Introduction

A significant percentage of military personnel involved in counterterrorism (ATO)/Joint Forces (OOS) operations have both physical and mental injuries [2]. The bitter experience of the United States can lead to the main conclusion – after the war with the soldiers should work for specialists [5]. Otherwise, a disturbing picture emerges: he is already physically in a peaceful life, and his mind is still at war. It has taken decades for Americans to understand this and develop an effective system of assistance.

Our present day is to help combat the effects of combat trauma on those who have recently stood in the defense of Ukraine [1, 3]. Work must be done to create a safe and comfortable, wellness space that encourages one's creativity. Such a space gives new strength, in it the former warrior feels the taste of life, then to return to society with healthy psychologically and physically [6].

The purpose of psychological rehabilitation is to: maintain or restore the physical and mental health of servicemen; achievement of social and psychological wellbeing; reducing the frequency and severity of the effects of mental traumatic injuries in the form of acute stress reactions; prevention of disability; prevention of aggressive and self-destructive behavior [4]. Psychological rehabilitation provides the following services:

1) psychological diagnostics – assessment of the actual psychological state of the victim;
2) psychological education and informing – informing the victim for understanding the behavior of people in extreme conditions, developing skills and ways of managing the capabilities of their own psyche, providing self-help and first psychological assistance to others;
3) psychological counseling – a set of short-term activities that are performed by a psychologist and aimed at providing the patient with information on psychological issues, emotional support, assistance in making informed decisions and assessing one's own psychological resources to change behavior, change attitudes, increase resilience and psychological culture;
4) psychological support and maintaining – a system of social and psychological methods and methods, the use of which promotes socio-professional self-determination in the course of restoring his abilities, values and self-awareness, increasing its competitiveness and adaptability, overcoming stress and other vital situations crisis states;
5) psychotherapy – the use of methods of psychological influence to solve personal and interpersonal problems with the use of standardized procedures in individual or group form, aimed at the restoration of impaired activity of the organism in order to restore or compensate for his mental functions, personal qualities, interpersonal personality and interpersonal personality quality of life;
6) group work – conducting psychological trainings, interviews, training in psychological education and informing for support groups aimed at self-disclosure of participants of such groups, updating the existing experience and finding ways to solve their own psychological problems, developing self-knowledge and self-development skills, mastering new communication and behavioral strategies.

The method of “creative rehabilitation” has a holistic approach to man, as to the physical, spiritual and spiritual essence. All work is aimed at mitigating the harmful effects of trauma at all levels. Body therapies help to get rid of the effects of shock experiences and traumas that are "lurking" in the body and in the soul. They relieve stress and harmonize the work of the systems and organs of the body, and promote the interconnection of the body with the soul and spirit. Art therapy helps a person to discover their inner creative potential, to believe in themselves as one and unique individuality, very important for the world. It also helps to reinvent yourself, to believe in yourself. Live communication with the priest helps to resolve the many painful moral and ethical issues that live in
the souls of those who have gone through war. In the case of psychological support and support, psychotherapy and group work, an artist and a specialist in labor adaptation are involved as needed. **The aim of the work** is to investigate innovations in the rehabilitation of ATO/OOS participants based on the work of a psychotherapist in a military hospital.

**Materials and methods**

Pursuant to the requirements of the Order of the Director of the Department of Health of the Poltava Regional State Administration of April 17, 2015 №430 "On the organization of treatment and rehabilitation of participants of the anti-terrorist operation in hospitals for disabled people of the region", dated December 10, 2016 №99, dated February 29, 2016 №156 "About creation of the Centers of psychosocial rehabilitation of participants of anti-terrorist operation and veterans of war", from 08.05.2018 №457 "About creation of a network of psychosocial rehabilitation of participants of anti-terrorist operation and other categories of the population on the basis of medical no care institutions Region "in circuit" Kremenchuk Regional Clinical Hospital for War Veterans "Poltava Regional Council" was established rehabilitation department 40 bed, which provided psychological rehabilitation.

The object of the study is the rehabilitation department of the Kremenchug Regional Hospital for War Veterans of the Poltava Regional Council. Subject – reports on the work of a psychologist, psychotherapist. Research methods – analytical, systematic approach.

Questionnaires with validity, including the Hospital Anxiety and Depression Scale (HADS), which has two subscales for separate anxiety assessment (HAS) and depression (HDS), were used to assess the psychological status of military personnel. When interpreting the data, the total score was taken into account: 0–7 points – norm, 8–10 points – subclinically expressed depression/anxiety, more than 11 points – clinically expressed depression/anxiety.

| Survey indicators                              | 2016 year absolute | 2016 year relative | 2017 year absolute | 2017 year relative | 2018 year absolute | 2018 year relative |
|-----------------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Signs of subclinical anxiety                  | 32                 | 9.2%               | 25                 | 6.7%               | 102                | 16.2%              |
| Signs of subclinical depression               | 24                 | 7.0%               | 15                 | 4.1%               | 76                 | 12.1%              |
| Clinically expressed anxiety                  | 23                 | 6.6%               | 31                 | 8.5%               | 60                 | 9.6%               |
| Clinically expressed depression               | 12                 | 3.4%               | 19                 | 5.1%               | 32                 | 5.1%               |
| There are no clearly expressed symptoms anxiety and depression | 257               | 73.8%              | 279               | 75.6%              | 390               | 62.0%              |
| All passed the psychological diagnosis         | 348                |                    | 369                |                    | 628                |                    |

According to the reports provided by the psychotherapist of the rehabilitation department of the Kremenchug Regional Hospital for War Veterans of the Poltava Regional Council for the period since 2016 to 2018. There has been a gradual increase in military personnel who required psychotherapist consultation and were interviewed on a HADS hospital anxiety and depression scale. All patients admitted to the rehab unit during the initial examination were required to have an interview with a psychotherapist. During this interview, they were given the opportunity to respond on a HADS hospital anxiety and depression scale, which was then scored according to scores. As a result of the interview, a route map was developed for each patient, indicating the main directions of rehabilitation.

As can be seen from Table 1, the majority of the interviewed servicemen 73.8% – in 2016, 75.6% – in 2017, 62% – in 2018 did not have any expressed symptoms of anxiety and depression, but there is a tendency for a gradual decrease in specific weights every year from 73.8% in 2016 to 62% in 2018. On the other hand, signs of subclinical anxiety and depression in this contingent have been increasing every year, namely, in 2016, among participants of ATO/OOS, there were signs of subclinical anxiety (almost 9.2% of respondents), in second place signs of subclinical depression (7.0% in accordance). On the other hand, in 2017, 31 persons (8.5%) were the most alarmed servicemen, with 25 people in second place (6.7%) with subclinical anxiety. And in 2018 among respondents, the highest percentage with subclinical anxiety was 102 people (16.2%) and subclinical depression – 76 people (12.1%).

As can be seen from Table 2, among the indicators of mental state among ATO/OOS participants, the absolute number of first identified with signs of subclinical anxiety in 2018 (102) increased by 68.6% compared to 2016 (32), which indicates the prevalence of long-term manifestations fighting in the east of Ukraine, and not directly the consequences of the war injuries that prevailed in 2016 at the beginning of the ATO. The same trend was observed with signs of subclinical depression: in 2016 – 24 people, and in 2018 – 76 people, a total of more than 68.4% increased. A similar pattern occurred with signs of clinically marked anxiety and depression – an increase of 61.6% and 62.5%, respectively.

**Table 1. Report on the results of psychodiagnostic research on the HADS hospital anxiety and depression scale**
Table 2. Mental health indicators of HADS participants in the ATO/OOS in 2016 and 2018 and their dynamics

| Survey indicators | 2016 year | 2018 year | % dynamics |
|-------------------|-----------|-----------|------------|
| Signs of subclinical anxiety | 32 | 102 | +68.6% |
| depression | 24 | 76 | +68.4% |
| Clinically expressed anxiety | 23 | 60 | +61.6% |
| depression | 12 | 32 | +62.5% |

Conclusions

Therefore, the presence of ATO/OOS military personnel with a steady upward trend in the number of patients with signs of subclinical anxiety and depression requires the earliest possible start of psychological rehabilitation, as long as there is a high rehabilitation potential and a positive outlook for rehabilitation.

According to the statistics obtained, the gradual growth of persons with signs of anxiety and depression can be explained by the ongoing fighting in the east of Ukraine, new waves of mobilization and long-term consequences of combat traumas that require rehabilitation measures as early as possible at all levels of care.

Therefore, it is necessary to start rehabilitation activities with new methods of assistance – creative rehabilitation. This method is based on a comprehensive approach to the individual. Numerous effective techniques are used by specialists: to study art directly with the artist; physical therapy; outdoor activities; communication with brothers (specially organized); work with psychologists; acquaintance with the history, life and culture of Ukraine, communication with clergy.

Література

1. Закон України «Про статус ветеранів війни, гарантії їх соціального захисту» від 1993, №45, 425с. [Інтернет] Доступно на: http://zakon2.rada.gov.ua/laws/show/3551-12.
2. Касінець СС, Голованова ІА, Паламарчук ДВ, Кравців ІС. Основні напрямки реабілітації учасників бойових дій в Полтавській області. Літопис травматології та ортопедії. 2018;1-2:49-52.
3. Постанова Кабінету Міністрів України від 27.12.2017 №1057 «Про затвердження Порядку проведення психологічної реабілітації учасників антитерористичної операції» [Інтернет] Доступно на: https://zakon.rada.gov.ua/laws/show/1057-2017-%D0%BF.
4. Рум'янцев ЮВ, редактор. Психіатрія особливого періоду. Київ: УВМА; 2014. 193 с.
5. Vitzthum K, Mache S, Joachim R. Psychotrauma and effective treatment of post-traumatic stress disorder in soldiers and peacekeepers. J. Occup. Med. Toxicol. 2009; 4: 21.
6. Steel JL, Dunlavy J, Stillman HC. Pape AC. Measuring depression and PTSD after trauma: Common scales and checklists. HHS Public Access. 2011 Mar; 42 (3): 288-300.

References

1. Закон України «Про статус ветеранів війни, гарантії їх соціального захисту» від 1993, №45, 425с. [Internet] Доступно на: http://zakon2.rada.gov.ua/laws/show/3551-12.
2. Kasynets’ SS, Holovanova IA, Palamarchuk DV, Kravtis IS. Osnovni napryamky reabilitatsiyi uchasnykiv boiyovykh diy v Poltavsʹkiy oblasti. Litopys travmatologiyi ta ortopediyi. 2018;1-2:49-52.
3. Postanova Kabinetu Ministriv Ukrainy vid 27.12.2017 №1057 «Pro zatverdzhennya Poryadku provedennya psycholohichnoyi reabilitatsiyi uchasnykiv antyterorystytchnoyi operatsiyi» [Internet] Доступно на: https://zakon.rada.gov.ua/laws/show/1057-2017-%D0%BF.
4. Rum’yantsev YV, redaktor. Psykhiatriya osoblyvogo periodu. Kyyiv: UVMA; 2014. 193 s.
5. Vitzthum K, Mache S, Joachim R. Psychotrauma and effective treatment of post-traumatic stress disorder in soldiers and peacekeepers. J. Occup. Med. Toxicol. 2009; 4: 21.
6. Steel JL, Dunlavy J, Stillman HC. Pape AC. Measuring depression and PTSD after trauma: Common scales and checklists. HHS Public Access. 2011 Mar; 42 (3): 288-300.

Дата надходження рукопису до редакції: 09.09.2019 р.

Our report is to help combat the effects of combat trauma a of those, who have recently stood up for Ukraine. Work must be done to create a safe and comfortable, wellness space that encourages one's creativity. This space gives a new strength and in the former, warrior can feels the taste of life and then return to society with healthy psychological condition.

The aim of the study is to study the innovations in the rehabilitation of ATO/OOS participants based on the work of a psychotherapist in a military hospital.

Materials and methods. The statistical reports of the rehabilitation department of the Kremenchug Regional Hospital for War Veterans of the Poltava Regional Council were analyzed, as well as reports on the work of a psychologist and psychotherapist.
Результати. Більша частина опитаних військовослужбовців 73,8% – в 2016 р., 75,6% – в 2017 р., 62% – в 2018 р. не мали виражених симптомів тривоги та депресії, але відмічається тенденція до поступового зниження питомої ваги кожен рік з 73,8% в 2016 році до 62% в 2018 році. Натомість з кожним роком відмічається зростання ознак субклінічної тривоги та депресії у даного контингенту, а саме, в 2016 році серед учасників АТО/ООС переважали ознаки субклінічної тривоги (маючи 9,2% опитаних), на другому місці нотамість субклінічної депресії (7,0% відповідно). Натомість в 2017 р. переважали військовослужбовці з вираженою тривогою – 31 чол. (8,5%), на другому місці – 25 чол. (6,7%) з субклінічною тривогою. А в 2018 р. серед опитаних найбільший відсоток з субклінічною тривогою 102 чол. (16,2%) та субклінічною депресією 76 чол. (12,1%).

Висновки. Отже, наявність серед військовослужбовців учасників АТО/ООС постійної тенденції до зростання кількості хворих з ознаками субклінічної тривоги та депресії потребує якомога скорішого початку психологічної реабілітації, поки її існує високий реабілітаційний потенціал та позитивний прогноз щодо реабілітації.

Ключові слова: учасники АТО/ООС, реабілітаційний потенціал, психологічна реабілітація, субклінічна тривога та депресія.
Відомості про авторів
Гавловський Олександр Данилович – к.мед.н., асистент кафедри внутрішньої медицини № 1 Української медичної стоматологічної академії; 36000, м. Полтава, вул. Залізна, 17. 
+380 (532) 61-70-13, socmed@umsa.edu.ua.

Голованова Ірина Анатоліївна – д.мед.н., професор, завідувач кафедри соціальної медицини, громадського здоров’я, організації та економіки охорони здоров’я з лікарсько-трудовою експертизою; 36000, м. Полтава, вул. Залізна, 17. 
+380 (532) 61-70-13, socmed@umsa.edu.ua, yaryna.ua@gmail.com, ORCID 0000-0002-8114-8319.

Руденко Леся Анатоліївна – к.мед.н., науковий редактор видавництва ALUNA, координатор міжнародних проектів, Wydawnictwo Aluna; ul. Z.M. Przesmyckiego 29, 05-510 Konstancin-Jeziorna. 
+4-8888-251-102, l.rudenko@wydawnictwo-aluna.pl, lesiarudenkoaluna@gmail.com.

Касинець Світлана Сергіївна – к.мед.н., викладач кафедри соціальної медицини, громадського здоров’я, організації та економіки охорони здоров’я з лікарсько-трудовою експертизою; 36000, м. Полтава, вул. Залізна, 17. 
+380 (50) 981-37-49, kasinecsvetlana@gmail.com, ORCID 0000-0002-0995-6426.