recent years has demonstrated the possibility of pharmacological and psychosocial interventions in the conditions of non-specialized health care facilities.

The target group of users of the mhGAP Guidelines are medical professionals who are not specialists in the field of mental health and who work in health care facilities at the primary and secondary levels. Such medical workers are primary care doctors, nurses and other health care workers. Psychologists without medical training also note the benefits of the

program for screening for the presence of a mental disorder among consumers of their services.

Mental health professionals play an extremely important and essential role in training, support and supervision; however, the mhGAP Guidelines version 2.0 indicate when access to specialists is needed for consultation or referral to optimize the use of limited resources.(4)

The training focuses on communication skills, spreading knowledge about mental disorders among patients, their families and communities, overcoming stigma, discrimination and reducing the risk of violence among patients with mental, neurological and substance use disorders.

The full-scale invasion of Ukraine triggered a crisis that requires additional attention to disaster-induced disorders. Therefore, along with the Other Important Mental Health Complaints module in the mhGAP Guide, which includes conditions such as acute stress, PTSD, bereavement and medically unexplained somatic symptoms, the training program includes the mhGAP Handbook for Humanitarian Emergencies (mhGAP-GUM).

Also, the course program includes training in basic self-care skills for implementation in communities and as part of training medical workers to take care of their own mental health.

Offline training also includes further supervisory support during the six-month period: 6 supervisory meetings (online), where medical workers can process requests, analyze cases and obstacles that arise in the process of implementing work with the mhGAP Guide, as well as receive support from colleagues, share features own experience of implementing the knowledge and skills acquired during the training.

Based on the experience gained during the training of medical workers, the following needs of primary care specialists in the field of providing medical care to patients with PNPR disorders can be identified:

- Providing assistance to patients who have experienced severe stress (military, internally displaced persons, children and adults who have experienced violence).
- Communication skills with patients with suicidal tendencies.
- Determining the limits of competences at the primary level and criteria for conditions for referral to narrow specialists in the field of mental health.
- Better training in the diagnosis of mental disorders.
- Management of patients with complaints that do not have a medical (somatic) explanation.
- Proper documentation and recording of diagnostic findings in the electronic system of the primary link (status according to ICPC-2).

In the training process, great attention is paid to the listed needs and obstacles, the emphasis of each training is given taking them into account for each individual group.

In the future, we plan to continue the started work, we will try to improve it based on the feedback received, and also, if necessary, expand the circle of listeners at the expense of specialists who will feel the need to overcome gaps in the field of mental health.

### **Literature:**

1. A sociological survey conducted in September 2022 by the research company Gradus Research together with the Ministry of Health of Ukraine and the NGO "Bezbarernyst". Link to survey report: <https://gradus.app/uk/open-reports/>

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## **ОСОБЛИВОСТІ ФОРМУВАННЯ САМООЦІНКИ В ЮНАЦЬКОМУ ВІЦІ**

*Анотація.* Дослідження особливостей формування самооцінки в юнацькому віці та їх вплив на розвиток особистості.