ПСИХОЛОГІЧНА ТА ПСИХІАТРИЧНА ДОПОМОГА ВІЙСЬКОВОСЛУЖБОВЦЯМ І ГРОМАДСЬКОМУ НАСЕЛЕННЮ В УМОВАХ ВІЙНИ

UDC [616.89:616.45-001.1/.3]-036.82:316.614+355.292.3

I. Ya. Pinchuk, Iu. V. Yachnik, A. K. Ladyk-Bryzgalova, L. O. Bulakhova

PSYCHOLOGICAL RECOVERY AND SOCIAL INTEGRATION OF VETERANS IN UKRAINE

Ukrainian Research Institute of Social and Forensic Psychiatry
and Drug Abuse Ministry of Health of Ukraine, Kiev, Ukraine
yuliaya4nik@gmail.com

Background. Starting from 2013 Ukrainian population is under the influence of potentially traumatic events, many militaries are involved in resolving armed conflict. The preliminary analysis of conflict consequences on mental health of veterans is needed in order to in address possible problems and prevent negative outcomes.

Objectives – (1) to analyze the structure and prevalence of severe stress reaction and adjustment disorders among veterans in Ukraine, (2) to examine mental health state of servicemen who participated in hybrid warfare in the East of Ukraine; (3) to analyze committed suicide cases in servicemen in order to obtain preliminary findings about impact of traumatic events on mental health of servicemen and to develop recommendations for state strategy to counteract harmful consequences.

Materials and methods. The 2015 statistical data from reports provided by state healthcare institutions of Ukraine were studied to examine structure and prevalence of severe stress reaction and adjustment disorders among militaries and total population. The combatant servicemen treated in veterans hospital were interviewed and completed mental health state examination to determine the prevalence of stress-related disorders and psychological consequences of war experience. The cases of committed suicide among militaries were studied according to investigation materials.

Results. During year 2015 psychiatric institutions of Ukraine admitted 941 combatant servicemen with mental disorders caused by severe stress reaction and adjustment disorders; among them 70,9% suffered from posttraumatic stress disorder (PTSD), 21,5 % – from short depression episode and 4,8 % – from acute stress reaction. Among all combatant servicemen treated in veterans hospital (study stage 1) 11 % had signs of clinically significant anxiety and clinical depression, 26 % had subclinical anxiety signs and 21 % had subclinical depression signs. PTSD was diagnosed in 18,7 % (22,5 % on study stage 2) persons, adjustment disorder (AD) in 12,5 % (27,3 % on study stage 2). 100,0 % servicemen with PTSD participated in combat operations and 51,5 % with AD. First signs of AD appeared after 4-8 months (in average 6,63±0,45), PTSD after 6-10 months (in average 8,68±0,46). Aggressive behavior was registered in 23,2 % men with PTSD and 1,4 % with AD. Suicidal ideations had 19,6 % persons with PTSD and 20,6 % with AD. The results of committed suicides analysis showed main suicide mode was gunshot 61 %, 46 % servicemen at the moment of suicidal attempt were intoxicated with alcohol or drugs.

Conclusions. It is anticipated that preliminary analysis of the given data would allow to imagine the true scale of consequences related to trauma and would serve as a rationale for the coming reorientation of state mental health care system, considering the needs of the servicemen suffering from trauma. Comprehensive state mental health strategy for veterans must include: constant mental health monitoring and risk-assessment among servicemen, drug and alcohol abuse prevention programs among servicemen and veterans, suicide prevention programs among servicemen, establishment of specialized psychiatric departments with appropriately trained staff.

Keywords: mental health of veterans, psychological recovery, social inclusion, PTSD, state strategy.

Starting from 2013 Ukrainian population is under the influence of potentially traumatic events. Dignity revolution, Crimea annexation, the war in the East of Ukraine – all this have led to countless physical and psychological traumas and losses. Many people were displaced from their homes or cut off from specialized medical assistance and mental health services. As of October 6, 2016 1 696 326 internally displaced persons from the occupied territories were registered in Ukraine.

Ukrainian servicemen, involved in the conflict, are still under extreme psychological pressure. Therefore, they often

have signs of mental disorders and lose fighting capacity. The occurrence of combat trauma contributes to direct and indirect life threat, information blockade, staying in isolated shelters, sleep disturbance regime, lack of time to make decisions, lack of professional skills, psychological unpreparedness, lack of material resources, etc [1, 2]. Traumatic disorders often manifest also after returning home, where fighters additionally faced with incomprehension from the family and the need to completely transit from combat mode in peacetime operation.

According to other countries experience in similar situations, only integrated approach – individual, family, community, state – can be effective in addressing mental health problems and preventing negative outcomes in veterans [3-6]. However, to adapt this experience in Ukraine preliminary analysis of conflict consequences on mental health of veterans is needed.

The aim of the study was to collect evidence-based data on mental health needs of militaries and combatants in order to develop a state-based strategy on mental healthcare of servicemen.

Objectives

1. To measure the prevalence of stress-related mental health disorders.
2. To examine their structure and characteristics.
3. To examine access of militaries with consequences of war trauma to mental health services.
4. To study cases of committed suicide among militaries.
5. To draft evidence-based recommendations for state strategy on mental healthcare of servicemen.

The study was conducted by research group from Ukrainian Scientific Institute of Social and Forensic Psychiatry and Drug Abuse Ministry of Health of Ukraine and was carried out in several directions. Firstly, the data about mental health state of servicemen who were treated in veteran hospital was collected. Secondly, the structure and prevalence of stress-related mental health disorders among militaries and combatants was analyzed according to official statistic reports of state mental health facilities. And thirdly cases of committed suicide among militaries were studied according to investigation materials.

Materials and methods

The study of mental health state of servicemen was carried out in two stages. During the first stage (Oct 2014 – Feb 2015) 96 servicemen from the first wave of mobilization who were treated in veteran hospital were examined. During the second stage (Aug 2015 – May 2016) 248 servicemen were examined. In both cases clinical interviews, ICD-10 diagnostics and rating scales (HADS, Wartegg Drawing Test, Peritraumatic dissociation questionnaire) were used.

The structure and prevalence of stress-related mental health disorders were studied according to official statistic reports of state mental health facilities for 2015 year.

In order to study the cases of committed suicides among militaries, researchers from Institute developed an addition to criminal investigation procedure in case of serviceman suicide. According to this addition, investigators collected additional information about the persons who committed suicide and their behavior on the eve of it. 82 cases of committed suicides were analyzed during May 2015 – Sep 2016.

Results

On first stage of the study of mental health state of servicemen 96 men were assessed. Average age was 31,4±7 years old. 54 % serviceman had a family and 50 % had children, only 3 % had special military education, most of them (78 %) had bachelor's degree, and 22 % had secondary education. 43 % of tested subjects stayed in the conflict zone from 3 to 4 months, 36 % – from 1 to 2 months, and 21 % more than 5 months. The average duration of staying in the conflict zone was 120 days. PTSD was diagnosed in 18,7 % persons, adjustment disorder in 12,5 %. According to HADS 26 % responders had borderline anxiety, 21 % borderline depression, 11 % clinical anxiety and depression. 36 % of responders had moderate scores of peritraumatic dissociation, 16 % high and 3 % very high. Among personnel characteristics (Wartegg test) most common were: low self-esteem, problems in self-perception and self-presentation (86 %), high adaptability (67 %), internalizing behavior (92 %), emotional distress and low problem solving capacity (58 %).

On second stage 249 servicemen (male) with mental health complaints participated in the study. 78 persons had separate symptoms of mental health disturbance, 56 (22,5 %) – PTSD, 68 (27,3 %) – Adjustment disorder (AD), 17 (6,8 %) – Organic emotionally labile disorder, 13 (5,2 %) – Neurasthenia, 10 (4,0 %) – postcontussive syndrome, 7 (2,8 %) – other organic behavioral and personality disorders. For further research two largest groups (with PTSD and Adjustment disorder) were particularly studied.

Average age of persons with PTSD was 35,11±0,95, with AD – 35,81±1,16 years old. Previous military service indicated 19 (33,9 %) individuals with PTSD and 26 (38,2 %) individuals with AD. Preliminary training before departure to conflict zone was in average 1 month and most (95,2 %) of soldiers indicated the lack of psychological training and support. 56 (100,0 %) servicemen with PTSD participated in combat operations and 35 (51,5 %) with AD, physical violence experienced 3 (5,4 %) and 15 (22,1 %) servicemen with PTSD and AD, 45 (75,0 %) of servicemen with PTSD were injured and 19 (27,9 %) with AD, 54 (96,4 %) and 31 (45,6 %) of servicemen with PTSD and AD witnessed death of colleagues. The most prevalent symptoms of PTSD were avoidance and increased excitability. First signs of AD appeared after 4-8 months (in average 6,63±0,45), PTSD after 6-10 months (in average 8,68±0,46). Considerable adjustment difficulties at the start of service noted 20 (35,7 %) men with PTSD and 25 (36,8 %) with AD. 18 (32,1 %) and 8 (11,8 %) servicemen with PTSD and AD confessed in coping with stress by alcohol. However, 70 % participants noted that their colleagues used alcohol during the service.

Aggressive behavior was registered in 13 (23,2 %) men with PTSD and 1 man with AD. Aggressive behavior correlated with direct stress factors, personal problems, negative relationships with comrads, difficult financial situation, out-statute relations, educational and professional difficulties 4 (7,1 %), family difficulties 12 (21,4 %), severity of psychopathology, especially anxiety (14,7 %), tense 61–89,7 %), sleep disregulations 41 (60,3 %), pain syndrome 17 (30,4 %).

Suicidal ideations had 11 (19,6 %) persons with PTSD and 14 (20,6 %) with AD. Those who were prone to suicidal beha-

vior were mostly older than 30 years (16–64,0 %) and mostly single (15–60,0 %). They had such features as low sociability, isolation (17–68,0 %), anxiety, guilt and mistrust (11–44,0 %), and dramatization of events (8–32,0 %), inadequate self-esteem (4–16,0 %). Feeling guilty about dead comrades was observed in 5 (8,9 %) and self-blaming ideas about comrades injuries in 6 (10,7 %) men with PTSD. However, in patients with AD thoughts of guilt and anxiety concerned only relatives and were observed in 11 (16,2 %) patients.

According to state statistical reports in 2015 3522 people were admitted to state mental health services suffering from primary stress-related disorders. Among them there were 941 servicemen. PTSD was diagnosed in 686 servicemen (civilian), acute stress reaction in 47, and short-term depressive reaction in 208 militaries. Mental disorders incidence among servicemen caused by acute stress reaction and adjustment disorders is 26,7 % of similar total population morbidity. PTSD incidence in servicemen is 59,2 % of similar total population morbidity. Mental and behavioral disorders (F00-F99) were recorded in 2359 of veterans, participants of Antiterroristic operation. Among them, the psychotic disorders were diagnosed in 113 (4,8 %) patients.

The results of committed suicides analysis: Study group was presented with 82 male person, average age was 33 years old, most having secondary and secondary technical education. Every third of them was married and had children. 60 % were religious with only 3 % being atheistic. The duration of staying in the conflict zone was between 3 and 6 months and more.

Modes of suicides were presented with gunshot in 61 %, hanging – in 29 %; 46 % servicemen at the moment of suicidal attempt were intoxicated with alcohol or drugs. Most common personnel characteristics were secretiveness, anxiety, isolation, irritability.

Discussion and Conclusions

The structure of post-traumatic mental disorders in combatants is represented by PTSD and adjustment disorders, which is consistent with research from other countries [7, 8]. The incidence of PTSD was significantly and expectedly higher among veterans than among civilians. Additional postconntussive syndrome is more common in patients with a diagnosis of PTSD than those without PTSD. This also corresponds to the experience of previous studies, according to which persons who have suffered contusion (mild craniocerebral trauma) have a significantly higher risk of PTSD [9]. Postcontussive syndrome can complicate the process of diagnosis of PTSD because of neurocognitive and other symptoms.

Most servicemen tend to access civil psychiatric clinics where they cannot receive the appropriate treatment because specialists usually receive limited training about working with combatants. A possible solution to this problem may be seen in the the creation of specialized services for militaries and training mental health specialists to treat post-traumatic disorders in combatants.

Among all groups of soldiers who participated in the study the term of staying in the combat zone often exaggerated 6 months. This fact requires further attention because long-term continuous stay in the combat zone is associated with an increased frequency of PTSD and depression [4].

The prevalence of avoidance and increased excitability symptoms in the structure of PTSD may be associated with an increased risk of unconstructive behavior, depression, impulsiveness and aggression and requires further study. Increased alcohol consumption, prolonged physical health problems, including chronic pain, may also increase the risk of hetero- and autoaggressive behavior. Suicidal ideas are met among the group of soldiers with PTSD more often than in the group with adjustment disorder. The presence of suicidal ideation in soldiers with posttraumatic mental disorders is predictive for suicidal acts and requires mandatory risk assessment and priority to treatment.

On the suicide mode gunshot wound prevailed. The high mortality rate of this method identifies a number of factors: the availability of firearms in militaries and the inability to interrupt lethality attempts inside.

Almost half of suicide attempts and completed under the influence of alcohol or drugs. Alcohol abuse can lead to suicidal actions through disinhibition, impulsivity and infringement opinions, but it can also be used as a means of facilitating experiences related to the act of committing suicide (Maurizio Pompili et al., 2010). Mental disorders and stress can increase the risk of suicidal behavior, but can also can have mutual influence of alcohol.

Assessment of suicide risk should be included in the mandatory procedures during medical examination of soldiers who returned from combat zones and have experience trauma.

Comprehensive state mental health strategy for veterans must include:

- constant mental health monitoring and risk-assessment among servicemen;
- drug and alcohol abuse prevention programs among servicemen and veterans;
- suicide prevention programs among servicemen;
- establishment of specialized psychiatric departments with appropriately trained staff.

Preliminary analysis of the provided data allowed us to imagine the full extent of the trauma–related consequences. On this basis rationale for future reorientation of state mental health system was created taking into account the needs of servicemen.

Servicemen need social, psychological and medical help which is provided according to the place of the residence by multidisciplinary team on the basis of individual rehabilitation program. To establish high-quality psychological rehabilitation and social integration of veterans it is necessary to join the efforts of veterans themselves, their brothers in arms, families and all competent state services and authorities.

Implications for future research

It is necessary to study the long-term consequences of participation in Antiterroristic operation and to study characteristics of the adaptation process of veterans in the community with time perspective.

References

1. Tanielian, T. L., & Jaycox, L. (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Santa Monica, CA: RAND, 498 p. ISBN/EAN: 9780833044549.
2. Ramchand, R., Rudavsky, R., Grant, S., Tanielian, T., & Jaycox, L. (2015). Prevalence of, Risk Factors for, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan. *Current Psychiatry Reports*, vol. 17, issue 5, article 37. Retrieved from:

https://link.springer.com/article/10.1007/s11920-015-0575-z (accessed 17.08.2016). DOI: 10.1007/s11920-015-0575-z
3. Zeiss, A. M., & Karlin, B. E. (2008). Integrating mental health and primary care services in the Department of Veterans Affairs health care system. *Journal of Clinical Psychology in Medical Settings*, vol. 15, issue 1, pp. 73–78. DOI: 10.1007/s10880-008-9100-4
4. IOM (Institute of Medicine). (2012). Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment. Washington, DC: The National Academies Press, 414 p. (ISBN: 978-0-309-25421-2).
5. Hoge, C. W., & Castro, C. A. (2012). Preventing Suicides in US Service Members and Veterans, Concerns After a Decade of War. *JAMA*, vol. 308, no. 7, pp. 671–672. DOI: 10.1001/jama.2012.9955
6. Burnam, M. A., Meredith, L. A., Tanielian, T., & Jaycox, L. H. (2009). Mental Health Care for Iraq and Afghanistan War Veterans. *Health Affairs*, vol. 28, issue 3, pp. 771–782. DOI: 10.1377/hlthaff.28.3.771
7. Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and national guard soldiers 3 and 12 months following combat in Iraq. *Arch Gen Psychiatry*, vol. 67, issue 6, pp. 614–623. DOI: 10.1001/archgenpsychiatry.2010.54
8. Trivedi, R. B., Post, E. P., Sun, H., Pomerantz, A., Saxon, A. J., Piette, J. D., … Nelson, K. (2015). Prevalence, Comorbidity, and Prognosis of Mental Health among US Veterans. *American Journal of Public Health*, vol. 105, issue 12, pp. 2564–2569. DOI: 10.2105/AJPH.2015.302836
9. VA/DoD clinical practice guideline for management of post-traumatic stress. (2010). Management of Post-Traumatic Stress Working Group. Washington, DC: Department of Veterans Affairs, Department of Defense. Retrieved from: http://www.healthquality.va.gov/ptsd/ptsd_full.pdf (accessed 20.08.2016).

Список використаної літератури

1. Tanielian T. L. Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery / T. L. Tanielian, L. Jaycox // Santa Monica, CA: RAND, 2008. –498 p. (ISBN/EAN: 9780833044549).
2. Prevalence of, Risk Factors for, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan / R. Ramchand, R. Rudavsky, S. Grant [et al.] // Current Psychiatry Reports. – 2015. – Vol. 17, issue 5. Режим доступу: https://www.law.upenn.edu/live/files/4865-prevalence-of-risk-factors-for-and-consequences-of (дата звернення: 16.08.2016).
3. Zeiss A. M. Integrating mental health and primary care services in the Department of Veterans Affairs health care system / A. M. Zeiss, B. E. Karlin // Journal of Clinical Psychology in Medical Settings. – 2008. – Vol. 15, issue 1. – P. 73–78. DOI: 10.1007/s10880-008-9100-4.
4. Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment. IOM (Institute of Medicine). –Washington, DC: The National Academies Press, 2012. – 414 p. (ISBN: 978-0-309-25421-2).
5. Hoge C. W. Preventing Suicides in US Service Members and Veterans, Concerns After a Decade of War / C. W. Hoge, C. A. Castro // JAMA. – 2012. – Vol. 308, no. 7. – P. 671–672. DOI: 10.1001/jama.2012.9955.
6. Mental Health Care For Iraq And Afghanistan War Veterans / M. A. Burnam, L. A. Meredith, T. Tanielian, L. H. Jaycox // Health Affairs. – 2009. – Vol. 28, issue 3. – P. 771–782. DOI: 10.1377/hlthaff.28.3.771.
7. Prevalence of mental health problems and functional impairment among active component and national guard soldiers 3 and 12 months following combat in Iraq / J. L. Thomas, J. E. Wilk, L. A. Riviere [et al.] // Arch Gen Psychiatry. – 2010. – Vol. 67, issue 6. – P. 614–623. DOI: 10.1001/archgenpsychiatry.2010.54.
8. Prevalence, Comorbidity, and Prognosis of Mental Health Among US Veterans / R. B. Trivedi, E. P. Post, H. Sun [et al.] // American Journal of Public Health. – 2015. – Vol. 105, issue 12. – P. 2564-2569. DOI: 10.2105/AJPH.2015.302836.
9. VA/DoD clinical practice guideline for management of post-traumatic stress. Management of Post-Traumatic Stress Working Group. Washington, DC: Department of Veterans Affairs, Department of Defense; 2010. Режим доступу: http://www.healthquality.va.gov/ptsd/ptsd_full.pdf (дата звернення: 20.08.2016).

ПСИХОЛОГІЧНЕ ВІДНОВЛЕННЯ І СОЦІАЛЬНА ІНТЕГРАЦІЯ ВЕТЕРАНІВ В УКРАЇНІ

І. Я. Пінчук, Ю. В. Ячнік, А. К. Ладик-Бризгалова, Л. О. Булахова

Актуальність. Починаючи з 2013 року населення України знаходиться під впливом потенційно травматичних подій, багато військових задіяні у вирішенні воєнного конфлікту. Для запобігання негативним наслідкам необхідний попередній аналіз актуального стану психічного здоров'я військовослужбовців та ветеранів.

Мета. 1) проаналізувати структуру та поширеність розладів, пов'язаних зі стресом, серед ветеранів в Україні; 2) вивчити стан психічного здоров'я військовослужбовців, які брали участь в АТО на Сході України; 3) проаналізувати випадки самогубств військовослужбовців з метою отримання попередніх висновків про вплив травматичних подій на їх психічне здоров'я і розробки рекомендацій для створення державної стратегії охорони психічного здоров'я ветеранів.

Матеріали та методи дослідження. Статистичні дані звітів державних установ охорони здоров'я України за 2015 рік були проаналізовані з метою вивчення структури і поширеності розладів, пов'язаних зі стресом, серед учасників АТО та населення загалом. Проведено дослідження стану психічного здоров'я військовослужбовців, які перебували на лікуванні в госпіталі ветеранів, для визначення поширеності розладів, пов'язаних зі стресом. Були вивчені випадки самогубств, скоєних військовослужбовцями, відповідно до матеріалів слідства.

Результати. Впродовж 2015 року 941 військовослужбовець був госпіталізований до психіатричних державних установ з психічними розладами, пов'язаними зі стресом; серед них 70,9 % страждали від посттравматичного стресового розладу (ПТСР), 21,5 % – від короткого депресивного епізоду та 4,8 % – від гострої реакції на стрес. Серед всіх військовослужбовців, які перебували на лікуванні в госпіталі ветеранів (1 етап дослідження) 11 % мали ознаки клінічно значимої тривоги і депресії, 26 % – субклінічні ознаки тривоги і 21 % – субклінічні ознаки депресії. ПТСР був діагностований у 18,7 % (22,5 % на 2 етапі дослідження) осіб, розлади адаптації (РА) – у 12,5 % (27,3 % на 2 етапі дослідження) осіб. 100,0 % військовослужбовців з ПТСР і 51,5 % з РА брали участь у бойових діях. Перші ознаки РА з'явилися через 4–8 місяців (в середньому 6,63±0,45), ПТСР – через 6–10 місяців (в середньому 8,68±0,46). Агресивна поведінка була зареєстрована у 23,2 % осіб з ПТСР і у 1,4% з РА, суїцидальні думки – у 19,6 % осіб з ПТСР і у 20,6 % з РА. Результати аналізу показали, що основним способом самогубства серед військовослужбовців були вогнепальні поранення – у 61 % випадків; 46% військовослужбовців у момент скоєння самогубства були в стані алкогольного або наркотичного сп'яніння.

Висновки. Передбачається, що попередній аналіз наведених даних дозволить уявити справжні масштаби наслідків, пов'язаних з травмою, і буде служити обґрунтуванням для майбутнього переорієнтування державної системи охорони психічного здоров'я з урахуванням потреб військовослужбовців. Комплексна державна стратегія охорони психічного здоров'я ветеранів має включати постійний моніторинг психічного здоров'я та оцінку ризиків серед військовослужбовців, програми з профілактики наркоманії та зловживання алкоголем серед військовослужбовців і ветеранів, програми з профілактики самогубств серед військовослужбовців, створення спеціалізованих психіатричних відділень з кваліфікованим персоналом.

Ключові слова: психічне здоров'я ветеранів, психологічне відновлення, соціальна інклюзія, ПТСР, державна стратегія.

ПСИХОЛОГИЧЕСКОЕ ВОССТАНОВЛЕНИЕ И СОЦИАЛЬНАЯ ИНТЕГРАЦИЯ ВЕТЕРАНОВ В УКРАИНЕ

И. Я. Пинчук, Ю. В. Ячник, А. К. Ладык-Брызгалова, Л. А. Булахова

Актуальность. Начиная с 2013 года, население Украины находится под влиянием потенциально травматических событий, много военных задействованы в решении военного конфликта. Для предупреждения негативных последствий необходимо провести предварительный анализ актуального состояния психического здоровья военнослужащих и ветеранов.

Цели. 1) проанализировать структуру и распространенность расстройств, связанных со стрессом, среди участников АТО в Украине; 2) изучить состояние психического здоровья военнослужащих, участвовавших в АТО на Востоке Украины; 3) проанализировать случаи самоубийств военнослужащих с целью получения предварительных выводов о влиянии травматических событий на их психическое здоровье и разработки рекомендаций для создания государственной стратегии охраны психического здоровья ветеранов.

Материалы и методы исследования. Статистические данные отчетов государственных учреждений здравоохранения Украины за 2015 год были проанализированы для изучения структуры и распространенности расстройств, связанных со стрессом, среди участников АТО и населения в целом. Было проведено исследование состояния психического здоровья военнослужащих, находившихся на лечении в госпитале ветеранов, для определения распространенности расстройств, связанных со стрессом. Были изучены случаи самоубийств, совершенных военнослужащими, согласно материалам следствия.

Результаты. В течение 2015 года 941 военнослужащий был госпитализирован в психиатрические государственные учреждения с психическими расстройствами, связанными со стрессом; среди них 70,9 % страдали от посттравматического стрессового расстройства (ПТСР), 21,5 % – от короткого депрессивного эпизода и 4,8 % – от острой реакции на стресс. Среди всех военнослужащих, находившихся на лечении в госпитале ветеранов (1 этап исследования), 11 % имели признаки клинически значимой тревоги и депрессии, 26 % – субклинические признаки тревоги и 21 % – субклинические признаки депрессии. ПТСР был диагностирован у 18,7 % (22,5 % на 2 этапе исследования) лиц, расстройства адаптации (РА) – у 12,5 % (27,3 % на 2 этапе исследования) человек. 100,0 % военнослужащих с ПТСР и 51,5% с РА участвовали в боевых действиях. Первые признаки РА появились через 4–8 месяцев (в среднем 6,63±0,45), ПТСР через 6–10 месяцев (в среднем 8,68±0,46). Агрессивное поведение было зарегистрировано у 23,2 % лиц с ПТСР и у 1,4 % с РА, суицидальные мысли – у 19,6 % лиц с ПТСР и у 20,6 % с РА. Результаты анализа показали, что основным способом самоубийства среди военнослужащих были огнестрельные ранения – в 61 % случаев; 46 % военнослужащих в момент совершения самоубийства были в состоянии алкогольного или наркотического опьянения.

Выводы. Предполагается, что предварительный анализ приведенных данных позволит представить истинные масштабы последствий, связанных с травмой, и будет служить обоснованием для будущей переориентации государственной системы охраны психического здоровья с учетом потребностей военнослужащих. Комплексная государственная стратегия охраны психического здоровья ветеранов должна включать постоянный мониторинг психического здоровья и оценку рисков среди военнослужащих, программы по профилактике наркомании и злоупотребления алкоголем среди военнослужащих и ветеранов, программы по профилактике самоубийств среди военнослужащих, создание специализированных психиатрических отделений с квалифицированным персоналом.

Ключевые слова: психическое здоровье ветеранов, психологическое восстановление, социальная инклюзия, ПТСР, государственная стратегия.

Стаття надійшла до редакції 28.01.2017 р.

PINCHUK Iryna Yakivna, MD, Sc.D., Senior researcher, Director of Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse Ministry of Health of Ukraine (URI SFPDA MHU), Kyiv, Ukraine; e-mail: undisspn@ukr.net

YACHNIK Iuliia Viktorivna, MD, researcher of the Scientific, Organizational, Methodological and Information-Analytical Department of URI SFPDA MHU, Kyiv, Ukraine; e-mail: yuliaya4nik@gmail.com

LADYK-BRYZGALOVA Alisa Kostiantynivna, MD, PhD-student of URI SFPDA MHU, Kyiv, Ukraine; e-mail: ant.87193@gmail.com

BULAKHOVA Lidiia Oleksandrivna, MD, Sc.D., Professor, Child psychiatrist of the polyclinic department of URI SFPDA MHU, Kyiv, Ukraine

ПІНЧУК Ірина Яківна, д.мед.н., с.н.с., директор Українського науково-дослідного інституту соціальної і судової психіатрії Міністрества охорони здоров'я України (УНДІ ССПН МОЗ України), м. Київ, Україна; e-mail: undisspn@ukr.net

ЯЧНІК Юлія Вікторівна, науковий співробітник наукового організаційно-методичного та інформаційно-аналітичного відділу УНДІ ССПН МОЗ України, м. Київ, Україна; e-mail: yuliaya4nik@gmail.com

ЛАДИК-БРИЗГАЛОВА Аліса Костянтинівна, аспірант УНДІ ССПН МОЗ України, м. Київ, Україна; e-mail: ant.87193@gmail.com

БУЛАХОВА Лідія Олександрівна, д.мед.н., професор, дитячий психіатр консультативно-поліклінічного відділення УНДІ ССПН МОЗ України, м. Київ, Україна

ПИНЧУК Ирина Яковлевна, д.мед.н., с.н.с., директор Украинского научно-исследовательского института социальной и судебной психиатрии и наркологии Министерства здравоохранения Украины (УНДИ ССПН МЗ Украины), г. Киев, Украина; e-mail: undisspn@ukr.net

ЯЧНИК Юлия Викторовна, научный сотрудник научного организационно-методического и информационно-аналитического отдела УНДИ ССПН МЗ Украины, г. Киев, Украина; e-mail: yuliaya4nik@gmail.com

ЛАДЫК-БРЫЗГАЛОВА Алиса Константиновна, аспирант УНДИ ССПН МЗ Украины, г. Киев, Украина; e-mail: ant.87193@gmail.com

БУЛАХОВА Лидия Александровна, д.мед.н., профессор, детский психиатр консультативно-поликлинического отделения УНДИ ССПН МЗ Украины, г. Киев, Украина