

ISSUES OF PROVIDING PSYCHIATRIC ASSISTANCE TO THE POPULATION DURING THE COVID-19 PANDEMIC

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In January 2020, the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19, as a public health emergency of international concern. According to the WHO survey, the COVID-19 pandemic has disrupted or stopped the provision of essential mental health services in 93% of countries around the world, while the demand for services in this area is growing due to the consequences of the pandemic (death of relatives, isolation, loss of income, etc.). The survey, conducted in 130 countries, provided the first global evidence of the devastating impact of COVID-19 on access to mental health services, and highlighted the urgent need for increased funding [1].

The relevance of this study is caused by the impact of the pandemic on people's mental health and the creation of new barriers to receiving mental health care for people already suffering from such disorders, as well as the impact on the economy, which is associated with the difficulties of financing mental health care.

The aim of this work is to study the impact of the pandemic on the provision of mental health care to the population based on the analysis of the WHO survey.

Material and methods. As a material for the study, a description of the WHO policy on the issue under study, the WHO survey conducted during the COVID-19 pandemic, as well as the work of specialists in this area were applied. The following methods were used: analysis method, formal legal method and comparative legal method.

Findings and their discussion. The above-mentioned survey, conducted between June and August 2020 in 130 countries, identified changes in mental health services delivery and highlighted the shortcomings of the current system in dealing with emergency situations. For example, more than 60% of countries reported failures in the provision of mental health service to vulnerable groups of the population, including children and adolescents (72%), the elderly (70%). In 67% of countries, there were problems in counseling and psychotherapy. 30% of countries reported barriers to access to medicines for people with mental disorders. About three quarters of countries reported at least partial interruptions to mental health services in schools and workplaces (78% and 75%, respectively) [2].

Today, more than 75% of people with mental disorders in developing countries don't receive the necessary assistance, which is the result of extremely inadequate funding for this area. On average, about 2% of the budget of the

entire health care system was allocated by states to programs for the provision of such assistance under normal conditions, which is insufficient for the normal functioning of the system according to WHO [3]. The organization warns that as the pandemic continues, the number of mental disorders will rise, so urgent financial support for the mental health sector is needed. WHO also noted that the organization's goal in the field of mental health in 2020 is to increase funding for this sector. Economic support for states is a necessary condition for reducing spending in other areas. For example, one dollar invested in the treatment of depression and anxiety disorder brings an economic benefit of \$7 by reducing crime and the cost of maintaining the criminal justice system [3].

WHO recommends three sets of actions for states to mitigate the impact of a pandemic: inclusion of community mental health action as a critical component in the national COVID-19 response; ensuring the availability of psychosocial support in emergencies (people with COVID-19 and mental disorders should have equal access to medical and social services as other people with COVID-19 without discrimination); and ensuring the inclusion of mental health services in general health packages and insurance schemes [4].

Before the pandemic was declared, there were already restrictions on access to quality mental health care. Access is now even more limited due to the risk of contracting the virus in long-term care facilities, as well as the repurposing of such facilities to care for people with COVID-19. These measures are due to numerous studies, for example, according to the International Network for Long-Term Care Policy, about half of all deaths associated with COVID-19 in Australia, Belgium, Canada, France, Ireland, Norway and Singapore comes from residents of long-term care institutions [5]. The solution to this problem can be the introduction of remote psychiatric care, including the use of such simple means of communication as telephone and SMS. A successful experience in attracting modern technologies is the system of providing mental health care during the pandemic in Madrid. Patients were given the opportunity to receive advice through mobile and video communication, partnerships were established between psychiatric staff and IT specialists to create electronic medical records and ensure the confidentiality of this information. At the same time, patients with the most serious diseases were transferred to specialized clinics with the provision of all the necessary measures against COVID-19. Egypt, Kenya, Malaysia and New Zealand have decided to increase the capacity of emergency telephone lines for mental health services [4].

Conclusion. Therefore, maintaining and strengthening mental health services and programs should be a priority to meet current and future mental health needs and help prevent the growth of mental illness in the future, including by introducing modern technology into such care to minimizing infection with COVID-19 and other viral diseases. More funding for this health sector is needed, as well as the inclusion of psychosocial considerations in the national response to COVID-19. Social and financial protection measures during

a pandemic are especially needed to prevent the consequences of people's loss of livelihoods. Priority should be given to protecting the rights of people with severe mental disorders and psychosocial disabilities. These actions play an important role in ensuring national protection systems for people with mental illness during a pandemic.

1. Covid-19: the need for psychological assistance is growing, and the opportunity to receive it is decreasing [Electronic resource]. – Mode of access: Electronic resource]. – Mode of access: <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>. – Date of access: 27.10.2020.

2. COVID-19 disrupting mental health services in most countries, WHO survey [Electronic resource]. – Mode of access: <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>. – Date of access: 27.10.2020.

3. The pandemic has only led to an increase in mental problems, but the psychological care system is chronically underfunded [Electronic resource]. – Mode of access: <https://news.un.org/ru/story/2020/10/1387972>. – Date of access: 28.10.2020.

4. Policy Brief: COVID-19 and the Need for Action on Mental Health [Electronic resource]. – Mode of access: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf. – Date of access: 28.10.2020.

5. Mortality associated with COVID-19 outbreaks in care homes: early international evidence [Electronic resource]. – Mode of access: <https://ltccovid.org/wp-content/uploads/2020/04/Mortality-associated-with-COVID-17-April-1.pdf>. – Date of access: 30.10.2020.

CONSTITUTIONAL AND LEGAL STATUS OF NATIONAL MINORITIES IN CENTRAL AND SOUTH-EASTERN EUROPEAN COUNTRIES

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Nowadays the problem of legal regulation of national minorities is one of the most relevant; in addition, sometimes it became a reason for difficult conflict situations in the modern world. Therefore, ensuring their collective rights and relations with a titular nation should be based on tolerance and mutual respect. In response to geopolitical situation of Central and South-Eastern Europe countries, their multi-ethnic, multi-religious and multi-lingual population diversity outlines particular attention to legal mechanism ensuring the rights and freedoms of the national and ethnic minorities. The purpose of the study is to characterize the peculiarities of the constitutional regulation of the national minority status of Central and SEE.

Material and methods. In writing this article Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities (UN), The Framework Convention for the Protection of National Minorities (CoE), The convention on providing the rights of persons belonging to ethnic minorities (CIS), constitutional legislation of Czech Republic, Slovak Republic,