Results: It has been found that neuropsychological rehabilitation should start with an in-depth general assessment of the initial state, preferably an interdisciplinary one, and of the patient's level of HMF in particular. This enables to diagnose correctly the intact and damaged parts of mental activity, as well as to set aims and targets for rehabilitation. Neuropsychological diagnostics is based on such criteria as a neurodynamic potential, the degree of preservation of analyzer functions, the ability of voluntary movement, the degree of speech impairment, the level of voluntary control over mental activity.

The first stage of neuropsychological rehabilitation starts when the patient's state is stabilising, immediately after a coma or unconscious state. During this period, psychostimulotherapy techniques should be used, consisting of direct impacts of various modalities on the patient who emerges from a coma and demonstrates severe mental impairment. Then neuropsychological rehabilitation should mostly aim at the enriching the environment to create conditions for a differentiated response. This method lays the foundation for solving three main tasks: a) restoring the patient's past and knowledge gained by the time of illness; b) reviving mental skills and social behavior; c) restoring a voluntary initiative, a complex sequence of psychomotor activity. This approach takes into account a low level of consciousness in patients, and, on the other hand, their individual reactions, and also dynamically reveals foundation for a further rehabilitation. The neuropsychologist's work at this stage is aimed at restoring the patient's connection with one's bodily processes, processing afferent information, and also differentiating reactions to the stimuli of one's immediate environment.

The second stage begins with formally clear consciousness. At this stage, the rehabilitation work focuses on emphasising an active role of the patient, with sensory integration, psychomotor and vestibular training being the leading methods. These methods are aimed at increasing the integrative capacity of the brain needed to perform more and more complex tasks. Afferent and efferent centers should be consistently integrated in an effectively working network. Thus, the reintegration of separated functional systems is the main objective at this stage. The patient is actively engaged in a rehabilitation process, becoming an increasingly active participant.

The third stage of rehabilitation reintegrates acquired skills at the level of cognitive activity. The neuropsychologist moves on to the conventional cognitive training. At the same time, rehabilitation is aimed directly at the patient's speech impairment, memory, attention, perception, and deficient regulatory functions. It is important not only to restore all the functions, but also to reintegrate them into daily routine.

A suggested integrative approach to neuropsychological rehabilitation after organic brain damage, while promoting a better understanding of current and prospective tasks by specialists, has proved to be efficient in accelerating mental recovery, improving adaptive and compensatory abilities, and decreasing the depth of disability in patients.

Conclusion: Further accumulation of empirical data and understanding of experience in neuropsychological rehabilitation are needed to provide an efficient patient care, and also to develop its design and to do research within evidence-based medicine. Thus, scientifically and practically proven standards and options will be designed to correct different HMF disorders and mental activity in general.

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PREVENTION AND MEDICAL REHABILITATION IN PSYCHIATRY

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Introduction: In recent decades, more and more importance is attached to research in the field of providing a favorable ecological environment in all spheres of life, including the education of moral values, providing a sparing psychological microclimate, health education of the population, the formation of a tolerant attitude towards people with mental disorders.

Purpose: Provide an overview of some areas of research conducted at the National Medical Research Centre for Psychiatry and Narcology n.a. V.P. Serbsky on the development of preventive and rehabilitation measures in the field of mental health.

Methods: Clinical and epidemiological, clinical and psychopathological, clinical and follow-up, experimental psychological, statistical.

Results: Organization of obstetric and gynecological care. The data of the state statistical monitoring of the health status of pregnant women and women in labor conducted in all subjects of the Russian Federation for the period from 1995 to 2015 are compared with the data of a comparative study of the

dynamics of indicators characterizing the primary morbidity and primary disability in mental disorders. It has been established that the processes of reducing the rates of primary morbidity with mental disorders and the dynamics of indicators characterizing the pathological course of pregnancy and childbirth in most federal districts occur synchronously or, more rarely, the latter are ahead of the first by 5-10 years. The results of the study confirm the hypothesis of the existence of a causal relationship between the state of health of pregnant women and women in labor, the state of mental health of their offspring and the state of mental health of the population as a whole.

Ethnocultural factor: The results of the analysis of the dynamics of the average values of the indicators of the primary incidence of all mental disorders indicate that in the Slavic population, these figures practically coincide with the national averages. No statistically significant differences were found when comparing national indicators and indicators for the Finno-Ugric group. Statistically significantly lower than the national average were indicators for the North Caucasus and for the unified Turkic and Mongolian groups of the population.

Iodine deficiency: Measures of primary prevention of mental disorders (prevention of primary morbidity) should be aimed at reducing the impact of iodine deficiency existing in the region and the corresponding orientation of health authorities and the entire population of the region. The current view that iodine deficiency in the region often leads to the development of milder forms of mental disorders is consistent with the fact that the rate of decline in the primary incidence rate of non-psychotic mental disorders in Russia as a whole is much lower than in the North Caucasus and in the Republic of Dagestan.

Malignant neoplasms: Approved by orders of the Ministry of Health of the Russian Federation, the procedures for providing medical assistance separately for mental disorders and oncological diseases do not provide the creation of psychotherapeutic rooms in the structure of oncological dispensaries, which would allow, along with organizing multidisciplinary specialized care for patients, organizing of the specified register. In 70-80% of cases, mental disorders in malignant neoplasms, with the exception of mental disorders caused by direct brain damage, are caused psychogenically. At the individual level, between the primary incidence of malignant neoplasms and the primary incidence of mental disorders, according to numerous literature data, undoubtedly exists a chronological connection. However, in the process of statistical observation on a national or regional scale, this connection cannot be conclusively established due to the absence of a mandatory register of mental disorders detected in cancer patients.

Non-chemical addiction: The basis of the description of the clinical picture of dependence on a personal computer, the Internet and the means of access to it are taken by the general criteria of ICD-10, which describe the syndrome of dependence. According to ICD-10, a diagnosis is considered valid if there are at least three out of six common criteria during the year. Persons with non-chemical addiction have a desire to interact with the network or devices - a personal computer, tablet computer, mobile phone. Depression and phobic disorders, as well as factors affecting the aggressive social environment, in particular, families and schools, are considered the main object of primary prevention. Directions of prevention may vary significantly. A number of researchers consider the preservation of mental health as the key to success, others - the presence of social interaction skills, the third - the formation of intra-family relations, the fourth - the skills of productive work with the Internet, the formation of a computer feeling "as a highly functional tool." As a result, the forms of preventive work are different. There are proposed prophylactic trainings, therapeutic and preventive psychotherapeutic programs, individual and group (mainly) programs of increasing tolerance to the stress effect of Internet factors as an addictive environment.

Gender peculiarities of decision making by psychiatric specialists. Women experts are distinguished by the adequacy of the description of situations with a lack of information, the adequacy of the proposed alternatives with sufficient information certainty and the social acceptability of the proposed options for the development of the situation with an excess of information. Male experts are distinguished by a detailed description of the situations with a sufficient amount of information, a large number of adequate alternatives for the development of situations with informational excess. Male experts are more pronounced in such a decision-making strategy as “vigilance” against female experts.

Conclusion: Studies in the field of prevention and rehabilitation held in the National Medical Research Centre for Psychiatry and Narcology n.a. V.P. Serbsky are aimed at developing measures that contribute to improving the level of mental health of the population, taking into account the influence of social, stressful, environmental and cultural factors.