

## INTERDISCIPLINARY REHABILITATION SYSTEM: MEDICO-PSYCHOLOGICAL, PROFESSIONAL AND SOCIAL REHABILITATION ON EVERY HEALTHCARE LEVEL IN UKRAINE DURING WAR AND POST-WAR PERIODS

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*The purpose of this paper is to analyse the experience of the WHO "Comprehensive Mental Health Action Plan for 2021–2030" and "Plan for the restoration of the healthcare system of Ukraine from the consequences of the war for 2022–2032", as well as assessing the effectiveness of providing medical and psychological rehabilitation assistance at one of the medical institution in Ukraine in 2024 among 616 patients, 9,09% of whom were women.*

*The study was conducted with the help of a software and hardware complex (SAC) based on the PFI-2 device. Psychodiagnostic methods were used to assess psychological indicators: Depression Anxiety Stress Scales (DASS-21), Subjective assessment of the current mental state (SOPAS-8), State-Trait Anxiety Inventory, STAI.*

*The address problematic issues and prospects for the medico-psychological, professional and social rehabilitation of Ukrainians due to the consequences of a full-scale war. The methods used in the paper are: bibliosemantic, content analysis, statistical. According to the data provided by the UN, the full-scale war has had a negative impact on the public health of Ukrainians due to the damage and destruction of medical facilities (86%), an incredibly high number of casualties of both civilians (90%) and military personnel from modern weapons of mass destruction, advanced firearms, and explosive weapons (bombs (phosphorus, chemical), shells, missiles, and FPV drones). The increase in morbidity, temporary disability, and permanent disability among civilians and military personnel in Ukraine due to the full-scale war requires extraordinary solutions and comprehensive measures in a very short time.*

*Develop a key set of indicators in the area of mental health (medical, psychological, social, vocational rehabilitation) Provide guidance, technical support and training for the establishment of monitoring systems and information systems that collect data on key mental health indicators (medical, psychological, social, vocational) and help track health, as well as complement the information provided by the WHO Global Mental Health Observatory.*

*The described ways/fields of reforming the mental health care system of medico-psychological, social, and professional rehabilitation in Ukraine require further development of innovative ways of mental health (physical and psychological) improvement of the population of Ukraine in the postwar period.*

**Key words:** *medico-psychological, professional and social rehabilitation, healthcare, WHO, war and post-war period.*

### **Чорна В. В., Ангельська В. Ю., Гуменюк Н. І. СИСТЕМА МІЖГАЛУЗЕВОЇ РЕАБІЛІТАЦІЇ: МЕДИКО-ПСИХОЛОГІЧНА, ПРОФЕСІЙНО-СОЦІАЛЬНА НА ВСІХ РІВНЯХ СИСТЕМИ ОХОРОНИ ЗДОРОВ'Я УКРАЇНЦІВ В УМОВАХ ВОЄННОГО ТА ПІСЛЯВОЄННОГО ПЕРІОДУ**

*Мета роботи – вивчити досвід ВООЗ «Комплексний план заходів у сфері психічного здоров'я на 2021–2030 рр.» та «Плану відновлення системи охорони здоров'я України від наслідків війни на 2022–2032 роки», а також оцінювання ефективності надання медико-психологічної реабілітаційної допомоги на базі одного з медичних закладів України за 2024 рік у 616 пацієнтів, серед яких 9,09% жінок.*

*Проведення дослідження проводилося за допомогою програмно-апаратного комплексу на базі приладу «ПФІ-2». Для оцінки психологічних показників застосовувались психодіагностичні методики: Depression Anxiety Stress Scales (DASS-21), Subjective assessment of the current mental state (SOPAS-8), State-Trait Anxiety Inventory, STAI.*

Вирішення проблемних питань та перспектив щодо медико-психологічної, професійно-соціальної реабілітації українців через наслідки повномасштабної війни. У роботі використані методи: бібліосемантичний, контент-аналіз, статистичні. За даними ООН повномасштабна війна негативно вплинула на громадське здоров'я українця через пошкодження й руйнування медичних закладів (86%), а також неймовірно велику кількість жертв серед цивільного населення (90%), так і серед військовослужбовців від нової зброї масового ураження, сучасної вогнепальної, мінно-вибухової зброї (бомби (фосфорні, хімічні), снаряди, ракети, FPV-дрони). Зростання захворюваності, тимчасової втрати працездатності, інвалідизації серед цивільних, військовослужбовців в Україні, що пов'язано з повномасштабною війною, вимагає екстраординарних рішень та масштабних заходів у дуже стислі терміни.

Необхідна розробка ключового набору індикаторів у сфері психічного здоров'я (медико-психологічна, соціальна, професійна реабілітація), надання рекомендацій, технічної підтримки та навчання для створення систем моніторингу та інформаційних систем, які передбачають збирання даних про ключові індикатори психічного здоров'я (медико-психологічна, соціальна, професійна) та допомагають відстежувати здоров'я, а також доповнюють інформацію, що надається Глобальною обсерваторією з питань психічного здоров'я ВООЗ.

Описані шляхи / напрями реформування системи охорони психічного здоров'я медико-психологічної, соціальної, професійної реабілітації України потребують подальшої роботи в розробці нових, удосконалених шляхів для покращення психічного здоров'я (фізичного, психологічного) населення України в післявоєнний період.

**Ключові слова:** медико-психологічна, професійно-соціальна реабілітація, охорона здоров'я, ВООЗ, воєнного та післявоєнного періоду.

**Introductions.** Preservation and reinforcement of mental health and rehabilitation of injured Ukrainians during the war and post-war period is a major task of the Ukrainian healthcare sector. In Ukraine, more than 2.8 million people had disabilities, accounting for 6.1% of the total country's population and 80.0% of the working age population, and as a result of the full-scale war, this figure has increased significantly. According to the data provided by the UN, the full-scale war has had a negative impact on the public health of Ukrainians due to the damage and destruction of medical facilities (86.0%), an incredibly high number of casualties of both civilians (90.0%) and military personnel from modern weapons of mass destruction, advanced firearms, and explosive weapons (bombs (phosphorus, chemical), shells, missiles, and FPV drones) [1].

The increase in morbidity, temporary disability, and permanent disability among civilians and military personnel in Ukraine due to the full-scale war requires extraordinary solutions and comprehensive measures in a very short time. Currently, medico-psychological rehabilitation in Ukraine has a range of issues, including the lack of a individualized, continuous, comprehensive / multidisciplinary approach, lack of up-to-date facilities for providing rehabilitation services, and this requires addressing this issue at the state and legislative level [2, p. 723; 3, p. 266].

The work aimed at the analysis of the experience of the WHO "Comprehensive Mental Health Action Plan for 2021–2030" and "Plan for the restoration of the healthcare system of Ukraine from the consequences of the war for 2022–2032", as well as assessing the effectiveness of providing medical and psychological rehabilitation assistance at one of the medical institution in Ukraine in 2024 among 616 patients, 9.09% of whom were women. The addressing problematic issues and prospects for the medico-psychological, professional and social rehabilitation of Ukrainians due to the consequences of a full-scale war.

**Materials and methods.** The methods used in the paper are: bibliosemantic, content analysis, statistical. The study was conducted on the basis of the "WHO Comprehensive Plan, the "Plan for the restoration of Ukraine from the consequences of the military conflict", and research materials by foreign researchers representing various countries. The study was conducted using a software-hardware complex (SHC) based on the "PFI-2" device. Psychological indicators were assessed using psychodiagnostic methods: Depression Anxiety Stress Scales (DASS-21), Subjective Assessment of the Current Mental State (SOPAS-8), and the State-Trait Anxiety Inventory (STAI).

**Results.** Medical and psychological rehabilitation for war victims is a comprehensive process aimed at restoring the physical and mental health of those affected by hostilities. This process includes treating physical injuries, addressing psychological consequences, facilitating social adaptation, and supporting individuals in returning to a fulfilling life. Modern military conflicts, particularly the war in Ukraine, lead to severe physical and psychological trauma among military personnel. Studies indicate that 14.0–25.0% of veterans show signs of post-traumatic stress disorder (PTSD) [3]. Moreover, between 30.0% and 50.0% of military personnel may experience depression, anxiety disorders, or emotional burnout [4, p. 4]. Military hospitals and rehabilitation centers play a crucial role in the holistic recovery of service members, providing both physical and psychological rehabilitation. Medical rehabilitation is a set of measures aimed at accelerating recovery, stimulating reparative and regenerative processes, strengthening compensatory mechanisms, and enhancing overall physiological resilience and immune function. This process involves a team of medical professionals who collaboratively develop and implement individualized rehabilitation plans to maximize the patient's

functional recovery. Psychological rehabilitation encompasses interventions designed to preserve, restore, or compensate for impaired psychological functions, personal attributes, and social status, while facilitating psychosocial adaptation to a changed life situation. It also helps individuals process experiences gained in extreme circumstances and apply them in everyday life. According to the Ukrainian Law “On Rehabilitation in the Healthcare Sector”, psychological rehabilitation can be conducted by medical institutions such as military hospitals and rehabilitation centers, as well as medico-social expert commissions and rehabilitation facilities. This law establishes the legal, organizational, and economic framework for rehabilitating individuals with functional limitations to help them achieve and maintain an optimal level of functioning within their environment [5]. Under Ukrainian regulatory acts, the right to conduct psychological rehabilitation is granted to medical psychologists, clinical psychologists, psychologists, and psychotherapists who are part of a multidisciplinary rehabilitation team. They must hold a higher education degree in Psychology or Medical Psychology and have at least one year of practical experience. Psychological assistance during rehabilitation is organized following ethical and safety principles:

1. Minimization of retraumatization risks – ensuring that interventions do not deteriorate the person's health status.

2. Competence and risk assessment – correctly evaluating risks associated with the individual's previous experiences.

3. Preparedness for emergencies and crises – acknowledging the potential extreme situations affecting the individual.

4. Responsibility for the information received, which implies using the information for the benefit of the person receiving rehabilitation assistance, as well as for improving methods to counter various forms of violence [5]. According to the “Standard Regulations on the Multidisciplinary Rehabilitation Team”, the primary tasks of rehabilitation specialists and social workers in a multidisciplinary rehabilitation team include: psychologists, psychotherapists: providing rehabilitation assistance throughout all rehabilitation periods, assigning, planning, and delivering psychological support according to the overall goals and objectives outlined in the individual rehabilitation plan; conducting diagnostics of the mental state, biopsychosocial assessments, psychodiagnostic research, evaluating personal characteristics, determining the degree of social adaptation and adaptation potential; forming recommendations for the multidisciplinary rehabilitation team as a whole; conducting psychotherapeutic interventions and/or psychological counseling to overcome harmful, maladaptive manifestations, correcting personal reactions, developing positive adaptive responses to psychogenic factors and stimuli, and adaptive coping strategies; conducting individual, group, and family psychotherapy; forming positive social recommendations to achieve optimal functioning, development, and well-being for the person in need of rehabilitation; informing the doctor of physical and rehabilitation medicine about the results of the rehabilitation assessment, changes in daily functioning, psychological aspects of functioning, etc.; performing functional coding according to the national classifier 030:2022; the functions of the rehabilitation nurse include: providing rehabilitation assistance throughout all rehabilitation periods, performing professional activities under the supervision of the doctor of physical and rehabilitation medicine; assessing the risk of complications, developing and implementing measures during inpatient care; collaborating with individuals in need of rehabilitation, their legal representatives, and members of the multidisciplinary rehabilitation team in developing the individual rehabilitation plan; meeting the informational needs of the person requiring rehabilitation and the individuals caring for a person with functional limitations, within their scope of competence; ensuring nursing care, safe mobility, ergonomic space in the room, preparation for diagnostic and therapeutic interventions, performing orders from the doctor of physical and rehabilitation medicine and interventions specified in the individual rehabilitation plan, within their scope of competence; maintaining necessary documentation, performing coding of rehabilitation interventions according to the national professional competencies as defined by the national classifier 026:2021 “Classifier of Medical Interventions,” participating in the work and meetings of the multidisciplinary rehabilitation team, contributing to team decision-making; collaborating with members of the multidisciplinary rehabilitation team and other medical professionals [5].

In 2024, at one of Ukraine's medical institutions, 616 patients aged 20–59 years received medical and psychological rehabilitation. Among them, 9.09% were women. Of the total patients, 43.8% had somatic pathologies, while the rest suffered combat-related injuries. All patients received high-quality medical and psychological rehabilitation, with a multidisciplinary team involved in implementing rehabilitation plans. The effectiveness and quality of rehabilitation were assessed through psychophysiological and psychological indicators.

Innovations in Ukraine's mental health sector include both new strategies and the adaptation of existing methods. The new law “On the Mental Health Protection System in Ukraine” (No. 4223, dated 15.01.2025) aims to establish a modern, efficient, and well-coordinated system that aligns with European standards. The law ensures access to high-quality services, protects the rights of individuals with mental disorders

and other mental health issues, prevents the development of mental disorders, and mitigates harmful factors affecting mental health in Ukraine. The law also establishes unified certification standards for psychologists under the National Commission and for psychotherapists accredited by internationally recognized self-regulatory organizations. Furthermore, it encourages the development of digital platforms for mental health support, representing an innovative addition to the system. However, many of these changes build upon existing approaches, adapting them to modern requirements and international standards [6].

**Discussion.** During the COVID-19 pandemic, both in Ukraine and internationally, it has been revealed the weaknesses of the healthcare system in terms of preparedness and response to emergencies, especially to a full-scale war in Ukraine with numerous casualties and individuals requiring long-term interdisciplinary rehabilitation (at all levels of healthcare in Ukraine) [4, p. 447].

Until the full-scale war, the incomplete reform left many unresolved issues in the healthcare sector that exacerbated the negative impact on the healthcare system during the military conflict: the hospital sector did not meet the needs of the population; outdated infrastructure with excess capacity in the hospital sector, which constitutes almost twice the number of hospitals compared to the EU countries and requires significant resources for their maintenance and reconstruction; a low level of high-quality medical services and lack of use of modern technologies and equipment; a shortage of qualified professionals; a deficit of health insurance; insufficient financing of the main resources for the restoration of the infrastructure; insufficient number of facilities providing rehabilitation in multidisciplinary approach [5, p. 1].

As a basis for the “Comprehensive Mental Health Action Plan for 2021–2030” WHO has proposed 6 main principles for countries around the world:

1. *Comprehensive coordination of public health services.*
2. *Human rights.* Strategies, activities and interventions in the field of mental health should be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights frameworks.
3. *Provability.* The action plan and interventions should rely on scientific research or best practices, with consideration of the cultural context of the states.
4. *Life cycle approach.* The spheres and services should take into account the needs for psychological, social, professional protection and healthcare at all stages/levels (primary, secondary, tertiary) of medical care (from childhood to the senior age, from civilians to military personnel).
5. *Multisectoral/interdisciplinary approach* which means establishing cooperation between different public sectors of the healthcare, education, justice, social services etc.
6. *Expanding the opportunities of people with physical/psychological disabilities, mental disorders that result from being injured during the military conflict* [6].

As part of the “Rehabilitation 2030: A call for action” initiative, in 2020, WHO published the “Rehabilitation competency framework”, according to which each individual will be able to access high-quality rehabilitation services from a multidisciplinary team that includes all the specialists required for providing comprehensive, timely care [7].

For the successful implementation of the Comprehensive Action Plan in the field of mental health, interdisciplinary rehabilitation: medico-psychological, professional and social, Ukraine needs active participation and financial assistance from international, regional and national partners in order to fulfil the main tasks and targets during the military conflict and the post-war period (see Table 1).

The development of high-quality services in the field of mental health, medico-psychological, social, professional services/rehabilitation at all levels of healthcare should be based on evidence-based protocols and practices, including early intervention, in compliance with the principles of human rights, respect for the autonomy of the individual and protection of his or her dignity. Since physical and mental health problems often coexist and share common risk factors, such as high levels of tobacco, alcohol, and drug intake, which are usually underestimated, healthcare providers should take into account these interconnections and pay attention to vulnerable and marginalized groups, such as families living in unfavourable socioeconomic conditions, people with HIV/AIDS, women and children, suffering from domestic violence, internally displaced persons, persons/military personnel who have received disabilities due to participation in warfare, should be provided with high-quality, accessible, impartial medical care, medico-psychological, social, and professional rehabilitation at all levels of the healthcare system (primary, secondary, and tertiary), especially at the community level, and with a focus on social integration. Each person should be treated as an equal partner in the medical care process, ensuring a choice of treatment and care providers. The involvement of employees working on a peer-to-peer basis helps to create a sense of belonging and mutual support through the experience exchange [2, p. 723].

It is necessary to develop a key set of indicators in the field of mental health (medico-psychological, social, professional rehabilitation); provide recommendations, technical support and training for the creation of monitoring and information systems that include the collection of data on key indicators of mental

Table 1

**High-priority tasks, global targets of healthcare in Ukraine**

№	Task	Global target	Timescale
1	Improving, strengthening and maintaining the effectiveness of leadership, management, development of regulatory documents in the field of healthcare (mental health: medico-psychological, professional and social rehabilitation)	Preparation of policies/plans in the mental healthcare	During the military conflict and the post-war period
2	Ensuring integrated, comprehensive (multidisciplinary approach) services: medico-psychological, social, professional services at all levels of healthcare, especially at the level of communities and public organizations	Increasing the level of coverage of mental health disorders (physical and psychological) with services; Increasing the number of mental health facilities, providing rehabilitation services with the most advanced equipment and technologies	during the military conflict and the post-war period
3	Implementation of strategies aimed at improvement of mental health and prevention of mental disorders, medico-psychological, social, professional services/rehabilitation at all levels of healthcare	Development of functional, national multi-sectoral programs for strengthening mental health: medico-psychological, social, and vocational services/rehabilitation; Ensuring the availability of psychosocial support in emergency situations (military conflict)	during the military conflict and the post-war period
4	Improvement of the information and communication system, evidence base, studies and establishment of scientific cooperation in national priority areas in the field of mental health: medico-psychological, social, professional services/rehabilitation	Collection of information and reporting on mental health indicators; Expanding the number of studies in the field of mental health: medico-psychological, social, professional services/rehabilitation	during the military conflict and the post-war period

health (medico-psychological, social, professional) and help in tracking health state, as well as complement the information provided by the WHO Global Mental Health Observatory [2, p. 723; 5, p. 20].

**Conclusions and further perspectives.** The described ways/fields of reforming the mental healthcare system of medico-psychological, social, and professional rehabilitation in Ukraine require further development of innovative ways of mental health (physical and psychological) improvement of the population of Ukraine in the postwar period.

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