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Development and implementation of continuing medical education course curriculum in mental health care for primary care doctors in Ukraine based on doctors' needs, mhGAP program and international experience in cooperation with American and EURACT colleagues

V. I. Tkachenko
Bogomolets National Medical University, Kyiv

The russian-Ukrainian war leaded to rapidly increased problem in mental health of Ukrainian population. Ukrainian government and World Health Organization (WHO) started the implementation of WHO the Mental Health Gap Action Programme (mhGAP) action program and free package of mental health services by primary care doctors (PCDs). But PCDs still feel insufficiency competence that shows the need in additional education.
The objective: **to assess the challenges of PCDs in providing mental health services and their needs in additional education in mental health care, to develop and implement the curriculum of additional continuing medical education (CME) course according to needs as educational intervention based on mhGAP guidelines supplemented by international experience in American-Ukrainian cooperation Bridge USA and European Academy of Teachers in General Practice / Family Medicine (EURACT) mentorship with further assessment of the course.**
Materials and methods**. The study consisted of few stages during 2024–2025: the survey among PCDs on the assessment their needs, the development of CME course curriculum and the implementation of the CME curriculum with further analysis of its relevance and quality. In total, 1,480 doctors were registered for attendance, from them 866 took participation in testing, survey and received certificates. Statistical analysis was performed using IBM SPSS Statistics, Statistica 12, Microsoft Excel 2010.**
Results**. Despite the active state implementation of mental health services in primary care and mass training of medical personnel, the PCDs expressed their uncertainty and needs to enhance their mental health competence in additional educational courses. The developed CME course curriculum in mental health care for PCDs based on doctors' needs, mhGAP guidelines and international experience in cooperation with American and EURACT colleagues became an educational intervention to resolve this problem. The evaluation of the I module of the course showed the good assimilation of knowledge and participants' satisfaction of topics, duration, format, educational methods and content in 85–100% cases.**
Conclusions**. The implementation of the I module of developed CME course demonstrated the high quality of the content, correspondence to doctors' expectation and needs, that leaded to increase of commitment to implement the obtained knowledge and skills in practice and advanced competence in mental health care.**
Keywords: *primary care, mental health, continuing medical education, curriculum development and implementation, assessment and evaluation, mhGAP action program, Bridge USA, EURACT.*

Розробка та впровадження навчальної програми курсу безперервного професійного розвитку з психічного здоров'я для лікарів первинної медичної допомоги в Україні на основі потреб лікарів, програми дій mhGAP та міжнародного досвіду у співпраці з американськими колегами й колегами з EURACT

В. І. Ткаченко

Російсько-українська війна призвела до стрімкого зростання проблем психічного здоров'я населення України. Уряд України та Всесвітня організація охорони здоров'я (ВООЗ) розпочали впровадження програми дій ВООЗ mhGAP (the Mental Health Gap Action Programme) та безоплатного пакета послуг зі збереження психічного здоров'я лікарями первинної медичної допомоги (ЛПМД). Однак ЛПМД все ще відчувають недостатню компетентність, що свідчить про потребу в додатковій освіті.
Мета дослідження: аналіз труднощів ЛПМД у наданні послуг психічного здоров'я та їхніх потреб у додатковій освіті з питань психічного здоров'я, розробка та впровадження навчальної програми додаткового курсу безперервного професійного розвитку (БПР) як освітнього втручання, заснованого на потребах, рекомендаціях mhGAP, доповнених міжнародним досвідом у межах американсько-української співпраці за підтримки Bridge USA та EURACT (European Academy of Teachers in General Practice / Family Medicine), із подальшою оцінкою ефективності курсу.
Матеріали та методи. Дослідження проводилося в кілька етапів упродовж 2024–2025 рр.: опитування серед ЛПМД щодо оцінки їхніх потреб, розробка навчальної програми курсу БПР та його впровадження з подальшим аналізом релевантності

та якості. На проходження курсу у змішаному форматі зареєструвалися 1480 лікарів, з яких 866 взяли участь у тестуванні й опитуванні та отримали сертифікати. Статистичний аналіз здійснювався за допомогою програмного забезпечення IBM SPSS Statistics, Statistica 12 та Microsoft Excel 2010.

Результати. Попри активне впровадження державою послуг із підтримки психічного здоров'я в системі первинної медичної допомоги та масове навчання медичного персоналу, ЛПМД висловили невпевненість і потребу в підвищенні своєї компетентності в галузі психічного здоров'я шляхом проходження додаткових освітніх курсів. Розроблена навчальна програма курсу БПР з психічного здоров'я для ЛПМД, створена на основі виявлених потреб лікарів, рекомендацій mhGAP та міжнародного досвіду у співпраці з американськими колегами та колегами з EURACT, стала освітнім втручанням для розв'язання цієї проблеми. Оцінювання І модуля курсу продемонструвало високий рівень засвоєння знань і задоволеність учасників темами, тривалістю, форматом, навчальними методами та змістом у 85–100% випадків.

Висновки. Впровадження І модуля розробленого курсу БПР продемонструвало високу якість змісту, відповідність очікуванням і потребам лікарів, що сприяло зростанню зацікавленості у застосуванні отриманих знань та навичок на практиці й підвищенню професійної компетентності з питань психічного здоров'я.

Ключові слова: *первинна медична допомога, психічне здоров'я, безперервна медична освіта, розробка та впровадження навчальних програм, оцінювання та аналіз, програма дій mhGAP, Bridge USA, EURACT.*

The beginning of the russian-Ukrainian war in 2014 with military actions in eastern Ukraine caused the death of people, loss of property and loved ones, internal displacement of the population, unstable political and economic situation, which leaded to depressive and anxiety disorders among the population. Thus, in 2015 the prevalence of depressive disorders was 6.3%, anxiety disorders – 3.2% in Ukraine that was the highest in the World Health Organization (WHO) European Region [1, 2]. STEPs study (WHO, 2019) showed the increase of problem – every eighth adult (12.4%) in Ukraine had reported symptoms consistent with a clinical diagnosis of depression [1, 3]. The new global environmental trigger as COVID-19 pandemic and lock down increased the prevalence of anxiety and depression globally in 2020 up to 25% [1, 4]. But the full-scale war of russia against Ukraine since 24.02.2022 became a new powerful psycho-traumatic event that affects people in Ukraine. The Ministry of Health of Ukraine (MOH) reported that about 15 million citizens (about 35% of population) need professional help, and 3–4 million need medical treatment [1, 5]. The Gradus research showed that about 71% of citizens have recently felt stress or strong nervousness, 50% feel anxiety and tension, 20–30% of people may develop post-traumatic stress disorder (PTSD), but 80% do not adhere to consult a specialist (psychologist, psychotherapist) [1, 6]. The WHO constants that among people who have experienced war, one in five (22%) will have mental health condition as depression, anxiety, PTSD in the next ten years, and one in ten will have a severe condition like psychosis, bipolar disorder or schizophrenia [1, 7]. The MOH predicts an increase in the number of drugs, alcohol and other addictions in 5–7 years and increase of noncommunicable diseases in next 10–15 years, mortality in younger age from cardiovascular diseases, cancer, suicides, etc., caused by war as chronic stress and psychotraumatic factor [1, 5].

In order to improve the mental health situation of Ukrainians and prevent its consequences, WHO began implementing the Mental Health Gap Action Programme (mhGAP) in Ukraine in 2019 [8]. The programme was created by the WHO in 2008 and is currently implemented in over 100 countries around the world to improve access to mental health services, and its materials have been translated into over 20 languages, including Ukrainian. The mhGAP is a global flagship programme of the WHO aimed at increasing access to mental health services by involving non-mental health professionals, for example primary care doctors (PCDs) in providing care to people with mental disorders. The mhGAP guidelines and its version for humanitarian emergencies provide non-mental health professionals with protocols for the assessment and management of common mental health disorders, such as depression, acute stress disorder, PTSD, suicidal behaviour, substance use disorders, and other mental health disorders. In Ukraine, with a full-scale invasion in 2022, the WHO mhGAP program became the part of a priority project of the MOH within the framework of the implementation of the All-Ukrainian Mental Health Program "How are you?", initiated by the First Lady of Ukraine Olena Zelenska. Thus, the MOH, together with partners – WHO and the National Health Service of Ukraine have begun scaling up the implementation of mental health services by PCDs and training of medical personnel. To this end, at the end of 2022, the mhGAP basic online course was launched and the medical guarantee package "Support and treatment of adults and children with mental disorders at the primary health care level" was introduced, which provides for the provision of free psychological and psychiatric care at the primary level – family doctors, physicians and paediatricians. Subsequently, a second level of online course was created to deepen the knowledge of PCDs on the management of common mental and neurological disorders (psychoses, epilepsy, dementia, etc.). Currently, the first level of the online course "Management of common mental disorders at the primary health care level using the mhGAP guidelines" completed 21,778 PCDs (88.9%), the second level – 17,452 PCDs (71.2%). Since January 1, 2025, in accordance with the changes in the Medical Guarantees Program, the package "Support and treatment of adults and children with mental disorders at the primary level of medical care" has been integrated into the basic package "Primary medical care" in the form of relevant services. This means that all PCDs providers are obliged to provide support and treatment services for people with mental disorders [8, 9]. But Ukrainian PCDs still feel gaps and insufficiency competence in providing mental health services, that needs urgent actions. Under the auspices of the WHO, pilot projects were launched in 2024 to introduce the mhGAP program into undergraduate and postgraduate medical education. But the processes of changing curricula are not so fast, when knowledge and skills are needed today. So, it shows that the additional continuing medical

education (CME) courses for PCDs in mental health care that fulfil their current needs are actual and demanded.

The objective: to assess the challenges of PCDs in providing mental health services and their needs in additional education in mental health care, to develop and implement the curriculum of additional CME course according to needs as educational intervention based on the mhGAP guidelines supplemented by international experience in American-Ukrainian cooperation and European Academy of Teachers in General Practice / Family Medicine (EURACT) mentorship with further assessment of the course.

MATERIALS AND METHODS

The study consisted of few stages during 2024–2025. In the first stage in 2024, the survey with validated questionnaire was conducted among PCDs on the assessment of activity and commitment to providing mental health services, as well as evaluation of challenges and barriers to its provision, needs of additional education. It was a cross-sectional quantitative-qualitative study. The 86 PCDs were interviewed who work in the establishments which provide mental health service package and have been trained in the mhGAP program.

In the second stage, the author, who is the certificated mhGAP trainer, developed the curriculum of CME course for Ukrainian PCDs with purpose to implement as an educational intervention to fulfil the current PCDs' needs as part of American-Ukrainian cooperation in support Ukraine's revitalization after war and as part of participation in EURACT Leonardo 3 Level Program. The curriculum consists of a series of 6 educational monthly sessions (30 hours) with following 18 hours self-education and based results of survey and identified PCDs' needs, mhGAP guidelines, author's own and international experience as a result of fellowship program Bridge USA UAFP (Ukrainian Academic Fellows Program) for academicians [10] and the program of teaching excellence of EURACT [11]. The curriculums of educational sessions were approved by the MOH Testing Centre with assigning CME credits for doctors who have successfully passed the testing.

In the third stage, in 2025, the implementation of the CME curriculum began with further analysis of its relevance and quality. The I module of 3 sessions was provided in mixed online/offline format with the involvement of US professors as speakers in cooperation. The educational sessions were conducted at Bogomolets National Medical University, as provider of CME. In total, 1,480 doctors were registered for attendance, from them 866 took participation in testing, survey and received certificates. The assessment of the participants' acquired knowledge was done through testing. The survey with validated questionnaire was conducted to evaluate the quality of the educational event, correspondence to expectation and needs, compliance and commitment to implement the obtained knowledge and skills in practice. The first analysis of the results was carried out upon the I module (3 sessions). The research and data analysis in implementation of educational intervention will be continued within the next academic year.

Statistical analysis was performed using IBM SPSS Statistics, Statistica 12, Microsoft Excel 2010.

RESULTS AND DISCUSSION

The first stage of the study showed that PCDs, who work in centres signed in providing a mental health package of services and trained in the mhGAP program, have not high activity and commitment to providing mental health services, thus only 43% confirmed that they provide such services. The main challenges of low adherence and barriers to its providing are the lack of knowledge and skills, lack of communication skills and techniques, insufficient competence in screening, prevention and treatment of mental disorders in primary care (PC), lack of time, lack of motivation, as well as some fear in prescription of pharmacotherapy and the belief that these services should be provided by psychiatrists/psychotherapists. 63% of PCDs mentioned that they need additional education in communication skills, motivational counselling, behavioural and nonpharmacological interventions and treatment, pharmacotherapy of patients with mental health disorders.

To overcome these needs, in the second stage of the study, the author, who is a mhGAP trainer, developed CME course curriculum in mental health care for PCDs titled "Mental health problems of patients in the practice of PCDs, the WHO mhGAP action program and the American experience" and the package of appropriate documents for its providing and implementation. The creation of CME course curriculum was a part and result of participation in Bridge USA UAFP and EURACT Leonardo 3 Level Programs. At first, to fulfil the PCDs educational needs the author enhanced competencies by completing a 1-month fellowship program in mental health at the University of Pittsburgh (USA) in September–October 2024 as part of the "Bridge USA Ukrainian Academic Fellows Program" for Ukrainian teachers with the support of American Councils for International Education, during which the competencies in teaching, scientific and practical activities in the management of mental disorders in PC institutions were expanded, namely, experience was gained in:

1) providing psychological and medical care to veterans, their rehabilitation, the use of non-drug methods, including acupuncture and the American national evidence-based guideline of NADA (National AcuDetox Association) on 5-needle auriculoacupuncture in the treatment of anxiety, depression, addictions and sleep disorders by general practitioners in war veterans affected by humanitarian disasters or military conflicts;
2) ensuring sustainable health and well-being during the effects of chronic stress due to war for both military personnel and their families;
3) assessment and treatment of sleep disorders;
4) methods for detecting and preventing suicide;
5) innovative approaches to the treatment of PTSD and stress-related disorders;
6) behavioural and cognitive behavioural methods of treating depression, anxiety, and other mental disorders;
7) training programs for therapists and family doctors at the undergraduate and postgraduate levels, international requirements for accreditation of training programs, teaching aspects of mental health in these programs.

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In parallel, author took participation in the one year European Leonardo Level 3 Course for family medicine teachers, organized by the EURACT with obtaining the highest excellent expert level in teaching skills, as a result of which the development and implementation of mentioned above curriculum under the mentorship of EURACT faculty teachers was done.

The developed CME course curriculum as an educational intervention, enriched by gained international experience and cooperation with European and American colleagues, consists of a series of consecutive educational sessions based on PCDs needs, WHO mhGAP guide supplemented by international experience, evidence-based medicine and educational approaches, experience, methods recommended by EURACT faculty. The content of 48 hours CME-course curriculum (Table 1) consists of 6 divided in time educational 5 hours sessions continued with 18 hours of self-education and assessment of knowledges and skills by test-questionnaires in different topics which cover the most hot and important topics in mental disorders' management in PC according to PCDs needs – communication skills, motivational counselling, psychological technics, selfcare, behavioural (cognitive behavioural) therapy and management of chronic stress, depression, sleep disorders, anxiety, PTSD, substance abuse, violence, wellness, organization of the multidisciplinary team, burnout, etc.

The expected CME-course outcomes are:

1) to mature the advanced competence of PCDs in mental health care;
2) to enhance the knowledge, skills and attitude of PCDs in communication and screening of mental health problems caused by war, behavioural (cognitive behavioural) therapy, patient education, self-care, management;
3. to organize the mental health care by multidisciplinary PC team, to prevent burnout.

For providing and implementation of the CME course curriculum all materials, presentations were prepared as well as the list of resources/handouts for self-education: the WHO mhGAP guide, international and national guidelines, tools, questionnaires (screening, diagnostic), tools, description of technics for cognitive behaviour therapy (CBT), behavioural therapy and patient education. The mixed online/offline format of CME course in real time was chosen and the next educational methods for use: lectures, discussions**,** briefing/debriefing, clinical cases, video, practice on technics, small groups working, role plays, reading and work on hands out materials, reflections. In package of methodological documents of the educational course, the test (questionnaire) was developed for providing at the beginning and the end of the course for assessment of obtained theoretical knowledge and practical skills as well as the questionnaire of survey for the evaluation of the program and content of the course by participants about the quality of the educational sessions, their satisfaction, correspondence to expectation and needs, compliance and commitment to implement the obtained knowledge and skills in practice.

In the third stage of the study, the implementation of the CME curriculum started in April 2025. The I module of the curriculum included providing the first 3 educational sessions in mixed (online/offline) format in April–June 2025. Thus, the first session (17 April 2025) was

Table 1

The content of CME course curriculum for PCDs titled "Mental health problems of patients in the practice of PCDs, the WHO mhGAP action program and the American experience"

№	Topic of session	Educate Hours	Self-education
1	Mental health and mental disorders as a biopsychosocial problem, its consequences. Mental sensitive consulting and communication, first psychological aid. Evidence-based approaches to mental health care, behavioural therapy and simple CBT, acupuncture, motivational consulting in PC.	2	2
	Stress, stress-related disorders, PTSD and its management in PC. Technics of behavioural therapy, selfcare. Somatization and stress-associated disorders. The WHO mhGAP algorithms	3	2
2	Depression. Diagnostic checklist for depression, mental health problems (screening) and suicide risk assessment. Differential diagnosis with somatic diseases associated with depression. National protocol and the WHO mhGAP algorithm for treatment of depression. Technics of behavioural therapy, simple CBT, selfcare, acupuncture in treatment, American experience	5	3
3	Anxiety and anxiety-depressive disorders. Panic attacks. Sleep disorders. Tools for diagnostic, National protocol and the WHO mhGAP algorithms, American experience of treatment, technics of behavioural therapy, simple CBT, selfcare, acupuncture and pharmacotherapy in PC	5	3
4	Substance use disorder. Cognitive and memory assessment. Dementia. Tools for diagnostic, National protocols and the WHO mhGAP algorithms, American experience of treatment, technics of behavioural therapy, simple CBT, selfcare, acupuncture and pharmacotherapy in PC	5	3
5	Violence in war. Screening and care of victims suffered from violence. Diagnostic and management, national and international protocols, technics of behavioural therapy, simple CBT, selfcare. Psychoses, child and adolescent psychiatric behavioural disorders. Emergency conditions and care. National protocols and the WHO mhGAP algorithms	5	3
6	Burnout of PC team and its management. Testing, evaluation, feedback and conclusion	5	2

Note: CBT – cognitive behaviour therapy.

Table 2

The assessment of participants' knowledge according to testing results

Testing results, points	After 1st session, %	After 2nd session, %	After 3rd session, %
100	64.2	18.6	24.5
90	26.4	29.0	22.1
80	5.7	23.2	27.4
70	3.8	22.7	21.7
Less	0	6.5	0

Table 3

The evaluation of educational sessions by participants – How useful was the information for you on a 5-point scale?

Evaluation, points	After 1st session, %	After 2nd session, %	After 3rd session, %
5	94.3	86.9	79.1
4	5.7	10.9	16.3
3	0	1.6	4.2
2	0	0.2	0.2
1	0	0.5	0.2

Table 4

The participants intention to apply different mental health treatment approaches in practice

Questions	Answers		
	Already apply / Implement	Will not be able to apply	Plan to implement
How do you assess your ability to apply the mhGAP guidelines in the management of mental disorders in your clinical practice?	43.1	5.8	50.7
How do you assess your ability to apply cognitive behavioural therapy in the treatment of mental disorders in your clinical practice?	36.8	8.9	53.7
How do you assess your ability to apply auricular acupuncture in the treatment of mental disorders in your clinical practice?	10.5	33.6	53.5
How do you assess your ability to apply pharmacotherapy for anxiety and depressive disorders in your clinical practice?	46.5	6.8	44.5

dedicated to stress-related disorders (its management, behavioural therapy, acupuncture and pharmacotherapy), it was provided based on received during Bridge USA UAFP fellowship experience. The second session (22 May 2025) was dedicated to depression (its management, behavioural therapy, CBT, acupuncture and pharmacotherapy) and was provided with engagement of American colleagues as well as the third one (19 June 2025) which was directed to anxiety and sleep disorders (its management, behavioural therapy, acupuncture and pharmacotherapy).

The implementation was organized and provided by the author, as a main speaker and mhGAP trainer with international experience, and with engagement of invited speakers – Dr. Bagro Taisiia, MD, PhD (mhGAP trainer, Ukraine); Dr. Prof. Alexandre Dombrovski, MD (USA, University of Pittsburgh); Dr. Prof. Celia Hildebrand (USA, University of Arizona); Dr. Mitch Elkiss (USA, Helms Medical Institute) and Diana Maslenikova (acupuncture provider, Ukraine) in American-Ukrainian cooperation.

In results of conducting the CME course curriculum, the assessment of participants knowledge (Table 2) among those who decided to pass the testing demonstrated that almost all participants mastered the represented knowledge and skills and positively passed the sessions that was approved by certification. The second session was more difficult, and participants mentioned the need for more education in the topic and additional time for learning.

The evaluation of educational events showed the participants' satisfaction of topics, duration, format, educational methods and content of information in 85–100% cases, on a 5-point scale the educational sessions were assessed very high (Table 3).

More detailed analysis with survey in evaluation the quality of the educational sessions showed that participants noted the full correspondence to expectation and needs. On the question "What did you like the most?", 47.2% PCDs answered "Everything", 12.4% mentioned that "Information was clear, concrete, easy understandable", 13.6% noted that "Content was interest and informative", the other answers were: 3.2% – "Information was important and actual", 5.6% – "Methodology and high professionalism of the speakers", 3.8% – "Sessions provided by Prof. V. Tkachenko", 3.5% – "Sessions provided by Prof. A. Dombrovski", 8.1% – "Sessions in acupuncture (Prof. C. Hildebrand / Dr. M. Elkiss)", 2.8% – "Clinical cases, practical discussion". On the question "What does need to be improved?" the participants mentioned some technical problems (internet, picture, translation, etc.), about 8% were not satisfied with including acupuncture as they think it is not evidence-based method, 23% mentioned that they wish the access to the videorecords after event, others wished to change the time of beginning and duration and to have more information and clinical cases.

The analysis of participants intention, compliance and commitment to implement the obtained knowledge and skills in practice showed very interesting results (Table 4). Thus, about the half of participants already apply the mhGAP guidelines and pharmacotherapy of mental disorders and another half plans to implement it, however

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we still have the small percentage of doctors who feel not able to apply, they mentioned still insufficient competence or fair or need more education. That was surprising that 36.8% of participants apply some technics of cognitive behavioural therapy, and 10% – auricular acupuncture, and more than 50% plan to implement it after the educational course.

Although, the course was directed to PCDs, an analysis of the data of registered participants revealed psychiatrists, psychotherapists, psychologists, and doctors of other specialties who also highly appreciated the course sessions and noted the high level of informativeness and interestingness of the content.

The implementation of educational intervention will be continued within the next academic year with further data analysis and publications.

CONCLUSIONS

Despite the active state implementation of mental health services in PC and mass training of medical personnel, the PCDs expressed their uncertainty and needs to enhance their mental health competence in additional educational courses. The developed CME course curriculum in mental health care for PCDs based on doctors' needs, mhGAP guidelines and international experience in cooperation with American and EURACT colleagues became an educational intervention to resolve this problem. The implementation of the I module of developed course demonstrated the high quality of the content, correspondence to doctors' expectation and needs, that leaded to increase of commitment to implement the obtained knowledge and skills in practice and advanced competence in mental health care.

Limitations. This article represents the first part of results of implementation of CME course curriculum in mental health care for PC doctors in Ukraine based on doctors' needs, mhGAP program and international experience, other results will be represented in next publications. The study will be continued within the next academic year with further data analysis and publications.

Author contribution. The author owns the idea of research, design development, creation of the CME course curriculum with the support of European and American colleagues, CME course implementation, survey and analysis of results.

Conflict of interest. The author declares the absence of any conflict of interests and own financial interest that might be construed to influence the results or interpretation of the manuscript.

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Information about the author

Tkachenko Victoria I. – Bogomolets National Medical University, Kyiv. *E-mail: witk@ukr.net*
ORCID: 0000-0002-0789-5340

Відомості про автора

Ткаченко Вікторія Іванівна – Національний медичний університет імені О. О. Богомольця, м. Київ. *E-mail: witk@ukr.net*
ORCID: 0000-0002-0789-5340

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