Ukraine
WHO Special Initiative for Mental Health Situational Assessment

I. CONTEXT

Ukraine is located in Eastern Europe, bordered by Russia (east), Belarus (north), Slovakia (west), Hungary (west), Romania (south) and Moldova (south). Its southern border also includes the Black Sea and the Sea of Azov. The country is divided into 27 administrative regions and the capital is Kyiv. Ukraine is the largest country in Europe.[5] The population of Ukraine has been decreasing since 1993. The Ukrainian industry focuses on iron, steel, and coal.[2]

Ukraine became an independent state in 1991 after the separation of the Soviet Union. During Soviet rule, Ukraine experienced a number of critical events, including World War II, two largescale famines, Stalinist repressions, and the nuclear accident in Chernobyl in 1986.[9] Recent conflict in eastern Ukraine and the annexation of Crimea has led to a humanitarian crisis and large number of internally displaced persons (IDP).[9]

According to World Bank data, Ukraine ranks in the middle of non-high income European and Central Asian countries for infant mortality rate (8 of 21), maternal mortality (10 of 21), and life expectancy (16 of 21).[10] Most pregnant women report attending antenatal clinics (98.5%).[5] Up to a third of women in Ukraine report being a victim of intimate partner violence (IPV).[11] The most common substances used in Ukraine are alcohol, opiates and opiate derivatives, and marijuana. Substance use is most common among men and young people.

Ukraine's mental health care system was inherited from the Soviet era and is still mainly composed of the structures established as a part of *Semashko* model of health care.[12]

Table 1: Demographics

Demographic information	
Population	44,622,516[1]
Under 14 years	*16%*[1]
Over 65 years	*16%*[1]
Rural population	30.5%[2]
Literacy	100%[3]
Languages	Ukrainian (official) 67.5%, Russian (regional) 29.6%[2]
Ethnicities	Ukrainian 77.8%, Russian 17.3% Belarusian 0.6%[2]
Religions	Orthodox 42%, Greek Catholic 8-10%[2]
GDP per capita	3,095 USD[4]
Electricity	99.8% of homes[5]
Sanitation	95.1% of homes[5]
Water	93.5% of homes[5]
Education	98.7% complete primary school[3]
Health information	
Life expectancy	71.8 years[1]
Infant mortality	14 per 1,000 live births[1]
Maternal mortality	19 per 100,000 live births[1]
Leading causes of death	Heart disease and stroke[6]
Healthcare Access and Quality Index	75 (68-80)[7]
HIV seroprevalence	1% (adults 15-49)[8]
% initiated on ART	52%[8]

Ukraine's mental health care system has several strengths and challenges. There is an ongoing reform of the health system which provides new opportunities for mental health care. There is renewed political commitment to mental health policy and service development and growing public interest in mental health issues, including mental health consequences of the conflict in eastern Ukraine.

Challenges include a large institutionalized psychiatric system associated with human rights violations, alongside public stigma and low awareness of mental health. Social services for people with mental disorders are limited or absent in the community. The protracted conflict in eastern Ukraine has affected over five million people across the country and has had serious consequences for population wellbeing and mental health.[13] The health information system has mental health data but lacks organization and is not always useful for decision making.

II. METHODS

The Rapid Assessment used a modified version of the Programme for Improvement Mental Health Care (PRIME) situational analysis tool[14] to assess the strength of Ukraine's mental health system. The assessment was carried out from January to March 2020. We expanded the tool to include multi-sector entry points for mental health promotion and services, a focus on vulnerable populations, and stratification of relevant sociodemographic and health indicators across the life-course. The PRIME tool assesses six thematic areas: 1) socioeconomic and

health context, 2) mental health policies and plans, 3) mental disorder prevalence and treatment coverage, 4) mental health services, 5) cultural issues and non-health sector/community-based services, and 6) monitoring and evaluation/health information systems. The complete situational analysis tool for Ukraine is available upon request as **Appendix 1.**

Desk Review

The majority of data on socioeconomic status, population health, policies/plans, and the mental health-related readiness of health and other sectors came from secondary sources, including the World Bank, Demographic and Health Surveys, published peer-reviewed and grey literature, the Global Health Observatory, and a detailed review of available mental health policies and plans and other government documentation. We also accessed the National Health Management Information System to assess treatment coverage, staffing complements, and facility numbers. Finally, national-level estimates of the prevalence and rate of priority mental health conditions, stratified across the life course, were derived from the 2017 Global Burden Disease Study.[15]

Key Informant Interviews

We used qualitative data to inform our description of the strength of the mental health system. Interviews followed structured guides. Participants were sampled purposively. We aimed to sample at least one participant from each group: people with lived experience, advocates for mental health, clinicians and implementers of mental health programs, and mental health system policymakers. The final sample included one psychiatric department head, one ministry specialist, one spokesperson for people with lived experience, one primary health care (PHC) manager, and one psychiatrist/religious leader.

Facility Checklists

We also conduced visits to health facilities to document key indicators related to readiness to provide mental health services. We used an adapted version of the WHO Service Availability and Readiness Assessment (SARA) instrument.[16] Facilities were sampled purposively. We aimed to sample at least one facility from each group: specialist mental hospitals, psychiatric units within general hospitals, and primary care clinics. The final sample included one specialist mental hospital, one forensic psychiatric facility, one psychiatric unit in a general hospital, and two primary care clinics.

Analysis

We estimated treatment coverage in Ukraine by dividing total national-level estimates of numbers of patients treated for each mental health condition by national prevalence estimates from the 2017 GBD. We used simple, deductive thematic coding to align interview content with the sections of the situational analysis tool, outlined below. We also abstracted and summarized data from each facility checklist.

III. RESULTS

Mental Health Policies and Plans

Political Support

Ukraine passed a Law on Psychiatric Care in 2000, which has paved the road for legislation related to supporting mental health[17] In 2017, the government of Ukraine passed the Concept of Mental Health Development in Ukraine for the period 2018 to 2030.[12] This concept outlines the plans for improving the mental health care system and aligning with international standards and guidelines of protection, such as the Convention for the Protection of Human Rights and Fundamental Freedoms of 1950, the Convention on the Rights of the Child of 1991, and the Integrated Mental Health Action Plan for the 2013-2020 World Health Assembly.

Ukraine allocates UAH 114 billion for healthcare services in 2020.[18] Of the total healthcare expenditure, about 2.5% or US$ 5 per capita is budgeted for mental health.[9] According to data from the National Health Service of Ukraine, financing of 95 specialized facilities providing psychiatric care in 2018 amounted to UAH 3.6 billion.

Table 2: Components of National Mental Health Policy and Plan

		Policy	Plan
Components	Hospital integration		--
	Maternal		--
	Child/ adolescent		--
	HIV	*n/s*	--
	Alcohol/ substance use		--
	Epilepsy		--
	Dementia		--
	Promotion/ prevention		--
	Suicide		--
Equity	Gender		--
	Age/life course		--
	Rural/urban		--
	Socio-economic status		--
	Vulnerable populations		--

Included Not included
n/s Not specified
-- *n/a*, plan not approved

Information on the financing of psychiatric care in non-specialist facilities, private institutions, as well as out-of-pocket funding is unknown.

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. – Mental health policy maker

Mental Health Policy and Mental Health Plan

The Concept of Mental Health Development in Ukraine for the period, 2018 to 2030 was approved in 2017 but is still in the process of being implemented.[12] The policy highlights the need for increasing awareness about mental health, addressing discrimination and human rights violations of individuals with mental health problems, improving accessibility of care through deinstitutionalization and development of community-based services, as well as strengthening professional competences of health care staff. Table 2 outlines key components that are included in the mental health policy. The Mental Health Plan, which follows the Concept of Mental Health, is not yet approved.

Key Components of the Policy

Primary Health Care Integration

The mental health policy highlights the need for integrating mental health into primary health care and improving mental health care at primary care level.

Decentralization

The policy describes efforts to improve accessibility of mental health services through the decentralization and development of out-of-hospital forms of specialized assistance, and the creation of a crisis counseling system.

Legislation

The Law on Psychiatric Care was ratified in 2000, and was sponsored by the Association of Psychiatrists of Ukraine.[17] Legislation regulates provision of psychiatric care to the population, confidentiality issues, involuntary hospitalization and forensic psychiatric procedures, as well as ensures certain benefits for people with mental health disabilities. [17]The law was revised in 2018 with introduced new protective measures for people with severe mental disabilities during the process of hospitalization.[19]

Traditionally mental health services were funded from the state budget through subvention mechanism and also from local budgets. According to the Law on State Financial Guarantees in Health Care ratified in 2017 and the Concept for Health Financing System Reform, approved by the Cabinet of Ministers in November 2016, the guaranteed package of medical care on all levels will be funded through the National Health Service of Ukraine (NHSU). Psychiatric care is included and will be funded by NHSU and local budgets starting in 2020.

Prevalence and Treatment Coverage of Priority Mental Disorders

GBD 2017 estimates a population prevalence of 0.2% for schizophrenia, 0.8% for bipolar disorder, 3.4% for major depressive disorder (MDD), 0.3% for epilepsy, 0.7% for drug use disorders. WHO Global Report on Alcohol estimates a population prevalence of 6.0% for alcohol use disorders. Suicide accounts for 2.0% of all deaths.

Ukraine has a similar prevalence to the Eastern Europe regional prevalence for each disorder except MDD, which has a 3.4% prevalence in Ukraine and 2.9% in the region. The prevalence of alcohol use disorders is much higher in Ukraine (6.0%) than globally (1.5%).

Ukraine has a higher estimated suicide rate than the Eastern Europe regional average (29.6 deaths per 100,000 population) and the global average (10.4 deaths per 100,000 population). The rate of suicide is particularly high among men (56.7 per 100,000 vs. 8.4 per 100,000 among women). Men also have a higher estimated prevalence of alcohol use disorders than women (11.5% vs 1.4%). Women have a higher estimated prevalence of MDD (3.9% vs 2.7%).

To calculate treatment coverage, the ICD-10 codes from Ukraine's Statistical Analysis Form were mapped to the GBD 2017 estimates. Initial analysis of treatment coverage when comparing the treated prevalence to total prevalence showed a treatment coverage of >100% for schizophrenia and around 2% for bipolar disorder and 2% for MDD. One suggested explanation is the overuse of the schizophrenia ICD-10 code on the Statistical Analysis Form when classifying patients with severe mental disorders. Therefore, derived estimates for a merged category of severe mental disorders which includes schizophrenia, bipolar disorder and MDD were used (Table 3).

Table 3: Prevalence and Treatment Coverage of Selected Mental Disorders

		Prevalence[1] (UI)		Total[1] (UI)		% Treated
Schizo-phrenia	Overall	0.2%	(0.2%-0.3%)	102,258	(90,078-117,118)	Overall 9.4%
	Female	0.2%	(0.2%-0.3%)	56,404	(49,715-64,789)	
	Male	0.2%	(0.2%-0.3%)	45,855	(40,204-52,647)	Female 8.1%
	Young adults (20-34)	0.3%	(0.2%-0.3%)	23,732	(18,659-30,319)	
	Older age (70+)	0.2%	(0.1%-0.2%)	7,085	(6,161-8,144)	Male 11.5%
Bipolar Disorder	Overall	0.8%	(0.7%-0.9%)	325,659	(284,153-374,331)	
	Female	0.8%	(0.7%-0.9%)	186,989	(162,118-215,040)	Young adults 6.7%
	Male	0.7%	(0.6%-0.8%)	138,670	(120,044-159,877)	
	Young adults (20-34)	0.9%	(0.7%-1.2%)	86,743	(67,872-108,101)	Older age 6.9%
	Older age (70+)	0.5%	(0.4%-0.6%)	23,371	(19,466-27,844)	
MDD	Overall	3.4%	(3.0%-3.8%)	1,452,655	(1,290,253-1,641,355)	
	Female	3.9%	(3.4%-4.4%)	914,450	(809,526-1,038,552)	
	Male	2.7%	(2.4%-3.1%)	538,206	(474,619-608,314)	
	Young adults (20-34)	2.8%	(2.1%-3.8%)	266,084	(192,284-351,636)	
	Older age (70+)	6.5%	(5.3%-7.8%)	303,708	(246,449-368,099)	
Epilepsy	Overall	0.3%	(0.1%-0.5%)	140,009	(46,513-224,167)	37.5%
	Female	0.3%	(0.1%-0.5%)	73,102	(23,970-117,150)	32.9%
	Male	0.3%	(0.1%-0.5%)	66,907	(22,081-106,987)	42.5%
	Young adults (20-34)	0.3%	(0.1%-0.5%)	28,933	(9,398-48,808)	--
	Older age (70+)	0.4%	(0.1%-0.7%)	--	--	--
Alcohol use disorders***	Overall	6.0%	--	2,682,840	--	20.9%
	Female	1.4%	--	336,252	--	19.6%
	Male	11.5%	--	2,379,925	--	17.1%
	Young adults (20-34)	--	--	--	--	--
	Older age (70+)	--	--	--	--	--
Drug use disorders	Overall	0.7%	(0.6%-0.8%)	300,160	(269,497-335,551)	34.9%
	Female	0.4%	(0.3%-0.4%)	91,266	(80,781-103,919)	13.0%
	Male	1.1%	(0.9%-1.2%)	208,894	(186,656-233,474)	38.1%
	Young adults (20-34)	1.6%	(1.3%-1.9%)	150,134	(124,474-180,111)	32.2%*
	Older age (70+)	0.2%	(0.1%-0.2%)	8,868	(7,010-11,050)	8.8%**
Suicide deaths±	Overall	30.6	(28.1-33.7)	13,679	(12,574-15,076)	--
	Female	8.4	(7.6-9.1)	2,020	(1,833-2,203)	--
	Male	56.7	(51.5-63.3)	11,660	(10,599-13,032)	--
	Young adults (20-34)	37.6	(31.6-41.6)	2,188	(1,836-2,599)	--
	Older age (70+)	33.8	(31.3-36.6)	1,585	(1,469-1,720)	--

Combined severe mental disorders†

[1]Estimates from GBD 2017. * treated age group includes 18-35 while prevalence age group includes 20-34; ** treated age group includes 60+ while prevalence age group includes 70+; *** Alcohol use disorder data comes from the WHO Global Alcohol Report for Ukraine; ± Rate of suicide deaths per 100,000 population. †data for severe mental disorders combined to compare treated prevalence to population prevalence.

Treatment coverage for epilepsy was around 37.5% and was higher among men than women. Treatment coverage for alcohol use disorders was around 20.9% and for drug use disorders was around 34.9%. Men have a much higher treatment coverage for drug use disorders than women (38.1% vs 13.0%).

Table 4: Public Sector Human Resources for Mental Health

		#	Rate per 100,000
Generalist	Doctor	33,730	75.9
	Feldsher	30,232	67.8
	Nurse	253,780	568.7
	Pharmacist	521	1.2
Spe	Neurologist	214	0.5
	Psychiatrist	4,363	9.8

Mental Health Services

Psychologist	447	1.0
Psychiatric nurse	11,477	25.7
MH social worker	128	0.3

Governance

Ukraine's national health sytem is in the process of transformation. The Ministry of Health (MoH) acts as a coordinating and governing body while regional health authorities are accountable for implementing MoH policy and providing health services. Most health services are managed at the regional, district, or municipal levels. Within the MoH, responsibility for mental health services are shared by the Public Health Directorate, the Directorate and the Department of Medical Services, and the Center for Mental Health and Monitoring of Drugs and Alcohol. Ukraine's private health sector is small and largely restricted to pharmacies, diagnostic facilities, and private physicians.[9]

Human Resources

Ukraine has 76 doctors, 68 feldshers (physicians assistants), 569 nurses, and 1 pharmacist per 100,000 population. It has a large number of psychiatrists (9.8 per 100,000) and relatively few psychologists (1.0 per 100,000). There are approximately 11,477 nurses working in mental health (25.7 per 100,000), though these are not technically classified as psychiatric nurses.[21]

Table 5: Public Mental Health Facilities

	Total	#/ 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
Total[20]	**697**	**1.6**

Table 6: Public Mental Health Beds

	Total	#/ 100,000
Mental hospital	27,447	61.5
General hospital psychiatric unit	1,048	2.3
Day-patient	4,296	9.6
Substance use	3,406	7.63
Child/adolescent[20]	1,296	2.8

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. – Mental health policy maker

Healthcare Facilities for Mental Health

The mental health care system comprises mainly specialist outpatient, inpatient, and day services, often provided as a mix in one facility, complemented by a network of offices of district psychiatrists and narcologists. Community-based care models are currently limited or absent. Until 2019 a person with mental health complaints was primarily assessed by district psychiatrist based in outpatient services. District psychiatrists played a primary role in receiving a referral, making a diagnosis, determining the amount and type of interventions needed, and then either providing treatment or making a referral to the hospital or day clinic. A district psychiatrist covered a particular catchment area and was responsible for people with mental disorders living there. District psychiatrists also determined frequency of follow-up visits, and provided consultations in the clinic or via home visits. They had also responsibility for determining a level of mental disability through prescribed criteria and procedures, upholding the patient's right to free medicines and referral to long-stay residential facilities. All of these functions constituted the so called dispanserization system. Since 2019 dispanserization was abolished by the MOH,[22] but the approach and practices have not changed significantly at the oblast level. Inpatient care provided in psychiatric hospitals is highly stigmatized and often associated with human right violations as reported by the ombudsman's office.[23] The average duration of inpatient stay is 50 days. Some may be hospitalized for months or years because of homelessness, absence of home caregivers, and other social causes. Historically, inpatient care is characterized by high levels of readmissions. Approximately 90% of mental health funding is allocated to inpatient care at psychiatric hospitals, though there is a recent focus on shifting mental health treatment into outpatient care and reducing the number of inpatient beds.

So far, the inpatient part is developed quite strongly and better than the outpatient. Medical care in a hospital can be provided to everyone and even more than they need it. There is never a problem to go to the hospital, if we talk about quantity – they are broadly developed. The quality of such treatment is a separate issue. Providing outpatient care is not so well developed in Ukraine. – Head of Department, Regional Mental Health Center

Five facilities were visited during the assessment process (Table 7). Both the regional psychiatric specialty hospital and the general hospital psychiatric ward noted insufficient numbers and training for staff to provide comprehensive, evidence-based psychosocial interventions. Forensic facility staff suggested that they need validated tools to screen for risk of patients placing themselves or others in danger. One of the primary health care facilities is implementing mhGAP.

Table 7: Facility Checklist Results (n=5)

Description	Psych.	Psych. Nurses	Psychol.	MH Beds	Psych. Meds	Psych. Interventions
Regional psychiatric hospital. Pharmacological and psychosocial treatment. Municipal. Urban and Rural.	26	131	5	275	Comprehensive, available±	CBT, brief alcohol intervention, MET
National forensic psychiatric facility providing compulsory treatment. Municipal. Urban.	6	0	2	120	Comprehensive, available±	PST, BAT, supportive counselling, CBT, PP, art therapy
District-level general hospital with inpatient and outpatient mental health services. Municipal. Urban and Rural.	3	8	0	17	Comprehensive, available±	Supportive counselling, brief alcohol intervention, art therapy
Primary health care center implementing mhGAP. Municipal. Urban and Rural.	0	0	0	0	Comprehensive, available±	mhGAP interventions
Primary health care center. Some mental health care provided, but not mhGAP. Municipal. Urban.	0	0	0	0	Comprehensive, available±	Supportive counselling

±Meets or exceeds criteria defined by World Health Organization Model List of Essential Medicines, 2019

Abbreviations. NGO: Non-governmental organization. PT: Part-time. BAT: behavioral activation therapy. CBT: cognitive behavioral therapy. PST: problem solving therapy. MET: motivation enhancement therapy. IPT: interpersonal therapy.

Primary Care Integration

Mental health services are rarely provided at the primary care level. Screening and case detection, service delivery, and appropriate referral to specialist care are all limited, though government protocols for screening, management, and referral do exist.

All primary care physicians are exposed to basic courses on psychiatry during pre-service training, though physicians report that the knowledge they obtain during formal medical education is not sufficient to provide mental health services, and that they are interested in undergoing additional training.[24] One private medical university has incorporated mhGAP[25] into its curriculum.

In an effort to expand mental health capacity in primary care, thirty trainers (psychiatrists, psychologists, and general practitioners) were trained as mhGAP master trainers in February 2019. From May 2019 to January 2020, more than 200 non-specialist PHC providers from 20 PHC centers were trained in mhGAP through a joint partner initiative led by WHO. The National level mhGAP initiative has started mainly in eastern Ukraine due to high needs caused by the ongoing conflict and humanitarian crisis and aims to scale up across the country in coming years. As of January 2020, an estimated 360,000 people have access to mhGAP services through PHC. The trainings for community workers using mhGAP resources are also planned by several partners.

The most exciting development in Ukraine is implementation of mhGAP protocol for the management of mental health patients, and the involvement and training of primary care physicians. Not only doctors, but also nurses. I would like more attention to be paid to this in terms of training, and that more nursing staff have more authority. What is lacking and what we are trying to achieve now is the creation of multidisciplinary teams with a primary health care doctor, nursing staff, a psychiatrist, psychologist, and social worker. – Director of Primary Care Clinic

Psychiatric Medications

Essential antipsychotic, antidepressant, anxiolytic, mood-stabilizing, and antiepileptic medications are readily available at specialist mental health facilities in Ukraine. Generic psychotropic medications are generally lower in cost, though their prices are not regulated by the state.[26] Certain number of medicines for in-patient and out-patient treatment of mental health conditions is provided free of charge. The State Budget of Ukraine finances some medicines for children with mental health disorders, including medicine for children with autism spectrum psychiatric disorders, schizophrenia, affective disorders, and hyperkinetic disorders. In 2019, the government spent UAH 18.0 million to cover these medicines for 4,238 children. The State Budget of Ukraine also finances methadone and buprenorphine for opioid substitution therapy, spending UAH 25.3 million for 13,238 people in 2019.[18]

Psychosocial Interventions

According to the Mental Health and Psychosocial Support Technical Working Group, which is co-chaired by WHO and International Medical Corps in Ukraine, more than 50 non-governmental agencies provide services and programs related to mental health in the country, mostly focusing in eastern Ukraine. A number of organizations implement evidence-based interventions including Common Elements Treatment Approach (CETA) for veterans by the National University of Kyiv-Mohyla Academy and Johns Hopkins University,[27] WHO psychological intervention Problem Management Plus implemented by Medicos del Mundo and trauma-focused therapy provided by Psychological Crisis Services.[28] Most psychosocial interventions are available through NGOs or civil society organizations rather than municipal health facilities.[9]

Health Information System

Ukraine's State Medical Statistics tracks a large number of health service delivery indicators across often incomparable strata. The quality of data within this system is rarely checked. Numbers of patients in care for different psychiatric conditions are reported on an annual basis by out-patient specialist services while in-patient services provide data on number of admissions (not patients). These data are stratified by region, sex, urban/rural, age, outpatient/inpatient/day-patient, and disability status. Facility-specific stratification is also available since 2018. Statistics related to mental health service provision is not sufficient for planning of mental health services.[9]

Community

Sociocultural Factors

More than 80% of Ukrainians are religious, which plays a key role in people's lives including how they seek out care. Many people turn to religious practices such as confessions, church school, church services, and meeting with priests and chaplains for social support. There is limited evidence on interactions between religious organizations and the formal mental health care system.[9]

Mental health remains highly stigmatized in Ukraine and help seeking is low. There is a history of abuse of people with mental disorders who are housed in long-term treatment facilities, referred to as internats.[29,30] There is a lack of evidence of how much people use non-specialized care.

Non-Health Sector Activities

The Ministry of Social Policy of Ukraine introduced the State standard of social rehabilitation of people with intellectual and mental disorders to be complied by providers of social services starting in 2019.[31]

Several initiatives on psychosocial rehabilitation of veterans and their families were launched in the country, supported by civil society and NGOs.

In addition, private centers of social and psychological rehabilitation for people with substance use problems offer self-help and peer support groups.[9]

Education: The education sector in Ukraine engages in mental health activities through staffing school-based mental health workers,[32] launching new programs, and incorporating mental health literacy into teacher training and school-based activities. Within the concept of the "New Ukrainian School", a staffed psychologist who provides psychological support for inclusive education, teaches anti-stress techniques, and supports parents, teachers, and students on personal and professional development was envisioned.[33] All schools run anti-bullying programs, programs for children with special needs, and there are separate schools for children with intellectual disabilities. These schools are in the process of deinstitutionalization.[34]

Professional training in mental health care is currently expanding, with training programs available for cognitive behavioral therapy (CBT), trauma-focused CBT, schema therapy, mindfulness-based cognitive therapy, dialectical behavior therapy, as well as Universal Treatment Curriculum (UTC) for addiction treatment professionals.

Justice: In 2018, there were 77 psychiatrists providing psychiatric care to people in prisons and detention facilities. Mental health care for prisoners is associated with human rights violations.[35]

Awareness-raising, Promotion, and Prevention

Since 2017, Ukraine has taken a series of steps towards increasing mental health promotion activities following a statement in December 2017, the National Mental Health Concept Note. The Concept stated that there is a lack of awareness of mental health in the society and insufficient knowledge of prevention approaches.[36] As a

move away from the Soviet-era approach to mental health treatment, the government has established a Public Health Institute under the Ministry of Health umbrella.[37] The National Public Health Center aligns with the Public Health Law, which identifies mental health as an essential component of health and describes the need for a preventive approach, including need for a national suicide prevention strategy. The President's Decree of the National Strategy for Building a Safe and Healthy Education Environment at the New Ukrainian School represents progress towards promotion of mental health and wellbeing of Ukrainian children.

A project supported by the Swiss Agency for Development and Cooperation that is called Mental Health for Ukraine (MH4U) planes to roll out mental health promotion activities among the general population in order to raise awareness and decrease stigma.

Over the last five years, national and international agencies have been supporting events on World Mental Health Day and World Suicide Prevention Day. Those involved include academic institutions, non-governmental organizations working in the area affected by the conflict and across the country, and other non-state actors.

IV. CONCLUSION

Ukraine has a GDP per capita of US $3,095[4] and ranks in the middle of non-high income European and Central Asian countries for infant mortality rate (8 of 21), maternal mortality (10 of 21), and life expectancy (16 of 21).[10]

The results of the situational analysis highlight key areas of mental health concerns in Ukraine. For example, Ukraine has a similar prevalence for the priority disorders as Eastern Europe, except for Major Depressive Disorder, which has a 3.4% prevalence in Ukraine and 2.9% in the region. The prevalence of alcohol use disorders is much higher in Ukraine (6.0%) than globally (1.5%). Ukraine also has a higher estimated suicide rate at 30.6 deaths per 100,000 people compared to the global average of 10.39 deaths per 100,000 people.

The Concept of Mental Health Development describes a lack of awareness of mental health in the society and insufficient knowledge of prevention approaches.[36] At the same time there are promising government efforts related to introducing mental health as a part of public health approach and newly created institute of public health, as well as promoting children`s wellbeing at school.

Other challenges to mental health care include stigma associated with mental illness and mental health services. Culturally, religion plays an essential role in the help-seeking behaviors of people in Ukraine. At this time, there are no formal links between religious organizations and the formal mental health care system.[9]

The current health care system was inherited from the Soviet era and has had few structural changes since Ukrainian independence.[12] Since 2017, there has been a push for health sector reform. The started reform is an opportunity to strengthen mental health system and move from highly institutionalized services to community-based and more person-centered ones. In 2017, the government of Ukraine passed the Concept of Mental Health Development in Ukraine for the period 2018 to 2030, with planned efforts to improve accessibility of mental health services through the deinstitutionalization, development of out-of-hospital forms of assistance and integration of mental health services in primary health care provision.[12] Since 2019, the mhGAP initiative has supported the national efforts to build the capacity of PHC workers in the management of common mental health conditions, which in turn may decrease the stigma associated with mental health service provision.

The protracted conflict in eastern Ukraine followed by humanitarian crisis has led to negative consequences for population`s wellbeing, and the need for mental health and psychosocial support remain high. However, these events have also raised public interest in mental health issues, pushed the reforms in many sectors and brought a number of evidence-based practices introduced by international organizations.

Ukraine is well-situated to continue along the trajectory of transformations around mental health. Consistent implementation of the national policies and plans related to mental health may facilitate improved wellbeing of the population across the lifespan, greater treatment coverage, as well as promote respect and dignity of people with mental health conditions.

V. REFERENCES

1. United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019. https://population.un.org/wpp/.
2. Europe : Ukraine — The World Factbook - Central Intelligence Agency. https://www.cia.gov/library/publications/the-world-factbook/geos/up.html.
3. Ukraine. http://uis.unesco.org/en/country/ua (2016).
4. GDP per capita (current US$) | Data. https://data.worldbank.org/indicator/NY.GDP.PCAP.CD.
5. Ukrainian Center for Social Reforms (UCSR), State Statistical Committee (SSC), Ministry of Health (MOH) & Macro International Inc. *Ukraine Demographic and Health Survey 2007*. (2008).
6. Ukraine. *Institute for Health Metrics and Evaluation* http://www.healthdata.org/ukraine (2015).
7. Fullman, N. *et al.* Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. *The Lancet* **391**, 2236–2271 (2018).
8. Ukraine | UNAIDS. https://www.unaids.org/en/regionscountries/countries/ukraine.
9. Weissbecker, I., Khan, O., Kondakova, N., Poole, L. A. & Cohen, J. T. *Mental health in transition : assessment and guidance for strengthening integration of mental health into primary health care and community-based service platforms in Ukraine*. 1–132 http://documents.worldbank.org/curated/en/310711509516280173/Mental-health-in-transition-assessment-and-guidance-for-strengthening-integration-of-mental-health-into-primary-health-care-and-community-based-service-platforms-in-Ukraine (2017).
10. Europe & Central Asia (excluding high income) | Data. https://data.worldbank.org/region/europe-and-central-asia-excluding-high-income?most_recent_value_desc=true.
11. Burlaka, V., Grogan-Kaylor, A., Savchuk, O. & Graham-Bermann, S. A. The Relationship Between Family, Parent, and Child Characteristics and Intimate-Partner Violence (IPV) Among Ukrainian Mothers. *Psychol Violence* **7**, 469–477 (2017).
12. Cabinet of Ministers of Ukraine. *On approval of the concept of development of mental health care in Ukraine for the period up to 2030*. (2017).
13. OCHA. *HUMANITARIAN RESPONSE PLAN: UKRAINE 2020*. 82 (2020).
14. PRIME's Situational Analysis Tool | Programme For Improving Mental Health Care. http://www.prime.uct.ac.za/situational-analysis-tool.
15. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* **392**, 1736–1788 (2018).
16. WHO | Service availability and readiness assessment (SARA). https://www.who.int/healthinfo/systems/sara_introduction/en/.
17. *Law on Psychiatric Care*. (2000).
18. State Budget of Ukraine ... | dated 14.11.2019 № 294-IX. https://zakon.rada.gov.ua/laws/main/294-IX.
19. *Judgement of the Constitutional Court of Ukraine, in the case on the constitutional petition of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights regarding the compliance of the Constitution of Ukraine with the provisions of the sixth sentence of part one of Article 13 of the Law of Ukraine 'On Psychiatric Care',*. (2018).
20. Statistical Form #10. *Center for Mental Health and Monitoring of Drugs and Alcohol of the Ministry of Health of Ukraine* https://cmhmda.org.ua/map/.
21. Center for Nursing Statistics - Statistics. http://medstat.gov.ua/ukr/statdan.html.
22. Ministry of Health Ukraine. *Order No. 1063*. (2019).
23. *Annual Report of the Commissioner of the Verkhovna Rada of Ukraine on Human Rights on the State of Compliance and Protection of Human and Civil Rights and Freedoms in Ukraine*. (2019).
24. Academy of Family Medicine. *Survey on training needs on mental health for primary health-care workers*. (2018).
25. WHO | WHO Mental Health Gap Action Programme (mhGAP). https://www.who.int/mental_health/mhgap/en/.
26. Cabinet of Ministers. *Measures to Stabilize Prices for Medicinal Products and Medical Products*. (2008).

27. National University of Kyiv-Mohyla Academy - National University of Kyiv-Mohyla Academy. https://www.ukma.edu.ua/.
28. MEDBOX | the aid library. https://medbox.org/coselected.
29. Keukens, R., Sartorius, N., Thornicroft, G. & van Voren, R. Inside Ukrainian social care homes. *Lancet* **394**, 2209–2211 (2020).
30. Keukens, R. Review of social care homes in Ukraine and the development of a plan of action/compilers D. Juodkaite, R. Keukens, L.-O. Ljungberg, J. Pievskaya, I. Sergienko, O. Temchenko, R. van Voren. (2017).
31. MINISTRY OF SOCIAL POLICY OF UKRAINE. *On approval of the State Standard for Social Rehabilitation of Persons with Intellectual and Mental Disorders*. vol. No. 1901 (2018).
32. https://mon.gov.ua/storage/app/media/inkluzyvne-navchannya/2019/07/19-462-list-na-oblasti.pdf. https://mon.gov.ua/storage/app/media/inkluzyvne-navchannya/2019/07/19-462-list-na-oblasti.pdf.
33. THE MINISTRY OF EDUCATION AND SCIENCE PROPOSES A DRAFT REGULATION ON PSYCHOLOGICAL SERVICE IN THE EDUCATION SYSTEM FOR PUBLIC DISCUSSION. (2018).
34. TYPICAL EDUCATIONAL PROGRAMS. https://mon.gov.ua/ua/osvita/zagalna-serednya-osvita/navchannya-ditej-u-specialnih-zakladah-osviti/osvita-ditej-z-osoblivimi-potrebami/navchalni-plany.
35. Human Rights in Mental Health & Federation Global Initiave on Psychiatry. *INSPECTION OF PRISON SERVICES HEALTH CARE IN UKRAINE AND DEVELOPMENT OF AN ACTION PLAN*. (2017).
36. *Decree of the President of Ukraine: Immediate measures to improve children's health*. (2019).
37. СТРУКТУРА. https://moz.gov.ua/struktura.