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Original article

Analysis of the Assistance Provided to Elderly People in Primary Healthcare Organizations

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Abstract

The study of the needs of the elderly population for medical, social, and psychological assistance and the improvement of the organization of these types of assistance is a crucial task in the healthcare system of Kazakhstan. This underlines the relevance of our research, which involves an analysis of the needs of the elderly for medical, social, and psychological assistance.

The purpose of the study: to analyze the need of the elderly population of Almaty for medical, social and psychological assistance of the needs of the elderly population for medical, social, and psychological assistance.

Methods. The study involved doctors and nurses working at the central city polyclinic in Almaty during the examination period.

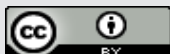
Results. As a result of the study, it was determined that the polyclinic is staffed with psychologists. 37.5% of doctors and nurses indicated that psychologists conduct educational training for elderly patients, while 39.3% of respondents stated that psychologists provide advisory psychological assistance ($\chi^2=15.2$; $p=0.0001$); 12.5% mentioned that special schools are organized for patients ($\chi^2=27.1$; $p=0.0001$).

Conclusions. In conclusion, it is essential to consider the peculiarities of providing medical, social, and psychological assistance to the elderly when planning and organizing primary healthcare in outpatient and polyclinic organizations.

Keywords: elderly population, primary healthcare, medical and social assistance, psychological assistance.

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Introduction

In 2015, the World Health Organization (WHO) published its first Global Report on Aging and Health [1]. Following this, in 2016, the World Health Assembly adopted the Global Strategy and Action Plan on Aging and Health [2], which provide a clear mandate for action in all sectors of healthcare and social support. Both documents reflect a new conceptual model of healthy aging, which focuses on the functional ability of older people to engage in what matters to them rather than the absence of diseases. At the same time, as part of the United Nations, member states adopted the 2030 Agenda for Sustainable Development [3], committing to leaving no one behind and ensuring equal opportunities for all to fulfill their potential. To achieve this, one of the proposed healthcare models was the adoption of long-term care in conjunction with primary healthcare and a holistic view of the elderly, their resources, predisposing health conditions, processes, and diseases [4]. According to the UN, by 2050, the world is expected to see a 22% increase in the elderly population compared to 2015, totaling over 2 billion people [4]. These documents call for significant reforms in healthcare and long-term care systems, as well as a fundamental shift in the focus of clinical care for older people. Instead of trying to address a range of diseases and treat individual symptoms in isolation, the Global Report on Aging and Health [1] suggests giving priority to actions that optimize the physical and mental abilities of older people throughout their lives. This, in turn, requires changes in the organization of medical and social services: greater integration must be ensured within the healthcare system and between medical and social services. In this article, we discuss the WHO's approach to integrated medical care for older people.

The sustained increase in the elderly population in Kazakhstan corresponds to the global aging trend. However, this aspect is not detailed in the regulatory acts [5], as the issue of aging in Kazakhstan became acute only in the post-Soviet period.

The increase in the proportion of this demographic group in the work of healthcare structures necessitates, above all, the development and improvement of geriatric care at the primary healthcare level [6]. Due to age-

Materials and methods

The study involved doctors and nurses working at the central city polyclinic in Shymkent during the examination period. To investigate factors affecting the quality of medical, social, and psychological assistance, a sociological survey consisting of 28 questions was conducted, specifically designed to gather the opinions of doctors and nurses at the polyclinic regarding the provision of medical, social, and psychological assistance to the elderly population. This survey was conducted anonymously and consisted of two parts: a demographic and a specialized section. The demographic section included questions about age, gender, education,

Results

It was found that in providing medical care to this category of patients, there is a lack of time for examination by medical staff (this fact was noted by 90% of doctors and 69% of nurses), a large number of documents requiring completion (60% of doctors and 83% of nurses), difficulties in communication with elderly patients (60% of doctors and 40% of nurses), insufficient availability

related and functional changes in the bodies of the elderly, the presence of multiple chronic pathologies, decreased physical activity, and increased dependence on external assistance, there are several specific aspects of providing primary healthcare to them. This leads to an increased workload for physicians and mid-level medical personnel [7]. Many studies by domestic and foreign scientists have been dedicated to the issues facing the elderly population. Specifically, problems related to their personal health status and the organization of medical and social assistance have been studied [8-11].

At present, primary healthcare organizations are one of the government structures where the majority of the elderly population is registered, and they often visit these organizations to receive medical, social, and psychological assistance [12-14]. Currently, the factors influencing the needs of the elderly population for medical, social, and psychological assistance at the level of these institutions are not fully studied. In the context of the ongoing aging process and the transition to mandatory medical and social insurance, it is necessary to improve measures aimed at enhancing the accessibility and quality of medical, social, and psychological assistance at the primary healthcare level, targeting the needs of the elderly population attached to polyclinics [15-17].

Thus, the identification of the needs of the elderly population for medical, social, and psychological assistance and the improvement of the organization of these types of assistance have become a crucial issue for the healthcare system in Kazakhstan and have formed the basis for the relevance of our research [18].

The purpose of the study: to analyze the need of the elderly population of Almaty for medical, social and psychological assistance. of the needs of the elderly population for medical, social, and psychological assistance.

years of experience in the profession, and professional qualifications. The specialized section contained questions related to the provision of medical care to the elderly, the interaction of medical personnel participating in the survey with gerontologists, psychologists, social workers, health education for the elderly and their families, the availability of suitable conditions in the polyclinics for the elderly, and more. A total of 15 doctors and 28 nurses were surveyed.

of subsidized medications (53% of doctors and 53% of nurses), (47% of doctors and 54% of nurses), a weakness in the material and technical infrastructure and equipment of polyclinics (30% of doctors and 40% of nurses), and incomplete compliance with patient recommendations (27% of doctors and 56% of nurses, Table 1).

Table 1 - The opinions of doctors and nurses on the main issues hindering the provision of medical care to the elderly population

Questions	Doctors, %	Nurses, %
Insufficient knowledge of doctors about the age-related characteristics of the elderly	47	54
Difficulties in communicating with elderly individuals	40	60
Challenges in service delivery due to inadequate material and technical resources	30	40
Non-compliance with recommendations by patients	27	56
A large volume of medical documentation to complete	83	60
Insufficient availability of free medications	53	53
Inadequate time for patient examinations	90	69
$\chi^2=23.8; p=0.001$		

No statistically significant correlation was found between the length of practical experience and the qualifications of medical professionals and the aforementioned questions.

As a result of the study, it was determined that the polyclinic is staffed with psychologists. 37.5% of doctors and nurses indicated that psychologists conduct educational training for elderly patients, while 39.3% of respondents stated that psychologists provide advisory psychological assistance ($\chi^2=15.2; p=0.0001$); 12.5%

mentioned that special schools are organized for patients ($\chi^2=27.1; p=0.0001$).

The response of doctors and nurses regarding the collaboration with gerontologists and social workers was 'negative'.

It is crucial for trust to exist between elderly patients and medical professionals. Only 37% of the surveyed doctors and nurses reported that their relationships with elderly patients are based on complete trust (Table 2).

Table 2 - Assessment of the Interaction of Medical Professionals with Elderly Patients

Survey	Response of medical professionals	χ^2, p
Complete trust and mutual understanding	37%	$\chi^2=42.2; p=0.0001$
Partial trust and mutual understanding	43%	
Lack of trust and understanding	20%	

Discussion

To strengthen the interaction between doctors and patients, identify the main problems of elderly patients, and implement a set of preventive measures aimed at improving medical and social adaptation, the presence of psychologists in outpatient and polyclinic organizations is necessary to reduce the workload of specialists, as the majority of patients require only psychological assistance [8].

It is essential to consider the peculiarities of providing medical, social, and psychological assistance to the elderly when planning and organizing primary healthcare in outpatient and polyclinic organizations. Based on the survey results, it is necessary to effectively establish interdisciplinary cooperation in the structure of medical, social, and psychological assistance for the elderly [19-21]. This requires the presence of a system for registering and tracking elderly individuals in need of social services, the organization of social, domestic, and medical assistance in home settings, the provision of moral and psychological support to the elderly and their families, and monitoring their health status and the prevention of exacerbations of chronic illnesses.

Additionally, there is no universal agreement on

Conclusions

In general, the focus of clinical treatment for the elderly must alter fundamentally. This does not imply that existing organizational structures must be merged, but rather that a diverse set of service providers must collaborate in a coordinated manner. To date, experience shows that most programs aiming to offer integrated care for older people have adopted a bottom-up approach to change and have been backed by higher-level legislation and systems for accountability.

what constitutes a successful outcome for senior citizens. Indicators of disease, disability, lifespan, patient and provider satisfaction, health-care usage, hospitalization, institutionalization, and cost have historically been employed in health-care research. The primary goal of integrated care for older people, in contrast, is to maximize older people's inherent potential over the course of their lives and, as a result, to promote healthy aging. It is necessary to use a new set of outcome indicators, ones that take into account intrinsic capability, functional ability, quality of life, and the accomplishment of the older person's personal objectives. While certain signs are already in place, others need to be created. Furthermore, it is critical that any measurement devices used with older persons be accurate in low- and middle-income countries.

Finally, there are just a few easily accessible policy advice and implementation instruments for nations at various stages of development. Policy guidance papers and implementation tools have primarily been established in high-income nations, and their relevance to other countries and areas, particularly low- and middle-income countries, is unknown [22-23].

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References

1. World report on ageing and health. Geneva: World Health Organization. [Cited 11 May 2023]. Available from URL: <http://www.who.int/ageing/publications/world-report-2015/en/>
2. Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health. Geneva: World Health Organization. Website [Cited 11 May 2023]. Available from URL: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf
3. Resolution G.A. Transforming our world: the 2030 Agenda for Sustainable Development. UN Doc. A/RES/70/1 Electronic resource. Available from URL: <https://www.itu.int/en/ITU-T/Workshops-and-Seminars/2022/0808/Documents/Shailendra%20Kumar%20Mishra%20.pdf>
4. Shanas E., Townsend P., Wedderburn D., Friis H.K. et al. *Old people in three industrial societies*. Routledge, 2017. [Google Scholar]
5. Sagyndykova Z., Turdaliyeva B., Igissenova A., Zhanturiyev B. et al. Evaluation on Equity of Health Care Provided at Primary Health Care Level to Persons Over 60 Years. *Research Journal of Pharmaceutical, Biological and Chemical Sciences*, 2016; 7(6): 3026-3030. [Google Scholar]
6. Kennedy B.K., Berger S.L., Brunet A., Campisi J. et al. *Geroscience: linking aging to chronic disease*. *Cell*, 2014; 159(4): 709-713. [Crossref]
7. Абзалова Р.А. Социально ориентированное ПМСП в Республике Казахстан как новая философия первичного здравоохранения // Республиканская научно-практическая конференция «Демографическая ситуация в Республике: проблемы и перспективы». - Караганда, 2010 - С. 151-153. [Google Scholar]
8. Abzalova R.A. *Social'no orientirovannoe PMSP v Respublike Kazahstan kak novaja filosofija pervichnogo zdravooxraneniya (Socially oriented primary health care in the Republic of Kazakhstan as a new philosophy of primary healthcare) [in Russian]. Respublikanskaja nauchno-prakticheskaja konferencija «Demograficheskaja situacija v Respublike: problemy i perspektivy». Karaganda, 2010: 151-153. [Google Scholar]*
9. Оспанова Д.А. Методологические и управленческие основы развития геронтологической службы в Республике Казахстан: автореф... док. мед.наук. - Алматы, 2010. [Google Scholar]
10. Ospanova D.A. *Metodologicheskie i upravlencheskie osnovy razvitiya gerontologicheskoy sluzhby v Respublike Kazahstan (Methodological and managerial foundations for the development of gerontological services in the Republic of Kazakhstan) [in Russian]: avtoref... dok. med. nauk. Almaty, 2010. [Google Scholar]*
11. Егеубаева С.А. Медико-социальные проблемы лиц старшего возраста: дис. док. мед. наук. - Алматы, 2010. [Google Scholar]
12. Egeubaeva S.A. *Mediko-social'nye problemy lic starshego vozrasta (Medical and social problems of older people) [in Russian]: dis. dok. med. nauk. Almaty, 2010. [Google Scholar]*
13. Тезекбаева З.С., Нуркатова Л.Т. Теоретические аспекты адаптации лиц пожилого возраста к условиям социальной действительности // Успехи геронтологии. - 2014. - Т. 27. - №1. - С. 190-194. [Google Scholar]
14. Tezekbaeva Z.S., Nurkatova L.T. *Teoreticheskie aspekty adaptacii lic pozhilogo vozrasta k uslovijam social'noj dejstvitel'nosti (Theoretical aspects of adaptation of elderly people to the conditions of social reality) [in Russian]. Uspehi gerontologii, 2014; 27(1): 190-194. [Google Scholar]*
15. Новокрещенова И.Г., Сенченко И. Качество оказания медикосоциальной помощи пожилым в амбулаторно-поликлинических условиях // Saratov Journal of Medical Scientific Research. - 2014. - Т.10. - №11. - С. 21-26. [Google Scholar]
16. Novokreshhenova I.G., Senchenko I. *Kachestvo okazaniya medikosocial'noj pomoshhi pozhilym v ambulatorno-poliklinicheskikh uslovijah (The quality of medical and social care for the elderly in outpatient conditions) [in Russian]. Saratov Journal of Medical Scientific Research, 2014; 10(11): 21-26. [Google Scholar]*
17. Donabedian A. The quality of care. How can it be assessed? *JAMA*, 1988; 260(12):1743-1748. [Crossref]
18. Bjertnaes O.A., Sjetne I.S., Iversen H.H. Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations. *BMJ Qual Saf*, 2012; 21(1): 39-46. [Crossref]
19. Mant J. Process versus outcome indicators in the assessment of quality of health care. *Int J Qual Health Care*, 2001; 13(6): 475-80. [Crossref]
20. Reuben D.B., Gazarian P., Alexander N., Araujo K., et al. The Strategies to Reduce Injuries and Develop Confidence in Elders intervention: falls risk factor assessment and management, patient engagement, and nurse co-management. *J Am Geriatr Soc*, 2017. [Crossref]
21. Unützer J., Katon W., Callahan C.M., Williams J.W.Jr., et al. Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA*. 2002; 288(22): 2836-2845. [Crossref]
22. Shah R.C, Supiano M.A, Greenland P. Aligning the 4Ms of Age-Friendly Health Systems with statin use for primary prevention. *J Am Geriatr Soc*, 2020; 68(3):463-464. [Crossref]
23. Guth A., Chou J., Courtin S.O., Ford C., et al. An interdisciplinary approach to implementing the Age-Friendly Health System 4Ms in an ambulatory clinical pathway with a focus on medication safety. *J Gerontol Nurs*, 2020; 46(10):7-11. [Crossref]
24. Department of Health and Human Services, Health Resources and Services Administration. *Geriatrics Workforce Enhancement Program*. Website [Cited 2020 Dec 18]. Available from URL: <https://www.hrsa.gov/grants/find-funding/hrsa-19-008>
25. De Biasi A., Wolte M., Carmody J.6 Fulmer T. et al. *Creating an age-friendly public health system: challenges, opportunities, and next steps*. Washington (DC): Trust for America's Health. Electronic resource [Cited 11 May 2023]. Available from: https://www.tfah.org/wpcontent/uploads/2018/09/Age-Friendly-Public-Health-Convening-Report-FINAL_1_1.pdf
26. Trust for America's Health. *What are the 5Cs of an age-friendly public health system?* Washington (DC): TFAH. Website [Cited 11 May 2023]. Available from: https://www.tfah.org/wp-content/uploads/2020/03/5CsSummaryRpt_FNL.pdf
27. World Health Organization. *Gender, equity, and human rights: social determinants of health*. Website [Cited 11 May 2023]. Available from: <https://www.who.int/gender-equity-rights/understanding/sdh-definition/en/>

23. National Academies of Sciences, Engineering, and Medicine. Social isolation and loneliness in older adults: opportunities for the health care system. Washington (DC): National Academies Press, 2020. [Crossref]

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Түйіндеме

Егде жастағы адамдардың медициналық, әлеуметтік және психологиялық көмекке деген қажеттіліктерін зерделеу және көмектің осы түрлерін ұйымдастыруды жетілдіру Қазақстанның денсаулық сақтау жүйесіндегі аса маңызды міндет болып табылады. Бұл егде жастағы адамдардың медициналық, әлеуметтік және психологиялық көмекке деген қажеттіліктерін талдауды қамтитын зерттеуіміздің өзектілігін көрсетеді.

Зерттеудің мақсаты: Алматы қаласының егде жастағы тұрғындарының медициналық, әлеуметтік және психологиялық көмекке деген қажеттіліктерін талдау.

Әдістері. Зерттеуге Алматы қаласының Орталық қалалық емханасында тексеру кезеңінде жұмыс істейтін дәрігерлер мен мейірбикелер қатысты.

Нәтижелері. Зерттеу нәтижесінде емханада психологтар жұмыс істейтіні анықталды. Дәрігерлер мен мейірбикелердің 37,5%-ы психологтардың егде жастағы науқастарға білім беру тренингтерін өткізетіндігін, ал респонденттердің 39,3%-ы психологтардың консультациялық психологиялық көмек көрсететіндігін айтты ($\sigma=15,2$; $p=0,0001$); 12,5% науқастар үшін арнайы мектептер ұйымдастырылғанын атап өтті ($\sigma=27,1$; $p=0,0001$).

Қорытынды. Амбулаториялық-емханалық ұйымдарда медициналық-санитарлық алғашқы көмекті жоспарлау және ұйымдастыру кезінде қарт адамдарға медициналық, әлеуметтік және психологиялық көмек көрсету ерекшеліктерін ескеру қажет.

Түйін сөздер: егде жастағы адамдар, медициналық-санитарлық алғашқы көмек, медициналық және әлеуметтік көмек, психологиялық көмек.

Анализ помощи, оказываемой пожилым людям в организациях первичной медико-санитарной помощи

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Резюме

Изучение потребностей лиц пожилого населения в медицинской, социальной и психологической помощи и совершенствование организации этих видов помощи является важнейшей задачей в системе здравоохранения Казахстана. Это подчеркивает актуальность нашего исследования, которое предполагает анализ потребностей пожилых людей в медицинской, социальной и психологической помощи.

Цель исследования: проанализировать потребность пожилого населения города Алматы в медицинской, социальной и психологической помощи.

Методы. В исследовании приняли участие врачи и медсестры, работающие в центральной городской поликлинике Алматы в период обследования.

Результаты. В результате исследования было установлено, что в поликлинике работают психологи. 37,5% врачей и медсестер указали, что психологи проводят образовательные тренинги для пожилых пациентов, в то время как 39,3% респондентов заявили, что психологи оказывают консультативную психологическую помощь ($\chi^2=15,2$; $p=0,0001$); 12,5% отметили, что для пациентов организованы специальные школы ($\chi^2=27,1$; $p=0,0001$).

Выводы. Необходимо учитывать особенности оказания медицинской, социальной и психологической помощи пожилым людям при планировании и организации первичной медико-санитарной помощи в амбулаторно-поликлинических организациях.

Ключевые слова: пожилое население; медицинская и социальная помощь; психологическая помощь.