Mental Health and Psychosocial Support in Ukraine:

Coping, Help-Seeking and Health Systems Strengthening in Times of War

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1. Introduction

This desk review summarises the available literature relevant to mental health and psychosocial support (MHPSS) in Ukraine, including current mental health services provisions.

The review first summarises key historic, political and cultural factors that have influenced Ukrainian attitudes toward mental health and psychosocial wellbeing, including how they express and cope with psychological distress and the ways in which they seek help and utilise services for mental health and psychosocial problems.

The second part of the review provides an overview of Ukraine's mental health system and formal and informal mental health services.

The review concludes by presenting key findings about best practices and gaps in the current MHPSS provisions regionally and provides recommendations for international partners delivering MHPSS in Ukraine on how to improve and scale up the extant services during the active conflict, as well as in the context of post-war recovery.

2. General Context

2.1 Geographical, Demographic and Cultural Features

Ukraine is one of the largest countries in Europe, with an estimated population of around 41 million inhabitants in 2022.[1] The country is divided into 27 administrative regions, and the capital is Kyiv. Most of the population (69.5%) is concentrated in and around the major urban areas. There is a high level of participation in education and a very high literacy rate.[2] Ukrainian is the official language; others include Russian and the Crimean Tatar-, Romanian-, and Hungarian-speaking populations.

2.2 Historical

Kyiv was the centre of Kyivan Rus, the largest state in Europe during the 9th and 11th centuries, comprising the modern states of Ukraine, Belarus, and part of Russia.[3] Since then, Ukraine has been conquered and carved up by various competing powers from the East and the West.

Ukraine achieved brief independence in 1919, only to be invaded and integrated into the Soviet Union in 1921.[4] Under Soviet rule, Ukrainians experienced limitations on economic and political freedom, and Ukrainian culture was regularly oppressed.[5] The horrors of the Holodomor (the Great Famine), the Nazi occupation of Ukraine, and the Chornobyl disaster had a profound impact on the country. Until Ukraine's independence in 1991, much of this collective trauma went unprocessed and globally unacknowledged.[6] The trauma of these events has been passed down trans-generationally in affected families, shaping the ability of some modern day Ukrainians to cope, trust, and form relationships.[7]

The start of the illegal military annexation of Crimea and the use of hybrid warfare to take over parts of Luhansk and Donetsk oblasts in 2014 was the start of the Russo-Ukrainian War, which culminated in Russia's full-scale invasion of Ukraine on February 24, 2022. Since 2015, more than 3.5 million people affected by the crises have been in need of humanitarian assistance.

1   Ukrainian Center for Social Reforms (UCSR), State Statistical Committee (SSC), Ministry of Health (MOH) & Macro International Inc. (2008).

2   UNESCO. (2022). *Institute for Statistics: Ukraine.* Retrieved from: http://uis.unesco.org/en/country/ua

3   The Kyiv Independent. (2023). *Kyivan Rus, then and now.* Retrieved from: https://kyivindependent.com/kyivan-rus-then-and-now

4   Aandahl, N. B. (2022, March 2). *The struggle for Ukrainian self-determination and identity.* Centre for Strategic and International Studies. Retrieved from: https://www.csis.org/analysis/struggle-ukrainian-self-determination-and-identity

5   Ibid.

6   University of Minnesota. (n.d.). *Holodomor: The Ukrainian Genocide.* College of Liberal Arts Holocaust and Genocide Stories. Retrieved from: https://cla.umn.edu/chgs/holocaust-genocide-education/resource-guides/holodomor

7   Bezo, B., & Maggi, S. (2015). Living in "survival mode:" Intergenerational transmission of trauma from the Holodomor genocide of 1932–1933 in Ukraine. *In Social Science & Medicine* (Vol. 134, pp. 87–94). Elsevier BV. https://doi.org/10.1016/j.socscimed.2015.04.009

2.3 Political

The history of centuries-long occupation led to low levels of political trust in public and political institutions.[8] Since independence, Ukraine's political leadership has, at times, supported closer ties with Russia, and at other times supported closer ties to the European Union. This dynamic has been compounded by internal conflicts and tensions over Ukraine's political future, which have been periodically provoked by Russia, in order to maintain their influence over Ukrainian politics and sphere of information.[9] Ukraine has a semi-presidential governmental system. The head of state is the President of Ukraine, and the supreme body of state power is the Parliament of Ukraine. Despite the war, since 2014, Ukraine has provided a wide range of reforms on health care, decentralisation and digitalisation.

2.4 Religious

Most Ukrainians are religious, with regional differences in the extent of religious identification and the specific religions practised. Eastern Orthodoxy is the most prevalent religion, followed by Greek Catholicism. In the 20th century, the Soviet Union established collectivism and state atheism, exiling the Independent Ukrainian Orthodox Church and the Greek Catholic Church.[10] Since the present war, membership in the Russian Orthodox Church (ROC) in Ukraine has decreased to 4% (from 18% before the war), with membership in the Orthodox Church of Ukraine increasing to 54%.[11] Religious practices such as confessions or meetings with priests and chaplains are an important source of social and emotional support in Ukraine.

2.5 Family and Gender Relations

Families in Ukraine tend to be extended and include many relatives. Elderly parents are highly respected, and power and authority are generally attributed to the older generation. Growing poverty as a result of the war is affecting emotional closeness within families, and increasing the use of potentially abusive and neglectful parenting practices.[12] Whilst the families used to follow quite patriarchal gender roles, family separations due to the war have led to radical changes in systems of support, household structure and family roles, with mothers remaining as the central pillar of the family. The war has resulted in increased reports of family violence and child abuse, changes in parent-child relations related to income generation, and older children taking on new caregiving roles.[13,14]

8   Bikus, Z. (2019). *World-Low 9% of Ukrainians Confident in Government.* Gallup. Retrieved from: https://news.gallup.com/poll/247976/world-low-ukrainians-confident-government.asp

9   Masters, J. (2023). *Ukraine: Conflict at the Crossroads of Europe and Russia.* Council on Foreign Relations. Retrieved from: https://www.cfr.org/backgrounder/ukraine-conflict-crossroads-europe-and-russia

10 Mankoff, J. (2018). The Orthodox Schism in the Shadow of Empire. Center for strategic and international studies. Retrieved from: https://www.csis.org/analysis/orthodox-schism-shadow-empire

11 Grushetskyy, A., (2022). *Dynamics of Religious Self-Identification of The Population of Ukraine: Results Of A Telephone Survey Conducted On July 6–20, 2022.* Kyiv International Institute of Sociology. Retrieved from: https://www.kiis.com.ua/?lang=ukr&cat=reports&id=1129&page=1 [In Ukrainian]

12 Burlaka, V., Serdiuk, O., Nickelsen, T., Tkach, B., & Khvorova, H. (2018). Family life education in Ukraine. In: Robila, M., Taylor, A. (eds) Global perspectives on family life education, Springer, Cham, 329-343. ISBN 978-3-319-77588-3 89 (web version) – https://doi.org/10.1007/978-3-319-77589-0_21

13 Burlaka, Viktor, Hong, J. S., Thornberg, R., Serdiuk, O., Panok, V., Danylenko, H., … & Jones, W. (2023). Parenting practices, bullying perpetration, and conduct problems among Ukrainian children. Child Abuse & Neglect, 106508. https://doi.org/10.1016/j.chiabu.2023.106508

14 Kavanová, M., Prokop, D., Škvrňák, M., Levinský, M., Kunc, M., & Bicanová, J. (2022). Voice of Ukrainians: Education, housing, employment, poverty, mental health. Retrieved from: https://ec.europa.eu/migrant-integration/library-document/voice-ukrainians-czech-republic-mental-health_en

2.6 Economic

Ukraine ranks within the lower- to middle-income group among European and Central Asian countries.[15] Inequality, poverty and corruption rates in Ukraine are high; child poverty in particular is an issue.[16] There is distrust in governmental systems, and healthcare and social care systems are often perceived as being abusive and unable to protect basic needs.

Agriculture is the most important sector of the economy. Extensive infrastructure damage due to the war has inflicted devastating economic and social losses to Ukraine, forcing businesses to close or relocate.[17] Almost 5 million jobs have been lost and is estimated to potentially increase to 7 million.[18]

2.7 General Health

The top three causes of death in Ukraine are ischemic heart disease, stroke, and HIV/AIDS.[19] Multidrug-resistant tuberculosis constitutes a significant epidemic, and COVID-19 was associated with significant fatalities.[20,21]

Ukraine's health care system was reformed in 2017, moving from a highly centralised health-care to a new system focusing on family medicine.[22] The reform also led to significant changes in mental health care, where more funds have been shifted to community-based and outpatient services, as opposed to inpatient care. The war has brought major challenges to health service provisions. Since February 2022, the WHO has verified more than 325 attacks on healthcare facilities in Ukraine, with many facilities having been damaged, some beyond the possibilities for restoration.[23,24]

15 The World Bank Group (2022) *The World Bank data GPD per capita, PPP Ukraine.* Retrieved from: https://data.worldbank.org/indicator/NY.GDP.PCAP.PP.CD?locations=UA

16 Markina, O. (2022). Taxation, Inequality, and Poverty: Evidence from Ukraine. *Central European Economic Journal, 9*(56), 1–18. https://doi.org/10.2478/ceej-2022-0001

17 OECD (2022). Social policies for an inclusive recovery in Ukraine in OECD *Policy Responses on the Impacts of the War in Ukraine.* OECD Publishing, Paris. https://doi.org/10.1787/506fcefb-en

18 The World Bank Group (10 Apr 2022). *Russian Invasion to Shrink Ukraine Economy by 45 Percent this Year.* Retrieved from: https://www.worldbank.org/en/news/press-release/2022/04/10/russian-invasion-to-shrink-ukraine-economy-by-45-percent-this-year

19 World Health Organisation Data (2024). *Ukraine.* Health data overview for Ukraine. Retrieved from: https://data.who.int/countries/804

20 World Health Organisation Europe (2021). *World Tuberculosis Day: supporting Ukraine in scaling up TB diagnosis and treatment.* Retrieved from: https://www.who.int/europe/news/item/23-03-2021-world-tuberculosis-day-supporting-ukraine-in-scaling-up-tb-diagnosis-and-treatment

21 Ministry of Health of Ukraine (2022). *Operational information on the spread of coronavirus infection COVID-19.* Retrieved from: https://moz.gov.ua/article/news/operativna-informacija-pro-poshirennja-koronavirusnoi-infekcii-2019-cov19

22 Power, T. and Suvalo, O. (2021). Developing a capacity-building programme to support a mental health service modernisation pilot project in Lviv region of Western Ukraine. *BJPsych International, 18*(2), pp.40-42. https://doi.org/10.1192/bji.2020.23

23 Attacks on healthcare in Ukraine (2023). Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System. Retrieved from: https://www.attacksonhealthukraine.org/

24 International Technology Transfer Center (ITTC) Ukraine (2022). *Desk Review: Support for People with Substance Use Disorder in Ukraine During the War.* Retrieved from: https://ittcnetwork.org/ITTC/resourceDetails.aspx?resourceID=244

3. Mental Health, Concepts of Self and Help-seeking Patterns

3.1 Epidemiological Studies of Mental Disorders

Ukraine's prevalence rates for most mental health disorders are comparable to the regional prevalence rates for Eastern Europe. However, the estimated suicide rate in Ukraine is higher than the regional average; men, in particular, have a high rate of suicide.[25] The prevalence of alcohol use disorders is much higher in Ukraine than globally, with men having a higher estimated prevalence than women. Opiate usage contributes to the spread of infectious diseases like HIV, Hepatitis B and C, and tuberculosis.[26] COVID-19 resulted in a higher burden of poor mental health in Ukraine, especially people with a history of chronic somatic conditions and/or mental health disorders.[27]

Internally displaced persons (IDPs) and those living under occupation or along the front line show higher rates of mental disorders.[28] In 2016, 32% of IDPs in Ukraine experienced post-traumatic stress disorder (PTSD) and 22% had depression, compared to 8% and 6.3% in the general population, respectively.[29] Comorbidity of mental health disorders among IDPs also has consequences for quality of life.[30]

A recent report based on interviews with adults in five regions of Ukraine showed that three in four had experienced mental health deterioration since the beginning of the war.[31] More than half reported not needing mental health counselling, with only 16% stating they needed it. Gender, geographic location and age were found to be important risk factors.

3.2 Concepts of Self and Personhood

Cultural concepts of self and personhood, particularly the relationship between the body, soul, and spirit, influence help-seeking behaviour in Ukraine. People tend to undervalue their own problems and report confidence in their ability to cope independently; people with mental health problems may be hidden from the community, and limited help is sought due to the high levels of stigma associated with mental health issues.[32] The legacy of Soviet rule has also contributed to general feelings of disempowerment among the population, often resulting in unwillingness to take initiative and accept responsibility for finding solutions outside of established practice.[33]

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25 WHO Mental Health and Substance Use Team (2021). *Suicide worldwide in 2019: Global health estimates*. Retrieved from: https://www.who.int/publications/i/item/9789240026643

26 Center for Mental Health and Monitoring of Drugs and Alcohol of Ministry of Health of Ukraine (2021). *Yearly national report*. Retrieved from: https://cmhmda.org.ua/wp-content/uploads/2022/01/dani-zvitu-2021-2020-rik.pdf

27 Frankova, I., Khaustova, O., Vysotska, O., & Chaban, O. (2021). P. 0808 Mental health status of medical doctors during COVID-19 epidemic in Ukraine. European Neuropsychopharmacology, 53, S591. https://doi.org/10.1016%2Fj.euroneuro.2021.10.669

28 Kuznestsova, I., Mikheiva, O., Catling, J., Round, J., & Babenko, S. (2019). The Mental Health of IDPs and the general population in Ukraine. *University of Birmingham & Ukrainian Catholic University.* http://dx.doi.org/10.5281/zenodo.2585564

29 Roberts, B., Makhashvili, N., & Javakhishvili, J.(2017). *Hidden burdens of conflict: Issues of mental health and access to services among internally displaced persons in Ukraine*

30 Kuznestsova, I., Mikheiva, O., Catling, J., Round, J., & Babenko, S. (2019). The Mental Health of IDPs and the general population in Ukraine. *University of Birmingham & Ukrainian Catholic University.* http://dx.doi.org/10.5281/zenodo.2585564

31 Gradus Research Plus (2022) *State of Ukrainians Mental Health. The attitude towards psychological help during the war,* Retrieved from: https://gradus.app/documents/313/Gradus_Research___Mental_Health_Report_ENG.pdf

32 Ibid.

33 Power, T. and Suvalo, O. (2021). Developing a capacity-building programme to support a mental health service modernisation pilot project in Lviv region of Western Ukraine. B*JPsych International, 18*(2), pp.40-42. https://doi.org/10.1192/bji.2020.23

3.3 Help-seeking Patterns, Coping and Idioms of Distress

There is a strong stigma associated with mental health services in Ukraine. When Ukraine's mental health care system was under the Soviet Union, human rights violations and psychiatric institutionalisation were used as a punishment for political dissenters, which resulted in a high level of stigmatisation, distrust and misbeliefs about institutionalised psychiatric services, leaving many Ukrainians sceptical and even fearful of psychiatry and psychology.[34,35] In particular, suicidal thoughts are hidden due to fear of involuntary hospitalisation.

Seeking help from a mental health specialist is considered by many to be a sign of weakness. Similarly, many consider it better to avoid individuals with mental health disorders, to avoid being affected by such problems themselves.[36] Similarly, there is a lack of knowledge and insight about most mental health disorders and effectiveness of treatment, with mental health problems being perceived to result from personal guilt, laziness, or punishment for bad actions.[37,38] Because of shame and fear, psychological symptoms are often hidden, and distress is instead communicated through bodily symptoms or somatisation.[39]

The main barriers to mental health care access are poor accessibility of services, high cost, lack of awareness of mental health issues, high levels of stigma and poor communication skills of health providers.[40,41] Help-seeking behaviour tends to be directed toward spiritual leaders and practices instead. The younger generation is more likely to accept mental health issues as being a result of stress or brain disorders and seek help.[42] Humour, laughter and farming or gardening are among the positive coping mechanisms employed.[43]

34 Van Voren, R. (2018). *Social care homes in Ukraine*. Kharkiv Human Rights Protection Group. Retrieved from: https://khpg.org/en/1527018373

35 Keukens, R., Sartorius, N., Thornicroft, G. & van Voren, R. (2020). Inside Ukrainian social care homes. *Lancet 394,* 2209–2211.

36 Kyiv International Institute of Sociology (2018). *Mental health in Donetsk and Luhansk oblasts.* Reliefweb. Retrieved from: https://reliefweb.int/report/ukraine/mental-health-donetsk-and-luhansk-oblasts-2018-enuk

37 Quirke E, Klymchuk V, Suvalo O, Bakolis I, Thornicroft G. (2021). Mental health stigma in Ukraine: cross-sectional survey. *Global Mental Health* 8, e11, 1–12. https://doi.org/10.1017/gmh.2021.9

38 Burlaka, V., Churakova, I., Aavik, O. A., Staller, K. M., & Delva, J. (2014). Attitudes toward health-seeking behaviors of college students in Ukraine. *International Journal of Mental Health and Addiction, 12,* 549-560. https://doi.org/10.1007/s11469-014-9483-4

39 Cheung, A., Makhashvili, N., Javakhishvili, J., Karachevsky, A., Kharchenko, N., Shpiker, M., & Roberts, B. (2019). Patterns of somatic distress among internally displaced persons in Ukraine: analysis of a cross-sectional survey. *Social Psychiatry and Psychiatric Epidemiology, 54,* 1265-1274. https://doi.org/10.1007/s00127-019-01652-7

40 Roberts, B., Makhashvili, N., & Javakhishvili, J.(2017). *Hidden burdens of conflict: Issues of mental health and access to services among internally displaced persons in Ukraine.* International Alert/GIP-Tbilisi/London School of Hygiene and Tropical Medicine 2017. Retrieved from: https://www.international-alert.org/app/uploads/2021/08/Ukraine-Hidden-Burdens-Conflict-IDPs-EN-2017.pdf

41 Quirke E, Klymchuk V, Suvalo O, Bakolis I, Thornicroft G. (2021). Mental health stigma in Ukraine: cross-sectional survey. *Global Mental Health 8*, e11, 1–12. https://doi.org/10.1017/gmh.2021.9

42 Gradus Research Plus (2022) *State of Ukrainians Mental Health. The attitude towards psychological help during the war,* Retrieved from: https://gradus.app/documents/313/Gradus_Research___Mental_Health_Report_ENG.pdf

43 International Medical Corps (April 2022). Rapid Mental Health and Psychosocial Support Situational Analysis IMC. Retrieved from: https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2022/05/IMC-2022-Ukraine-MHPSS-Rapid-Situational-Analysis.pdf

4. Formal and Informal Resources for MHPSS in Ukraine

4.1 Mental Health Policy, Legislative Framework and Leadership

The mental health care system is not one integrated system but is divided among several ministries. Recent policy changes, resulting from the efforts of First Lady Olena Zelenska, have led to an increased focus on mental health and greater coordination among diverse ministries and agencies.[44] However, there remain several challenges in community mental health service provision in Ukraine, such as a lack of human resources and integrating mental health into general health care to allow access to these services through primary care. Training activities to meet these objectives began at the national level in 2022. Furthermore, recent positive policy developments have led to the creation of 24 Civilian Support Coordination Centres that aim to solve social protection issues, including providing psychosocial and medical assistance in each oblast.[45]

4.1.1 Mental Health Care Policy

Despite recent efforts at decentralisation, the mental health system is still highly institutionalised, and most psychiatric beds are located in large psychiatric institutions close to major cities. Though some recent successful reform packages (e.g. on inpatient psychiatric care, and treatment of opioid users) have been passed, there are still insufficient funds for mental health services and insufficient attention paid to prevention, mental health care at primary level, psychotherapeutic services, rehabilitation activities and community-based mental health services.[46,47] Another challenge is the limited number of national treatment standards for specific psychiatric disorders, slowing down the implementation of evidence-based proto-cols.[48]

4.1.2 Social Care Policy

Social care is represented by departments of social protection at the regional and community levels, and it is also involved in service provision for people with mental disorders or intellectual disabilities. Although a new framework for social services on a community level was developed in 2017, funds are still primarily allocated to institutions, resulting in insufficient support for community services. This, coupled with the closure of numerous institutions, has created a gap in service provision.

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44 Ministry of Healthcare of Ukraine (2022, June 20). *Office of First Lady, Ministry of Health and partners launch National Mental Health and Psychosocial Support Program.* Government Portal. Retrieved from https://www.kmu.gov.ua/en/news/ofis-pershoyi-ledi-moz-ta-partneri-zapuskayut-nacionalnu-programu-psihichnogo-zdorovya-ta-psihosocialnoyi-pidtrimki

45 Verkhovna Rada of Ukraine (09 May 2023) *About the coordination center for the support of the civilian population.* Retrieved from: https://zakon.rada.gov.ua/laws/show/470-2023-%D0%BF#Text [in Ukrainian]

46 Ministry of Health of Ukraine (2022b). *On the approval of the Procedure for providing psychiatric care by a mobile multidisciplinary team.* Retrieved from: https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-06092022--1600-pro-zatverd-zhennja-porjadku-nadannja--psihiatrichnoi-dopomogi-mobilnoju-multidisciplinarnoju-komandoju?preview=1

47 Verkhovna rada of Ukraine (2022). *On Amendments to Resolutions of the Cabinet of Ministers of Ukraine No. 410 of April 25, 2018 and No. 1440 of December 29, 2021.* Retrieved from: https://zakon.rada.gov.ua/laws/show/1268-2022-%D0%BF#Text [in Ukrainian]

48 Order No. 1422 of the Ministry of Health of Ukraine from April 8, 2017. Retrieved from: https://zakon.rada.gov.ua/laws/show/z0530-17#Text [in Ukrainian]

4.1.3   MHPSS in Humanitarian Aid

MHPSS, which can be classified as any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders, has been a part of the humanitarian response in Ukraine since 2015.[49] In 2019, a national MHPSS Technical Working Group (TWG) was established to coordinate the efforts of local and international partners delivering MHPSS programming. The TWG has adapted international best practices in MHPSS to national strategies and contexts. From March 2022, regional TWG sub-working groups were created. The distribution of MHPSS response across the country is closely aligned with the geographic pattern (proximity to the front line) and distribution of vulnerable groups (i.e., IDPs, etc).[50]

4.1.4   Training Mental Health Human Resources

Increased demand for mental health services has raised concerns about the professional qualifications of mental health practitioners. Formal educational pathways are available for health workers and psychologists, but there is no centralised professional licensing at the governmental level for psychologists and the degree requirements are not regulated by the law in most cases. Professional training for psychologists tends to be theoretical, lacking a competency-based approach and might lack supervised practice.[51] A recent law draft aims to ensure the quality of psychological help and rehabilitation, including requirements for qualifications and legal responsibility of service providers.[52]

Professional training opportunities have increased since the Russian invasion in 2014, with several evidence-based psychological therapy training programmes being offered by professional associations.[53] More recently, non-specialists have also been trained in evidence-based trans-diagnostic, low-intensity psychosocial interventions that can be delivered in community-based settings.[54,55,56,57,58] Further, since 2019, the WHO's Mental Health Gap Action Programme

49 Inter-agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Retrieved from https://www.who.int/publications/i/item/iasc-guidelines-for-mental-health-and-psychosocial-sup-port-in-emergency-settings

50 Key informant interview with Kateryna Krizhik, WHO National MHPSS TWG Ukraine support consultant.

51 Weissbecker, I., Khan, O., Kondakova, N., Poole, L.A. and Cohen, J., 2017. Mental health in transition: assessment and guidance for strengthening integration of mental health into primary health care and community-based service platforms in Ukraine. *Washington, DC: World Bank Group.* Retrieved from: http://documents.worldbank.org/curated/en/310711509516280173/Mental-health-in-transition-assessment-and-guidance-for-strengthening-integration-of-mental-health-into-primary-health-care-and-community-based-service-platforms-in-Ukraine

52 Verkhovna rada of Ukraine (28 June 2023). Law on Amendments Regarding the System of Mental Health Care and Services in the Field of Mental Health. Retrieved from: https://itd.rada.gov.ua/billInfo/Bills/Card/42173

53 World Health Organization, & University of Washington. (2020, July). *Ukraine WHO Special Initiative for Mental Health situational assessment*. [Fact sheet]. Retrieved from: https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

54 World Health Organization (2021). *Self-Help Plus (Sh+): A Group-Based Stress Management Course For Adults.* Retrieved from: https://www.who.int/publications/i/item/9789240035119

55 Goloktionova, A., Kent, S., Khan, O., Jones, A. J., Herchenova, T., Lapayev, O., Kasianchuk, L., Hanna, F., Marie-Fanon, S., Köningstein, H., Karachevskyy, A., Ilkiv, P., Sukhovii, O. (2019). Informing Decisions and Coordinating Actions Between Humanitarian Interventions, Development Programs and National Planning. *Proceedings of the Mental Health & Psychosocial Support (MHPSS) In Eastern Ukraine*.

56 World Health Organization Collaborating Center Vrije Universiteit Amsterdam (2022). *Doing What Matters in Times of Stress (DWM)* (Ukrainian translation). [Mobile app]. https://dwmatters.eu/ https://research.vu.nl/en/organisations/world-health-organization-who-collaborating-center-for-research-a/persons/

57 Goloktionova, A.E. & Mukerjee, M. (2021). Bringing Problem Management Plus to Ukraine: Reflections on the past and ways forward. *Intervention, 19*(1) p. 131. https://journals.lww.com/invn/fulltext/2021/19010/bringing_problem_management_plus_to_ukraine_.18.aspx

58 Bogdanov, S., Augustinavicius, J., Bass, J.K., Metz, K., Skavenski, S., Singh, N.S., Moore, Q., Haroz, E.E., Kane, J., Doty, B. & Murray, L. (2021). A randomized-controlled trial of community-based transdiagnostic psychotherapy for veterans and internally displaced persons in Ukraine. *Global Mental Health, 8*.

(mhGAP) has been implemented in some regions, aiming to improve the provisions of MHPSS in primary healthcare settings.[59]

4.2 Formal Mental Health Services in General Health Care

4.2.1 Mental Health Services in Primary Care

The provision of mental health services in primary care is limited by the current law on psychiatric care, which specifies that diagnosis, screening and case detection should only be carried out by psychiatrists. Family doctors have recently been enabled to prescribe treatment for milder mental health issues, but more training, legislative support and funding for primary care providers is required to fully enact this reform. Community-based mental health services are currently limited or absent, especially in rural areas and small towns.

4.2.2 Specialised Mental Health Services

The majority of Ukraine's mental health professionals are concentrated in specialised care settings, which receive referrals from primary care, general hospitals, emergency services or service users themselves. The specialised mental health care system is comprised mainly of outpatient, inpatient and day services. A significant amount of Ukraine's mental health resources are allocated to inpatient psychiatric treatment facilities.[60]

4.3 Role of the Formal Social and Educational Sector in Psychosocial Support

4.3.1 Psychosocial Support in School Health Services

Psychosocial services within the education sector have existed since 1991. These services lack the tools to support caregivers and the interventions to support a holistic view of developmental needs based on a child-centred approach.[61] Schools in rural areas rarely have a psychologist at school. Since the escalation of the war, 20,000 teachers have taken online Psychological First Aid (PFA) courses with the aim of promoting psychological well-being within school-based activities.[62]

4.3.2 Psychosocial Support in the Formal Social Sector

Supporting people with disabilities and the elderly is a significant challenge, especially due to a smaller number of available social workers resulting from prior funding cuts. Furthermore, the remaining social workers have difficulty receiving supervision. Many social care homes have faced evacuations since February 2022, yet many patients in occupied regions remain unable to evacuate.[63]

59 Governmental portal (07 November 2022) *MoH and WHO signed a memorandum of cooperation in the field of mental health.* Retrieved from: https://www.kmu.gov.ua/news/moz-ta-vooz-pidpisali-memorandum-pro-spivpracyu-u-sferi-psihichnogo-zdorovya

60 Lekhan, V., Rudiy, V., Shevchenko, M., Nitzan Kaluski, D., and Richardson, E. (2015). Ukraine: health system review. *Health Systems in Transition, 17*(2), 1–154

61 Ministry of Education and Science (2019). *The "New Ukrainian School" Programme.* Retrieved from: https://mon.gov.ua/ua/npa/pro-zatverdzhennya-tipovoyi-programi-pidvishennya-kvalifikaciyi-pedagogichnih-pracivnikiv-dlya-roboti-v-umovah-inklyuzivnogo-navchannya-v-zakladah-zagalnoyi-serednoyi-osviti-vidpovidno-do-vimog-koncepciyi-nova-ukrayinska-shkola [in Ukrainian]

62 Ukrinform (07 September 2022) A*lmost 130 operators of the government's "hot lines" have undergone psychological first aid training.* Retrieved from: https://www.ukrinform.ua/rubric-society/3567095-ponad-100-operatoriv-uradovih-garacih-linij-projsli-trening-z-persoi-psihologicnoi-dopomogi.html [in Ukrainian]

63 Kharchenko, V., Fedorovych, I., Avtukhov, K., Tarasova, M., Prashko, O., Temchenko O. (2023). Summary of the analytical review *'Invisible victims of war: people at places of deprivation of liberty'.* Fight for right. Retrieved from: https://ffr.org.ua/wp-content/uploads/2023/06/Summary-of-the-analytical-report-Invisible-victims-of-war-people-in-places-of-deprivation-of-liberty.pdf

4.4   Role of the Informal Social Sector in Psychosocial Support

The informal social sector engaged in psychosocial support consists of international NGOs (INGOs) and multilateral agencies, as well as Ukrainian NGOs, community organisations and other sources of support such as church and natural healers. Since 2014, there has been a rise in Ukrainian volunteer-led and civil society organisations involved in MHPSS. Most initial NGO-led MHPSS activities prior to 2022 took place in the Donetsk and Luhansk regions, where they played a critical role in activities like establishing community centres for older adults, organising child-friendly spaces and providing psychosocial support activities. Currently, civil society organisations provide services to a range of vulnerable populations, including veterans, families and children.[64,65,66]

4.5   Vulnerable Populations and Access to MHPSS

4.5.1   Internally Displaced Persons

According to a nationwide survey, IDPs present with a high prevalence of mental health symptoms and there is a large gap between the number of people who could benefit from MHPSS care but are not receiving it.[67] When adult IDPs seek support during migration or right after displacement, it tends to not be for themselves but predominantly for their children. Social and economic challenges remain top challenges for IDPs.

4.5.2   Survivors of Sexual and Gender Based Violence

There is a network of specialised services for survivors of sexual and gender based violence (SGBV), including day hospitals, a national free hotline and mobile psychosocial support groups.[68] Clinical management of SGBV survivors is currently unavailable in most primary healthcare centres and hospitals, mainly due to a lack of staff or training.[69] There is an emerging recognition of SGBV as a societal issue, rather than a personal problem; however, victim-blaming and stigma remain high amid the lack of integration of MHPSS and SGBV services.

4.5.3   Military Service Members and Veterans

During active service, injured combatants are referred to military hospitals under the authority of the Ministry of Defence. Those facilities receive patients with multimorbid pathology, and if mental health support is needed, mental health staff or professionals from recognized NGOs are available within psychiatry departments. After demobilisation, veterans may receive mental health support in civilian facilities.

4.5.4   People of Older Age

People of older age often remain in smaller towns and villages, especially in the east. Older people with disabilities are less likely to flee due to reduced mobility, reluctance to abandon

64 Veteran Hub. Retrieved from: https://veteranhub.com.ua [In Ukrainian]

65 Blue bird. Retrieved from: http://hostage.org.ua [In Ukrainian]

66 Association of parents of prematurely born children "Early Birds". Retrieved from: https://ranniptashky.org/en

67 Roberts, B., Makhashvili, N., Javakhishvili, J., Karachevskyy, A., Kharchenko, N., Shpiker, M. and Richardson, E., 2019. Mental health care utilisation among internally displaced persons in Ukraine: results from a nation-wide survey. *Epidemiology and psychiatric sciences, 28*(1), pp.100-111. https://doi.org/10.1017/s2045796017000385

68 United Nations Office for the Coordination of Humanitarian Affairs (2022, July 12). *Lives on Hold: Profiles and Intentions of Refugees from Ukraine #1*. Retrieved from: https://data.unhcr.org/en/documents/details/94176

69 WHO (23 June 2023). *HeRAMS Ukraine Baseline Report 2023: Operational status of the health system, November 2022 – May 2023*. Retrieved from: https://www.who.int/publications/m/item/herams-ukraine-baseline-report-2023-operational-status-of-the-health-system-nov-2022-may-2023-en

their homes and the lack of economic resources. They primarily rely on general practitioners, social services and volunteer support.

4.5.5　Children and Caregivers

Displacement has placed women and children at increased risk of SGBV, abuse, psychological trauma, trafficking and family separation. More than 1.2 million children are estimated to be internally displaced in Ukraine and more than 19,000 are estimated to have been transferred to Russia or Russian-controlled territory.[70] Children living outside their families, in residential institutions for children without parental care or in boarding schools, unaccompanied and separated children, and children with disabilities, have been particularly impacted.[71] Children and caregivers mostly receive informal community-based MHPSS from international and national organisations, and school-based mental health services.

4.5.6　People with Disabilities

People with disabilities living in institutions are at heightened risk of suffering from overcrowded facilities in addition to abuse and other protection violations in the absence of monitoring.[72] There are several barriers to safe evacuation and the ability to seek refuge. People with mental health disabilities are highly dependent on the state social protection system, relying on special assistance from social care at home, community-based services, or specialised long-stay care.

4.6　Role of the Non-Allopathic Health System in MHPSS

Approximately 5.5 million Ukrainians receive services from alternative healers.[73] The utilisation of such services may be linked to limited access to formal health care in rural areas, as well as the lack of trust in doctors and the health care system overall.[74] Most alternative healers do not possess any medical training or other accredited professional training or certification; the government has attempted to regulate the field.[75,76]

4.7　Role of End-User Organisations (People with Lived Experiences)

End-user organisations are in the early stages of development in Ukraine, and their role in policymaking is still limited. This could be linked to service users' fear of disclosure, social stigma, or the lack of governmental support for service users' involvement in the mental health policy process.

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70 UNICEF. (2023) U*kraine and Refugee Response Appeal. Humanitarian Action for Children.* Retrieved from: https://www.unicef.org/appeals/ukraine

71 Ibid.

72 Handicap International. (October 2022). *Humanity & Inclusion Ukraine, 'Fact sheet: A focus on persons with disabilities and provision of emergency health services'.* Retrieved from: https://www.hi.org/sn_uploads/document/Factsheet-Ukraine-Advocacy-EN-final-14102022.pdf

73 Weissbecker, I., Khan, O., Kondakova, N.M., Poole, L.A., & Cohen, J.T. (2017). Mental health in transition: assessment and guidance for strengthening integration of mental health into primary health care and community-based service platforms in Ukraine. https://www.semanticscholar.org/paper/Mental-health-in-transition-%3A-assessment-and-for-of-Weissbecker-Khan/f97d832e29e28f32d24344c96f365dde435da183?sort=relevance&citationIntent=background

74 Stickley, A., et al. (2013). Prevalence and factors associated with the use of alternative (folk) medicine practitioners in 8 countries of the former Soviet Union. BMC Complementary and Alternative Medicine, 13:83. (as cited in Lekhan, 2015)

75 Lekhan, V., Rudiy, V., Shevchenko, M., Nitzan Kaluski, D., and Richardson, E. (2015). Ukraine: health system review. *Health Systems in Transition, 17*(2), 1–154, ISSN 1817–6127 (web version) - https://iris.who.int/handle/10665/176099

76 Verkhovna Rada of Ukraine § 2802-XII (2021). *Fundamentals of the legislation of Ukraine on healthcare of 1992.* Retrieved from: https://zakon.rada.gov.ua/laws/show/2801-12?lang=en#Text

5. Challenges, Opportunities and Recommendations for MHPSS in Ukraine

5.1 National Level MHPSS

5.1.1 National Level Challenges, Gaps and Opportunities

The occupation of Crimea and Ukraine's eastern regions, followed by the current full-scale Russian invasion, has negatively impacted the population's psychosocial wellbeing and the need for MHPSS remains high. These events have also raised public interest in mental health issues, driven reforms in many sectors, and introduced several evidence-based practices by international and local organisations. With Ukraine being a large country, the challenges, gaps and opportunities for MHPSS vary by location. In December 2022, an Operational Roadmap "Ukrainian Prioritised Multisectoral Mental Health and Psychosocial Support Actions During and After the War" was published.[77] In 2023, the Ukrainian First Lady, Olena Zelenska, and partner organisations launched a nationwide communication programme on mental health.[78] Recommendations for MHPSS programmes in Ukraine aim to complement and strengthen existing MHPSS services and planned reforms, acknowledging the Ukrainian government's substantial investment in mental health.

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77 OCHA Services. *Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War':* Operational Roadmap, 2023. Retrieved from: https://reliefweb.int/report/ukraine/ukrainian-prioritized-multisectoral-mental-ealth-and-psychosocial-support-actions-during-and-after-war-operational-roadmap-enuk?_gl=1%2Auikhqm%2A_ ga%2AMTQ3NzY1MzIyNS4xNjg4OTk1MzA1%2A_ga_E60ZNX2F68%2AMTY5NTY0MjAyMC4xNy4xLjE2OTU2NDI4NDIuNTk-uMC4w

78 Ty yak? (2023). Nationwide program on mental health. Retrieved from https://www.howareu.com [In Ukrainian]

5.1.2   National Level Recommendations

— Strengthen mechanisms for cross-sectorial collaboration on MHPSS.

— Ensure MHPSS initiatives in Ukraine are localised and sufficiently contextualised to local contexts and realities.

— Continue to support the Government of Ukraine to develop and implement ongoing policy reforms on decentralising mental health care services to ensure the availability of mental health services to meet the growing need among Ukrainian communities.

— Establish multidisciplinary stakeholder groups, including people with lived experience, survivors of adverse events, CSOs and INGOs, to advise MHPSS initiatives at the local and national levels.

— Scale up the integration of scalable evidence based mental health interventions into primary health care and psychosocial low intensity interventions into social workplace services

— Strengthen and ensure MHPSS services for different target populations (first responders, veterans, care givers and families)

— Foster the coordination of the growing number of MHPSS helplines and digital self-help mental health interventions.

— Develop evidence to inform best practices in multi-sectoral, community based MHPSS care for Ukrainian communities.

— Ensure consistent and coordinated monitoring of needs among MHPSS actors, including authorities, INGOs and local NGOs.

— Initiate high-quality implementation research on MHPSS initiatives in Ukraine to contribute to the defined global research priorities for a practice-based 2021–2030 MHPSS agenda.

— Support research initiatives that inform the development of future MHPSS initiatives to address long-term traumatic consequences of war for the Ukrainian population.

— Build on lessons learned from the humanitarian MHPSS response during the acute phase and support integrating these lessons learned into preparedness plans.

5.2 MHPSS in Recently Liberated Territories

5.2.1 Challenges, Gaps and Opportunities for Recently Liberated Territories

The recently liberated areas of eastern and southern Ukraine are still facing safety concerns, as well as issues with infrastructure and access to basic goods and services.[79,80] In particular, destroyed healthcare facilities and mines cause concern.[81,82] The local communities experienced various potentially traumatic events, and there is distrust and suspicion as a result of previous occupation. Access remains a key barrier to scaling up MHPSS services.

5.2.2 Recommendations for Recently Liberated Territories

— Integrate MHPSS into services that address basic needs, such as safety, shelter, food, water, sanitation, basic health care and social protection.

— Prioritise community mobilisation activities that support the collective recovery of Ukrainian communities and begin the process of rebuilding trust and social cohesion.

— Ensure re-established access to specialised mental health care and medical supplies, in coordination with the MoH.

— Scale up MHPSS hotlines and online MHPSS services to expand access to Ukrainian communities in liberated territories.

— Ensure access to MHPSS through the coordinated collaboration between mental health helpline services and MHPSS mobile teams.

— Integrate MHPSS into the general response coordination mechanisms of local and international providers operating in recently liberated territories.

— Integrate MHPSS into Victim Assistance and Mine Action to meet the needs of landmine survivors and affected communities.

79 REACH (06 February 2023). *Ukraine crisis.* Retrieved from: https://www.reach-initiative.org/what-we-do/news/ukraine-crisis-supporting-humanitarian-response-in-and-outside-ukraine-with-the-right-data-and-information-products/

80 Schroder, A. (23 March 2022). *Analyzing the Scale of Ukraine's Destruction: An update on civilian casualties, health care attacks, infrastructure damage, and more.* Retrieved from: https://reliefweb.int/report/ukraine/analyzing-scale-ukraine-s-destruction

81 European Ploicy Center (20 February 2023). *What now for the future of Ukraine's healthcare system?* Retrieved from: https://www.epc.eu/en/publications/What-now-for-the-future-of-Ukraines-healthcare-system~4e8784

82 United Nations Office for the Coordination of Humanitarian Affairs (2023). U*kraine: Situation report.* Retrieved from: https://reports.unocha.org/en/country/ukraine

5.3 MHPSS in Territories under Occupation, Blockade, or Military Action

5.3.1 Challenges, Gaps and Opportunities in Territories under Occupation, Blockade or Military Action

According to a 2023 estimation, 14% of internally placed people in need of assistance are in areas under temporary military control of the Russian Federation, limiting possible MHPSS response due to access challenges.[83] The delivery of life-saving aid to people with poor mobility remains challenging, particularly in contested areas where intense hostilities are ongoing.[84] It is difficult to give specific recommendations for the territories under occupation, blockade or military action; however, gradually they will become liberated. It is crucial to track MHPSS practices that work best on recently liberated territories for further planning, preparation and scale-up.

5.4 MHPSS in Territories Near Front Lines

5.4.1 Challenges, Gaps and Opportunities in Territories Near Front Lines

People living in territories near war front lines are living under constant threat. These cities receive wounded military and civilians and are, therefore, in need of medication and health equipment. These regions are lacking appropriate health and mental health facilities, services and staff due to evacuations and forced displacement. Adolescents are often found to be an invisible group in need. For children, residing close to front lines means losing routine, education, social contacts and opportunities.

5.4.2 Recommendations for Territories Near Front Lines

— Strengthen coordination with military, paramedics, and mobile hospitals to overcome barriers to access.

— Facilitate access to MHPSS services through the coordinated collaboration between mental health helpline services and MHPSS mobile teams.

— Establish staff care for first responders to support them to continue their work and minimise risks to their wellbeing.

— Access to shelters, temporary residences, food and basic needs, education, safe spaces, and child-friendly spaces should be facilitated and MHPSS integrated into the different clusters.

— Support youth and peer-led organisations.

83 OCHA (2022). U*kraine Humanitarian needs overview 2023.* Retrieved from: https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk

84 United Nations Ukraine (2022). *Ukraine flash appeal.* Retrieved from: https://ukraine.un.org/en/174703-ukraine-flash-appeal

5.5 MHPSS in Territories Farthest from Front Lines

5.5.1 Challenges, Gaps and Opportunities in Territories Farthest from Front Lines

The Western region of Ukraine received the largest number of IDPs in the early months of the war and has since continued to evacuate older people, psychiatric patients, and whole institutions to the area. This has overwhelmed the local healthcare system, bringing challenges to the entire community. Burnout among helpers is very common. The MHPSS response in territories with many IDPs is strong.

5.5.2 Recommendations for Territories Farthest from Front Lines

— Integrate MHPSS into protection, shelter, camp management, education and health using the minimum service package for MHPSS and community based MHPSS principles and support IDPs to access services in order to address MHPSS needs.

— Support community initiatives aimed at improving social cohesion between IDPs and host communities to reduce negative stereotypes and support the psychosocial wellbeing of IDPs.

— Advocate for access to appropriate religious and cultural supports, including mourning rituals and support groups.

— Strengthen support services for survivors of conflict-related/gender-based violence

— Support integration of mental health programmes into physical rehabilitation in general hospitals and hospitals for service members/veterans.

— Improving capacities in terms of quality through capacity building by taking best community based MHPSS practices from Lviv and expanding them to other oblasts, as well as expanding outreach by setting up direct MHPSS services by humanitarian actors.