

ANALYSIS OF THE STATE OF PSYCHIATRIC CARE IN UKRAINE

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Summary

The aim of the study. To analyze the current state of psychiatric care in Ukraine against the background of its reform; to investigate the dynamics of individual indicators of mental health and the activity of institutions providing psychiatric care for the period 2008-2021.

Materials and methods. The materials of the study were official statistical data from the reports of the State Statistics Service of Ukraine, the Center for Medical Statistics of the Central Health Service of the Ministry of Health of Ukraine for 2008-2021, and the Institute of Health Indicators and Evaluation (IHME, USA) on the global burden of diseases. Bibliographic, epidemiological, medical-statistical, analytical methods were used in the research.

The results. The relevance of studying the current state of the organization of psychiatric care in Ukraine is primarily determined by the growing need of the population in connection with the negative impact of the consequences of the war on mental health. It was established that the prevalence of mental disorders in Ukraine in the period from 2008 to 2017 decreased by 17.8 % and amounted to 3944.8; primary morbidity decreased by 38.7 % and amounted to 300.9 cases per 100,000 population in 2017. Mortality from mental disorders in the period 2008-2017 decreased by 2.7 times to 2.3 cases per 100,000 population. However, in 2021 it was already 2.4. According to the second stage of the health care reform, there is a reduction in inpatient psychiatric facilities and their bed fund (by 40-50 % on average). Medical facilities that provide psychiatric care lack qualified specialists (53-73 % of positions are filled).

Conclusions. Deinstitutionalization, which is carried out in Ukraine, is consistent with the Concept of the state target program of mental health care in Ukraine for the period until 2030. When reducing beds in psychoneurological hospitals, it is necessary to create conditions for alternative treatment of mentally ill patients in order to maintain the availability of care. The dynamics of changes in mental health indicators and the activity of healthcare institutions have regional features that must be taken into account when calculating the need for various types of psychiatric care. Optimizing psychiatric care is hindered by a lack of psychiatrists and psychologists, but the involvement of family doctors in the provision of psychological care and the introduction of mobile interdisciplinary teams will help.

Keywords: mental health, psychiatric care, psychiatrist, psychologist, healthcare system reform, primary medical care, public health, prevention

INTRODUCTION

One of the most urgent problems of modern public health is mental health, which is one of the five most significant global challenges of the present and future. According to the WHO, in 2019, one in eight people, or 970 million people worldwide, were living with a mental disorder, with anxiety and depressive disorders being the most common [1].

Among the numerous problems of medical care organizations, psychiatric care has always occupied a special place. The multifaceted, with significant moral-

ethical and legal components, very sensitive for society, the problem of the spread of mental disorders among the population, and the provision of timely and high-quality psychiatric care has become more relevant than ever in Ukraine in connection with the war events. War not only destroys, maims, and kills, but it causes extreme stress through forced displacement, forced unemployment, poverty, and social isolation that can manifest itself over time. The population affected by armed conflicts is more than 20 % more vulnerable to psychosocial stress and the prevalence of mental and behavioral disorders, namely depression, anxiety, etc. [2]. WHO expert on mental health

and psychosocial support, Fami Khan, believes that more than 8.5 million Ukrainian residents are at potential risk of developing depression and post-traumatic stress as a result of the war [3]. That is why the National Program of Mental Health and Psychosocial Support was created at the initiative of First Lady Olena Zelenska, a component of which is the All-Ukrainian Mental Health Program «How are you?» [4]. However, psychological support is only part of the psychiatric care that patients with an already established diagnosis of a mental disorder need. It is primarily aimed at the prevention of more serious mental disorders. The state offers many opportunities for diagnosing psychological conditions, supporting mental health, and preventing mental disorders. The help of professional psychologists and psychotherapists who help to survive traumatic events and adapt to changes is in demand more than ever.

THE AIM

To analyze the current state of psychiatric care in Ukraine against the background of its reform; to investigate the dynamics of individual mental health indicators and the activity of institutions providing psychiatric care for 2008-2021.

MATERIALS AND METHODS

The materials of the study were official statistical data from the reports of the State Statistics Service of Ukraine, the Center for Medical Statistics of the Central Health Service of the Ministry of Health of Ukraine for 2008-2021, and the Institute of Health Indicators and Evaluation (IHME, USA) on the global burden of diseases. Bibliographic, epidemiological, medical-statistical, and analytical methods were used in the research.

RESULTS

The population's need for any help is usually determined by taking into account the level of incidence of this pathology and the population size in a certain area. At the moment, it is difficult to determine this on a national scale since there are only approximate data on the number of the population, and there are no official statistics on the incidence of mental disorders (the latest ones are for 2017). However, at the regional level, it is quite possible to calculate the population's need for psychiatric care and subsequently assess the satisfaction of the need because the principle of decentralization of medical care currently prevails.

The prevalence of mental disorders in Ukraine in the period from 2008 to 2017 decreased by 17.8 % and amounted to 3944.8; primary incidence decreased by 38.7 % and amounted to 300.9 cases per 100,000 population in 2017. Regional features of prevalence: the lowest levels were in Dnipropetrovsk (3747.4) and

Vinnitsia (3822.1) regions; the highest – in Kherson (5312.1) and Chernihiv (5373.9) regions. Primary morbidity (number of cases per 100,000 population) also differed in different territories: it was the lowest in Dnipropetrovsk (242.0) and Ivano-Frankivsk (217.5) regions; the highest – in Kyiv (517.6) and Zhytomyr (560.5) regions.

Mortality from mental disorders in the period 2008-2017 decreased by 2.7 times to 2.3 cases per 100,000 population. However, in 2021, it was already 2.4. Mortality rates from mental disorders differed significantly across regions of Ukraine: the lowest rates were registered in Dnipropetrovsk (0.1), Kyiv and Zaporizhia (0.2), Odesa (0.3); the highest levels are noted in Volhynia (7.2), Zakarpattia (7.5), Khmelnytskyi (8.0) and Chernihiv (10.3).

The DALY indicator (the number of years of potential life lost due to illness, disability or premature death) in Ukraine from mental disorders during the studied period had a downward trend (by 2.7 %). It was 1,832 per 100,000 population in 2017. However, the value of this cause in the overall structure of DALYs slightly increased – from 3.68 % to 3.76 %. For the last 30 years, this indicator has remained relatively stable at the level of 1,566 per 100,000 population.

It is appropriate to analyze how the resource and personnel provision of psychiatric care changed during the research period. As can be seen from Table 1, psychiatric care resources have significantly decreased, especially the number of psychoneurological dispensaries and psychiatric beds, the number of which has halved. In the plan of measures for implementing the state target program for the protection of mental health in Ukraine until 2030, it is envisaged that the number of beds in specialized psychiatric hospitals will be reduced by 25 % [5]. Although not approved by the population, this reduction is in line with the general world trend. In Ukraine, deinstitutionalization is carried out according to the second stage of the reform, taking into account the experience of the EU countries. When reducing beds in psychoneurological hospitals, it is necessary to create conditions for alternative treatment of mentally ill patients [6].

It has been established that about 30 % of hospitalized psychiatric hospital patients do not require hospital treatment due to their condition [7]. Indeed, over almost 15 years, hospitalizations have significantly decreased. Thus, if in 2008 there were more than 430,000 cases of hospitalization of adults, then in 2021-257,000 (hospitalization rates were 1.14 % and 0.76 %, respectively).

Undoubtedly, an alternative to inpatient care should be outpatient care, in particular, from a family doctor who can provide psychological help, and if necessary, patients can consult a psychiatrist free of charge and without a referral to a primary care physician.

Table 1

Dynamics of resource provision of psychiatric care in Ukraine during 2008-2021 (per 100,000 population)

| № | Indicator | 2008 | 2021 | Dynamics (%) |
|---|---|-------|-------|--------------|
| 1 | Number of psychological and neuropsychiatric hospitals | 88 | 50 | -43,2 |
| 2 | Number of neuropsychiatric dyspansaries | 30 | 14 | -53,3 |
| 3 | The number of treatment and prevention facilities that have offices psychiatric psychotherapeutic | 657 | 584 | -11,1 |
| | | 161 | 113 | -29,8 |
| 4 | Number of psychological beds | 42935 | 21250 | -50,5 |
| 5 | Availability of psychiatric beds for the population (per 100,000 population) | 92,9 | 51,8 | -44,2 |

But currently, the medical care a family doctor provides is not limited to just advice or psychological help. In 2022, the National Health Service of Ukraine (NHSU) introduced a new package of medical guarantees: «Support and treatment of adults and children with mental disorders at the primary level of medical care». According to this package, the family doctor can not only diagnose and treat the patient's mental disorders free of charge but also, in the presence of indications (lack of positive dynamics from the interventions and in the case of a diagnosis of «Mental disorders»), refer the patient to other health care institutions to provide them with specialized medical care; provide psychological support to family members. To date, over 11,000 primary care physicians have completed the «Management of Common Psychiatric Disorders in Primary Care Using the mhGAP Guidelines» course, but unfortunately, only around 500 primary care facilities have contracts with the NHS for this package.

One of the newest forms of outpatient care was the creation of multidisciplinary teams in 2022, bringing psychiatric care closer to patients (both adults and children) thanks to the introduction of the package of the medical guarantee program «Psychiatric care provided by mobile multidisciplinary teams». The team should include a psychiatrist, a psychologist (psychotherapist or a psychologist), and a nurse. The range of medical services such a team provides is quite wide – from a psychiatric examination of the patient, diagnosis, and further treatment to referral to a hospital if necessary. According to the Order of the Ministry of Health No. 1600 [8], one multidisciplinary team is created for a 200,000 population and can provide

services to 50 patients 4 times a month. Approximately 50 % of the visits should be made to the patient at his place of stay; the rest of the services can be provided to patients during their visits to healthcare facilities or with the help of modern information technologies remotely (for example, using telemedicine). There are more than 70 medical institutions where multidisciplinary teams have been established in Ukraine, most of them in the Lviv, Dnipropetrovsk, Zakarpattia, Kirovohrad, and Sumy regions. The absolute advantage of multidisciplinary teams is their mobility, flexibility regarding treatment tactics, and the possibility of constantly monitoring the patient's condition.

Staffing of psychiatric care has also changed. In 2021, there were 2,029 psychiatrists in Ukraine, a third less than in 2008. An argument can be the reduction of the population during this period by 10 % and the decrease in the incidence of mental disorders. But, as seen in table 2, the supply of psychiatrists to the population also decreased, especially in hospitals, while the staffing of full-time positions by individuals decreased to 73.7 %. The provision of occupied positions ranged from 4.0 positions in Zakarpattia region to 8.1 in Zaporizhzhia region per 100,000 population.

Psychotherapists and psychologists joined the cohort of psychiatrists (in 2021, there were 115 and 146 individuals, respectively); the staffing of regular positions with them became 51.1 % and 57.5 %, respectively. This negative fact is surprising because medical universities have produced such specialists for more than ten years (only in 2020, 57 people graduated, and 544 people studied at medical and psychological faculties).

Table 2

Dynamics of staffing of psychiatric care in Ukraine during 2008-2021 (per 100,000 population)

| № | Indicator | 2008 | 2021 | Dynamics (%) |
|---|--|------|------|--------------|
| 1 | Availability of psychiatrists (full-time positions) | 9,16 | 7,24 | -20,9 |
| 2 | Availability of psychiatrists (individuals) | 7,22 | 5,33 | -26,2 |
| 3 | Availability of psychiatrists (full-time positions) in outpatient facilities | 3,8 | 2,78 | -26,8 |
| 4 | Availability of psychiatrists (full-time positions) in inpatient facilities | 4,8 | 3,1 | -35,4 |

Table 3 presents indicators of the effectiveness of using the bed fund of institutions providing psychiatric care. Their dynamics can be evaluated positively, as the average duration of treatment decreased to 33.6 days (with a difference from 22.1 days in Ivano-Frankivsk region to 57.43 days in Odesa region) and came as close as possible to the WHO recommended 30 days. When

the average annual bed occupancy rate decreased, its turnover increased, and therefore efficiency improved. The lethality rate of patients in inpatient psychiatric institutions decreased to 1.01 % (by 16.5 %), but had significant differences across the regions of Ukraine: from 0.17 % in the Kyiv region to 2.64 % in the Kharkiv region.

Table 3

Dynamics of performance indicators of psychiatric hospitals in Ukraine during 2008-2021

| № | Indicator | 2008 | 2021 | Dynamics (%) |
|---|--|-------|-------|--------------|
| 1 | The average number of working days of psychiatric beds | 338,3 | 287,8 | -14,9 |
| 2 | The average duration of a patient's stay in a hospital | 51,4 | 33,6 | -34,6 |
| 3 | Work rotation of a psychiatric bed | 6,6 | 8,6 | +30,3 |
| 4 | Hospital lethality (per 100 hospitalized) | 1,21 | 1,01 | -16,5 |

The reform of the stationary sector took place not only quantitatively but also qualitatively. The new «Procedure for providing psychiatric care in inpatient settings» takes into account international standards for observing people's rights; namely, it is forbidden to lock the entrance doors to rooms and wards and install bars on the windows of the wards; free communication of patients with visitors without the presence of staff is guaranteed; given the right to conduct telephone conversations and use the Internet, etc. [9].

Despite the powerful steps taken to reform psychiatric care, which for a long time was largely punitive and did not meet international human rights standards, certain problems remain.

DISCUSSION

The presence of vacant full-time positions of psychiatrists and medical psychologists indicates a certain personnel shortage, which financial incentives and the creation of safe working conditions in modern, equipped institutions can solve. It is important to provide continuous postgraduate education based on the training of specialists capable of solving complex tasks and problems of an innovative nature and being competent in psychoprophylaxis, psychodiagnosis, and psychocorrection [10]. In addition, a sufficient number of highly qualified psychiatric nurses and social workers are needed.

In 2020, the National Psychological Association conducted a survey of specialists in the field of mental health, which revealed a certain inconsistency in the definition of concepts (mental health, psychological assistance, psychological consultation, psychotherapy, psychological assistance, and psychiatric assistance), professional requirements for individual categories of specialists and their role in the diagnostic and treatment process for patients with mental disorders. It is about the need to optimize the categorical apparatus in current legal acts and introduce psychotherapists and practical psychologists without medical education into the legal field of activity [11].

The issue of forced hospitalization remains urgent. The procedure for providing a person with compulsory psychiatric care is stipulated by the Law of Ukraine «On Psychiatric Care» [12], but the analysis of the provisions of international legal acts and judicial practice indicates the need for its optimization [13].

An alternative «open door policy» is gaining popularity around the world. It is recommended to reduce forced hospitalization in psychiatric hospitals [14], but its use requires a differentiated approach for the sake of the safety of doctors and patients.

It is worth drawing attention to the improvement of the conditions of stay of patients in psychiatric hospitals, and therefore to improve some of their lives. In particular, it is necessary to create conditions for social and labor rehabilitation in the structure of psychiatric hospitals [15].

Achieving success in the implementation of psychiatric care reforms is possible only with the coordinated intersectoral work of all interested parties: the state, professional associations of psychiatrists and psychologists, public and patient organizations, and local self-government bodies.

CONCLUSIONS

1. The prevalence of mental disorders in Ukraine in the period from 2008 to 2017 decreased by 17.8 % and amounted to 3944.8; primary morbidity decreased by 38.7 % and amounted to 300.9 cases per 100,000 population in 2017. Mortality from mental disorders in the period 2008-2017 decreased by 2.7 times to 2.3 cases per 100,000 population. However, in 2021 it was already 2.4.

2. In Ukraine, according to the second stage of health care reform, deinstitutionalization is being carried out, which is characterized by the reduction of inpatient psychiatric institutions and their bed fund, which is consistent with the Concept of the state target program of mental health care of Ukraine for the period until 2030. When reducing beds in psychoneurological hospitals, it is necessary to create conditions for alternative treatment of mentally ill patients to maintain the availability of care.

3. The dynamics of changes in mental health indicators and the activity of healthcare institutions have regional features that must be taken into account when calculating the need for various types of psychiatric care. Optimizing psychiatric care is hindered by a lack of psychiatrists and psychologists, but the involvement of family doctors in the provision of psychological care and the introduction of mobile interdisciplinary teams will help.

Prospects for further research. Analysis of the specifics of psychological and psychiatric care organization for children.

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The authors declare that there is no conflict of interest in the preparation of this article. The work was performed in compliance with all ethical standards. The sources of funding for the publication are the authors' own funds.

COMPLIANCE WITH ETHICAL REQUIREMENTS

In carrying out this study, the authors adhered to the ethical standards defined by the World Medical Association's Declaration of Helsinki and current Ukrainian regulations.

LITERATURE

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Резюме

АНАЛІЗ СТАНУ ПСИХІАТРИЧНОЇ ДОПОМОГИ В УКРАЇНІ

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Мета дослідження. Проаналізувати сучасний стан психіатричної допомоги в Україні на фоні її реформування; дослідити динаміку окремих показників психічного здоров'я та діяльності закладів, що надають психіатричну допомогу за період 2008-2021 рр.

Матеріали та методи. Матеріалами дослідження були офіційні статистичні дані звітів Державної служби статистики України, Центру медичної статистики ЦГЗ МОЗ України за 2008-2021 рр., Інституту показників і оцінки здоров'я (ІНМЕ, США) про глобальний тягар хвороб. У дослідженні використовувались бібліографічний, епідеміологічний, медико-статистичний, аналітичний методи.

Результати. Актуальність вивчення сучасного стану організації психіатричної допомоги в Україні визначається в першу чергу зростаючою потребою населення у зв'язку з негативним впливом наслідків війни на психічне здоров'я. Встановлено, що поширеність психічних розладів в Україні в період з 2008 по 2017 рік зменшилась на 17,8 % та складала 3944,8; первинна захворюваність зменшилась на 38,7 % і становила 300,9 випадків на 100000 населення у 2017 р. Смертність від психічних розладів в період 2008-2017 рр. знизилась у 2,7 рази до 2,3 випадків на 100000 населення. Однак у 2021 р. вона вже становила 2,4. Згідно другого етапу реформи охорони здоров'я відбувається скорочення стаціонарних психіатричних закладів та їх ліжкового фонду (в середньому на 40-50 %). Медичним закладам, що надають психіатричну допомогу, бракує кваліфікованих спеціалістів (укомплектованість посад становить 53-73 %).

Висновки. Деінституціоналізація, яка проводиться в Україні, узгоджується з Концепцією державної цільової програми охорони психічного здоров'я України на період до 2030 року. При скороченні ліжок у психоневрологічних стаціонарах потрібно створити умови для альтернативного лікування психічно хворих з метою збереження доступності допомоги. Динаміка змін показників психічного здоров'я та діяльності закладів охорони здоров'я мають регіональні особливості, які необхідно враховувати при розрахунках потреби у різних видах психіатричної допомоги. Оптимізації психіатричної допомоги заважає брак лікарів-психіатрів та психологів, проте сприятиме залучення сімейних лікарів до надання психологічної допомоги та запровадження мобільних міждисциплінарних команд.

Ключові слова: психічне здоров'я, психіатрична допомога, лікар-психіатр, лікар-психолог, реформування системи охорони здоров'я, первинна медична допомога, громадське здоров'я, профілактика