

Ukraine

WHO Special Initiative for Mental Health

Situational Assessment

Overview

Strengths

- Ongoing reform of the health system provides new opportunities
- Renewed political commitment to mental health policy and service development
- Growing public interest in mental health issues, including mental health consequences of the conflict in eastern Ukraine

Challenges

- Large centralized psychiatric system associated with human rights violations
- Stigma and low awareness of mental health
- Conflict in eastern Ukraine and related consequences for population mental health
- Limited health information system

Context



Population of 44,622,516 concentrated in urban areas (70%)

- Nearly 100% literacy and nearly 100% of households have improved sanitation, clean water, and electricity
- Life expectancy: 71.8, infant mortality rate: 14 per 1000 live births, maternal mortality ratio: 19 per 100,000 live births
- Leading causes of death are ischemic heart disease, stroke and other noncommunicable diseases
- Low HIV prevalence (0.62%) and 50% of PLWHA are initiated on ART
- 12-29% of women report being victims of intimate partner violence.
- Most commonly abused substances include opiates, opiate derivatives, marijuana, and alcohol

- **Priority populations:** children and adolescents, veterans, internally displaced persons and people in need of humanitarian assist
- **Areas of focus:** decentralization, health system reform, addressing consequences of ongoing conflict in eastern Ukraine

Policies and Plans

Public spending on mental health (USD\$/capita): 5 USD

Policy

Name: Law on Psychiatric Care, Concept of Mental Health Development

Years: 2000, 2017-2030

Progress: The Law on Psychiatric care was implemented all over Ukraine. The Concept of Mental Health Development has not been implemented since the Mental Health Plan is not yet approved.

Plan

Name: In developmental stages

Years: 2017-2030

Progress: In developmental stages

Key informant:

The Law on Psychiatric Care is aimed mainly to address human rights violations in the field of psychiatry in the Soviet period and now needs to be revised as The Law on Mental Health

Legislation

The Law on Psychiatric Care.

Elements included in policy/plan		Policy	Plan
Components	PHC integration	Present	--
	Decentralization	Present	--
	Hospital integration	Present	--
	Maternal	Present	--
	Child/adolescent	Present	--
	HIV	n/s	--
	Alcohol/substance use	Present	--
	Epilepsy	Absent	--
	Dementia	Present	--
	Promotion/prevention	Present	--
Equity	Suicide	Present	--
	Gender	Present	--
	Age/life course	Present	--
	Rural/urban	Present	--
	Socio-economic status	Present	--
	Vulnerable populations	Present	--
		Present	Absent
		n/s	No data
		--	Not assessed as the final plan has not been approved

Prevalence and coverage

	Prevalence	Total	Gender ratio		Treatment coverage
Major depressive disorder	3.4%	1,452,655	3.9% females	2.7% males	
Bipolar disorder	0.8%	325,659	0.8% females	0.7% males	9.4%‡
Schizophrenia	0.2%	102,258	0.2% females	0.2% males	
** Alcohol use disorders	5.5%	2,357,795	5.4% females	5.5% males	20.9%
Drug use disorders	0.7%	300,160	0.4% females	1.1% males	34.9%
Epilepsy	0.3%	140,009	0.3% females	0.3% males	37.5%
Suicide deaths per year	30.6*	13,679	8.4 females	56.7 males*	--

*rate per 100k; **GBD 2017; ‡Data from Statistical form #10 is grouped between major depressive disorder, bipolar disorder, and schizophrenia to compare to GBD 2017

Services

Human resources

	#*	Rate per 100,000
Generalist		
Doctor	33,730	76
Nurse	253,780	569
Pharmacist	521	1
Specialist		
Neurologist	214	0.5
Psychiatrist	4,363	10
Psychologist	447	1
MH nurse	11,477	26
MH social worker	128	0.3

*Public sector only

Health care facilities

	Total Facilities/ 100,000	
Outpatient	493	1.1
Inpatient	69	0.2
Day care	2	0.004
Outpatient/Inpatient	53	0.1
Outpatient/Day care	33	0.07
Outpatient/Inpatient /Day care	47	0.1

Key informant:

Health workforce is mostly concentrated in specialized care settings and oriented on biological model of treatment. Community services is a new concept and staff competencies should be developed to provide person-centered and rights-based care in the community.

MH training	Mental health trainings are part of formal medical education. In-service trainings on mental health are mostly offered for psychiatrists. All primary care physicians are exposed to courses on psychiatry during pre-service training.
Primary health care (PHC) integration	The core package of PHC services includes the most common health conditions. PHC practitioners lack knowledge and skills to provide mental health services. MOH supports different capacity building initiatives using resources of mhGAP programme. All PHC staff may take part in mental health care if additionally educated, but it is rarely provided.
Psychosocial interventions	Professional training in psychosocial care is currently expanding, with training programs available for cognitive behavioral therapy (CBT), trauma-focused CBT, and eye movement desensitization and reprocessing (EMDR). Most psychosocial interventions are available through private medical care rather than state health facilities.
Medication summary	Standard medications are usually available at specialized facilities and health posts. Almost all medications are registered in the country and available in pharmacy.
MH promotion	Promotion of mental health and prevention of mental health disorders are essential components of Concept of Mental Health Development till 2030 and draft action plan and were not widely realized at national level yet.

Community and Other Sectors

Community	Community mental health care is a relatively new concept in the country and continues to evolve as part of decentralization reform. Mental health area is highly stigmatized and awareness is still low in the communities. Self-medication and reluctance to seek help are very common.
Education	The education sector in Ukraine engages in mental health activities through school-based mental health workers, launching new programs, and incorporating mental health literacy into teacher training and school-based activities.
Social welfare	Social welfare sector is independent from health and does not offer psychosocial support for people with mental health disorders in community. Around 160 residential facilities (internats) for people with severe mental disabilities are under the social welfare sector, and are often associated with human rights violations. The government aims to shift focus of social welfare sector to more recovery based and patient centered approach.
Justice	In 2018, there were 77 psychiatrists providing psychiatric care to people in prisons and detention facilities. Mental health care for prisoners does not follow the WHO standards

Monitoring and Evaluation

National health information system: **Yes** - E-health system was established in 2018 to produce and analyze information on financial risk protection, equity and health expenditure, and is used to track the progress of the ongoing health system transformation. Mental health indicators in HMIS: **Yes** - Annual reporting on psychiatric care with different treatment rates.