





Veterans Affairs in partnership with the sociological group "Rating" on the topic "Needs of Veterans" as a part of the comprehensive study "Portrait of a Veteran" showed that only 7% of respondents stated the need for psychological support at this time. However, 20% of the respondents expressed a desire for psychological help when asked about their future needs. As for the results of the study of the veterans' satisfaction level regarding the service sector, the lowest indicators fell on the level of medical care, 48.9% of respondents expressed their dissatisfaction.

As part of the program, in the autumn of 2022, the Ministry of Veterans Affairs proposed to improve the state regulation of the psychological assistance provision to veterans and to adopt the Resolution of the Cabinet of Ministers of Ukraine "On some issues of providing free psychological assistance to individuals who are being discharged or discharged from military service from among war veterans, individuals who have special services to the Motherland, family members of such individuals and family members of deceased war veterans and family members of deceased Defenders of Ukraine".

## Purpose

The aim was to analyze the main principles of medical and psychological rehabilitation of combat veterans, having conducted a comprehensive analysis of their parts and constituent elements, and to consider possible ways of their implementation.

## Methodology

We conducted a systematic search in the main electronic medical databases such as PubMed, Scopus, Web of Science and Google Scholar until January 2024 and used the following theoretical methods: systematic, bibliosemantic and retrospective, comparative analysis and generalization of the publication data of the conducted studies that studied links, components, principles and possible ways of their implementation in the field of medical and psychological rehabilitation of combat veterans. Relevant studies were identified by key words: war veterans, rehabilitation, reintegration, psychoeducation, hub. All types of articles, including original studies, systematic reviews, and meta-analyses were reviewed. Studies with reported conflicts of interest and results presented in the popular media rather than peer-reviewed journals were excluded.

## Results

### The analysis of recent research and publications

Various approaches to the definition of the "war veteran" concept and determination of the support level provided to them exist in the world. Some countries designate war veterans solely as those who participated in hostilities, wars, or armed conflicts. Conversely, in other nations, veterans encompass anyone who served in the armed forces, irrespective of combat involvement. For instance, in Great Britain, an armed forces veteran is defined as an individual who served at least one day in the Armed Forces: regular or reserve, or engaged in official military operations (Kokun, Agaev, Pishko, Lozinska, Ostapchuk, 2017). The United States distinguishes between two categories: armed forces veterans and military veterans. The former refers to individuals who served for a minimum of 180 days and received an official discharge, while the latter pertains to those who participated in actual combat operations. The level of assistance and benefits they receive varies based on individual needs. Meanwhile, Israel operates a unique system of mass conscription, where nearly every citizen, with few exceptions, is mandated to serve in the army. Consequently, the term "veteran" does not encompass individuals who simply served in the armed forces or were engaged in hostilities in the usual sense. When discussing veterans, focus is typically on those who sustained injuries or serious illnesses during military service and require support (Esmanova, 2023).

Israel, renowned for its extensive experience in military operations, boasts an impressive psychological support system for members of the armed forces, veterans, and their families. This system, comprising five key units, serves as a model for many countries. It encompasses diagnosis, profilisation, and career guidance; military mental support services; assistance for the demobilized; aid for civilian populations; and support for families of victims. Rehabilitation program for reintegration is of particular note. It includes measures aimed at preparing relatives of the members of the armed forces for their returning home, develops rehabilitation programs, establishes or sustains anonymous help centers, and provides maintenance to the members of the armed forces with diverse needs. Ukraine can use this experience to enhance its own assistance system for military personnel and veterans (Shvets et al., 2021).

Departments of Community Mental Health (DCMH) are an integral part of the system of

mental health support in the armed forces of Great Britain. They include consultant psychiatrists, mental health nurses, mental health social workers and, where appropriate, clinical psychologists. The main purpose of these departments is to support members of the armed forces and refer them to inpatient treatment if necessary. The Veterans Health Alliance is also worth noting among other features of support for veterans in the health care system in Britain. It consists of 49 hospitals and ambulances in England, Scotland and Wales. About 100 accredited people work at it.

In the USA, there is a practice of implementing a state program called Whole Health (WH), which was initiated by the Department of Veterans Affairs (VA) in health care facilities. WH is defined as an approach to health care that empowers and equips people to take charge of their health and well-being in order to live a high-quality life. The WH principles are based on a commitment to move towards quality, person-centred health care that is “personalized, proactive, and managed personally by a patient” (Kligler, Hyde, Gantt, Bokhour, 2022). As part of this program, veterans are initially referred to a medical coach who performs a so-called “health inventory” – a comprehensive assessment of physical and mental health parameters. Veterans make a personal health care plan based on the received data and are accompanied by a special team. This plan is made up according to the principles of SMART (specific, measurable, action-oriented, realistic and time-bound goals) time goals) and based on the personal life values of each individual veteran. At the next stage, the participants will be offered an individually selected training program and comprehensive support (by type of coaching) in order to achieve the planned goals (Taylor et. al., 2023).

Another distinctive feature of this model is the active involvement of veterans in health programs based on complementary and integrative health (CIH), in particular: yoga, meditation, acupuncture. By the way, recently the amount of evidence for their effectiveness has increased significantly, especially in pain management, so some of them are recommended in national guidelines.

### Principles of the system of medical and psychological rehabilitation

The term “medical and psychological rehabilitation” has recently gained popularity and spread. The concept of “rehabilitation” appeared in 1844 in the international practice. It was used to denote measures aimed not only at treatment but also at restoring body functions in order to improve the quality of life. After the First World

War, medical, recreational and social rehabilitation services became available to military veterans due to the efforts of the Red Cross charity. In the modern world, the issues of rehabilitation of this category of people have become an important aspect of social policy. They are based on the principles of respect for human rights and equal opportunities. One of the key aspects of the rehabilitation concept is the transition from a purely medical direction to a broader, social one. Rehabilitation is now defined as a complex process that includes psychological, social, cultural, and economic support in addition to the treatment and functioning restoration. This allows providing full and comprehensive assistance to veterans in all aspects of their lives (Sasina, Grebeniuk, Medvedok, 2023).

In 2006, according to the World Health Organization (WHO), the concept of “medical and psychological rehabilitation” started meaning “an active process, the goal of which is to achieve the full restoration of functions impaired as a result of a disease or an injury, or optimal realization of physical, mental and social potential of a disabled person, the most adequate integration of him or her in society (Savenkova, 2013).

We consider the main principles of the medical and psychological rehabilitation system to be worth considering in more detail:

*The principle of inclusiveness, individualization and personalization* is one of the fundamental principles of ensuring veterans’ various needs in a specific community and the specific needs of individual groups of veterans. Each participant in the conflict has his or her own physical, psychological and social needs, which require an individual approach in planning and providing rehabilitation services. This principle implies taking into account the unique needs of each veteran in the rehabilitation process. It involves meeting the needs of all veterans, regardless of their place of residence, social status and severity of their condition. The assistance provided should be available 24 hours a day, due to hotline services and a system of providing on-site medical and psychological assistance to veterans at their place of residence, and should be able to solve specific problems (for example, both problems of addiction to psychoactive substances and legal and social issues).

*The principle of continuity, consistency and duration* is related to the first principle and involves the creation of a system of assistance for veterans, prevents illness perpetuation of the veterans’ problems, and also promotes the ability to navigate the network of rehabilitation and social services. This means that all rehabilitation

services must be connected in a single network, namely a system of services that could work in cooperation and coordination without obstacles, so that the veteran's path from one service to another is not complicated and burdensome. For example, this principle includes the development of an individual rehabilitation plan for a specific veteran and management of the necessary communication between the various services of the rehabilitation system for their optimal functioning. Medical and psychological rehabilitation of veterans must be continuous and last over a long period of time to ensure stable and lasting results. The rehabilitation process may require constant monitoring, correction and support from specialists.

*The principle of accessibility, equality and justice* implies that the services of the veterans' rehabilitation system are always open to those who need their services. This means that they must be located close to where veterans live or work, close to public transportation, and their hours of operation must include evening reception hours and weekends. In order to achieve a similar result, rehabilitation services must be placed evenly in the communities of district centers and cities. Convenience in the provision of services is achieved by the availability of such services for people with physical limitations, with limited hearing and vision. All veterans should have equal access to qualitative and competent rehabilitation services, regardless of their social status, ethnicity or geographic location.

*The principle of working in multidisciplinary teams* is another principle of veteran-oriented rehabilitation, which implies that specialists who provide care and rehabilitation in the community should be organized into appropriate teams. Such teams consist of psychotherapists, psychiatrists, psychologists, social workers, occupational therapists, rehabilitation specialists, nurses and, if necessary, other consultants. In addition, some team members should be experts in certain areas, such as housing, vocational rehabilitation or legal aid. Thus, the system of veterans' medical and psychological rehabilitation should be comprehensive and integrated, covering not only medical and psychological support, but also social, professional one and rehabilitation in society.

According to the *principle of cooperation, partnership and responsibility*, an effective rehabilitation system is based on the cooperation between different sectors, institutions and organizations that have a common goal, namely to provide the best support to veterans. This principle provides for the responsibility of services to veterans and is implemented in such a way

that veterans themselves take part in decision-making and in the management of the rehabilitation system services as members of the public board or the Board of Observers. Eventually, if they feel their influence on events and processes, they will be more ready to cooperate and take responsibility for their lives.

*Involvement of participants and their families:* The participation of veterans and their families in the rehabilitation process plays an important role in achieving successful outcomes. After returning from the battlefield, the ways of establishing relationships and interaction in the family undergo their own changes, in particular, they change taking into account the specifics of the experienced events, those transformations (changes) that each of the partners undergoes. Undoubtedly, the family is the most significant source of support in achieving successful social adaptation and effective functioning of the patient (Savenkova, 2013). However, the family can simultaneously become an important factor of both support and separation (Kolenichenko, 2022). Planned and gradual involvement of family members in planning and implementation of programs can contribute to an increase in the motivation and support of veterans in the recovery process, since most of them face significant difficulties in accessing both medical and social services. According to the research by McMahon and co-authors, this is especially noticeable in the context of the interaction of the military and civilian systems of care, their insufficient coordination. Fragmentation of the care system makes it difficult for families to access support and navigation services. In addition, some imperfect medical and legal aspects of rehabilitation and social guarantees can traumatize the identity of combat veterans, worsen their health and well-being. Participants express a preference for family-oriented care which is based on knowledge of military life and culture (McMahon, Guindalini, Mellor, 2023; Basko, Sobakar, Myroniuk, 2024)

According to numerous scientific observations, including Purcell et al. (2020), veterans report that they often feel more trust and affection for their peers than for regular clinicians. For example, one of the veterans said: "If there (an event as a part of medical and psychological rehabilitation) sits a guy who is disabled... and he talks to five or six veterans, they intend to listen to him" (Purcell et.al., 2020).

Thus, the system of medical and psychological rehabilitation of veterans is based on a number of principles and values that are important to ensure successful and effective support of this category of individuals. Implementation of these principles is aimed at

uniting various services and links of the rehabilitation system into one coordinated network, and their observance helps to provide individualized, complex and comprehensive support for veterans, contributing to their return to a full life after surviving military conflicts.

**Ways of these principles implementation**

Different methods can be used to implement these specified principles. However, in any case, there must be specialized clinics of national importance that will coordinate the efforts of regional rehabilitation centers.

The first possible way is to create rehabilitation centers within mental health services, which could make them more accessible to military personnel, since these facilities already exist and have the resources to provide care. Such centers may provide both medical and psychological services ensuring a comprehensive approach to rehabilitation. However, this path may become a subjective obstacle for service recipients due to the stigmatizing aspect of psychiatry. Unfortunately, the staff occupied at the centers of this type may be less competent in working with military personnel, which may affect the quality of service provision, and the facility itself may have limited resources and capabilities compared to other specialized centers. Thus, while the establishment of rehabilitation centers at the premises of mental health services has its advantages, it is important to consider the disadvantages in order to ensure the appropriate level of support and resources for the qualitative rehabilitation of military veterans and their families. Although there are rehabilitation centers in Poland for neurological patients who have suffered a stroke or spinal cord injury, this functions at a psychiatric hospital as well.

The second way is to create military psychological rehabilitation centers within general medical institutions. This way is less stigmatizing. However, it contains other risks, namely insufficient understanding of the medical community of the non-psychiatric direction of the specifics of mental health problems and their insufficient readiness to confront specific manifestations of mental disorders. For example, in Germany there are psychiatric departments organized as units of general hospitals with the aim of eliminating stigmatization of recipients of mental health services. Thus, it works as well.

The third way is the formation of a network of so-called "hubs for veterans", which, in addition to other functions necessary for rehabilitation, would include outpatient and mobile units of psychological rehabilitation and would coordinate their efforts with nationwide centers of psychological rehabilitation and medical

prosthetics centers and physical rehabilitation. However, in addition to apparent innovation, this path also carries the threat of stigmatization from society. The public may begin to single out in their minds not only veteran institutions, but also consumers of the services of these institutions, and this will already contradict the principle of inclusiveness. In addition, a tendency may also develop from within the veteran community to create closed associations that have their own philosophies and distance themselves from the rest of society. In one form or another, the history of the "House of Invalids" in Paris may repeat itself. It became a separate isolated city in miniature with its own life according to church rules and military statutes.

Let's focus on the fourth way – the creation of hubs for general use in all regions of the country, which would include veteran units and conduct various events for veterans. In fact, they would perform all the functions of "hubs for veterans", but not in a separate form and as a part of events for public use. This approach does not deny the possibility of conducting separate events in an isolated form, and does not exclude the creation of separate institutions only for veterans! Its idea is to prevent stigmatizing processes and optimize inclusive processes in Ukrainian society.

In our view, in order to prevent stigmatization and isolation in relation to veterans, it is important to ensure that hubs for veterans are inclusive, help them feel part of the wider society and support their interaction with it.

In view of recent scientific advances, it is likely that it would be appropriate to combine the principle of creating a network of hubs for veterans with the patient-centered medical home (PCMH) model, as this can be a valuable method of providing integrated and comprehensive medical and psychological rehabilitation of veterans. And this is the fifth way already!

The ways in which these two approaches can be combined are primarily focused on coordinated and holistic medical and psychological care. Veterans' hubs can function as centers that provide it. The PCMH model can be used to provide coordinated care within these hubs providing patients with access to different types of care in one location. The main strategies of the PCMH model that we rely on are the coordinated work of the primary physician, who coordinates all aspects of medical care for the veteran and collaborates with other specialists as needed. Secondly, they focus on the patient, in particular preserving the values of inclusiveness. It is important that veterans' hubs do not feel separate from the rest of society, but create

partnerships with other health care facilities and promote inclusivity and understanding instead. The creation of closed associations of veterans, taking into account their potential consequences, is advisable to avoid. According to the PCMH model, the patient himself or herself is actively involved in the decision-making process regarding his or her own health. He or she is provided with all necessary support and taught how to properly and independently manage their condition. This can help reduce the stigmatization of patients, as they feel like active participants in the rehabilitation process. Thirdly, Veterans Affairs Hubs can coordinate their efforts with other medical and mental health centers, helping to ensure that a wide range of services are available to veterans within the PCMH model, which promotes quality and safety standards. It is for this purpose that great attention is paid to feedback: both from patients and from service personnel. This practice, along with the introduction of clinical protocols, an electronic medical system and the provision of continuous professional education, is designed to ensure high standards of quality and safety of the medical and psychological rehabilitation system. Scientific studies have shown that the most effective and multifaceted PCMH implementation scheme is the one that is based on best practices and clinical research findings. All this is ensured by the following strategy – Evidence-based quality improvement (EBQI). It promotes the spread of those innovations that are successful. Susan E. Stockdale et al. (2020) showed that EBQI accelerated the implementation of PCMH in primary care practice.

### Components of medical and psychological rehabilitation

Since medical and psychological rehabilitation occupies a central place in the modern system of care for war veterans who have experienced severe emotional and physical trials, understanding and implementing its components is an important task. The right combination of them will facilitate reintegration, ensure comprehensive recovery and improve the veterans' quality of life.

Let's study in detail the components of this important system, revealing their essence, meaning, and practical application.

We consider the implementation of general educational work within Ukrainian society to be the first component. It aims to explain to citizens who haven't taken part in military operations and haven't been in the territories of military operations, what emotional problems people who were directly affected by the war may have.

Although it seems self-evident, it is also necessary to constantly "create a public narrative" of recognition of the veterans' contribution and their self-sacrifice during the war, commemoration of their memory and promotion of their public image (Karpa, M., Payenok, A., 2024). The civil society of Ukraine should, on its part, make its contribution so that the veteran's sense of belonging to civilian life is restored. Every citizen has a key role in shaping this attitude, from everyday interactions to public utterances.

The second component of the medical and psychological rehabilitation of war veterans is the creation of a legal framework that will determine the status of a combatant, the status of children of fallen soldiers and families of veterans, as well as determine that the rehabilitation and reintegration of this cohort of the population is of vital importance for the entire Ukrainian community, its social cohesion and work capacity. This legal framework should also guarantee benefits and a certain amount of financial, social, medical and psychological assistance to all those who took part in hostilities and their families. In addition, it is important to include incentives for potential employers to help create jobs for veterans. The presence of relevant legal acts from the very beginning will be the background for the formation of trust between veterans (their families) and the state, on the one hand, and veterans (their families) and the system of medical and psychological rehabilitation – on the other hand. This is an important step in ensuring that veterans and their families receive the support and assistance they need as they move to civilian life.

The third component is the training of family doctors, as well as doctors engaged in the veterans' physical rehabilitation, to be able to recognize PTSD manifestations and other mental problems associated with combat trauma, and to be able to provide the possible assistance at their level, to provide veterans with the necessary information about the possibilities existing in the country system of psychological rehabilitation of the military, and if necessary, to be referred to the mental health system in a timely manner. (Chaban, Frankova, 2019). In addition, as part of the World Health Organization's (WHO) action program in the field of mental health, many doctors in Ukraine have completed specialized training courses on the assessment and management of conditions associated with acute stress, PTSD, and grief in non-specialist healthcare institutions. These courses follow the guidelines provided in the mhGAP Intervention Guide Module, version 1.0) (Chaban, Khaustova, 2022).

The fourth component is the training of therapeutic teams for psychological rehabilitation. The best way is when they are mixed including the veterans themselves, their family members, mental health professionals, rehabilitators and social workers. It is essential that veterans themselves and their family members become psychological rehabilitation coaches/therapists! On the one hand, this will make it easier to establish contact with military personnel (and their families) who need psychological help, since this is the work based on the principle of "equal to equal", and on the other hand, it will demonstrate that adaptation to peaceful life is possible and that there are people who have overcome this path. However, the potential presence of mental health professionals in such teams is also necessary because some situations from war stories can suddenly become a trigger for veteran coaches and they can lose their emotional balance. Therefore, it is good to have someone nearby at this moment who can maintain the necessary emotional distance and take over the management of the rehabilitation group in time.

The fifth component is the preparation of a pool of highly professional specialists in the field of mental health who will deal with severe cases of PTSD and complex PTSD on an inpatient or outpatient basis, who will become trainers themselves in the training of future trainers in psychological rehabilitation, and will also be able to provide supervisory assistance directly to working coaches.

The sixth component is the development and implementation of programs and initiatives aimed at active involving of local communities and families of veterans in the process of their rehabilitation and support in returning to civilian life.

Certainly, all of the above mentioned is not possible without the creation of standardized protocols and guidelines for the organization of rehabilitation services for veterans, which ensure the implementation of best practices and ensure the quality of service provision. The development of such protocols should take into account the world experience,

We consider that the creation of a network of partnerships between health care institutions, government structures, non-profit organizations and public institutions is important for the joint implementation of rehabilitation programs. This will contribute to the coordination of efforts and the maximum improvement of the service provision quality.

The development of effective online services and computerized interventions is important to be continued in order to ensure the speed and

availability of the above mentioned components. According to McMahon, B et al. (2023), computerized interventions can provide an alternative approach to treatment, overcoming numerical barriers on its way.

### **Links of the system of medical and psychological rehabilitation**

In order to ensure coordinated, effective and high-quality medical and psychological rehabilitation services, a clear delineation of its influence links is of great importance (Fig.1.). Without exaggeration, we would like to note that each of the links listed by us plays its own unique role in the process of care and support of veterans:

1. The creation of hubs for general use in all regions of the country, which would also include veteran units holding events for psychological rehabilitation of military personnel, would include day leisure centers for veterans and professional retraining centers for the veterans who have lost the opportunity to work at their previous place of work. In addition, successful retraining instructors can be highly qualified veterans, family members of fallen heroes, because they understand the problems that soldiers will face and will accompany them at all stages of their return to civilian life. It is also necessary to create coordination centers in these hubs that will conduct "case management" (Basko, Sobakar, Myroniuk, 2024).

2. Creation of a system of mobile medical and psychological assistance provision within the hubs to veterans at their place of residence in case of severe physical condition, or to provide crisis intervention, for example, in the event of a threat of suicide or domestic violence. A 24-hour hotline service can be an element of this system.

3. Creation of a small number of supraregional medical and psychological rehabilitation centers that will specialize in the treatment of PTSD and other severe mental disorders associated with combat trauma.

4. Creation of networks of interaction of hubs with other rehabilitation centers and programs dealing with accompanying specific problems that may occur after participation in combat operations (for example, problems of addiction to alcohol and other psychoactive substances), as well as with projects that may function in related areas (e.g. various retreat programs).

5. Creation of a research team that would investigate the effectiveness of implemented technologies, propose changes and monitor the state of research in this field by other scientific centers.

6. Creation of an IT team that could create software to serve all the needs of the



rehabilitation system, including new technological methods for diagnosing PTSD and other related pathologies.

7. Creation of a system of hubs interaction with the Armed Forces, so that the members of the armed forces, even during their service, could receive information about psychological support programs for the transition from military to civilian life, about the legal protection of their rights, and existing rehabilitation programs due to the loss of physical or mental health.

8. Creation of a system of hubs access to institutions of culture, tourism and other leisure and for the veterans' socialization and their participation in art projects.

9. Creation of specialized social and legal agencies for solving veterans' specific problems, protection of their rights and assistance in solving various problems on the way to reintegration into society, on the one hand, and development of legal provisions when coercive measures can be taken against a veteran regarding the need for adequate treatment or rehabilitation programs as an alternative to criminal punishment.

Such separation of links also promotes effective communication between specialists, coordinates the actions of all parties involved in the rehabilitation process. Due to this demarcation, the continuity and optimization of rehabilitation programs is ensured by the maximum level of support for each patient. This approach helps to increase the level of medical and psychological care quality, and also contributes to the optimal process of recover.

**Modes of working of the medical and psychological rehabilitation system**

Work with all veterans without exception is in the first place.

a) Creation of programs for the transition from the "mental state of a warrior" to the "mental state of a civilian". These programs should include not only the specific work with the psychological state of veterans, but also create simple and understandable ways for the veteran to obtain his or her own place in civilian life: having a purpose in work and social life of the community provides a sense of healthy identity and social integration, which is important for a successful transition to civilian life;

b) Creation of psycho-educational programs for all demobilized military personnel without exception, which teach them to identify PTSD and other mental problems related to combat trauma, as well as inform about the mental rehabilitation system available in the country and teach them how to navigate it;

c) creating a training program for coping with crisis stress during an unexpected flashback,

which will be mandatory for everyone. Such psycho-educational work can be carried out by veteran trainers on the principle of "equal to equal" By Resolution of the Cabinet of Ministers of Ukraine No. 1338 dated November 29, 2022, psychoeducation is included in the list of services that make up the content of psychological assistance for veterans. Work with veterans who need more intensive intervention in outpatient settings will take place in the premises of hubs, or in other recreational spaces, for example, as a part of intensive outings in picturesque places. A more intensive intervention, in addition to the mandatory ones for all programs, will include thematically focused modules of "skills training" for coping with bereavement, survivor's guilt and shame, panic attacks and anxiety attacks; understanding the origins of somatoform and phantom pain, depression, devastation and moral trauma; anger management, tracking dissociative experiences and understanding one's affects; working with sleep disorders and nightmares.

The following programs should be divided into separate blocks: programs to reduce suicidal tendencies among veterans; programs to understand protective motives in substance abuse and possible alternative management of difficult experiences and memories. Pharmacological intervention can also take place, so the therapeutic team should include a specialist psychiatrist. Work in self-help groups of veterans who can complete various points of the training mentioned in the previous point. Our defenders who have finished their service and their relatives, who understand the issues from the inside, will work there. Working with families of veterans: intense, long-lasting stressogenic factors affect not only the psychophysical health of members of the armed forces, but also their mental balance, outlook, stability of value orientations. Returning to civilian life after the military service is associated with a number of serious challenges: both for the defenders themselves and for their relatives and friends (Lashko, 2023). Psycho-educational programs should also be applied here in order for families to understand the essence of PTSD, manifestations of mental trauma, comorbidities, and strategies for overcoming it. Families must recognize their role as an inspiration to the veteran in rehabilitation programs and understand their own resources and the resources available in rehabilitation programs to cope with their difficulties with a war-traumatized family member

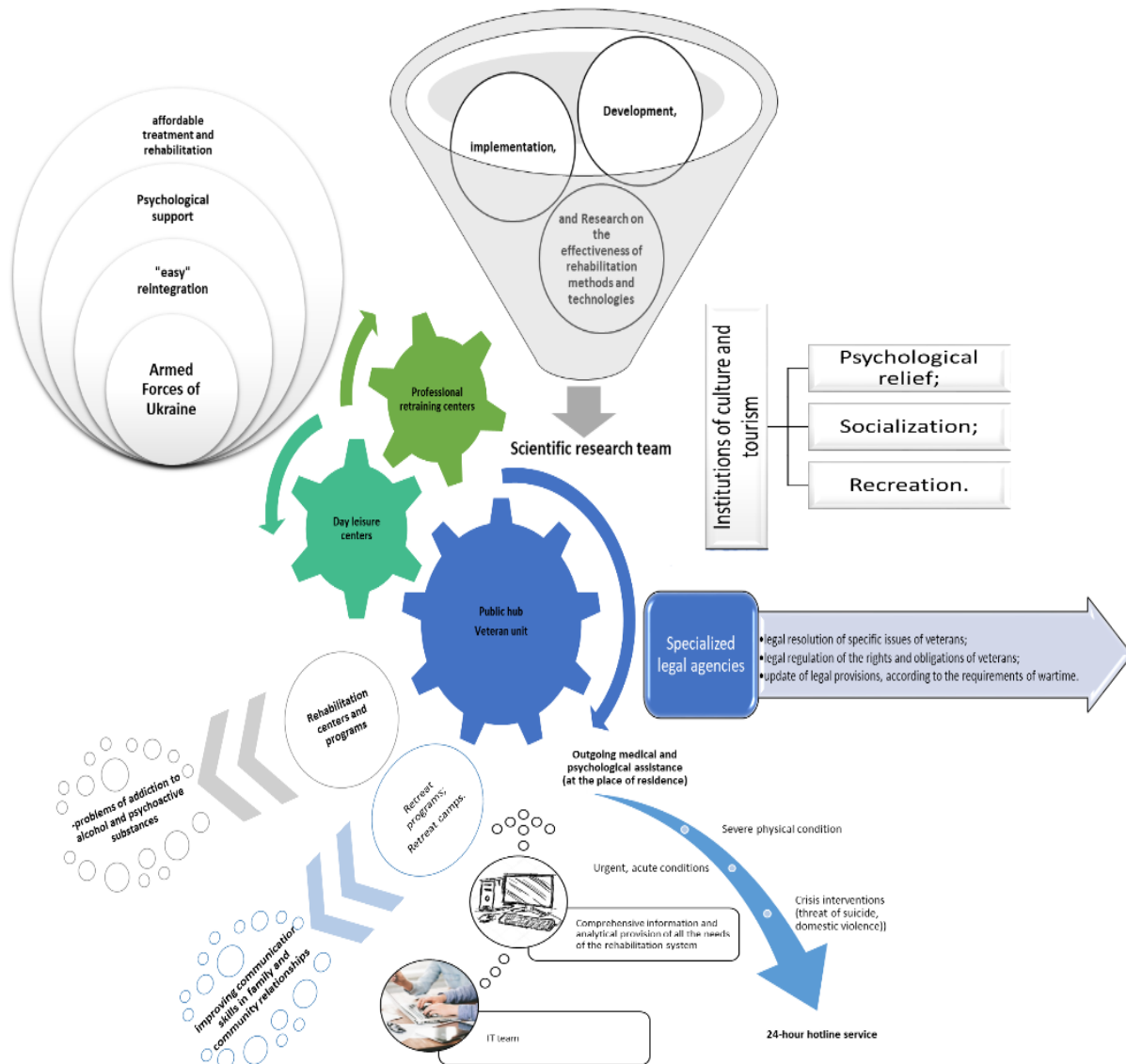


Fig. 1. Connection of the links of the system of medical and psychological rehabilitation.

Moreover, these psycho-educational programs should be separate for adult family members and for children and adolescents. The same topic-centered “skills training” modules can also be applied to the families as well: grief, depression, shame and guilt, anger and aggression, and so on. In the same way, programs for the prevention of suicides, control and management of the use of psychoactive substances and associated problems (for example, aggression) should be applied to families, as well as the available resources for their solution should be brought to their attention. Assistance to veterans at their place of residence is conducted in case of severe physical condition, or to provide crisis intervention, for example, in case of a threat of suicide or domestic violence. Various modules of crisis interventions and, if necessary, pharmacological

intervention should be applied here. Working in a specialized hospital with veterans with complex cases of complex PTSD and PTSD with severe comorbid mental disorders. In this case, in addition to the above-mentioned skills training modules, more basic modules can be applied: conscious perception, stress resistance, determining the level of tension, “first aid kit”, etc. The psychodynamic technique of mentalization should also be used here.

Mentalization is the ability to perceive and understand one’s own and others’ behavior on the basis of feelings, thoughts, beliefs and desires that explain these actions. Put it otherwise, it is the human ability to understand why we – and others – do what we do. Difficulty with mentalizing is the main feature of complex PTSD. EMDR (Eye movement desensitization and reprocessing) and various modalities of body-oriented therapy can be applied here. In a hospital, the entire range of

adequate psychopharmacotherapy can be used. 7. Work in rehabilitation centers located in recreational areas. In this format, it is best to do intensives with immersion in a single issue of the veterans' life. It is also good to conduct family seminars with role-playing games of the family and general social context. 8. Working with veterans who have suffered massive bodily injuries and have permanent disability. It can be both trainings in the skills of "living with a prosthesis" and a joint search in a group of veterans for the resource aspects of one's condition and available ways of realization in society.

**Hierarchy of therapeutic goals**

Taking into account the importance of clearly defined goals of medical and psychological rehabilitation, guided by the principle of priorities of needs and interests, we suggest drawing a hierarchy of therapeutic goals (Fig.2.).

Therefore, our strategic goal is to improve the mental state and functioning of military veterans by achieving emotional, psychological and social balance and stability. For this purpose, we outlined seven second-level goals and 14 third-level goals. Figure 2 schematically shows this as a three-level goal tree, using a hierarchical construction principle.

We suggest studying each of the seven goals of the second level in more detail:

1. Reduction of suicidal and parasuicidal behavior aimed at reducing the risk of suicide and dangerous actions.
2. Reduction of problems that interfere with normal functioning and therapeutic work, such as severe depression, panic states, aggressive behavior, sleep disorders, abuse of psychoactive substances, etc.
3. Reduction of behavior caused by post-traumatic experiences in order to accept the past, understand self-crippling behavior, weaken evasive behavior and intrusive thoughts.
4. Reduction of emotional hypersensitivity, increase of self-esteem, improvement of realistic self-assessment, elimination of behavioral patterns leading to conflicts and crisis situations.
5. Stimulating the development of conscious skills for effective use of one's own resources, as well as self-control and emotional regulation skills.
6. Stimulation of interpersonal skills and the ability to resolve conflicts in relationships constructively.
7. Stimulation of the acquisition of working capacity and active participation in public life in order to achieve full social reintegration.

The defined goals are autonomous and self-sufficient. In order to fulfill them, the goals of the lower third level need to be completed. In order

to ensure a reduction in suicidal and parasuicidal behavior, veterans should be educated about the life value and taught crisis management strategies to prevent dangerous actions. This category of clients should practice self-regulation and adaptation to stress skills and learn how to manage depression and panic symptoms to reduce problems that prevent normal functioning. In order to reduce the behavior caused

by post-traumatic experiences, veterans should be provided with support in the process of accepting and processing the traumatic experience, to develop self-care strategies. The skills of emotional self-awareness and search for one's own strengths should be developed in order to accelerate the process of self-esteem formation and emotional hypersensitivity reduction. Only coordinated teamwork will contribute to the development of planning skills, strategic thinking, and improve the methods of responding to stressful situations. The skills of interpersonal interaction and building positive relationships may be improved through the development of empathy skills, due to the establishment of effective communication. This will contribute to the increase in working capacity, the development of working skills.

**Discussion**

The system of medical and psychological rehabilitation of combatants in Ukraine needs to be reformed. At present, in our country, the provision of benefits and guarantees to war veterans is conducted by more than 18 bodies of executive power and local self-government. All this leads to questions of accountability, difficulties with organization and causes duplication of powers. The legal framework itself, regulating these issues, includes more than 150 legislative acts, some of which are not even enforceable. All this creates difficulties in the legal and social security of veterans.

The formulated therapeutic goals are the foundation of effective psychological support and rehabilitation of veterans in all aspects of their lives. Following them will contribute to the achievement of a higher level of self-esteem, mental health and social integration which is extremely important for their overall well-being and quality of life. (Inoue, Shawler; Jordan, Moore, Jackson, 2024)

It is obvious that the system of medical and psychological rehabilitation of combatants must have certain specifics. Along with the detection and treatment of somatic and mental disorders, it should be aimed at restoring fighting capacity

during hostilities and working capacity when returning to peaceful life (Romash et. al., 2023).

The implementation of medical-diagnostic, psycho-prophylactic and rehabilitation measures for this cohort requires a complex approach and combining the efforts of various specialists. The detection and treatment of mental disorders in veterans is by no means one of the important areas of psychotherapy teams. However, effective rehabilitation requires a wider range of actions that go beyond the competence of psychiatrists or psychotherapists only. Successful rehabilitation of veterans requires active cooperation with psychologists, social workers, etc. If each specialist contributes their unique knowledge and skills, this will contribute to the comprehensive rehabilitation of veterans in the most effective way. The implementation of various directions of the approach to medical and psychological rehabilitation will provide an opportunity to ensure complex and individualized provision of services (Kokun et.al.,2017). That is why the issue of organizing a simple and understandable support system under the conditions of war and post-war reconstruction, as well as providing access to this system, is extremely important.

The support of each country whose citizens are war veterans differs in many aspects and peculiarities (National Academies of Sciences, 2018).

Definitely, the programs for support, social protection, and care for veterans vary in their approaches and budgets in each country. However, these systems also share common features, such as the improvement of pension provisions, preferential access to state and public services, health support and physical rehabilitation programs, educational and career opportunities, and better credit conditions (Rauch, S. A., et al. 2022).

Theoretical study of the problems of medical and psychological reintegration of veterans of the Russian-Ukrainian war helped to outline scientific approaches, principles with ways of their implementation and provisions that form the basis for systematization of scientific research and development of influence strategies. It is necessary, more than ever, to update the existing laws that would clearly define the status of a veteran and establish reasonable categories. Unfortunately, it is impossible to improve the system of state support for Ukrainian defenders without these steps.

Having considered the models of support for veterans in different countries of the world, it becomes obvious that the methods of restoring physical and mental health, finding career opportunities in civilian life, combating the

challenges of reintegration, social security and other areas of assistance to veterans and their relatives are very important for the Ukrainian reality and can be used as proven practices with mandatory preliminary adaptation to their needs.

Separation of links in the system of medical and psychological rehabilitation is of great importance for ensuring coordination, efficiency and quality of services. Each link plays a unique role in the process of patient care and support. They help to provide continuous care, share best practices, optimize rehabilitation programs and give the maximum level of support for each patient. Separation of the links also helps to ensure effective communication between specialists and ensures coordination of actions of all parties involved in the rehabilitation process. This approach provides an opportunity to increase the level of medical and psychological care quality, and also contributes to the optimal process of patients' recovery.

## Conclusions

Based on the experience of work in the field of veteran affairs, a systematic analysis of domestic and foreign policy studies regarding veterans of other countries, we have proposed our own vision of the organization of the system of providing medical and psychological assistance to this category of people. Effective medical and psychological rehabilitation for combat veterans is based on the systematic organization of care, recognizing the importance of each component in ensuring coordination, efficiency and quality of services. Establishing clear therapeutic goals forms the basis for comprehensive psychological support, contributing to veterans' self-esteem, mental health, and social integration, ultimately enhancing their overall well-being and quality of life.

## Conflict of interest

The authors declare that they have not conflicts of interest.

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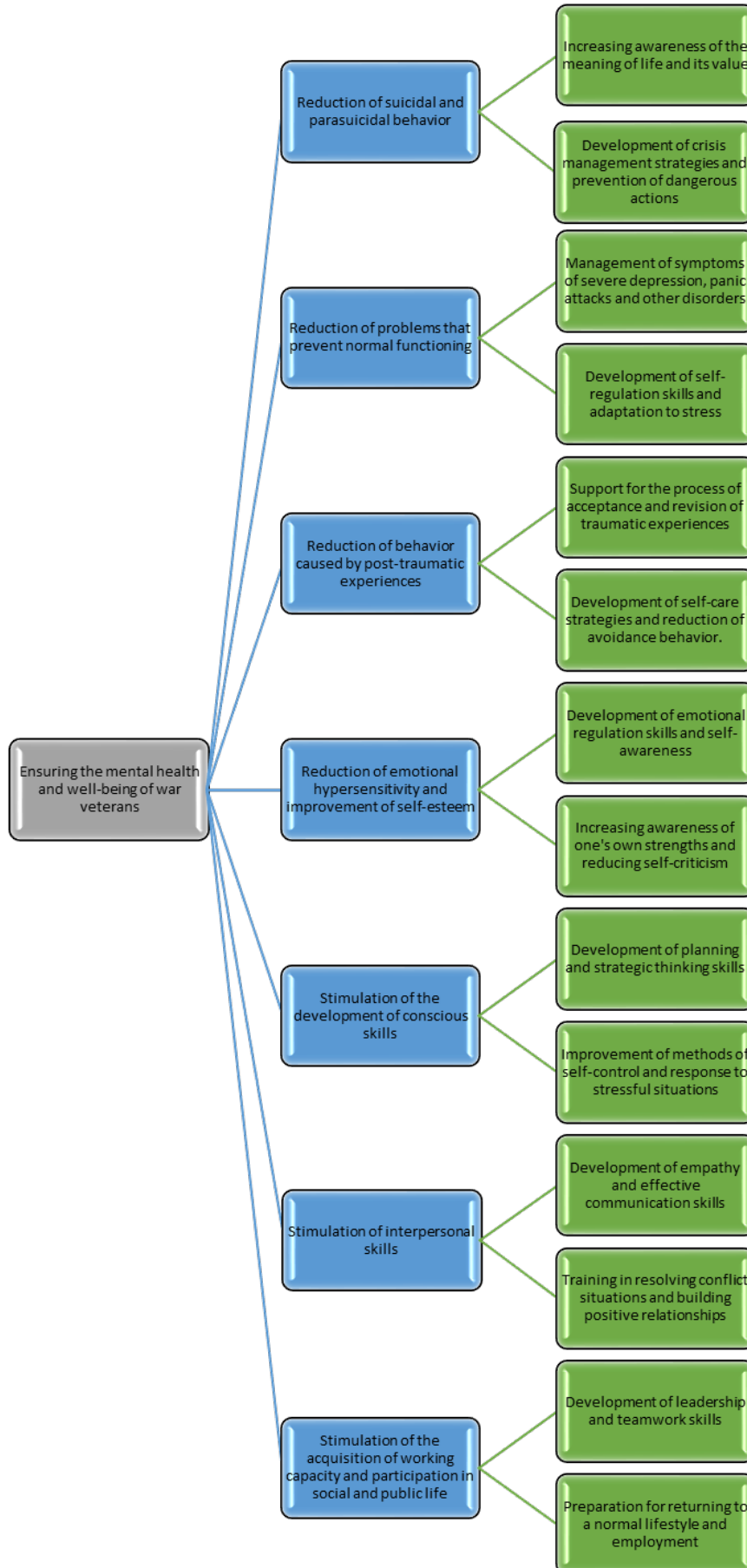


Fig. 2. Tree of therapeutic goals of medical and psychological reintegration of war veterans

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