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Problems of Rehabilitation of Mentally Ill Persons: the International Legal Aspect (Ukrainian Experience)

Проблеми реабілітації психічно хворих осіб: міжнародно-правовий аспект (досвід України)

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SUMMARY

Introduction: This article deals with the problems of rehabilitation of mentally ill persons in Ukraine and in the world. Defined a set of legal guarantees of the rights of mentally ill person, as enshrined in international documents. Particular attention was paid to the practice of the European Court of Human Rights. Proved the expediency of introducing progressive norms aimed at the most effective social rehabilitation of mentally ill person, ensuring their socio-economic rights and deinstitutionalization of psychiatric care in general.

Mental illness in the world, and especially in Ukraine, is a widespread phenomenon. The global burden of mental illness in 2004 was 13 %, and in 2020 it will reach 15 %. In Ukraine there are approximately 2.7 million people with disabilities, including those with mental illness. In 2016 Ukraine has ranked the first place in the number of cases that were reviewed by the ECHR. Consequently, there are significant problems with the observance of the rights of people with mental disorders in Ukraine.

Aim: To provide a complex analysis of international protection of the rights of mentally ill person and, though find a way how to improve a weak places of Ukrainian legislation.

Materials and Methods: Some aspects of international protection of the rights of mentally ill person have been studied by scientists such, as Aboujaoude E., Burns J.K., Cohrs J.C., Deb T., Di Forti M., Drotar D., Edwards J., Englund A., Gable L., Gostin L.O., Henderson C., Huls S., Kendell R.E., Khelifa M., Kneebone I.I., Lincoln N.B., Lockwood D., Mahour P., Mfoafo-M'Carthy M., Murray R.M., Quattrone D., Quigley H., Singer L., Spaniol L., Thornicroft G., Twose G., Wagman D., Zipple A.M. and others. However, despite the dire urgency of the matter, at the academic level problems of international protection of the rights of mentally ill persons, especially social rehabilitation, in the context of Ukrainian experience has not been investigated.

Results: Can be mentioned the following directions of psychiatric care reform, in particular: to take measures, as a long term policy, to reduce dependence on large institutions and to develop wide-spread community based services, with conditions approximating to the normal environment of individuals, provided, however, that this objective should not lead to a higher rate of early discharge from hospital before an effective network of community care is established; - to find new ways of humanising the care of the mentally ill person; - to encourage local authorities and communities to be more involved in the socio-professional rehabilitation of mentally ill person.

Conclusion: Consequently, at the international level a large number of legal acts have been approved to guarantee the personal rights of mentally ill, in particular protection against abuse during forced treatment, as well as socio-economic guarantees aimed at the most effective rehabilitation of mentally ill patients. Therefore, developing countries should adhere their international obligations and implement such progressive norms in national legislation more actively. Instead, there is an insufficient effectiveness of the domestic psychiatric service in Ukraine and an acute need for its reform.

Key words: health care protection, mental health, disability, rehabilitation, European Court of Human Rights, protection of human rights and freedoms, forced hospitalization, deinstitutionalization of psychiatric care.

РЕЗЮМЕ

У цій статті систематизовані проблеми реабілітації психічно хворих осіб в Україні та світі. Визначений комплекс юридичних гарантій прав психічно хворих, що закріплені в міжнародних документах. Особливу увагу приділено практиці Європейського суду з прав людини. Доведено доцільність запровадження прогресивних норм, спрямованих на найбільш ефективну соціальну реабілітацію психічно хворих, забезпечення їх соціально-економічних прав і деінституціоналізацію надання психіатричної допомоги в цілому.

Вступ. Психічні захворювання у світі, і особливо в Україні, є поширеним явищем. Загальний тягар психічних захворювань у 2004 р. склав 13 %, а в 2020 р. може становити 15 %. В Україні налічується близько 2,7 млн осіб з обмеженими можливостями, у тому числі психічно хворих. У 2016 р. Україна посіла перше місце за кількістю справ, що розглядалися Європейським судом з прав людини. Це є підтвердження того, що в Україні мають місце серйозні проблеми з дотриманням прав людей з психічними розладами.

Мета. Провести комплексний аналіз міжнародно-правового захисту прав осіб з розладами психіки, визначити слабкі місця українського законодавства та знайти способи вирішення існуючих проблем.
Матеріали і методи. Деякі аспекти міжнародного захисту прав психічно хворих досліджувалися такими вченими, як Абуджаоуд Е., Бернс Ю.К., Корс Д.К., Деб Т., Ді Форті М., Дротар Д., Едвардс Дж., Енглунд А. , Гейбл Л., Гостін Л.О., Андерсон К., Халс С., Кендел Р.І., Хеліфа М., Кнібон І., Лінкольн Н.Б., Локвуд Д., Мауор П., Мфофо-М'Карті М., Мюррей Р.М., Кеттрон Д., Кіглі Х., Сінгер Л., Спейніол Л., Торнгікрофт Г., Твос Г., Вагман Д., Філіпп А. М. та інші. Однак, незважаючи на гостру актуальність цього питання, проблеми міжнародного захисту прав психічно хворих, особливо їх соціальної реабілітації та українського досвіду, комплексно не досліджувалися.
Результати. Щодо напрямів реформи системи надання психіатричної допомоги, то слід визначити такі: - зменшити залежність від великих психіатричних лікарень та зробити акцент на соціальній реабілітації психічно хворих в умовах, що є наближеними до звичайного середовища; - пошук нових шляхів гуманізації догляду за душевнохворими; - заохочувати територіальні громади до більш активної участі у соціально-професійній реабілітації психічно хворих.
Висновок. На міжнародному рівні затверджена значна кількість нормативно-правових актів, що гарантують як особистісні права психічно хворих, зокрема, захист від зловживань під час примусового лікування, так і соціально-економічні гарантії, спрямовані на найбільш ефективну реабілітацію психічно хворих. Тому державам, що розвиваються, необхідно більш активно впроваджувати такі прогресивні норми у національне законодавство та дотримуватися взятих на себе міжнародних зобов'язань.

Ключові слова: охорона здоров'я, психічне захворювання, інвалідність, реабілітація, Європейський суд з прав людини, захист прав і свобод людини, примусова госпіталізація, деінституціоналізація психіатричної допомоги.

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INTRODUCTION

Ukraine has become an associate member of the EU and thus not only confirmed the correctness of the chosen development path, but also took an obligation to guarantee the observance of rights and freedoms of citizens, in particular, mentally ill persons. This is one of the most important indicators of democratic development of the country.

In the globalized world economy, social life, and mental health are mutually connected. With the deterioration of the socio-economic situation in the country, the mental health of people, in particular, among the least socially protected groups of the population, deteriorates. The rate of mental disorders and the need for care is highest among disadvantaged people – yet these are precisely the groups with the lowest access to appropriate services [1]. For example, In South Africa real life factors such as poverty, illiteracy, income inequality, homelessness, war and displacement, discrimination based on ethnicity, race, and gender, social exclusion, stigma, and abuse all impact the mentally ill individual's ability to access services and realise full personhood within their communities [2].

Mental health embodies the integration of psychological, emotional, and social harmony. It encompasses ones quality of life and general well-being. Culture, language, ethnicity, and religion play a significant role in the interpretation of mental health causes [1].

In Ukraine there are approximately 2.7 million people with disabilities, including those with mental illness. In accordance with the Convention on the Rights of Persons with Disabilities [3], persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. However, in Ukraine not all persons who are on a mental illness record have officially received disability. Experts estimate that every third Ukrainian suffers from a variety of nerve disorders. In the structure of mental disorders in 2015, the most common mental and behavioral disorders were inflicted by the use of psychoactive substances (alcohol, narcotic substances) – 58.41% of all reported cases. Disorders of health related to stress, neurotic and somatoform disorders amounted to 8.9 %, mood disorders – 1.8%. At the beginning of the 2016, 1.7 million people in Ukraine were registered as those, who needed psychiatric and drug treatment assistance. This is almost 4% of the total population [4].

According to the World Health Organization, the global burden of mental illness in 2004 was 13%, and in 2020 it will reach 15%. This indicator is highest for the countries of Eastern Europe, and especially Ukraine. Thus, the level of suicide in Eastern Europe is particularly high, and the level of alcohol consumption is extremely high with the prospect of growth [4]. The situation is also complicated by the fact that about 80% of mentally ill citizens are treated by themselves and informally. There are also a large number of people who need short-term sedative or hypnotic therapy [5].

As for the situation in the world, you should pay attention to such data. It is estimated that approximately 500 million individuals globally are affected by mental illness. The World Health Organization speculates that depression alone will rank second highest in the global burden of disease by 2020. In Canada, it is believed that mental illness will affect approximately 20 % of the population in their lifetime. According

to recent figures, the direct and indirect economic cost of mental illness is estimated to range from 48 to 50 billion dollars. This significant expense is not expected to decrease, but rather increase over time and moreover affect the labor force while straining the world economy [1].

Thus, mental illness in the world, and especially in Ukraine, is a widespread phenomenon. The state can't provide proper assistance in a high quality to all citizens who need it. But also violations of the laws in this sphere are widespread. We must take to the account some objective difficulties of psychological recovery of citizens: while medical conditions typically have tests, lists of symptoms, and clear treatment methods, mental illness are not as «tangible» and can therefore be viewed as less credible, which only furthers stigmatization. This lack of understanding of mental illness conducted through a biomedical lens rather than from the perspective of «social justice, quality of life, human rights and human security». Although there are ongoing discourses over the treatment of individuals diagnosed with mental illness and those exhibiting mental health symptoms around the world, it is important to note that the severity of abuse varies from one culture to another based on inherent beliefs [1].

The number of complaints to the European Court of Human Rights is an important indicator of the level of protection of the rights and freedoms of people, including mentally ill. In 2016, the ECtHR has decided 993 decisions, of which 73 – with regard to Ukraine. So, Ukraine has ranked the first place in the number of cases that were reviewed by the ECHR. In addition, in 70 of them the ECHR has decided a violation of Ukraine's obligations under Articles 2, 3, 5, 6, 8, 13, 15 of the European Convention on Human Rights. The biggest number of violations (27) were stated according to the Art. 5 «The right to liberty and security» of the Convention [6]. This violation is «typical» for cases where the complainant is a mentally ill person.

AIM

To provide a complex analysis of international protection of the rights of mentally ill person and, though find a way how to improve a weak places of Ukrainian legislation.

MATERIAL AND METHODS

Some aspects of international protection of the rights of mentally ill person have been studied by scientists such, as Aboujaoude E., Burns J.K., Cohrs J.C., Deb T., Di Forti M., Drotar D., Edwards J., Englund A., Gable L., Gostin L.O., Henderson C., Huls S., Kendell R.E., Khelifa M., Kneebone I.I., Lincoln N.B., Lockwood D., Mahour P., Mfoafo-M'Carthy M., Murray R.M., Quattrone D., Quigley H., Singer L., Spaniol L., Thornicroft G., Twose G., Wagman D., Zipple A.M. and others. However, despite the dire urgency of the matter, at the academic level problems of international protection of the rights of mentally ill persons, especially social rehabilitation, in the context of Ukrainian experience has not been investigated.

MAIN TEXT

To understand the current situation with the protection of the rights of people with mental illness in Ukraine, it is better to pay attention at three groups of problems: social, organizational and legal.

Among the social ones, you should pay attention to the following:

– changes of personal qualities in connection with mental illness, as patients need social and legal protection and adaptation;
– comorbidity of psychiatric disorders and somatic pathology becomes more frequent (among patients suffering from arterial hypertension, diabetes, tuberculosis, HIV infection, the level of anxiety and depression is at least twice that of the population as a whole). This circumstance must be taken into account [7].

For an example, let's focus on the emotional sphere of a stroke person. Identifying emotional problems after stroke can be complicated by the overlap between the symptoms of stroke and symptoms of mental health disorders, as well as by impairment in cognitive and communication ability. Emotional problems after stroke: - depression (30%); - involuntary emotional expression disorder (20% – 30%); - catastrophic reaction (20 %); - apathy (27%); - generalised anxiety disorder (22% – 28%); - post-traumatic stress reaction (10% – 30%); - fear of falling (60%); - anger (17% – 35%). Medication has a small but significant effect on depressive symptoms in stroke patients. Studies with non-stroke samples indicate that the use of anti-depressants should be used reservedly for those with severe disorders [8];

- stigmatization, discrimination and social isolation of mentally ill persons (in Ukrainian society is dominant the stereotype, that mental disorder is a shameful phenomenon. The reason for this is the prolonged use of psychiatry for non-medical, political purposes in the former USSR). Therefore, most people with mental disorders do not receive any treatment [7]. The violation and stigmatization of individuals diagnosed with mental illness include discrimination surrounding employment, marriage, parenting, and family planning; access to health services; sexual violence; access to housing; entitlement to vote; and access to basic education [1].
– In Ghana the situation is similar to Ukrainian circumstances, where mental illness carries with it a special kind of stigma. People think that you are mentally ill because you have done a terrible sin and that is the punishment [9];
– the majority of mentally persons in Ukraine are able to work, which is connected with the unfavorable socio-economic situation in the country (unemployment, corruption, high crime rate, social consequences of the military conflict in the East of Ukraine). During the 2014 and the first half of the year 2015 more than 3000 of soldiers who participated in the anti-terrorist operation in Eastern Ukraine expected to receive inpatient psychiatric care. The number of post-traumatic stress disorders among military and civilians has also increased. Only during 2014, disability due to various kinds of mental disorders was established in more than 10000 of people. Internally displaced persons form a significant risk-group of people, who suffered mental

traumatism, adaptive difficulties, traumatic experience – psychogenic depression, anxiety and somatoform disorders, due to the lack of positive motivation for moving and the impossibility of further staying in their own home [10];

- nowadays there are some worldwide trends, which indicate significant downside risks to a global mental health: (1) the number of suicides increased (In the USA – on 24 % from 1999 to 2014, 11 % of them became the result of visits to pro-suicide sites [11]; (2) the use of cannabis and synthetic cannabinoids also have increased, while cannabis consumption is one of the contributing factors that facilitate development of schizophrenia. The daily use of cannabis by young people leads to the «complete disappearance» of the possibility of graduating from high school and obtaining a university degree [12];
- global risk factors for all ages and both sexes: high blood pressure, smoking, drinking alcohol, domestic air pollution, a little amount of fruit consumption, high body mass index, high fasting blood glucose level, reduced weight of children, air pollution of the environment, physical inactivity.

Organizational problems include the following:

- most psychiatric institutions have a closed mode of operation and lead to a significant restriction of rights and freedoms of their patients. With this factor the latent nature of crimes in this area is connected. In Ukraine take place an excess hospital practice, according to which persons with disabilities receive mental health treatment in large psychiatric hospitals (500 beds), and outpatient form of treatment is not widespread. As a result, mentally health of Ukrainians is not satisfactory. Although there is a global trend in reducing the number of hospital beds, which dropped on 30 % [7]. At the same time, this tendency should not be abolished in the light of this.
- During the mid-20th Century, health services for seriously mentally ill individuals were almost exclusively provided in large, often Victorian, institutions. Since that time, there has been wide recognition that psychiatric institutions are unacceptable places to care for and treat persons with mental illness, being prohibitively costly, isolating and neglectful, and sometimes abusive and punitive. Civil rights advocates in the 1960s, in an unlikely alliance with fiscal conservatives, fought to close these institutions. These activists believed that persons with mental illness have rights and should be integrated in the community. Known as deinstitutionalization, the unequivocal promise made to persons with mental illness and their families was that the state would erect a social safety net in the community, including supportive housing and mental health services. That promise was never kept, and was possibly fraudulent at inception. Community mental health services were chronically underfunded, fragmented and often punitive. At the same time, the public clamoured to remove the mentally ill from their neighbourhoods. Many persons with mental illness were simply left destitute on the streets [13].
- the absence of a system of social psychiatry (rehabilitation centers, educational programs, employment assistance, social workers' institution in the field of mental health). In contrast, up to 30 % of all appeals to family doctors in European countries concern mental health problems, but Ukrainian primary health care services are not well integrated with mental health services. One of the reasons for this is the lack of a methodology for determining social needs and a system of social and rehabilitation services for people with mentally health problems in Ukraine.
- paternalistic style of communication with patients, their relatives, subordinates, neglect and violence over the rights of the mentally ill persons, the negative attitude of medical staff [7]. In inpatient psychiatric institutions can be identified the following cases of violations of patients' rights: (1) psychiatric patients suffer of forced isolation and physical limitations (special beds); (2) patients can not be cloister in the toilet and bathroom; (3) the absence of round-the-clock access to drinking water, grilles and room isolation; (4) the uncontrolled use of special (dipping) drugs to make patients less troublesome; (5) directors and technical staff of psychiatric hospitals, abusing their official position, use patients as a labor in their own mercenary interests and in the interests of third parties; (6) in psychiatric hospitals are widespread unsanitary, malnutrition of patients (due to thefts of personnel by food intended for patients). Non-governmental organizations continue to find appalling conditions in institutions and residential homes for persons with mental illness. These include long periods of isolation in filthy, closed spaces; lack of care and medical treatment such as failure to provide nursing, mental health services and essential medicines; and severe maltreatment such as being beaten, tied-up, and denied basic nutrition and clothing [13].
- disproportionately big funds directed for the financing of inpatient psychiatric care. That is why psychosocial needs of mentally ill people are largely dissatisfied [7];
- obsolete or inappropriate legislation in the field of psychiatric health [7].

For example, in the Law of Ukraine «On Psychiatric Care » the concept «severe mental disorder» is not clear enough, although it may be grounds for forced hospitalization of a person. Article 14 of this Law provides that such a person «makes or intends to commit acts which constitute a direct danger to her or others». At the same time, the Law of Ukraine «On Psychiatric Care» [14] lacks a clear definition of the concept «immediate danger», which allows us to interpret this concept for every psychiatrist at his own discretion. According to the existing criminal potential in this area, the law should ideally meet the requirements of completeness, clarity and unambiguousness; otherwise, appropriate conditions are created for violations of patients' rights.

However, problems of this nature are inherent not only for Ukraine. It is impossible at present to decide whether personality disorders are mental disorders or not, and that this will remain so until there is an agreed definition of mental

disorder. Authors say that personal disorders are distinguished from mental illness by their enduring, potentially lifelong nature and by the assumption that they represent extremes of normal variation rather than a morbid process of some kind. English mental health legislation distinguishes between mental illnesses and psychopathic disorder, but the Government intends to abandon the concept of psychopathic disorder and introduce a new «broad definition of mental disorder covering any disability or disorder of mind or brain», which will cover personality disorders as well as mental illnesses [15].

Before speaking about legal problems, it is necessary to specify the basic normative provisions of the Ukrainian legislation.

According to the Law of Ukraine [14], there are only two ways how mentally ill person can get to a psychiatric hospital for examination, outpatient or inpatient treatment: (1) voluntarily, on the basis of informed consent for medical intervention by the patient; (2) compulsorily, on the basis of a court decision. Compulsory hospitalization is permitted in Ukraine only in the following cases: (1) if a person is dangerous to himself or others; (2) if a person is unable to meet his/her basic vital needs independently and can die without such help. After the person has been taken to the hospital, he/she must be inspected by the physician's concilium, and make a decision on the appropriateness of hospitalization. After all a representative of the medical institution is obliged to apply to the court with the corresponding application within a day. Only the court's decision can cause beginning of treatment.

Some psychiatrists afraid of violation the rules of compulsory hospitalization due to the complexity of the procedure. Compulsory hospitalization of a person to a psychiatric institution must take place only after a review by a psychiatrist, the reason for which is the corresponding court decision/ person's consent. Abuses may be related with a group of people entitled to apply for «inadequate», or with those who involved in the particular case by court. Even the person on whom the case is considered can be ignored by the court. The experience of recent years shows that publicizing materials of the case in the media is an effective way to protect human rights. Legal abuses during the consumption of compulsory medical care services, in particular, have been accompanied by contradictory trends: on the one hand, psychiatrists can take to their account only the principle of voluntary diagnosis and treatment of diseases (without using appropriate compulsory hospitalization), and, on the other hand, there are many examples of abuses in cases of involuntary hospitalization and retention in a medical facility. This is facilitated by the fact that Ukrainian courts assess critically impressions of mentally ill people. Cases of compulsory treatment usually consider by the court at the location of the health facility. As a result between judges and healthcare professionals can grow a closely connection, and courts often accept the opinion of psychiatric doctors of this institution by default, without taking into account other evidence.

Almost every year, information about abuses that in the largest psychiatric hospitals can stay mentally healthy people or detained patients without their consent causes public resonance. Actually patients did not give any informed consent, and even if patient appeal to court to protect his rights, representatives of the psychiatric hospitals will answer the opposite. At the same time, doctors can cheat their patient and mask consent under such documents, as consent to the examination, consent to receive a pension. But more often the original signature can be forged by the nurse.

In Ukraine, there are five groups of criminal offenses in the area of psychiatry, namely: (1) violent crime (illegal placement in a psychiatric institution – compulsory hospitalization of activists as a method of political persecution of citizens' protest when, as a result of treatment, activists become «mentally inadequate»; bodily harm, beatings and tortures; murder; rape, other sexual crimes; clinical trials of drugs, illegal experiments on person; bringing patients to suicide); (2) mercenary crimes (violation of the right to free medical assistance; appropriation, loss of the property, or taking possession of it by abusing of official power; appropriation of funds allocated for treatment and maintenance of patients; fraud for the purpose of taking possession of property and property rights of a mentally ill patient); (3) corruption (acceptance of a proposal, promise, or receipt of an unlawful claim by an official; offering, promise or giving an unlawful claim to an official), for example, for setting the «correct» diagnosis, providing information about the presence or absence of a mental disorder, for the patient's early discharge, or vice versa – for the continuation of his staying in it, etc.; (4) official crimes (excess of official authority; service negligence; official forgery), for example, professionals often prepare misplaced conclusions in psychiatric examinations, because such «results» can be used to place person illegally in a psychiatric hospital in order to seize his/her apartment; (5) violation of electoral rights of citizens («identical» voting at polling stations located on the territory of psychiatric hospitals).

- The problem of preserving confidential information about patient's disease is that he/she does not want report medical information about himself/herself or falsifies information (in depressive statutes patients are inclined to self-change, excessive negative in their behavior). In such cases psychiatrists collect or communicate to others information about mentally ill person without his/her consent, although psychiatrists have no relevant rights.
- staff of psychiatric institutions often break the principle of voluntary informed consent of a patient for medical intervention (they do not report consequences of taking psychotropic drugs, causes of illness, etc., possible side effects and alternative methods of diagnosis and treatment). In addition, patients do not receive information about their right to apply to the court with a complaint about illegal hospitalization. Also staff ignores their task of conducting periodical medical examination of patients being treated in the hospital.
- A separate group of problems is associated with psychiatric help to incapacitated persons.

Only a capable person can independently exercise and protect his/her rights and dispose property. For incapacitated

person guardian exercise these powers. A person can be declared incompetent by a court, if he/she suffers chronic, stable mental disorder and does not able to realize the significance of actions and (or) control them. Nearly 96 % of litigation cases in Ukraine, that concern the recognition a person as incapacitated, have concluded in favor of inability. That is why a forensic psychiatric examination is the only effective way to refuse conclusion of the first psychiatric commission. Judgment is extremely important in such cases, because hospitalization of a person will provide for him/her psychiatric care in a compulsory manner for a minimum of 3 months.

In Ukraine the number of people, who can file an application to the court declaring a person incapacitated is too extensive. These are family members (husband, wife, father, mother, stepfather, stepchild, son's daughter, brother, sister, grandfather, grandmother, grandchild, granddaughter, adopter or adopter, guardian or caretaker, family members or close relatives of these persons, regardless of their joint residence, the guardianship body, and the psychiatric institution. It is important to note that, in accordance with paragraph 2 of the resolution of the Plenary Session of the Supreme Court of Ukraine no. 3, on March 28, 1972 [16], if during the consideration of the case judge will establish that the application was filed by an unauthorized person, court must, without closing proceedings, discuss the issue of replacing unsatisfactory applicant on appropriate one.

Concerns of the international community are caused by the fact that the hospitalization of incapacitated person in accordance with the law to psychiatric institution, upon request or with the consent of his/her guardian, is carried out without judicial control. In fact, it concerns the deprivation of liberty of a citizen, contrary to article 5, paragraph 1, of the European Convention on Human Rights [6], since such person stay in a limited space for a long time without his/her informed consent. That is, the hospitalization of an incapacitated person to a psychiatric institution in this order is a limitation of her right to liberty and personal integrity.

Also, the UN Committee on the Rights of Persons with Disabilities criticizes the Article 281 of the Civil Code of Ukraine [17], according to which the guardian of incapacitated person has the right to allow sterilization of the last one. Consequently, forced sterilization occurs without any free and informed consent of this person. The UN Committee calls on Ukraine to abolish this practice.

Researchers emphasize that mentally ill patients may be recognized as incapacitated only if this decision grounds on enough evidence: a person's competency is their most valuable attribute. If the public perceives, or if a court determines, that a person is incompetent, it robs them of all dignity; the right to control the most fundamental aspects of life such as bodily integrity and personal or financial affairs. Society forgets that most persons with mental illness are competent to make decisions about their lives. They may lack competency to perform certain tasks at particular times, but rarely are they generally incompetent, as often assumed in law and practice. Also the belief that persons with mental illness are uniformly dangerous is an equally harmful myth. However, research demonstrates that the class of persons with most mental illnesses is no more dangerous than other populations, and that the vast majority of violence is committed by persons without mental illness [13].

DISCUSSION

International legal protection of the rights of mentally ill persons

Countries have treated persons with mental disabilities horribly throughout history and into the present. Governments have failed to serve their needs for treatment, care, and support, and have failed to protect their rights and dignity. This historical neglect and animus may end if the movement for human rights succeeds in lifting persons with mental disabilities from their historically inferior status [18].

Fortunately human rights represent a normative framework for how peaceful societies could – indeed must – look; that is, a full realization of human rights would form a solid base for a society characterized by both negative and positive peace. Human rights may be understood as basic rights protecting fundamental freedoms and human dignity to which we are all entitled, regardless of nationality, gender, ethnicity, religion, language, or other status. The primary responsibility for their enforcement lies with governments, who must respect, protect, and fulfill human rights to the best of their ability [19]. The rise of the right to health as an important concept in international human rights law is also crucial to the interests of persons with mental disabilities. Development of an international consensus on the right to health is ongoing and may prove difficult across the complicated landscape of international human rights systems. Countries that wish to proceed may either modify their national legal systems to conform to human rights obligations, or incorporate international human rights jurisprudence as precedent in their national mental health schemes [18].

In this regard, provisions of international legal acts aimed at protecting the rights of mentally ill persons play an extremely important role. In international law we can find tendency to unification of national laws in different states [20].

The Universal Declaration of Human Rights (UDHR) encompasses 30 articles; however, no articles identify the need for rights around mental health concerns, and only one article (Article 25) alludes to the importance of social service access [1]. Persons with mental illness seek four inter-related human rights: freedom from unwarranted detention (liberty); humane living conditions (dignity); amelioration of stigma and discrimination (equality); and access to high-quality mental health services (entitlement) [13].

Let's pay attention to the following basic guarantees of the rights of mentally ill, as enshrined in international documents: (1) a decision for placement should be taken by a judicial or any other appropriate authority prescribed by law. In an emergency, a patient may be admitted and retained at once in an establishment on the decision of a doctor who should thereupon immediately inform the competent judicial or other authority which should make its decision; (2) a placement should be for a limited period or, at least, the necessity for

placement should be examined at regular intervals. The patient can request that the necessity for placement should be considered by a judicial authority at reasonable intervals. The termination of the placement does not necessarily imply the end of treatment which may continue on a voluntary basis; (3) when the decision is taken by a judicial authority or when an appeal is made before a judicial authority against the decision of placement by an administrative body, the patient should be informed of his rights and should have the effective opportunity to be heard personally by a judge except where the judge, having regard to the patient's state of health, decides to hear him through sole form of representation; (4) the right of a patient includes: a. to communicate with any appropriate authority, the person mentioned in Article 4 and a lawyer, and b. to send any letter unopened, should not be restricted [21].

Important rules regarding involuntarily hospitalization to a mental health facility fixed in «Principles for the Protection of Persons with Mental Illnesses and the Improvement of Mental Health Care», in particular, a person may (a) be admitted involuntarily to a mental health facility as a patient; or (b) having already been admitted voluntarily as a patient, be retained as an involuntary patient in the mental health facility if, and only if, a qualified mental health practitioner authorized by law for that purpose determines that person has a mental illness and considers: (a) that, because of that mental illness, there is a serious likelihood of immediate or imminent harm to that person or to other persons; or (b) that, in the case of a person whose mental illness is severe and whose judgement is impaired, failure to admit or retain that person is likely to lead to a serious deterioration in his or her condition or will prevent the giving of appropriate treatment that can only be given by admission to a mental health facility in accordance with the principle of the least restrictive alternative. In the case (b), a second such mental health practitioner, independent of the first, should be consulted where possible. If such consultation takes place, the involuntary admission or retention may not take place unless the second mental health practitioner concurs. Involuntary admission or retention shall initially be for a short period as specified by domestic law for observation and preliminary treatment pending review of the admission or retention by the review body [22].

As a result, the «Mental Illnesses Principles» include: a preference for community care; the right to the least restrictive environment; clear standards and natural justice for compulsory admission; legal representation; and the right to information [13].

Other commonly accepted guarantees aimed at preventing the violation of the rights of mentally ill person are the following: - the presumption of mental health of a person, unless otherwise was established in a lawful manner; - a determination of mental illness shall never be made on the basis of political, economic or social status, or membership of a cultural, racial or religious group, or any other reason not directly relevant to mental health status. According to WHO, «In many countries a diagnosis of personality disorder has been used against vulnerable groups, especially young women, whenever they do not conform with the dominant social, cultural, moral and religious standards» [1]; - the court has the right, but not obliged to recognize an individual incapacitated; - the written form of informed consent of a patient to psychiatric care must be formally approved, the second copy of which must be kept by the patient.

The main document that introduced the most effective mechanism of protection human rights and legitimate interests of mentally ill persons is the European Convention on Human Rights [6], since it established a special regime of appeal to the European Court of Human Rights. The Convention consolidates the following basic rights: right to life (Article 2 of the Convention), prohibition of torture (Article 3), right to liberty and security (Article 5), right to a fair trial (Article 6), right to respect for private and family life (Article 8). For example, the right to a «private and family life» under the European Convention can be a powerful tool to safeguard the civil rights of persons with mental illness. The ECHR, for example, has applied this privacy protection to free correspondence (Herczegfalvy v. Austria), informational privacy (J.T. v. United Kingdom), marriage (Draper v. United Kingdom) and the parent-child relationship (K v. Finland) [13].

The Convention does not guarantee socio-economic rights, including the right to free medical care. So, complaints on the quality of medical care may not be a subject of dispute under the provisions of the Convention, except in cases where other rights are violated.

Particular characteristics of individual items as objects of social and therefore legal relations necessitate an introduction of special approaches and specific requirements for their involvement into civilian circulation [23]. According to this, we will consider the practice of the ECHR in relation to Ukraine about protection of such rights of mentally ill people, as right to a fair trial, right to liberty and security.

Firstly, it is the protection of the right to a fair trial. In the case of Natalia Mikhailenko v. Ukraine [24], the plaintiff suffered from paranoid schizophrenia, which prevented her from understanding and controlling her actions. In this regard, on the request of her father, the court found it incapacitated and appointed plaintiff's sister her guardian. A little time later plaintiff's health improved and Mikhailenko applied to court for the restoration of her capacity. However, all appeals were left without consideration, because under the law of Ukraine cancellation of a court decision on the recognition of individual's inability and renewal of civil capacity of a person in case of recovery or significant improvement of her mental conditions may grounds on the conclusion of forensic psychiatric examination. Only official guardian can initiate this examination. Incapacitated person can't initiate this procedure. The ECHR concluded that the approach followed by Ukrainian legislation, according to which individuals, even those who were found incapacitated, has no right to apply directly to the court in order to renew their civilian capacity, contradicts general tendency that prevails at the European level. This is a violation of the Article 6 § 1 of the

Convention, since it restricts right to a fair trial.

According to the foundations of the Roman-Germanic legal family, the state must protect interests of incapable person by additional safeguards – appointing a guardian, who should provide autonomous legal representation for such person.

Secondly, this is the right to liberty and security. So, in most cases applicants complained their compulsory retention in psychiatric hospitals. In essence, this is the most important guarantee for mentally ill person. It's main purpose to prevent arbitrary or unjustified deprivation of liberty and treatment, impeding the irreversible negative effects of compulsory treatment (paragraph 30 of the McKay v. United Kingdom judgment) [25].

In the Winterwerp v. Netherlands judgment [26] the ECHR suggested three minimum rules of legal deprivation of freedom of a mentally ill person (according to the Art. 5 of the Convention): - the actual mental disorders should be established by the competent authorities on the basis of objective medical examination; - mental disorders should reach a level justifying imprisonment; - the validity of imprisonment depends on the presence of particular disease, a person may be deprived of liberty until the disease remains.

Authors reviewed the practices of compulsory treatment in Australia and stated that this form of treatment should only concern individuals who are unable to make independent decisions. While this could equally result in a human rights violation, the authors suggest the following criteria for an individual who is able to make decisions: ability to comprehend, recall, repeat, and utilize the information presented to them. In 2004, the European Court of Human Rights emphasized that temporarily detaining an individual who does not offer consent, nor has the capacity to do so, could be considered a deprivation of liberty [1]

In the case of Gorshkov v. Ukraine [27], the plaintiff complained on his illegality placement in a psychiatric institution and depriving effective remedies of his rights. As a result, he was released almost two years after his rehabilitation. The ECHR found violations of the Art. 4 of the Art. 5 of the Convention, because a person subject to compulsory medical treatment must have access to the court and have an opportunity to be heard personally or through any form of representation by court. Accessibility of the court for mentally ill persons should not depend on the leadership of medical institution. In another judgment of the ECHR in the case of Anatoliy Rudenko v. Ukraine [28] the court concluded that patients should be able to obtain conclusions of independent psychiatrists, when they stay in a psychiatric institution. This is an important guarantee against institution's arbitrariness in making decisions on the continuation of compulsory treatment. The same principle included in the «Mental Illnesses Principles» [22].

A particular problem in Ukraine is the lack of opportunity to protect civil rights of someone who has been declared incapacitated and has a conflict with his/her guardian. Such persons in Ukraine can't challenge actions of their guardian of personally defend themselves. And this provision of civil legislation contradicts the Article 29 of the Constitution (any person has the right to apply to a court) [29]. The ECHR has repeatedly pointed out in its practice that placement of persons in a psychiatric or psychoneurological institution for social protection or special education should be regarded as deprivation of liberty, though it have to be accompanied by a number of guarantees of abuse, including judicial control [30]. The ECHR has established that a person may be considered «detained» even during the period when he/she had an opportunity to leave the territory of the hospital independently [31]. Every state should provide an effective mechanism to protect the rights of «every» detainee, in Including incapacitated (juvenile) persons from possible abuse on any side. The judicial power is obliged to establish whether the restriction of rights is proportional and whether it serves a legitimate purpose. In any case periodical judicial control over the lawful restriction of the rights of such persons should be provided for.

In HL v. United Kingdom, however, the European Court held that Article 5(1)(e) had been breached in Bournewood: «The right to liberty in a democratic society is too important for a person to lose the benefit of Convention protection simply because they have given themselves up to detention, especially when they are not capable of consenting to, or disagreeing with, the proposed action» [13].

Regulation of this issue occupies a prominent place in international legal acts. According to the «Mental Illnesses Principles» [22], involuntary admission or retention shall initially be for a short period as specified by domestic law for observation and preliminary treatment pending review of the admission or retention by the review body. Parliamentary assembly of the Council of Europe in the Recommendation 1235 (1994) [32] foretold, that in the event of compulsory admission, the decision regarding placement in a psychiatric institution must be taken by a judge and the placement period must be specified. The Art. 12 of the Convention on the Rights of Persons with Disabilities [3] states, that States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body.

In the case of «Akopyan v. Ukraine» [33] the ECHR stated violations of the norms of Art. 5, 8 of the Convention. Also the applicant could not prove the violation of the Art. 3 of the Convention [6]. The applicant complained that her lengthy detention at a psychiatric hospital was arbitrary: during that period there was no effective review of her mental health conditions. Compulsory treatment has caused her severe suffering and damage to her private and family life. Although applicant's actual hospitalization was

justified, her continued detention in the hospital, which lasted from September 11 to November 7, 1997, was not so too. So, during this detention the applicant had no access to a «fair and proper procedure», including preventive measures of legal protection. The applicant also said that she have been treated with neuroleptic drugs, her multiple appeals for an extract and finally her subsequent escape from the hospital indicated that she was being treated forcibly. However, the applicant did not specify severity of the medical intervention, way in which it was carried out, specific effects and potential side effects, treatment conditions and other circumstances that were essential for assessing the extent of her suffering. Accordingly, the ECHR had no sufficient grounds for concluding that the applicant had suffered seriously enough to achieve the minimum level of cruelty required by the Art. 3 of the Convention [6].

Problems of rehabilitation of mentally ill person

Every mentally ill person, especially those whose rights have been violated, requires rehabilitation. Even the official definition of «mental health care» includes analysis and diagnosis of a person's mental condition, and treatment, care and rehabilitation for a mental illness or suspected mental illness [34].

Rehabilitation is the need of those suffering from severe psychiatric illness, motor impairment after a trauma (people with traumatic brain injury, stroke, spinal cord injury, limb loss, sensory loss, burn injury, chronic pain, multiple sclerosis, mental retardation, chronic psychiatric illness and neuromuscular disorders etc.). Psychology Rehabilitation services are individualized, but psychologist also serves to their caregivers (family); considering the client's strengths, needs, level of functioning, and preferences. In order to develop a required skill to carry on their livelihood. Under the integrated intervention program rehabilitation empowers a disabled or chronically ill individuals to overcome cognitive, emotional, and functional difficulties, and help to cross the barriers to achieve effective psychological, social and emotional functioning. In the process of such intervention few points are essential like: - Regularity of the treatment; - Psycho-education regarding the nature of illness and the prognosis; - Promotion of independent living; - Prevention of relapse, proper assessment with the help of standardized tests of cognitive and psychological functioning; - Coping and adaptation with the treatment. Individual and group interventions has also being found to be effective. Since the target of a rehabilitation psychologist is to make a dependent individual to independent or near independent one, enhancing patient's quality of life and sense of well- being, which means to facilitating the individual with holistic treatment, hence a rehabilitation psychologist also support or advocates the disabled person in issues related to litigation, government aids, educational institutions, for occupation or employment purpose, public policies etc. for the betterment of disabled, also to attempt to keep the individual in to the main stream of society, in a way they works in collaboration with multimodalities and works in multi-dimension [35].

Within the framework of social rehabilitation can be discussed problems, mentioned in the Recommendation no. 818 (1977) of Parliamentary assembly of the Council of Europe, namely: (1) convinced that the situation of the mentally ill and, in particular, the conditions governing the internment of mental patients and their discharge from psychiatric hospitals are matters of concern to a broad section of public opinion in member countries, and that the occurrence of errors and abuses in this regard causes human tragedies in some cases; (2) noting that the improved medical and psychotherapeutic technology can sometimes constitute a threat to the right of patients to their physical and psychic integrity; (3) welcoming the resolution on the organisation of preventive services in mental illness, which covers a large variety of preventive features relating to mental health [34].

The principles of social rehabilitation of mentally ill patients defined in the General Assembly resolution 46/119, particularly they are: (1) every person with a mental illness shall have the right to live and work, as far as possible, in the community; (2) every patient shall have the right to be treated and cared for, as far as possible, in the community in which he or she lives; (3) the environment and living conditions in mental health facilities shall be as close as possible to those of the normal life of persons of similar age and in particular shall include: (a) facilities for recreational and leisure activities; (b) facilities for education; (c) facilities to purchase or receive items for daily living, recreation and communication; (d) facilities, and encouragement to use such facilities, for a patient's engagement in active occupation suited to his or her social and cultural background, and for appropriate vocational rehabilitation measures to promote reintegration in the community; (4) in no circumstances shall a patient be subject to forced labour. Every such patient shall, in any event, have the right to receive a fair share of any remuneration which is paid to the mental health facility for his or her work etc. [22].

Besides the CRPD highlights the importance of a number of related rights, which include: (1) equal recognition before the law, access to justice, and legislative reform to abolish discrimination in society; (2) awareness-raising to educate society, combat prejudices and promote awareness of the capabilities of persons with disabilities; (3) the right to life, liberty and security of person including freedom from degrading treatment, abuse, exploitation and violence; (4) the right to movement, mobility, independent living and full inclusion within the community including full access to and participation in cultural life, recreation, leisure and sport; (5) freedom of expression and opinion, access to information and full participation in political and public life; (6) respect for privacy, for the home and the family, including the freedom to make decisions related to marriage and parenthood; (7) the right to equal education, work and employment including the full accommodation of individual requirements; (8) the right to health, habilitation and rehabilitation; and (9) the right to an adequate standard of living [2].

Rehabilitation of people's mental health concerns a wide range of cases, even children and athletes.

Children who had suffered severe and chronic abuse and neglect had considerable needs for comprehensive treatment including occupational, physical therapy, and sometimes psychotherapy. Many of these children came from highly troubled and disorganized families who could not meet their physical and psychological needs. In many instances, these children spent a long time in the hospital and were eventually placed in foster care. Pediatric rehabilitation hospitals provide a valuable resource for comprehensive care of children whose chronic physical, developmental, emotional, and family problems often cannot be addressed effectively elsewhere. The psychologist's varied contributions to patient care include assessment and treatment planning for rehabilitation, home and school placement, behavioral treatment, environmental manipulation, and ongoing monitoring of psychological progress and consultation with staff [36]. Такі висновки є правильними і щодо спортсменів, які зазнали професійних травм. Most sports medicine practitioners are aware that a triumphant recovery from injury is as much a mental as a physical victory. Authors interviewed many athletes about their psychological responses to physical injury. This is what some had to say: «I couldn't deal with the reality of not being able to run. I couldn't even run to my car or to a class. It blew me away». So, facilitating social support can be achieved through the sport psychologist, the sports medicine team, family, coach, peers, or even in group sessions. This is initiated in an attempt to ensure that the patient has an understanding that he/she is not alone and that successful rehabilitation and return to the original life-style is a true possibility. The sport psychologist and physician should work in concert to stress the athlete's importance as a person and to maintain connection with the team, friends, family, and any other supportive entities. Teaching general psychological skills to the injured athlete becomes the primary focus of the consultations at this point [37].

Despite the existence of general guidelines established at the international level, there is no one successful world-wide recognized model of psychiatric care. For example, the reform of mental health care in Poland included: - creation of a network of psychiatric counseling – mental health centers, which provided comprehensive mental health care; - reduction of large psychiatric hospitals and their reorganization into specialized departments of multidisciplinary institutions; - creation of apartments, hotels and dormitories for mentally ill persons; - established continuous assistance and monitoring of the patient's health; - integration of social and psychiatric care, which gives people with mental illness a chance to live a decent life without isolation from society and the possibility of social rehabilitation.

Also deserves attention Italian model of mental health care organization, which has the following main features: (1) residential mental health facilities were banned and outpatient psychiatric care was development; (2) establishing of socialization of people with mental illness; (3) psychologists and social workers provide psychiatric help together with psychiatrists; (4) No law concept of «compulsory hospitalization»; in a state of acute psychosis patient would be placed on two weeks to the psychiatric department of multidisciplinary hospital. If patient refuses of further staying in a hospital, doctors will provide him a round-the-clock help at home until his/her exacerbation; (5) lonely mentally ill people have an opportunity to live in a special house or apartment, «communes» (10-15 persons) and «units» (for 2-3 people) or in a family for permanent residence; (6) mentally ill person obtain all civil rights and freedoms.

However, it is obvious that high-income countries have approximately on 200 times more financial resources to invest in mental health than low-income countries. In many low-income countries, for example, in sub-Saharan Africa, there is only one psychiatrist per million people (Chad, Eritrea and Liberia have only one psychiatrist for the whole country). In the USA there are 137 psychiatrists for 1 million inhabitants. It is interesting to know how the range of services depends on the level of incomes of the population: (1) low level: the largest weight – hospital (80 %) and 10 % - outpatient clinic (outpatient and primary care); (2) average level: hospital (50 %), outpatient clinic (10 %), outpatient and primary care (40 %); (3) high level: hospital (30 %), outpatient clinic (35 %). At the same time, with proper funding, psychiatric care should be provided through three mechanisms: (1) primary care: identification and evaluation of mental health disease; psychological methods of treatment; drug treatment; (2) general mental health services for adults: outpatient clinics; groups of public mental health; high quality inpatient care; long-term assistance for community shelters; employment; (3) specialized mental health services for adults [7].

Rehabilitation of mentally ill person is subordinated to goals of improving the quality of mental health of people and realize their livelihoods with support for living in society. The model of social psychiatry, in contrast to the competing and still valid medical model in Ukraine, is closely related with needs of a patient. This model is more effective than medical (therapeutic, financially). Firstly, the experience of economically developed countries with a large number of psychiatric hospitals indicates the harmful consequences of the institutionalization of psychiatric care. At the same time, psychiatric hospitals should not be considered as the cause of current problems, because the deinstitutionalization movement, however, resulted in new places of confinement for this population, such as prisons, prisons and homeless shelters [13]. Therefore, it is important to ban such practice. Secondly, it is an attempt to make psychiatric services accessible to all groups of population. Thirdly, it is a recognition and unconditional respect for human rights during social support and treatment of people with mental disorders. Fourthly, rehabilitation is cheaper than funding of medical model. Fifthly, general social adaptation and rehabilitation are no less important than treatment. An example is the approach to rehabilitation of drinkers. Scientists distinguish such a treatment scheme: a family doctor - a friend - a self-help group - a clinic (psychologist, psychiatrist and doctors of related specialties, consultant, social worker, nurse and manager).

A rights-based approach to mental disability means domesticating such treaties as the CRPD. Using the framework of this convention and others like it, it is possible to formulate an active plan at national as well as local levels, which would include: (1) The development of a strong advocacy movement, led by persons with mental disabilities; (2) Legislative reform to abolish discrimination, outlaw abuse and exploitation, and protect personal freedom, dignity, and autonomy; (3) Legislative reform to enforce equality of opportunity, access, and participation in all aspects of life; (4) Inclusion of mental disability on the agenda of development programs and targets such as the Millennium Development Goals; (5) Mental health and social services reform with equitable funding for resources, infrastructure, and programs of development; (6) Removal of barriers to access to health services encountered by persons with mental disabilities; (7) Removal of barriers to access to social, family-related, accommodation, educational, occupational and recreational opportunities, and full participation for persons with mental disabilities; (8) Service systems reform to move away from institutional care toward providing treatment, care, rehabilitation, and reintegration within the community [2].

By the way, stakeholders also apply alternative ways of health support. In Ghana's prayer camps, treatment for patients includes Bible reading, prayer, and voluntary fasting [9].

RESULTS

So, we would like to summarize such tendencies and recommendations for the formation of a system of psychiatric rehabilitation in Ukraine: (1) the dominance of principle «outpatient support», with a combination of mental health care and social support, because every year more people with mental illness receive necessary assistance in the community (without inpatient treatment), including provision of basic human needs (nutrition, housing and medical care, training, employment and leisure). In this case, families of mentally ill persons play a very important role. At the same time, the families of persons with mental illness experience a very difficult adjustment and recovery process that is likely to last for many years. They go through the normal shock, denial, depression, anger, acceptance, coping, and final affirmation of any person confronted with a traumatic illness. During the early stages of their recovery process, families often experience severe guilt, embarrassment, and self-blame. The different roles of families in the psychiatric rehabilitation process have the potential to benefit the family member with the disability, the family itself, and the mental health system [38]; (2) integration of mental health with general medical assistance, in particular, with primary health care; (3) development of modern communication technologies, such as tv-psychiatry, involvement of local authorities in the organization of mental assistance; (4) complexity of medical and social assistance according to an individual plan of rehabilitation; (5) training of a competent client who knows what is happening to him, including symptoms and appropriate treatment; (6) affiliated relationships between patients and medical staff; (7) active trainings of social behavior skills of mentally ill persons (solving troubles, conversations, active participation in own pharmacotherapy and self-diagnosis of early manifestations of relapse of diseases); (8) it is necessary to treat a patient in a broader sense: not only in the aspect of clinical control of the disease, but also as a process that also covers his/her functioning in society and assistance in performing daily tasks; (9) further expansion of rights and opportunities of consumers of mental services and their families, minimizing stigma and discrimination, increasing access to educational institutions, and employment; (10) effective coordination of health and social services; (11) active development of social services.

Also can be mentioned the following directions of psychiatric care reform, in particular: (1) to take measures, as a long term policy, to reduce dependence on large institutions and to develop wide-spread community based services, with conditions approximating to the normal environment of individuals, provided, however, that this objective should not lead to a higher rate of early discharge from hospital before an effective network of community care is established; (2) to find new ways of humanising the care of the mentally ill by emphasising humanitarian elements and quality of the care as opposed to sophisticated technology, and by considering in this context appropriateness, conditions and control of utilisation of certain therapies which may leave permanent brain damage or change of personality; (3) to encourage local authorities and communities to be more involved in the socio-professional rehabilitation of ex-patients by creating selective placement programs, workshops and accommodation, and in particular by setting up information programs aimed at modifying attitudes towards those who are, or were, mentally ill [34]; (4) reduction of demand on alcohol (compliance with the limits of alcohol in blood for car drivers, excise taxes, ban on advertising, setting age limits); (5) sanctioning the rules restricting access to self-harm; (6) enhanced protection of children's rights; (7) Combating poverty; (8) information campaings (general and socio-emotional educational trainings for children in the zone of increased danger); (9) teaching teachers and doctors how to identify children with mental disorders in educational and medical institutions [7]. The functioning of the healthcare industry in any country is impossible without providing enough medicines for patient care. Researchers write that the health is a fundamental human right and essential medicines are required to maintain it [39]. In order to improve the provision of psychiatric care, researchers also propose reviewing pharmaceutical legislation, in particular, in accordance with the recommendations of the EMA Committee on Effective Doses of Valerian preparations to recognize that most of the valerian doses in Ukrainian are insufficient to achieve therapeutic effects. According to this and experience of the EU and the USA, manufacturers received recommendations to improve dosing of valerian preparations: not less than 2-8 ml of alcohol tincture or 300 mg of dry extract of valerian medicinal root.

CONCLUSION

Consequently, at the international level a large number of legal acts have been approved to guarantee the personal rights of mentally ill, in particular protection against abuse

during forced treatment, as well as socio-economic guarantees aimed at the most effective rehabilitation of mentally ill patients. Therefore, developing countries should adhere their international obligations and implement such progressive norms in national legislation more actively. Instead, there is an insufficient effectiveness of the domestic psychiatric service in Ukraine and an acute need for its reform.

Consequently, there are significant problems with the observance of the rights of people with mental disorders in Ukraine. Therefore, Recommendation no. 818 (1977) of the Parliamentary Assembly of the Council of Europe [34] can be useful for Ukraine: (1) to set up independent special mental welfare tribunals or commissions, with a duty to exercise protective functions by investigating complaints, or by intervening on their own initiative in any case, with power to discharge patients where they find that confinement is no longer necessary; (2) to ensure that court decisions are not taken on the basis of medical reports only, but that the mental patient, like any other person, is fully given the right to be heard, and that in cases where an offence is alleged a lawyer is also present throughout the proceedings; (3) to ensure that the registers kept in psychiatric institutions on ex-patients, or any other documentation on their case, should be considered as a strict medical professional secret and cannot be used in such a way as to constitute an unfair handicap for ex-patients entering on a new occupation.

According to international standards of psychiatric services and modern trends, in Ukraine it's better to focus on outpatient treatment, not to overcrowd the hospital with mentally ill people, where environment worsens their health, and to direct resources and efforts to rehabilitation and labor education of such patients. Closed health care facilities should be turned into transparent, accessible medical facilities with wide public control. It is reasonable for mentally ill people to create health centers, in which patients can receive traditional medical diagnostics of physical conditions of patients, specially selected nutrition, humane and sensitive attitude of staff to patients.

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