

в площині тексту метод квазіформальної репродукції модельованих об'єктів забезпечив документальне фіксування інформації про релевантних властивості експертних об'єктів. Отримані об'єктивні системні дані про каузальних властивості об'єктів оптимізували експертні оцінки об'єктів і подій.

Ключові слова: загальна методологія, спільне причинно-системне моделювання, релевантні судово-медичні об'єкти системи, верифікація зв'язку, квазіформальна репродукція моделі.

Стаття надійшла 28.05.2019 р.

Разработанный в плоскости текста метод квазіформальной репродукции моделированных объектов обеспечил документальное фиксирование информации о релевантных свойствах экспертных объектов. Полученные объективные системные данные о каузальных свойствах объектов оптимизировали экспертные оценки объектов и событий.

Ключевые слова: общая методология, совместное причинно-системное моделирование, релевантные судебно-медицинские объекты системы, верификация связи, квазіформальная репродукция модели.

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DOI 10.26724/2079-8334-2020-1-71-36-39

UDC 355.292.004.67(477.53)

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MAIN GOALS OF PSYCHOLOGICAL REHABILITATION OF MILITARY SERVICEMEN IN THE POLTAVA REGION UNDER THE PRESENT CONDITIONS

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The outbreak of the war in the East of Ukraine has created new challenges for the psychological rehabilitation system. The purpose of the work was to analyse the main goals of psychological rehabilitation of military servicemen in the Poltava region in present conditions. The reports of the Rehabilitation Department of the Public Institution "Kremenchug Regional Clinical Hospital for Veterans of War" of the Poltava Regional Council were analysed for the 2014-2018. During 2014 and 2015 medical assistance to servicemen was provided only on an inpatient basis. Since 2016, it has become necessary to consult military personnel on an outpatient basis (2016 – 473 people (51.8%), 2017 – 570 people (48.3%), 2018 – 745 people (47.6%)) The highest percentage of treated military personnel was diagnosed with neurotic, stress-related and somatoform disorders, respectively in 2016 – 58.6%, in 2017 – 59.3%, and in 2018 – 56.7%. The presence among the military personnel of anti-terrorist operation / united forces operation of a constant increase in the number of patients with signs of impaired adaptation requires the earliest possible start of psychological rehabilitation.

Keywords: psychological rehabilitation, military servicemen, adaptation, stress response.

The work is a fragment of the research project "Medical and social justification of optimization of approaches to management and organization of different types of medical care for adults and children in the period of healthcare sector reform", state registration No. 0115U002852.

The outbreak of the war in the East of Ukraine has created new challenges for the system of psychological rehabilitation in our country [3]. The issue of further adaptation of ex-servicemen who returned after the anti-terrorist operation / joint forces operation to the peaceful life has become urgent [5]. Psychological rehabilitation is the most important element in the restoration of mental balance [4, 7]. Its essence is to have various mental influences on the serviceman, taking into account therapy, prevention, hygiene and pedagogy. With the help of psychological influences, it becomes possible to reduce the level of neuropsychological tension, to restore the spent nervous energy faster and, thus, to make a significant impact on the acceleration of the recovery processes in other organs and systems of the body. This differentiates the psychological impact from other means of rehabilitation [4].

The main goals of psychological rehabilitation are:

1. Restoration of combat and labour ability of the participants of the anti-terrorist operation / joint forces operation.

2. Prevention of disability.

3. Social adaptation of military personnel.

Clarification of the goals of psychological rehabilitation allows to determine its tasks, content, structure, forces and resources involved, as well as the responsibilities of government bodies and officials in organizing, implementing and managing the process of restoring the mental balance of military personnel in a peaceful life.

The tasks of psychological rehabilitation:

1. Establishment of the nature and degree of importance of neuropsychological disorders, the determination of the individual and personalized characteristics of the response of military personnel to the received mental trauma and the development of rehabilitation measures.

2. Relieving psycho-emotional tension, irritability and fear through the use of complex effects (psychotherapeutic, medical, biological).

3. Regulation of impaired body functions, correction of the psychophysiological state by methods of psychotherapeutic effects.

4. Formation of an optimal psychological response to the consequences of mental trauma, mobilization of the individual to overcome the conditions that have arisen, development of the necessary volitional qualities in servicemen.

5. Formation of the personnel's clear ideas of risk factors and conscious attitude to measures to eliminate them.

6. Optimal resolution of the psycho-traumatic situation, restoration of social status, adaptation of the person to environmental conditions by stimulating the social activity of the serviceman.

7. Assessment of physical, sensory and mental performance; conducting professional and psychological rehabilitation, focusing on continuing active service activities and performing military service duties.

8. Study of the dynamics of changes in mental states in the process of rehabilitation; diagnostics of the functional state of the physiological systems of the body; assessment of effectiveness and correction (if necessary) of rehabilitation measures.

The purpose of our work was to analyse the main goals of psychological rehabilitation of servicemen in the Poltava region in the current reform conditions on the example of the work of the Rehabilitation Department of the Public Institution "Kremenchug Regional Clinical Hospital for Veterans of War" of the Poltava Regional Council.

Materials and methods. Pursuant to the requirements of the Order of the Director of the Department of Health of the Poltava Regional State Administration dated April 17, 2015 No. 430 "On the organization of treatment and rehabilitation of participants of the anti-terrorist operation in hospitals for disabled war veterans of the region" at the Public Institution "Kremenchug Regional Clinical Hospital for Veterans of War" of the Poltava Regional Council a Rehabilitation Department with 40 beds, which provides psychological rehabilitation, was established. The reports of a psychotherapist, psychiatrist for the 2014-2018 reporting period were analysed.

When examining the participants of the anti-terrorist operation / joint forces operation, in addition to an objective examination, the psychological state of the serviceman, the opportunities for social adaptation, training, retraining, etc. are necessarily taken into account.

All military personnel during their first examination at the department are required to be interviewed according to the hospital Anxiety and Depression Scale (HADS) and Mississippi Post-Traumatic Stress Disorder Scale (PTSD).

The Mississippi Scale (MS) was developed to assess the severity of post-traumatic stress reactions in war veterans [8]. Today, it is one of the widely used tools for measuring the signs of PTSD. The scale contains 35 statements, each rated on a five-point Likert scale. The evaluation of the results is performed by summing the points. The final indicator allows to identify the influence degree of the traumatic experience suffered by the individual. Questionnaire items fall into 4 categories, three of which are related to the DSM criteria: 11 questions are aimed at identifying the intrusion symptoms, 11 – at identifying the avoidance symptoms, and 8 questions are related to the criterion of physiological excitability. Five other questions are aimed at identifying feelings of guilt and suicidality.

Interpretation of test results: 35-96 points – good level of adaptation; 97-111 points – adaptation disorders; 112 points or more – post-traumatic stress disorder.

Results of the study and their discussion. The Rehabilitation Department is a structural unit of the Public Institution "Kremenchug Regional Hospital for Veterans of War" of the Poltava Regional Council, which provides specialized care to patients (on beds with a "general" profile) who, according to indications, require inpatient treatment and rehabilitation, planned medical psychological rehabilitation and social adaptation. In addition, outpatient consultations are being actively conducted not only with military personnel and members of their families in order to assist in establishing constructive relationships in the family and society.

As it can be seen from table 1, during 2014 and 2015 medical assistance to military personnel and displaced persons was provided only in a stationary conditions. Since 2016, it has become necessary to consult military personnel on an outpatient basis (2016 – 473 people (51.8%), 2017 – 570 people (48.3%), 2018 – 745 people (47.6%)), and also to provide rehabilitation assistance to the family members of the killed participants of the anti-terrorist operation / joint forces operation (2016 – 3 people, 2017 – 8 people, 2018 – 13 people). Each year, the number of treated participants of the anti-terrorist operation / joint forces operation increased (from 47 people in 2014 to 1529 people in 2018).

Table 1

Report of the Rehabilitation Department of the Public Institution “Kremenchug Regional Hospital for Veterans of War” of the Poltava Regional Council for 2014-2018

	2014	2015	2016	2017	2018
Total ATO Participants	47	250	896	1151	1529
Inpatient	47(78.4%)	250(92.6%)	423(46.3%)	581(49.2%)	784(50.1%)
Outpatient	-	-	473(51.8%)	570(48.3%)	745(47.6%)
Family members of the killed ATO participants			3(0.4%)	8(0.8%)	13(0.8%)
Displaced Persons	13(21.6%)	20(7.4%)	14(1.5%)	22(1.7%)	23(1.5%)
Total	60	270	913	1181	1565

As it can be seen from table 2, the largest percentage of treated military personnel was diagnosed with F40-49 – “Neurotic, stress-related and somatoform disorders”, respectively 58.6% in 2016, 59.3% in 2017, and 56.7% in 2018.

Table 2

The Established Diseases According to the ICD - 10 Based on the Work Results of the Rehabilitation Department of the Public Institution “Kremenchug Regional Hospital for Veterans of War” of the Poltava Regional Council for 2014-2018

ICD -10 Code	Name of the Disease	2016		2017		2018	
		Abs.	%	Abs.	%	Abs.	%
F00-09	Organic, including symptomatic, mental disorders	0	-	6	6,4	6	2,5
F10-19	Mental and behavioural disorders	7	8	3	2,7	7	2,9
F20-29	Schizophrenia, schizotypal and delusional disorders	1	1,2	0	-	0	-
F30-39	Mood [affective] disorders	19	21,8	21	19,4	38	16
F40-49	Neurotic, stress-related and somatoform disorders	51	58,6	64	59,3	135	56,7
F50-59	Behavioural syndromes associated with physiological disturbances and physical factors	9	10,4	10	9,2	50	21
F60-69	Disorders of adult personality and behaviour	0	-	4	3	2	0,9
F70-79	Mental retardation	0	-	0	-	0	-
Total		87		108		238	

In the second place goes F30-39 – “Mood [affective] Disorders», respectively 21.8% in 2016, 19.4% in 2017, and 16% in 2018. In third place goes F50-59 – “Behavioural Syndromes Associated with Physiological Disturbances and Physical Factors”, respectively 10.4% in 2016, 9.2% in 2017, and 21% in 2018. The lowest percentage was recorded for F60-69 – “Disorders of Adult Personality and Behaviour”, respectively 0% in 2016, 3% in 2017, and 0.9% in 2018, which was related to the mobilization of young and able-bodied men.

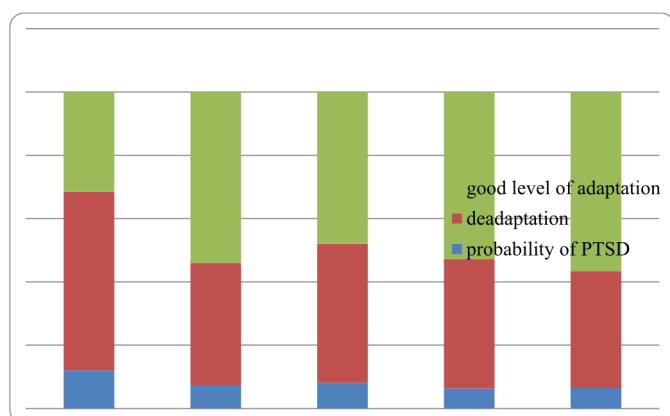


Fig. 1. The Results of a Survey on the Mississippi Scale for Assessing PTSD in the Work of the Rehabilitation Department of the Public Institution “Kremenchug Regional Hospital for Veterans of War” of the Poltava Regional Council for 2014-2018

As it can be seen from fig. 1, the majority of interviewed servicemen had a high percentage of well-defined adaptation level during the period 2014-2018. But if to compare, it becomes clear that in 2014 it is the lowest percentage (35%) and in 2018 it is the highest – 58%, which is related to the gradual development of psychological assistance to soldiers at all levels of medical care. Despite the fact that there is a high level of adaptation impairment among the participants of the anti-terrorist operation / joint forces operation, there is a gradual decrease, respectively in 2014 – 55%, 2015 – 38%, 2016 – 49%, 2017 – 42%, 2018 – 39%.

An analysis of recent research and publications indicates that servicemen after the anti-terrorist operation / joint forces operation are in the category of population requiring a specific approach of complex psychological assistance, special psychocorrection measures, and psychotherapy [1, 6]. This is explained by the fact that after the events in the zone of the anti-terrorist operation / joint forces operation, the servicemen notice significant mental disorders, do not find understanding in society and their families,

encounter difficulties in communication in the workplace and in solving problems in everyday life [2, 3]. The problem of psychological rehabilitation of combatants remains relevant to date [4].

Conclusions

In modern conditions, the rehabilitation of the participants of the anti-terrorist operation / joint forces operation should be carried out as early as it is possible, continuously, consistently, and have an individual approach to rehabilitation treatment. That is, in the acute period, inpatient treatment of military personnel is needed, which is aimed at restoring a person's health and returning him to socially useful activities, preventing disease complications and supporting outpatient therapy.

A high percentage (57.5% on average) of participants in the anti-terrorist operation / joint forces operation with neurotic and somatoform disorders requires psychological support and follow-up, psychotherapy and group work together with an artist and a specialist in labour adaptation.

Therefore, the presence among the participants of the anti-terrorist operation / joint forces operation of a constant upward trend in the number of patients with signs of adaptation impairment who are highly likely to have PTSD, requires the earliest possible start of psychological rehabilitation as long as there is a high rehabilitation potential and a positive prognosis for rehabilitation.

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Реферати

ГОЛОВНІ ЦІЛІ ПСИХОЛОГІЧНОЇ РЕАБІЛІТАЦІЇ ВІЙСЬКОВОСЛУЖБОВЦІВ У ПОЛТАВСЬКІЙ ОБЛАСТІ В СУЧАСНИХ УМОВАХ

Гавловський О.Д.

Початок війни на Сході України створив нові виклики для системи психологічної реабілітації.

Метою нашої роботи було проаналізувати головні цілі психологічної реабілітації військовослужбовців в Полтавській області в сучасних умовах. Були проаналізовані звіти реабілітаційного відділення КЗ «Кременчуцький обласний клінічний госпіталь для ветеранів війни» за 2014-2018 рр. Впродовж 2014 – 2015 рр. медична допомога військовослужбовцям надавалась в стаціонарних умовах. Починаючи з 2016р. з'явилась необхідність консультувати в амбулаторних умовах (2016р. – 473 особи (51,8%), 2017р. – 570 осіб (48,3%), 2018р. – 745 осіб (47,6%)). Найбільший відсоток пролікованих військовослужбовців був з діагнозами «Невротичні, пов'язані зі стресом та соматоформні розлади», відповідно в 2016р. – 58,6%, 2017р. – 59,3%, 2018р. – 56,7%. Наявність серед учасників АТО/ООС постійної тенденції до зростання кількості хворих з ознаками порушення адаптації, потребує якомога скорішого початку психологічної реабілітації.

Ключові слова: психологічна реабілітація, військовослужбовці, адаптація, стресова реакція.

Стаття надійшла 26.03.2019 р.

ГЛАВНЫЕ ЦЕЛИ ПСИХОЛОГИЧЕСКОЙ РЕАБИЛИТАЦИИ ВОЕННОСЛУЖАЩИХ В ПОЛТАВСКОЙ ОБЛАСТИ В СОВРЕМЕННЫХ УСЛОВИЯХ

Гавловский А.Д.

Начало войны на Востоке Украины создало новые вызовы для системы психологической реабилитации. Целью работы было проанализировать главные цели психологической реабилитации военнослужащих в Полтавской области в современных условиях. Были проанализированы отчеты реабилитационного отделения КУ «Кременчугский областной клинический госпиталь для ветеранов войны» за 2014-2018 гг. В течение 2014 - 2015 гг. медицинская помощь военнослужащим предоставлялась в стационарных условиях. С 2016 появилась необходимость консультировать в амбулаторных условиях (2016. - 473 чел. (51,8%), 2017. - 570 чел. (48,3%), 2018р. - 745 чел. (47,6%)). Наибольший процент пролеченных военнослужащих был с диагнозами «Невротические, связанные со стрессом и соматоформные расстройства», соответственно в 2016 - 58,6%, 2017 - 59,3%, 2018 - 56,7%. Наличие среди участников АТО/ООС постоянной тенденции к росту числа больных с признаками нарушения адаптации, требует скорейшего начала психологической реабилитации.

Ключевые слова: психологическая реабилитация, военнослужащие, адаптация, стрессовая реакция.

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