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A COMPREHENSIVE APPROACH TO MEDICAL-PSYCHOLOGICAL SUPPORT FOR SERVICE WOMEN IN MODERN UKRAINE

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ABSTRACT

The aim: To analyze the current state of the problem and develop a modern methodology for the correction and prevention of stress disorders in female veterans.

Materials and methods: The following methods were used during the research: theoretical and interdisciplinary analysis, complex, clinical and psychopathological examination and methods of mathematical and statistical data processing.

Results: In the course of our work, it was developed an algorithm for medical and psychological support for women who suffered from results of the fighting includes the following components: monitoring of the psychological and mental state of veteran women; increased psychological care; psychological support for veteran women; psychotherapy; psychoeducation; creation of a re-adaptation atmosphere; formation of a health-centred living style and strengthening of psychosocial resources.

Conclusions: The complex system of treatment and prevention of stress-social disorders in women veterans should be aimed at decreasing the level of anxiety-depressive symptoms and the excessive nervous and psychological tension; infective re-evaluation of the traumatic experience; building a positive attitude towards the future and creating a new cognitive model of life.

KEY WORDS: veteran women, combatant, medical support, psychological support, complex system of treatment

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INTRODUCTION

Combat operations in Eastern Ukraine has an undoubted negative impact on the psychological and mental state of people who take part in fighting and leads to the development, of disorders of mental adaptation, combat-related psychological trauma, post-traumatic stress disorder and socially-stressful states.

Combat stress is a multilevel reaction of the organism in response to extreme (combat) conditions, which leads to excessive stress of adaptation mechanisms, reactive self-regulation and is an extreme destabilizing state, which depletes the adaptation reserves of the body, increases the risk of desintegration of mental functions and the development of maladaptation states [1, 2].

Stress-related mental disorders that occur during military operations are one of the most important internal barriers to combat readiness and effective performance of professional duties by combatants (even to the point of reducing the ability to conduct active combat operations), and in future - to adaptation in conditions of ordi-

nary life through imposition of new stresses associated with social maladaptation on this substrate [3-5].

Currently, 9,916 women in Ukraine have been given combatant status for participation in the ATO/JFO zone [6]. After military service, some difficulties in reintegrating women veterans into civilian life remain unresolved.

Based on the analysis of data from the study "Invisible Battalion 2.0": returning veterans to civilian life" [7, 8], we can identify the main problems at the stage of returning to civilian life: lack of feedback system for recipients of rehabilitation and reintegration, which makes it impossible to assess the effectiveness of the services provided; lack of needs analysis practice, which makes the reintegration system more gender-neutral than gender-sensitive; a prejudiced attitude of employment centre staff and other employers towards female veterans, lack of understanding of their psychological and communication skills; a prejudiced attitude of medical and social services staff, stigmatisation of the portrait of a female veteran [9-12].

Thus, the development of therapy and rehabilitation system of servicewomen who suffer from combat stress in military conflicts is of great practical importance in solving the many problems that have arisen before the military health care system.

The above mentioned has motivated us develop a modern methodology for the correction and prevention of stress-related disorders in female veterans.

THE AIM

The aim of the work is to analyze the current state of the problem and develop a modern methodology for the correction and prevention of stress disorders in female veterans.

MATERIALS AND METHODS

The following methods were used during the research: theoretical and interdisciplinary analysis, complex, clinical and psychopathological examination and methods of mathematical and statistical data processing.

The theoretical method included theoretical and methodological analysis, generalization of various scientific materials on the topic of the study.

Interdisciplinary analysis of social, psychological, medical literature is aimed at reflecting the current state of the problem.

Clinical and psychopathological examination, which made it possible to draw up a psychological portrait of female veterans.

Statistical data processing was performed using SPSS 26.0 for Windows XP, which allowed provide quantitative and qualitative analysis of the obtained data.

It was provided a comprehensive examination of 96 female veterans of the ATO/JFO zone.

RESULTS

The clinical and psychopathological examination revealed that the clinical structure of stress-social disorders is represented by emotional disorders: depression (68.2% of examined), anxiety (89.2%), feeling of internal tension with inability to relax (88.9%), drudgery (72.8%), anhedonia (49.2%), lack of hope (59.8%), feeling of guilt in the survivor (41.2%); mild cognitive disorders: difficulty concentrating attention (69.8% of those examined), impaired memory (36.8%), difficulty making decisions (56.9%), difficulty planning and organizing (42.8%) and difficulty selecting the necessary words to express thoughts (33.8%); vegetative paroxysms (72.6%); asthenic syndrome (66.9%) and insomnia (66.2%).

A psychodiagnostic study revealed high scores in the Anxiety and Depression Clinical Scales (75.2%) and also in the Neuropsychological Stress Scale (78.2%), severe clinical manifestations of PTSD on the Clinical Administered PTSD Scale-CAPS (68, 7%), the full manifestation of traumatic stress according to the Impact of Event Scale-Revised, IES-R (85.3%), deficient psychological protection mechanisms (62.2%), maladaptive coping (52.6%), and high level of social frustration (72.9%).

In the course of our work, it was developed an algorithm for medical and psychological support for women who suffered from results of the fighting includes the following components: monitoring of the psychological and mental state of veteran women; increased psychological care; psychological support for veteran women; psychotherapy; psychoeducation; creation of a re-adaptation atmosphere; formation of a health-centred living style and strengthening of psychosocial resources.

Psychological and mental state monitoring was focused on identifying individuals with the effects of combat-related psychological trauma; peculiarities of emotional response to stressful situations; presence of psychopathological symptoms (symptoms of combat post-traumatic stress disorder, anxiety, depression, suicidal tendencies, addictive behaviour).

Increased psychological attention was focused on psychoprophylaxis of maladaptive reactions and states in conditions of social stress, raising the level of adaptation to the conditions of civilian life and ensuring psychological well-being, preserving women's psychological and physical health.

Psychological support had a socio-psychological direction and helped optimize the psycho-emotional state of women veterans during their readaptation to a civilian life, reproduction of lost or new socialties, reducing feelings of isolation, stigmatization, harmonization of family relations based on mutual understanding, mutual assistance and mutual support (for married women).

The psychotherapy program included targeted use of cognitive-behavioral therapy, personality-oriented therapy, biosuggestion, non-directive Roger's psychotherapy, arttherapy, biological feedback, trauma-focused therapy, EMDR (EyeMovement Desensitization and Reprocessing). It is advisable to use a self-management program for post-traumatic stress disorder by Pucelik Consulting Group.

Psychotherapeutic intervention was focused on affective re-evaluation of the traumatic experience; correction of behavioural patterns related to combat stress; Developing skills for coping with anxiety and emotional reactions and constructive forms of cognitive and emotional response in the context of a change in living patterns of return to civilian life.

An important component of the program of medical and psychological support is psychoeducation aimed at: forming an adequate system of ideas about the consequences of combat stress and the peculiarities of adaptive reactions to change life stereotypes; understanding the main consequences and psychopathological reactions caused by mental trauma; training in methods of mastering the consequences of combat mental trauma, basic techniques of self-help during intrusive memories, anxious paroxysms, skills of self-regulation and self-management of their condition.

The basis of medical and psychological support for women veterans is the creation of a re-adaptation atmosphere focused on the public recognition of the social significance of participating in combat; recognizing the high social status of women veterans; understanding the specifics of combatants' psychological reactions and behaviour; and creating the conditions for a favourable psychological environment in the family.

It is very important to form a health-centered lifestyle, consolidate healthy habits, correct physical and mental disorders, increase stress resistance, develop constructive coping strategies.

Strengthening the psychosocial resource includes psychosocial reintegration, adaptation to new living conditions, the formation of additional sources of psychosocial support, meetings with volunteers, career guidance.

To prevent the development and decompensation of stressful disorders we have developed a comprehensive system of medical and psychological rehabilitation of combat participants, which consists of four stages:

Stage I - psychophysiological preparation for participation in combat operations, which includes: adaptation to changes in life stereotype; increasing the adaptation capacity; stabilization of the emotional state, decreasing the level of anxiety; increasing the level of stress resistance.

Stage II - psychological support during combat operations: early diagnosis of stress-association disorders; assessment of special features of veterans and prediction of their behavioural reactions.

Stage III - psychological preparation for exiting the war zone and returning to civilian life: Lowering the level of emotional tension; creating and correcting plans for the future; assessing veterans' personality traits and predicting their adaptation reactions when their lifestyle changes; formation of a positive attitude to the future; correction of experiences related to changes in the living stereotype (feelings of hopelessness, difficulties related to social adaptation).

Stage IV of psychophysiological re-adaptation after demobilization: effective reassessment of the traumatic experience; creation of a new cognitive model of living; psychosocial reintegration: adaptation to new living conditions, formation of additional sources of psychosocial support, meetings with volunteers; prophylactic therapy; family psychotherapy, girlfriend psychocorrection; medical-psychological assistance in case of occurrence of stress-association disorder.

The approbation of the suggested complex system of correction and prevention of stress-association disorders in women veterans proved its high efficacy.

DISCUSSION

The obtained data on the development of a modern methodology for the correction and prevention of stress-related disorders in female veterans correlate with the data of modern researchers conducted in the field of therapy and rehabilitation of men veterans [13-15] as well as with the experience of medical and psychological support in NATO countries [16, 17].

Developed and tested treatment and rehabilitation modules for combatants with PTSD which include: pharmacotherapy, psychotherapy (trauma-focused therapy, EMDR, rational and group psychotherapy, art therapy, family psychotherapy, autogenic training, training, coping, coping and coping) and socio-psychological support (socio-pedagogical, socio-environmental, career guidance activities). An algorithm for the development of personalized programs for the treatment and rehabilitation of combatants suffering from PTSD has been developed, a key component of which is the personalized identification of target symptoms and critical life circumstances for the restoration of mental health.

Developed and tested treatment and rehabilitation modules for combatants with PTSD which include: pharmacotherapy, psychotherapy (trauma-focused therapy, EMDR, rational and group psychotherapy, art therapy, family psychotherapy, autogenic training, anxiety overcoming training, confident behavior training, inoculation of stress) and socio-psychological support (socio-pedagogical, socio-environmental, career guidance activities).

An algorithm for the development of personalized programs for the treatment and rehabilitation of combatants suffering from PTSD has been developed, a key component of which is the personalized identification of target symptoms and critical life circumstances for the restoration of mental health.

It should be noted that the gender-oriented system of correction and prevention of stress-related disorders in women veterans, which is presented in our study developed in Ukraine for the first time.

CONCLUSIONS

The complex system of treatment and prevention of stress-social disorders in women veterans should include: monitoring of the psychological and mental state of veteran women; increased psychological care; psychological support had a socio-psychological direction; psychotherapy using cognitive-behavioral therapy, personality-oriented therapy, biosuggestion, Roger's non-directive psychotherapy, art therapy, biofeedback, trauma-focused therapy, EMDR (Eye Movement Desensitization and Reprocessing). It is advisable to use the PTSD self-monitoring program from Pucelik Consulting Group; psychoeducation aimed at teaching methods of mastering the consequences of

combat mental trauma, basic self-help techniques for obsessive memories, anxiety paroxysms, self-regulation skills and independent management of one's condition; creation of a re-adaptation atmosphere; formation of a health-centred living style and strengthening of psychosocial resources.

The system of medical and psychological rehabilitation of combatants should consist of four stages: I - psychophysiological preparation for participation in combat operations, II - psychological support during combat operations, III psychological preparation for leaving the combat zone and returning to civilian life, IV - psychophysiological readaptation after demobilization.

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