

Mental Health and Psychosocial Support in Ukraine:

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

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Colophon

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1. Introduction

This review was conducted in light of the second stage of the full-scale invasion of Ukraine on the 24th of February 2022 by Russia, and the consequent emergency situation. The paper reviews and summarises the available literature relevant to the general context of Ukrainian mental health, including current mental health services provision, and developments in mental health stemming from previous humanitarian emergencies.

PubMed, Medline, Google Scholar and other available databases were searched in order to gather scholarly literature relevant to mental health in Ukraine. The review is supplemented by reports on mental health and psychosocial support (MHPSS) activities implemented in Ukraine, within the context of the emergency response.

The first part of the review describes historical, economic, sociological and anthropological factors essential to a basic understanding of Ukraine and the Ukrainian population. It discusses historic factors that have contributed to both collective and transgenerational trauma, which have in turn affected Ukrainian communities' coping and help seeking behaviours to the present day. It also includes a review of factors, such as the basic epidemiology of mental illness, common beliefs about mental illness, explanatory models, idioms of distress, help seeking behaviour and the relationship with religion.

The second part of the review focuses on an overview of mental health and mental health services collected through key informant interviews with local MHPSS technical working group co-chairs and coordinators.

The review concludes with an overview of key findings, including best practice and gaps in the current state of MHPSS in Ukraine with respect to geographical locations. It provides recommendations to strengthen and scale up MHPSS services, and to improve systems of mental health provision that can support Ukrainian communities within the current context of ongoing war, as well as post-war recovery.

1.1 Rationale for desk review

Following the expansion of the Russian invasion of Ukraine on 24 February 2022, hostilities escalated to an international armed conflict between Ukrainian and Russian Federation armed forces. Although attacks have occurred across Ukraine, including in the capital Kyiv and surrounding regions, the frontline of the war is concentrated in the eastern and southern oblasts, or administrative areas, of Ukraine (Kharkiv, Luhansk, Donetsk, Odesa, Mykolaiv, Kherson and Zaporizhzhia regions). Nevertheless, the bombing of civilian targets far from the frontline, including in Dnipro, Kyiv, Lviv, Mykolaiv, Kharkiv, Khmelnytskyi, Kremenchuk, Odesa, Vinnytsia and other areas, continues to cause infrastructure destruction and casualties among civilian populations driving urgent humanitarian needs.¹

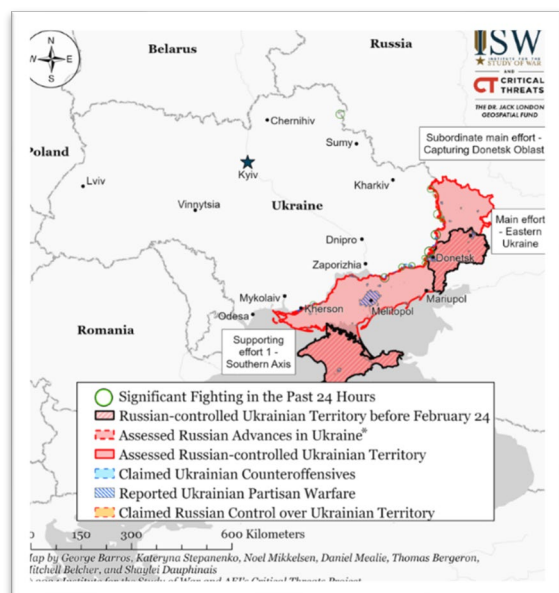


Figure 1. Map of recent hostilities and front lines (Feb 2024)²

The war has resulted in an ongoing, large scale humanitarian crisis. Currently, there are more than 6.3 million refugees recorded globally and 3.7 million internally displaced persons (IDPs) within Ukraine.^{3,4} Given the unpredictable and rapidly changing nature of the conflict, population movements within and across the country are volatile, and change day by day.

¹ United Nations Ukraine. (2022). *Ukraine flash appeal*. Retrieved from: <https://ukraine.un.org/en/174703-ukraine-flash-appeal>

² Critical threats (2024). *Ukraine invasion update*. Retrieved from: <https://www.criticalthreats.org/analysis/ukraine-conflict-updates-ctp-isw>

³ United Nations High Commissioner for Refugees (UNHCR). (2023). *Ukraine emergency*. Retrieved from: <https://www.unrefugees.org/emergencies/ukraine>

⁴ United Nations Office for the Coordination of Humanitarian Affairs. (2023). *Ukraine: Situation report*. Retrieved from: <https://reports.unocha.org/en/country/ukraine>

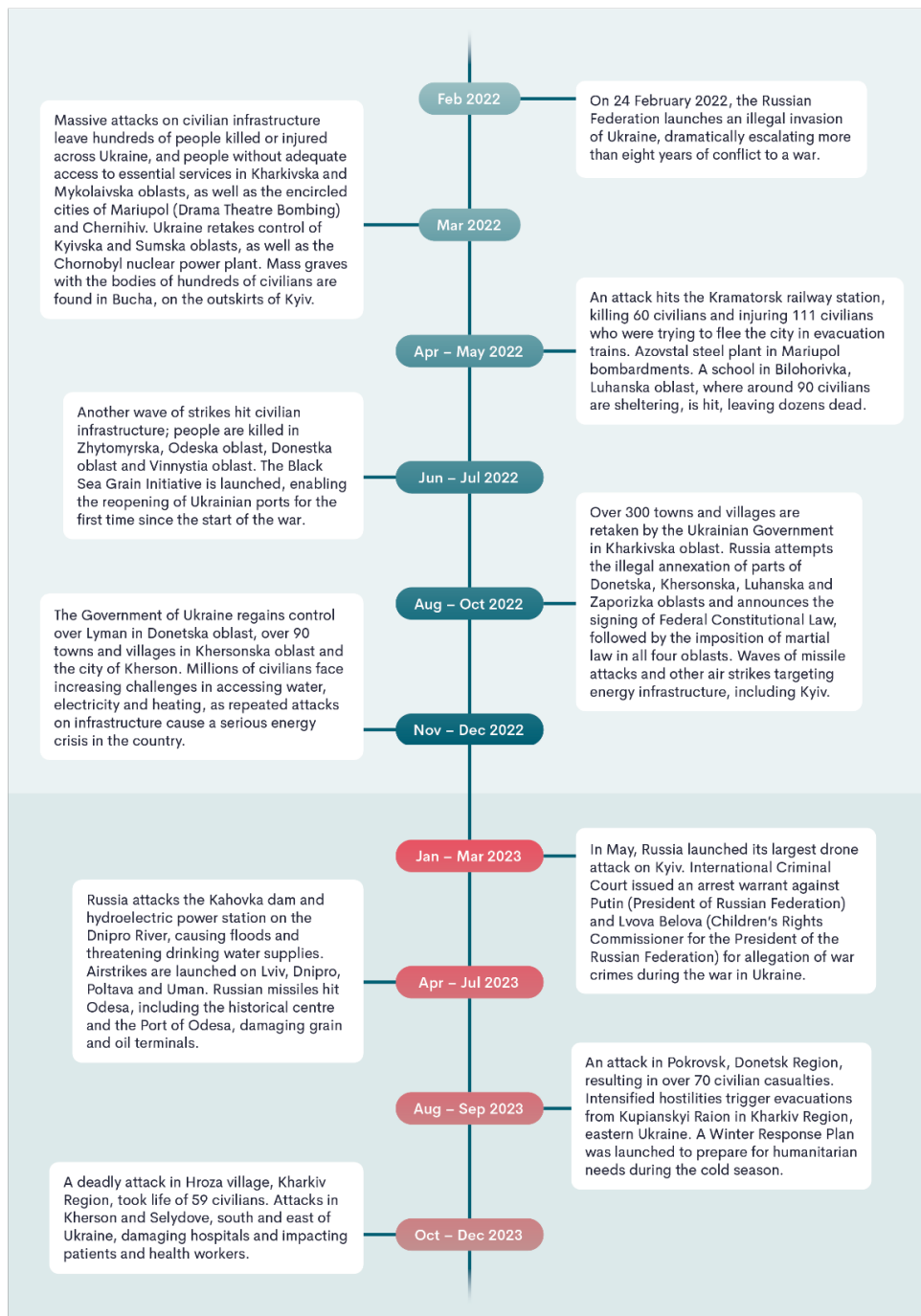


Figure 2. Timeline of events⁵

⁵ OCHA services. (2024). *Ukrainian Humanitarian Needs and Response Plan 2024 (December 2023)*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2024-december-2023-enuk>

The war has forced many Ukrainians into precarious situations, leading to more than 24000 casualties, including 537 children killed and 1117 injured.⁶ Inherent socio-economic risks inside the country, coupled with the influx of aid workers, suppliers and contractors, have all contributed to increase the risks of the vulnerable mobile population to human trafficking, sexual abuse and exploitation.⁷ Past and present allegations of war crimes, crimes against humanity and genocide committed on Ukrainian territory has led the International Criminal Court to open an investigation.⁸ Documented war crimes, violations of human rights and contravention of international humanitarian law have all been committed in Ukraine since 24 February 2022, with Russian armed forces responsible for the vast majority of the violations identified.⁹

As a result, the mental health of all ages of the population has been severely impacted. There are high levels of acute psychological distress, increased risk of the development of future mental health problems, exacerbation of chronic mental health conditions, psychosocial problems, and an increase in substance use due to the long-term chronic nature of the stress experienced. Furthermore, exposure to high intensity traumatic experiences caused by war, terrorism, violence and personal assault, alongside significant disruptions to community support systems, lead to lifelong risks for the development of depression, posttraumatic symptoms, anxiety, sleep problems and somatic symptoms.^{10,11,12} Limited access to psychological and psychiatric support due to high needs, destroyed health facilities and the disrupted system of service provision, staff shortages, pre-existing gaps and high levels of stigma are all likely to increase negative coping

⁶ United Nations Ukraine. (2022). *Ukraine: Civilian casualties as of 16 July 2023*. Retrieved From: <https://ukraine.un.org/en/239657-ukraine-civilian-casualties-16-july-2023>

⁷ 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>

⁸ International Criminal Court. (2022, March 2). *Statement of ICC Prosecutor, Karim A.A. Khan QC, on the Situation in Ukraine: Receipt of Referrals from 39 States Parties and the Opening of an Investigation*. Retrieved from: <https://www.icc-cpi.int>

⁹ United Nations High Commissioner for Refugees (UNHCR). (2023). *Ukraine emergency*. Retrieved from: <https://www.unrefugees.org/emergencies/ukraine>

¹⁰ Jain, N., Prasad, S., Czárth, ZC., et al. (2022). War Psychiatry: Identifying and Managing the Neuropsychiatric Consequences of Armed Conflicts. *Journal of Primary Care & Community Health*, 13. <https://doi.org/10.1177/21501319221106625>

¹¹ Bogic, M., Njoku, A., Priebe, S. (2015) Long-term mental health of war-refugees: a systematic literature review. *BMC International Health and Human Rights*, 15 <https://doi.org/10.1186/s12914-015-0064-9>

¹² Joshi, P. T., & O'Donnell, D. A. (2003). Consequences of child exposure to war and terrorism. *Clinical child and family psychology review*, 6(4), 275-292.

mechanisms, like substance use.^{13,14,15,16} Additionally, substance use can become a major cause of self-harm, suicide and homicide.¹⁷ Therefore, mental health constitutes a leading health risk for the conflict affected population in the course of the coming months.

Community support, primary health care and specialised mental health services required to meet the psychological needs of millions of IDP's and of the general population affected by violence and chronic mental health issues, are compromised¹⁸. Local (mental) health systems are overburdened and, in some areas, non-existent, health-care staff face challenges of understaffing, and are at increased risk of psychological distress, burnout and mental health issues. For that reason, large nongovernmental organisations (NGOs), international organisations and projects providing technical assistance, and UN bodies such as the World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR) play an important role in the delivery of MHPSS in Ukraine and bordering countries¹⁹.

1.2 Description of methodology

The intention of this review is to inform short-, medium-, and long-term efforts to improve mental health care and mental health services in Ukraine by outlining social and cultural issues relevant to Ukrainian mental health care, and by identifying current best practice and gaps in MHPSS service provision. The methodology consists of a review of key literature and Key Informant Interviews (KIIs) with MHPSS technical working group co-chairs and coordinators. The main medical and psychological databases were searched for relevant information, including PubMed, PsycINFO, mhps.net, UNHCR.org, ukraine.un.org and unocha.org, supplemented by Google Scholar and Medline, to retrieve key publications and books relevant to Ukraine. Ukrainian and Russian language documents (including conference reports, peer reviewed publications,

¹³ Ministry of Healthcare of Ukraine (2021, December 2). *Access to health services for people with disabilities is the focus of the Healthcare Guarantee Program*. Government portal. Retrieved from: <https://www.kmu.gov.ua/en/news/dostupnist-medichnih-poslug-dlya-lyudej-z-invalidnistyu-u-fokusi-programi-medgarantij>

¹⁴ 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>

¹⁵ Patel, S. S., Sukhovii, O., Zvinchuk, O., Neylan, J. H., & Erickson, T. B. (2021). Converging impact of the ongoing conflict and COVID-19 pandemic on mental health and substance use disorders in Ukraine. *Journal of emergency management (Weston, Mass.)*, 19(9), 63.

¹⁶ United Nations. Ukraine. (2022, June 3). *One hundred days of war has put Ukraine's health system under severe pressure*. Retrieved from: <https://ukraine.un.org/en/184816-one-hundred-days-war-has-put-ukraines-health-system-under-severe-pressure>.

¹⁷ Inoue, C., Shawler, E., Jordan, CH., Jackson, CA. (2021). *Veteran and Military Mental Health Issues*. StatPearls Publishing, Treasure Island. PMID: 34283458.

¹⁸ WHO's response to the Ukraine crisis: annual report. Copenhagen: WHO Regional Office for Europe; 2023. Licence: CC BY-NC-SA 3.0 IGO. Retrieved from: <https://iris.who.int/bitstream/handle/10665/366417/WHO-EURO-2023-5897-45662-68308-eng.pdf?sequence=9>

¹⁹ Ibid.

newspaper and media articles, blogs, policy documents and reports) were also reviewed. Finally, manual searches were conducted of the reference lists of key papers and books for articles relevant to MHPSS in Ukraine.

The review classified literature and data by:

- a) academic literature
- b) grey literature
- c) assessment reports
- d) policy documents

Literature and data were compiled from over 130 sources. Search terms included the following: Ukraine; mental health; MHPSS; mental illness; psychiatry; psychology; psychosocial support; community based response; humanitarian response; people with lived experience; internally displaced persons; and forcibly displaced persons. The multidisciplinary team included Ukrainian mental health practitioners and others familiar with the region identified additional resources. Qualitative data from KIIs, which followed structured guidance, was used. Participants were included with the aim to involve at least one clinician, an implementer of mental health programmes, and a mental health system policymaker. The research was conducted over twelve months from June 2022 - June 2023.

2. General context

2.1 Geographical, demographic and cultural aspects

Ukraine is one of the largest countries in Europe, currently measuring 603,700 square kilometres.²⁰ It is located in Eastern Europe, bordered by Poland (west), Slovakia (west), Hungary (west), Russia (east) and Belarus (north). Its southern border includes Romania and Moldova, the Black Sea and the Azov Sea. The country is a unitary state divided into 27 administrative regions (oblast) and the capital is Kyiv. According to the latest data for 2022, the population of Ukraine was around 41 million inhabitants internally (Table 1).

The population has been decreasing since 1993. The majority of the inhabitants are concentrated in and around the major urban areas of Kyiv, Kharkiv, Donetsk, Dnipro, Lviv and Odesa, etc., with the rural population at 30.5%.

²⁰ Ukrainian Center for Social Reforms (UCSR), State Statistical Committee (SSC), Ministry of Health (MOH) & Macro International Inc. (2008).

Table 1. Socio-demographic characteristics of Ukrainian population

Population age composition ²¹	Under 14 years	14.9%
	15-64 years	67.5%
	65 years and over	17.6%
Characteristics of households ²²	Average household size, persons	2.46
	Distribution of households with children (%) by the number of children (under 18 years) in their composition:	
	- 1 child - 2 children and more	78.4% 18.9%
Urbanization	Urban population (2023)	70.1%
Literacy	General (2023)	100%
Sex ratio	At birth:	1.06 male(s)/female
	0–14 years:	1.06 male(s)/female
	15–64 years:	0.94 male(s)/female
	65 years and over:	0.52 male(s)/female
	Total population:	0.87 male(s)/female
Life expectancy at birth ²³	Total population:	73.72 years
	Male:	69.1 years
	Female:	78.64 years (2023 est.)
Languages	Ukrainian (official)	67.5%
	Russian	29.6%
	Other	2.9%
Ethnicities	Ukrainian	77.8%
	Russian	17.3%
	Belarusian	0.6%
	Moldovan	0.5%
	Crimean Tatar	0.5%
	Bulgarian	0.4%
	Hungarian	0.3%
	Romanian	0.3%
	Polish	0.3%
	Jewish	0.2%
	Other	1.8%
Religions ²⁴	Eastern Orthodox	62.3%
	Greek Catholic	9.6%
	Jehovah's Witnesses	2%
	Protestant	1.5%
	Roman Catholic	1.2%
	Muslim	0.5%
	Jewish	0.1%

²¹ People. *State Statistical Service of Ukraine* (2022). Retrieved from: <http://vn.ukrstat.gov.ua/index.php/statistical-information/7258--1995-2010.html> [In Ukrainian]

²² Households. *State Statistical Service of Ukraine* (2021). Retrieved from: <http://vn.ukrstat.gov.ua/index.php/statistical-information/7240--1999-2010.html> [In Ukrainian]

²³ Ukraine - The World Factbook. (2023). Retrieved from: <https://www.cia.gov/the-world-factbook/countries/ukraine/#people-and-society>

²⁴ National composition of the population. *All-Ukrainian population census 2001* (2001). Retrieved from: http://db.ukrcensus.gov.ua/MULT/Database/Census/databasetree_uk.asp

Compulsory education lasts 11 years from age 6 to age 16, with a high level of participation in primary, secondary and tertiary education, and a very high literacy rate²⁵ (Table 1). Ukrainian is the official language, other languages include Russian (mostly spoken in Eastern, Central and Southern regions), and the Crimean Tatar-, Romanian-, and Hungarian-speaking populations (closer to the Romanian, Moldavian and Hungarian borders). There are serious differences and tensions arising from language and religion dimensions that are not reflected within general statistics. However, irrespective of geographical location, the majority of Ukrainians speaking other languages (other than Ukrainian) are bilingual.

2.2 Historical aspects

The Russian invasion that started in 2014 became a full-scale invasion in February 2022 and sparked a renewed international interest in the historical trajectory of Ukraine. Its complex history has been shaped by a series of invasions, occupations, deportations and war experiences over centuries that have led to profound suffering for the Ukrainian population and fuelled competing narratives about what it means to be Ukrainian. The historical memory of Ukrainians is fragmented, with evaluations of events varying significantly among different population groups. This phenomenon is further compounded by Russia's historic and contemporary efforts to rewrite Ukrainian history to align with its own narrative of the so-called "unity of brotherhood nations of Russians and Ukrainians."²⁶ In this way, the manipulation of Ukrainian history has been, and continues to be, a weapon of war, making it therefore all the more important to understand the historical events that shape Ukrainian's collective identity, narratives and sense of resilience.

Thousands of years ago, the Ukrainian capital of Kyiv was at the centre of the first Slavic state, called Kyivan Rus. Kyivan Rus was the largest state in Europe during the 9th and 11th centuries, comprising the modern states of Ukraine, Belarus, and a part of Russia.²⁷ In 988 AD, Volodymyr the Great accepted the Christian faith and was baptised in the Crimean city of Chersonesus, resulting in the Christianisation of Kyivan Rus and the start of a shared religious history.²⁸ However, the heritage of Kyivan Rus is contested. For many Ukrainians, Ukraine is the unique inheritor of the Kyivan Rus legacy, while Russians view Kyivan Rus as the original seat of the Russian Empire and the common origin of both the Russian and Ukrainian peoples, thereby

²⁵ UNESCO. (2022). *Institute for Statistics: Ukraine*. Retrieved from: <http://uis.unesco.org/en/country/ua>

²⁶ Putin, V. (2021). *On the Historical Unity of Russians and Ukrainians*. Retrieved from: <http://en.kremlin.ru/events/president/news/66181>

²⁷ The Kyiv Independent. (2023). *Kyivan Rus, then and now*. Retrieved from: <https://kyivindependent.com/kyivan-rus-then-and-now>

²⁸ Foreign Affairs. (2022). *Putin's War on History: The Thousand-Year Struggle Over Ukraine*. Retrieved from: <https://www.foreignaffairs.com/articles/ukraine/2022-04-06>

rationalising their claim that Ukraine has no history of its own.²⁹ Since the time of Middle Ages, Ukraine has been conquered and carved up by various competing powers, such as the Polish and Lithuanian armies (in the West) and the tsardom of Russia (in the East).

After a brief period of Ukrainian self-governance in the seventeenth century, the newly proclaimed Russian Empire gained control over most of modern-day Ukraine in the eighteenth century, with the exception of the western regions of Ukraine, which were occupied by the Austrian Empire.³⁰ The Ukrainian Revolution (also known in Ukraine as the Soviet-Ukrainian War) began in 1917, against the backdrop of the Russian Revolution and defeat of the Austrian-Hungarian empire in World War I.³¹ The signature of the "Act Zluky" (Act of Unity) in 1919 formally united the Russian-occupied and Austrian-occupied Ukrainian states into the independent Ukrainian People's Republic. However, later that year the Bolsheviks invaded the newly independent state and, in 1921, officially claimed victory and integrated Ukraine into the Soviet Union.³²

The Soviet era saw a significant number of potentially traumatic events that have impacted Ukrainian collective identity, culture and collective consciousness. Under the Soviet Union, the Ukrainian Soviet Socialist Republic had little economic or political freedom, and Ukrainian culture was regularly oppressed in favour of enforcing a Russian identity.³³ After a brief cultural revival in the 1920s, which was encouraged by a Soviet policy of "indigenisation" that promoted Ukrainian language and culture, the 1930s saw a policy reversal that resulted in the targeting, arrest and mass exile of hundreds of Ukrainian intellectuals, artists and cultural icons.³⁴ Between 1932 and 1933, a man-made famine resulting from Soviet policy, known as the Holodomor, killed between 4-7 million Ukrainians.³⁵ Mentioning the Holodomor in public discourse was banned by the Soviet regime, and so until Ukraine's independence in 1991, much of the world did not acknowledge the event and few spaces existed for Ukrainians to process this collective trauma.³⁶

²⁹ Kappeler, A. (2014). Ukraine and Russia: Legacies of the Imperial past and Competing Memories. *Journal of Eurasian Studies*, 5(2), 107–115. <https://doi.org/10.1016/j.euras.2014.05.005>

³⁰ Great Ukrainian Encyclopaedia. (2022). *History of Ukraine: New times. 18th century*. Retrieved from: <https://vue.gov.ua> [In Ukrainian]

³¹ Ukrainian Institute of National Memory. (2018). *The Ukrainian revolution of 1917-1921*. Retrieved from: <https://www.loc.gov/item/lcwaN0038974>

³² 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>

³³ Ibid.

³⁴ Bertelsen, O. (2013). The House of Writers in Ukraine, the 1930s: Conceived, lived, perceived. *The Carl Beck Papers in Russian and East European Studies*, (2302). <https://doi.org/10.5195/cbp.2013.170>

³⁵ Gorbunova, V., & Klymchuk, V. (2020). The psychological consequences of the holodomor in Ukraine. *East/West: Journal of Ukrainian Studies*, (Vol. 7, Issue 2, pp. 33–68). <https://doi.org/10.21226/ewjus609>

³⁶ University of Minnesota. (n.d.). *Holodomor: The Ukrainian Genocide*. College of Liberal Arts Holocaust and Genocide Studies. Retrieved from: <https://cla.umn.edu/chgs/holocaust-genocide-education/resource-guides/holodomor>

During World War II, the Nazi occupation of Ukraine (1941-1944) occurred.³⁷ This period saw the death of nearly 4.1 million Ukrainian civilians, including 1.2 million Jewish Ukrainians, with an estimated 2.3 million deported to labour camps in Germany.³⁸

Following the Soviet victory in World War II, the post war period was characterised by further repression and 'Sovietisation' of Ukraine.³⁹ In 1986, an explosion at the nuclear power plant in Chernobyl Ukraine resulted in the deaths of an estimated 4000 people, the exposure of 650 000 first responders to high doses of radiation, and the evacuation of 127 000 civilians from the affected regions.^{40, 41}

It was not until after Ukraine declared its independence on August 24, 1991, following the collapse of the Soviet Union, that it was able to begin to truly process and come to terms with the horrific events of the 20th Century. The opening of previously inaccessible Soviet archives, incorporation of new testimonies forbidden under Soviet rule, and the proliferation of new Ukrainian-led scholarship has opened new discussions about the impact of these events on Ukrainian identity and social consciousness. There is some evidence that 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.⁴² For example, in research conducted among descendants of Holodomor survivors, more than fifty percent of respondents demonstrated negative alterations in mood and cognition that can be linked back to the traumatic events of the Holodomor and the broader context of the Soviet period. Respondents reported anxious attitudes about food scarcity, high levels of distrust toward authorities, disappointment in government, and the need to prioritise family over community needs.⁴³ The authors propose that these responses can be attributed to the transmission of worldviews, attitudes and behavioural strategies through generations that were shaped not only by the traumatic experience of the famine, but also by accompanying political and cultural factors such as deprivation of information and loss of family traditions.⁴⁴

³⁷ Cengel, K. (2022, March 4). *The 20th-century history behind Russia's invasion of Ukraine*. Smithsonian.com. Retrieved from: <https://www.smithsonianmag.com/history/the-20th-century-history-behind-russias-invasion-of-ukraine-180979672>

³⁸ Lower, W. (2007). *Nazi empire-building and the Holocaust in Ukraine*. Univ. of North Carolina Press.

³⁹ Britannica. Ukraine. *Ukraine on the path to independence*. Retrieved from: <https://www.britannica.com/place/Ukraine/Ukraine-on-the-path-to-independence>

⁴⁰ Masyuk, S. C. Ukraine & Trauma: Resilience and Eucharistic Hope. *Didache: Faithful Teaching* 19n1 (Spring 2019 /Winter 2020) ISSN: 15360156 (web version) – <http://didache.nazarene.org>

⁴¹ Bertell, R. (2008). Chornobyl: An Unbelievable Failure to Help. In *International Journal of Health Services* (Vol. 38, Issue 3, pp. 543–560). SAGE Publications. <https://doi.org/10.2190/hs.38.3.i>

⁴² 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>

⁴³ Gorbunova, V., & Klymchuk, V. (2020). The psychological consequences of the holodomor in Ukraine. *East/West: Journal of Ukrainian Studies*, (Vol. 7, Issue 2, pp. 33–68). <https://doi.org/10.21226/ewj.us609>

⁴⁴ Ibid.

Since independence, Ukraine has also had the opportunity to revisit aspects of its history and develop new narratives about the past. These include recognising and commemorating traumatic events of the past and emphasising the periods of Ukrainian sovereignty that occurred between periods of occupation.⁴⁵ Many of these developments were codified through the passage of so-called ‘decommunisation’ laws, which aimed to re-conceptualise Ukraine’s understanding of its national heroes and enemies, and redefine its relationship to World War II and the Nazi Occupation.⁴⁶ Ukraine’s efforts to legislate official historical memory have been viewed by proponents as necessary to rectify a previous ‘Sovietisation’ of history and to promote a strong national identity in the face of ongoing threats of Russian encroachment.⁴⁷ On the other hand, domestic and international criticism has focused on the imposition of such a “unilateral view of history in a country with significant regional differences in collective memory.”⁴⁸ In other words, Ukrainian nationalism has continued to grow since independence, but also continues to be understood differently by different geographic regions with different histories and beliefs, and across different generations of the population.⁴⁹

Over the last twenty years several political crises, including the Orange Revolution (2004-2005), and the Revolution of Dignity (2014) (see section 2.3), have highlighted the ongoing tensions over Ukraine’s future as an independent state. In 2014, the Russian military illegally annexed Crimea, which at that time contained a majority (approximately 60%) of ethnic Russians, some of whom were separatists who supported Russian ascension.⁵⁰ This was the start of the Russo-Ukrainian War, which culminated in Russia’s full-scale invasion of Ukraine on February 24, 2022. This last year of the war has completely changed the country; the mass mobilisation of people showed the high potential of resistance with high numbers volunteering to help the country win, high indexes of unity and consensus for the majority in terms of language, historical perspectives and other issues.

⁴⁵ Aurel, D. (2022). A short history of Ukrainian nationalism — and its tumultuous relationship with Russia. *The Conversation*. Retrieved from: <https://theconversation.com/a-short-history-of-ukrainian-nationalism-and-its-tumultuous-relationship-with-russia-179346>

⁴⁶ Fedinec, C., & Csernicsko, I. (2017). (Re)conceptualization of Memory in Ukraine after the Revolution of Dignity. *In Central European Papers* (Vol. 5, Issue 1, pp. 46–71). Silesian University in Opava. <https://doi.org/10.25142/cep.2017.003>

⁴⁷ Zhurzhenko, T. (2022). Legislating Historical Memory in Post-Soviet Ukraine. In: Barkan, E., Lang, A. (eds) *Memory Laws and Historical Justice*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-94914-3_5

⁴⁸ Ibid.

⁴⁹ Howlett, M. (2022). Nation-building from (below) the grassroots: Everyday nationalism in Ukraine's bomb shelters. *In Journal of the association for the study of ethnicity and nationalism*. (Vol. 29, Issue 1, pp 63-69). <https://doi.org/10.1111/nana.12877>

⁵⁰ Pifer, S., Tanvi Madan, C. R. M., & Jones, B. (2022, March 9). *Crimea: Six years after illegal annexation*. Brookings. <https://www.brookings.edu/articles/crimea-six-years-after-illegal-annexation>

2.3 Political aspects

The Ukrainian political system has a long past, but a short modern history as a post-Soviet state. Following independence from the Soviet Union in 1991, Ukrainian political culture was shaped by several factors, including post-colonialism, new understandings of state nationalism brought back by dissidents and political prisoners after independence, new ideas of democratic state building brought by NGOs and international aid programmes (mainly financed by the EU and US), and a historical memory of democratic traditions from Ukraine's past (such as the Ukrainian National Revolution of 1917-1921 and Ukrainian political movements in Poland and Hungary between WWI and WWII).⁵¹ Centuries of occupation by foreign powers, compounded by a century of traumatic political events (see section 2.2) also impacted Ukrainian political culture by contributing to low levels of political trust in public and political institutions.⁵² For example, sociological research conducted since independence shows rates of trust in the Ukrainian Parliament ranged from 4.6% in 2013 to 16.7% in 2019, while trust in the Cabinet of Ministries was 19.6% in 2010 and 6.2% in 2018.⁵³

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.⁵⁴ Ukraine's Orange Revolution (2004-2005), supported by a number of Ukrainian opposition parties, was prompted by electoral fraud that resulted in the victory of pro-Russian presidential candidate Viktor Yanukovich.⁵⁵ In early 2005, pro-Western President Viktor Yushchenko formally came to power and supported pro-Western policies, such as Ukraine's integration into the European Union. Yanukovich was then fairly elected to the presidency in 2010. Under Yanukovich, Ukraine pulled out of the Ukraine Association Agreement with the EU, triggering large-scale protests in late 2013 and early 2014 at the Kyiv's central Maidan Square. Known as the Revolution of Dignity or the Maidan Revolution, these events triggered another

⁵¹ Betlii, O. (2022). The Identity Politics of Heritage: Decommunization, Decolonization, and Derussification of Kyiv Monuments after Russia's Full-Scale Invasion of Ukraine. In *Journal of Applied History*, (Vol. 4 Issue 1-2, pp. 149-169). <https://doi.org/10.1163/25895893-bja10031>

⁵² 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.aspx>

⁵³ Vorona, V. Reznik, V. (2021). Monitoring social changes in Ukrainian society: Research techniques, indicators and trends revealed from 1992 to 2021. In Institute of Sociology, National Academy of Science of Ukraine: Collection of scientific papers. *Ukrainian Society: monitoring of the social changes. Thirty years of independence*. (Vol 8, Issue 2, pp. 24-48). ISSN 2409-1103 (web version) – <https://i-soc.com.ua/assets/files/monitoring/monitoring-2021dlya-tipografii.pdf> [In Ukrainian]

⁵⁴ Masters, J. (2023). *Ukraine: Conflict at the Crossroads of Europe and Russia*. Council on Foreign Relations. Retrieved from: <https://www.cfr.org/background/ukraine-conflict-crossroads-europe-and-russia>

⁵⁵ The Wilson Center. (2005, March 8). *Orange Revolution: Ukraine votes for change*. Retrieved from: <https://www.wilsoncenter.org/article/orange-revolution-ukraine-votes-for-change>

change in the presidential administration.⁵⁶ It also immediately preceded the Russian military's 2014 occupation of Crimea and the use of hybrid warfare to take over parts of Luhansk and Donetsk oblasts in the East. The occupation, referred to by the Ukrainian government as an Anti-Terrorist Operation (ATO), and later as the Joint Forces Operation, has led to continuous fighting and loss of lives, including both military personnel and civilians.

Since 2015, there has been an ongoing humanitarian emergency response for more than 3.5 million people affected by crisis, including those living along the 400-plus kilometre-long "front line" who have had limited access to essential services such as education and health care, social entitlements and pensions.⁵⁷ The number of IDPs in Ukraine before February 24, 2022 was about 1.6 million. Starting in 2015, people from Donetsk, Luhansk region and Crimea predominantly fled to major cities like Kyiv, Dnipro, Odesa, Lviv and Kharkiv (see section 4.1.). As of 2022, parts of the Eastern (Donetsk, Luhansk) and Southern (Kherson, Mykovaiv, Zaporizhzhia oblasts and Crimea) regions of Ukraine are under the occupation of the Russian Federation, which compromises the lives of an even larger number of people. Additionally, as of 24 February 2022, 5.4 million IDPs are displaced across Ukraine, with Dnipro (15%), Kharkiv (14%), Kyiv oblasts (8%) and Kyiv (9%) as top macro-regions for relocation.⁵⁸

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 Verkhovna Rada of Ukraine (Parliament of Ukraine). Volodymyr Zelensky is the current president. Despite the war, since 2014 Ukraine has provided a wide range of reforms; health care, decentralisation (see section 4.1) and digitalisation. Elections at all levels were also carried out according to democratic principles and recognised by the international community.

2.4 Religious aspects

Ukraine is a secular state according to its Constitution; however, religion has played an essential role in the history and current development of the country, often as an instrument of Russian influence.^{59, 60} The vast majority of Ukrainians are religious (71.7%), with the degree primarily

⁵⁶ Ray, M. (2022, July 5). *Viktor Yanukovich*. *Encyclopedia Britannica*. Retrieved from: <https://www.britannica.com/biography/Viktor-Yanukovich>

⁵⁷ OCHA (2019). *Allocation strategy paper Ukraine Humanitarian Fund 2019 1st Standard Allocation*. Retrieved from: <https://www.unocha.org/sites/unocha/files/2019%20SA%201%20UHF%20Allocation%20Strategy.pdf>

⁵⁸ International office of migration (23 January 2023). *Internal displacement report*. Retrieved from: <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>

⁵⁹ Verkhovna Rada of Ukraine (1996). *Constitution of Ukraine*. Retrieved from: <https://rm.coe.int/constitution-of-ukraine/168071f58b>

⁶⁰ Houston A., Mandaville P. (2022). *The Role of Religion in Russia's War on Ukraine*. United States Institute of Peace. Retrieved from: <https://www.usip.org/publications/2022/03/role-religion-russias-war-ukraine>

depending on geographic location. In the West, 90.7% of the population identify as religious, whereas in Southern Ukraine that level is 58.5%. The Eastern Orthodox religion is the most prevalent (67.3%).⁶¹ Other religions represented are Ukrainian Greek Catholic, Roman Catholic, Protestant, Muslim, Jewish, and Jehovah's Witnesses (Table 1).

The majority of the population that identify as Orthodox are residents of the Centre and the West (78.7% and 45.6% respectively). The remaining residents of the West (39.7%) identify as Greek Catholics.⁶² These religious divisions can be linked to the history of the 15th – 18th centuries, when the Ukrainian nation was squeezed between three religious worlds: the Catholic stronghold in the west, the new Eastern Orthodox religion in the east, and the Muslim south. In the 20th century, the Soviet Union established collectivism and state atheism, which thereafter played an important role in the self-perception of the nation (see section 3.2). During Soviet times, the Independent Orthodox Church of Ukraine and the Ukrainian Greek Catholic Church were in exile, leaving the Ukrainian Orthodox Church of the Moscow Patriarchate (branch of the Russian Orthodox Church) to hold a dominant position for many decades, serving the totalitarian regime during the Soviet era, and Russian positions after Ukrainian independence.⁶³

In 2019 Ukraine received a Tomos of Autocephaly (granting self-governorship) from the Ecumenical Patriarchate of Constantinople. This was significant because it represents the first internationally recognised Orthodox Church of Ukraine that was not under the patronage of the Russian Orthodox Church. Since the present war, membership of the Russian Orthodox Church (ROC) in Ukraine has decreased to 4% (from 18% since before the war), largely due to controversies about the ROC's loyalty to Moscow and support for the Russian invasion.⁶⁴ On the other hand, membership in the Orthodox Church of Ukraine has increased to 54%. Half of the population turn to religious practices during the Christian religious holidays (Christmas, Easter, Trinity Sunday) and certain major life events like wedding, childbirth or funeral, when Christian ceremony or customs play important role (i.e. hymeneals, epiphany, burial interment).⁶⁵ In Western Ukraine, one third of the population attends at least weekly church services.⁶⁶ Greek Catholics have strong family traditions of religious education for children and attend church together. People practice confessions, church school, church services and meetings with priests

⁶¹ Razumkov Center in collaboration with the All-Ukrainian Council of Churches Features of Religious and Church – Religious Self-Determination of Ukrainian Citizens: Trends 2010–2018, Kyiv: 22 April 2018 Retrieved from: https://razumkov.org.ua/uploads/article/2018_Religiya.pdf [In Ukrainian]

⁶² Ibid.

⁶³ 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>

⁶⁴ 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]

⁶⁵ Razumkov Center in collaboration with the All-Ukrainian Council of Churches Features of Religious and Church – Religious Self-Determination of Ukrainian Citizens: Trends 2010–2018, Kyiv: 22 April 2018 Retrieved from: https://razumkov.org.ua/uploads/article/2018_Religiya.pdf [In Ukrainian]

⁶⁶ Ibid.

and chaplains for social and emotional support. However, in the South and in the East, significant groups of citizens do not identify with any religion (20.2% and 15.8%, respectively), and only 9% attend church services on a regular basis. Since 2016 this has changed somewhat in the East, where those that identify with a religion has grown from 43% to 59% and the role of the Church is perceived in a more positive way.⁶⁷ This shift is possibly linked to the Russian occupation in the eastern regions.

2.5 Family and gender relations

Family holds a position of great importance in Ukrainian society, which is further heightened in times of stress and difficulties. Families also tend to be extended and usually include a large network of relatives. Work and child-care are divided among rural families sharing a courtyard, while urban families are less interdependent. The main task of the family is to raise children, but 79% of families have only one child.⁶⁷ The number of divorces reached 52% in relation to the number of registered marriages in 2017, with the highest prevalence in the East (up to 80%) and the lowest in the West (40%).⁹

Elderly parents are highly respected and often cared for by their children or other relatives, and power and authority are generally attributed to the older generation. Children used to be raised with severe discipline, and physical correction such as spanking and beating with a switch or a belt were considered an acceptable form of punishment.⁶⁸ Growing poverty as a result of the war is affecting emotional closeness between family members and is increasing the use of potentially abusive and neglectful parenting practices.⁶⁹

Families are still quite patriarchal and gender roles are rigidly predisposed, both within the family and society (mother is a housekeeper, father is responsible for finances). As a result of pan-Ukrainian mobilisation into the army after February 24, 2022, female-headed households and single-parenting in Ukraine are now very common. However, separation has led to a radical change in systems of support, household structure and family roles. In the absence of a father, due to war, work, forced displacement or divorce, the mother remains the central pillar of the

⁶⁷ State Statistics Service of Ukraine. (2020). *Statistical Yearbook of Ukraine for 2020*. Retrieved from: https://ukrstat.gov.ua/druk/publicat/kat_u/2021/zb/11/Yearbook_2020_e.pdf

⁶⁸ Burlaka, V., Graham-Bermann, S. A., & Delva, J. (2017). Family factors and parenting in Ukraine. *Child Abuse & Neglect*, (Vol. 72, 154–162). <https://doi.org/10.1016/j.chiabu.2017.08.007>

⁶⁹ 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

family. Recently, an increase in family violence and child abuse has been reported, as a result of disrupted family systems, changing roles and care-giver fatigue among parents.⁷⁰

Additionally, distress due to forced separation from male family members (husbands, brothers, sons, uncles and nephews) remains high. Upon the return of veterans or wounded service members from combat, there might be an increase in the family distress due to the family's lack of knowledge on how best to support them with physical and mental injuries and the transition back to civilian life. Changes to parent-child relations and challenges surrounding income-generation has resulted in high levels of stress leading to uncertainty, insecurity and anxiety about loved ones.⁷¹ Older children have also been forced to take on (new) care-giver roles for younger children. So, while a strong social support network is one of the primary positive coping strategies among Ukrainians, the dynamics of displacement and conflict disrupt these networks and individuals may then depend on unhealthy or less effective strategies.

2.6 Economic aspects

Ukraine ranks within the lower to middle income group among European and Central Asian countries, with Ukraine's ranking in the Human Development Index 2019 at 0.779.^{72,73} Inequality, poverty and corruption rates in Ukraine are among the highest in Europe and the pensioner dependency ratio was 45%.^{74,75} Child poverty is also a major issue, with one-third of families with children experiencing material deprivation. This also has implications for overall distrust of authority and law, including distrust of health care, social care and educational systems. Such systems are often perceived as abusive and as failures in terms of protecting basic needs.

Despite being a country with a high level of inequality and corruption, Ukraine has rich resources.⁷⁶ Major industries include coal, ferrous and nonferrous metals, electric power, food processing, agriculture, machinery and transport equipment, chemicals and information

⁷⁰ 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>

⁷¹ 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

⁷² 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>

⁷³ United Nations Development Programme (2020). *Human development report 2020: The Next Frontier: Human Development and the Anthropocene*. Retrieved from: <https://hdr.undp.org/sites/default/files/Country-Profiles/UKR.pdf>

⁷⁴ 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/10.1787/506fcef8-en>.

⁷⁵ 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>

⁷⁶ Owuor, S. (2019). *What are the biggest industries in Ukraine?* WorldAtlas. Retrieved from: <https://www.worldatlas.com/articles/what-are-the-biggest-industries-in-ukraine.html>

technology (Fig. 3). The most important sector in the economy is agriculture as Ukraine is the world's largest exporter of wheat due to its vast swathes of fertile soil (chornozem),⁷⁷ which accounts for around a third of all arable land in Europe. Agriculture, planting and gardening are also traditional coping mechanisms for survival, with the majority of rural households dependent on it.⁷⁸

The war has already inflicted devastating economic and social losses to Ukraine. The destruction of the Kakhovka dam and power plant on 6 June 2023 caused flooding in Kherson and Mykolaiv oblasts.⁷⁹ The flooding of Kherson oblast and the decreasing water levels in the Kakhovka reservoir have left tens of thousands of people and households without access to clean, piped water, compromising basic life needs.

Additionally, extensive infrastructure damages, disruptions of supply chains and interruptions to Black Sea shipping have forced Ukrainian businesses to cease activities or relocate away from war zones. Up to half of businesses in Ukraine have ceased operations⁸⁰. An estimated 4.8 million jobs have been lost, which represents 30% of pre-war employment. It is estimated that further military escalation could lead to the number of job losses increasing to some 7 million.⁸¹

⁷⁷ US Department of Agriculture. Foreign Agricultural Service (2022). *Ukrainian Agricultural Production and Trade*. Retrieved from: <https://fas.usda.gov/sites/default/files/2022-04/Ukraine-Factsheet-April2022.pdf>

⁷⁸ International Medical Corps (IMC), (2022). *Mental Health and Psychosocial Support Rapid Situational Analysis: Ukraine, Kyiv, Odesa and Lviv, April 2022*. Retrieved from: <https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2022/05/IMC-2022-Ukraine-MHPSS-Rapid-Situational-Analysis.pdf>

⁷⁹ OCHA Services, *ACAPS Thematic Report: Ukraine - Quarterly humanitarian access update, 13 July 2023*, Retrieved from: <https://reliefweb.int/report/ukraine/acaps-thematic-report-ukraine-quarterly-humanitarian-access-update-13-july-2023>

⁸⁰ 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/10.1787/506fceb-en>

⁸¹ 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>

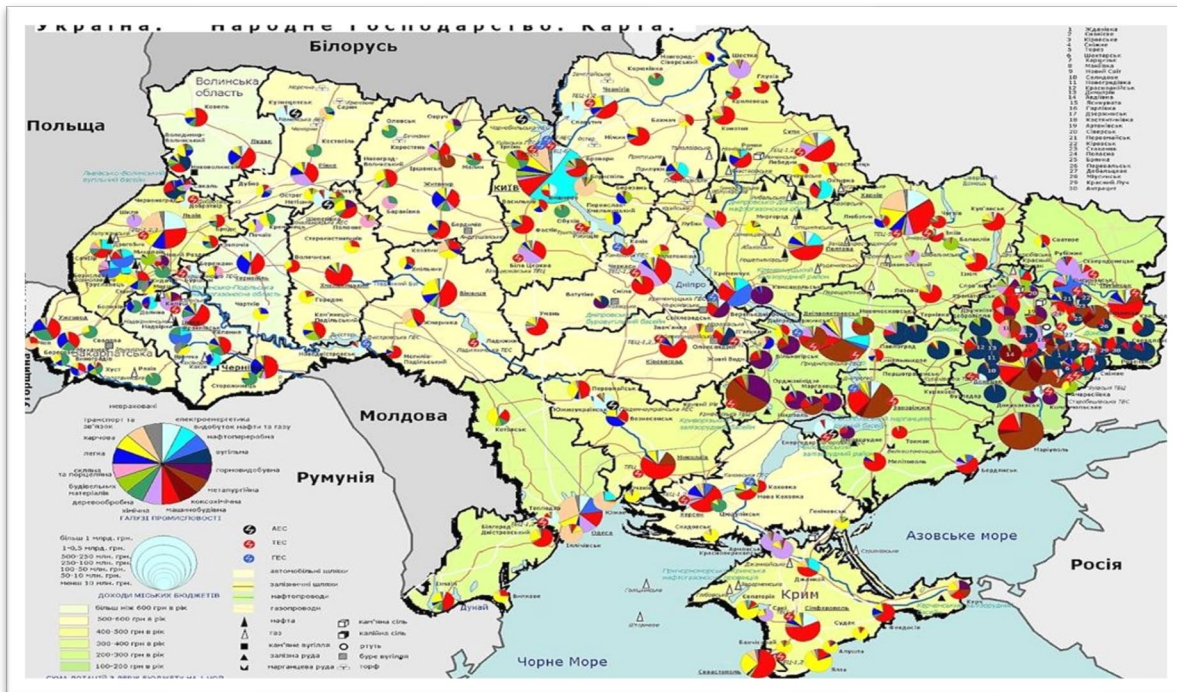


Figure 3. Map of Industry of Ukraine⁸²

2.7 General health aspects

2.7.1 Mortality and common diseases

Population health in Ukraine is characterised by high levels of mortality, morbidity and disability rates. The top three causes of death are: ischemic heart disease (48%); stroke (17.1%), affecting primarily the elderly; and HIV/AIDS (3%) affecting primarily adults with substance use issues.⁸³ Key risk factors for noncommunicable diseases are smoking, alcohol consumption, obesity and increased blood pressure.⁸⁴ HIV and tuberculosis (TB) both constitute significant epidemics in Ukraine. The latter is characterised by widespread, multidrug-resistant TB, as well as relatively high mortality from untreated or inappropriately treated TB and increasing TB/HIV co-infection rates.⁸⁵

⁸² Wikipedia (2023). *Industry of Ukraine*. Retrieved from: https://en.wikipedia.org/wiki/Industry_of_Ukraine

⁸³ World Health Organization (2015). *Ukraine: WHO statistical profile*. Country statistics and global health estimates by WHO and UN partners. Retrieved from: <http://www.who.int/gho/countries/ukr.pdf?ua=1>

⁸⁴ World Health Organization (2014). *Ukraine*. Noncommunicable Diseases Country Profiles 2014. Retrieved from: http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509_eng.pdf?ua=1

⁸⁵ World Health Organization. (2016). *Ukraine*. Tuberculosis country work summary. Retrieved from: <http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/country-work/ukraine>

According to the Ministry of Health of Ukraine (Center for Public Health), as of February 24, 2022, there were 4 809 624 laboratory-confirmed COVID-19 cases, with 106 860 known fatalities and an additional 195 210 deaths from related causes.⁸⁶ In one year, the vaccination rate in Ukraine reached 35%.⁸⁷ Due to limited access to medical services and reduced diagnostic capacity since the beginning of the war, there has been a significant reduction in reported cases of COVID-19, with only severe cases requiring hospitalisation being registered.⁸⁸ The number of vaccinations dropped off dramatically and sanitary norms were not prioritised or were neglected.⁸⁹ Encouraging citizens to get COVID-19 and other vaccines could be beneficial.⁹⁰

2.7.2 Overview of structure of formal general health system

In 2017 Ukraine shifted health care models away from the Soviet-era Semashko model of highly centralised healthcare to a new system inspired by the English model which focuses on family and private medicine, insurance and multi-source financing, with the freedom and flexibility to operate with more autonomy.^{91, 92} Currently, the Ministry of Health (MoH) coordinates medical service provision, while implementation and quality control of services are decentralised to regional and municipal levels.

However, recent reform has led to the formation of the National Health Service of Ukraine (NHSU), a central executive body that implements state policy of public health care and allocates state funds for service provision (see section 4.1.1).⁹³ Previously, 89% of funds for mental health were allocated for inpatient care, but the new system necessitates investment in community based and outpatient services, marking a significant departure from centralised care.⁹⁴ Ukraine's private health sector is relatively small and largely restricted to pharmacies, diagnostic facilities,

⁸⁶ 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>

⁸⁷ Reuters Graphics. Ukraine: the latest coronavirus counts, charts and maps. (n.d.). Retrieved August 25, 2022, from <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/ukraine>

⁸⁸ Chumachenko, D., & Chumachenk, T. (2022). Impact of war on the dynamics of COVID-19 in Ukraine. *BMJ Global Health* 7(4) e009173. <https://doi.org/10.1136/bmjgh-2022-009173>

⁸⁹ Chaaya, C., Vimala Devi T., Özge S., Reem A., Awab Osman Ahmed O., Olivier U., & Onyeaka, H. (2022). Ukraine–Russia crisis and its impacts on the mental health of Ukrainian young people during the COVID-19 pandemic. *Annals of Medicine and Surgery* 79, 104033. <https://doi.org/10.1016/j.amsu.2022.104033>

⁹⁰ Uwishema, O., Sujanamulk, B., Abbass, M., Fawaz, R., Javed, A., Aboudib, K., ... & Onyeaka, H. (2022). Russia-Ukraine conflict and COVID-19: a double burden for Ukraine's healthcare system and a concern for global citizens. *Postgraduate medical journal*, 98(1162), 569-571.

⁹¹ Costs for all residents covered from the national budget

⁹² 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>

⁹³ Bajpai, R., & Myers, C. B. (2020). *Enhancing Government Effectiveness and Transparency: The Fight Against Corruption (English)*. World Bank Group. Retrieved from: <https://documents.worldbank.org/curated/en/235541600116631094/Enhancing-Government-Effectiveness-and-Transparency-The-Fight-Against-Corruption>

⁹⁴ Quirke, E., Suvalo, O., Sukhovii, O., & Zöllner, Y. (2020). Transitioning to community-based mental health service delivery: opportunities for Ukraine. *Journal of Market Access & Health Policy*, 8(1), 1843288. <https://doi.org/10.1080/20016689.2020.1843288>

private physicians and private clinics in major cities.⁹⁵ Psychiatric inpatient services can only be provided by the public sector.

Health care expenditure makes up 7.1% of the GDP and mental health expenditure makes up 2.5%.⁹⁶ Access to primary health care services at community level is provided by general practitioners (family doctors) and available to 32 380 000 people, according to contracts signed with patients. However, rural access to health services is quite challenging due to issues with infrastructure, and more than 13 million people are in need of better access.⁹⁷ The same is true for the population with limited mobility, and in Eastern Ukraine more than 1.5 million people were in need of healthcare assistance prior to the Russian invasion⁹⁸ (see section 2.3). Additionally, since February 2022, the WHO has verified more than 325 attacks on health care facilities in Ukraine.⁹⁹ More than 800 health care facilities have been damaged, and more than 120 of them cannot be restored.¹⁰⁰

Self-medication was a widely spread phenomenon due to limited access to health care and lack of finances, and a wide range of medicines were available in pharmacies without prescription. A recent achievement of the government is regulating medication, including psychotropic medication only through prescription.¹⁰¹

In clinical settings, service users often report perceptions of the public healthcare system as untrustworthy, corrupt, and inefficient. This makes it quite challenging to promote service use and help-seeking behaviour.

⁹⁵ 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. Retrieved from: <https://www.semanticscholar.org/paper/Mental-health-in-transition-%3A-assessment-and-for-of-Weissbecker-Khan/f97d832e29e28f32d24344c96f365dde435da183?sort=relevance&citationIntent=background>

⁹⁶ 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>

⁹⁷ Ministry of Healthcare of Ukraine (2021, December 2). *Access to health services for people with disabilities is the focus of the Healthcare Guarantee Program*. Government portal. Retrieved from: <https://www.kmu.gov.ua/en/news/dostupnist-medichnih-poslug-dlya-lyudej-z-invalidnistyu-u-fokusi-programi-medgarantij>

⁹⁸ Health Cluster WHO (31 December 2022). *Ukraine Health Cluster Bulletin, December 2021 - January 2022*. Retrieved from: <https://healthcluster.who.int/publications/m/item/ukraine-health-cluster-bulletin-december-2021--january-2022>

⁹⁹ 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>

¹⁰⁰ International Technology Transfer Center (ITTC) Ukraine (2022). *Desk Review: Support for People with Substance Use Disorder in Ukraine During the War*. Retrieved from: <https://itcnetwork.org/ITTC/resourceDetails.aspx?resourceID=244>

¹⁰¹ Information analytical center LIGA ZAKON (31 March 2023). *From April 1, e-prescriptions for medicines will start working* Retrieved from: https://biz.ligazakon.net/news/218523_z-1-kvtnya-zapratsyuyut-e-retsepti-na-iki [In Ukrainian]

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

3.1 Epidemiological studies of mental disorders

Ukraine's prevalence rates for specific mental health disorders are comparable to the regional prevalence rates for Eastern Europe, except for major depressive disorder (MDD). Ukraine has a population prevalence of 0.2% for schizophrenia, 0.8% for bipolar disorder, 0.3% for epilepsy and 0.7% for drug use disorders.¹⁰² MDD has a 3.4% prevalence in Ukraine, compared to 2.9% in the Eastern European region. Women have a higher estimated prevalence of MDD (3.9% vs 2.7%).¹⁰³ Also, Ukraine has a higher estimated suicide rate than the Eastern Europe regional average (29.6 deaths per 100 000 population vs. 11.3 deaths in the European Union) and higher than the global average (10.4 deaths per 100 000 population globally). The rate of suicide is particularly high among men (56.7 per 100 000 vs. 8.4 per 100 000 among women).¹⁰⁴ COVID-19 resulted in a higher burden of poor mental health for the general population in Ukraine, especially in health care workers, with an increasing prevalence of anxiety, depression and suicidal behaviour.¹⁰⁵ Persons with a history of chronic somatic conditions and/or mental disorders had even higher rates of current depression, and pre-existing mental health conditions were significant risk factors for suicidal ideation.

The most common substances used in Ukraine are alcohol, cannabis, opiates and opiate derivatives. The prevalence of alcohol use disorders is much higher in Ukraine (6.0%) than globally (1.5%). Men have a higher estimated prevalence of alcohol use disorders than women (11.5% vs 1.4%). Substance use is most common among men and young people (age 25-49).¹⁰⁶ The prevalence of illicit drug use among youth (age 15-17) was 5.7% for cannabis, 1.7% for amphetamines, 1.2% for cocaine and 1% for MDMA.¹⁰⁷ Recently, the percentage of teenagers who tried any illicit drug at least once in their life increased, especially among girls, with the percentage of Ukrainian girls who tried drugs at least once increasing from 12.7% in 2015 to

¹⁰² WHO, University of Washington. (2020). *Ukraine: Special initiative for mental health situational analysis*. Retrieved from: https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ 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>

¹⁰⁶ WHO, University of Washington (2020). *Ukraine: Special initiative for mental health situational analysis*. Retrieved from: https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

¹⁰⁷ The European School Survey Project on Alcohol and Other Drugs (ESPAD) Group (2019). *Results from the European School Survey Project on Alcohol and Other Drugs*. ESPAD. Luxembourg. Retrieved from: https://www.emcdda.europa.eu/system/files/publications/13398/2020.3878_EN_04.pdf

18.1% in 2019. Opiate usage contributes to the spread of infectious diseases like HIV, Hepatitis B and C, and tuberculosis.¹⁰⁸

The prevalence of mental disorders varies between regions. The experience of living under occupation or along the front lines, exposure to violence, losses of all types, damaged infrastructure, economic distress and displacement (see Section 2.3) have resulted in higher rates of mental health disorders in the East, as well as among IDPs.¹⁰⁹ Factors significantly associated with the development of mental health and psychosocial conditions for IDPs include being female, older age, cumulative trauma exposure and living in a poor household economic situation.¹¹⁰

In 2016, 32% of IDPs in Ukraine experienced post-traumatic stress disorder (PTSD) and 22% had depression.¹¹¹ In the general population, the prevalence of PTSD is 8% and 6.3% for depression. Studies also report increased rates of comorbid mental health disorders among IDPs, who, in addition to experiencing displacement, have limited access to job markets and quality housing, and have fewer opportunities to realise life goals.¹¹² MHPSS assessments show that children and adolescents residing in the 0-15 km front line zone, as well as those from displaced families, demonstrated increased anxiety and psychological distress due to ongoing hostilities and disruption to their education and social life.¹¹³

Data on prevalence of mental health problems among veterans is limited, 22% of veterans were diagnosed with depression in 2016, although only a quarter reported seeking psychosocial support¹¹⁴. Common complaints were sleep and anxiety issues, aggression, suicidal thoughts, self-harm behaviour and substance use.¹¹⁵

¹⁰⁸ 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>

¹⁰⁹ 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>

¹¹⁰ Roberts, B., Makhshvili, N., & Javakhishvili, J. (2017). *Hidden burdens of conflict: Issues of mental health and access to services among internally displaced persons in Ukraine, results from a nation-wide survey*. *Epidemiol Psychiatr Sci*.

¹¹¹ Ibid.

¹¹² 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>

¹¹³ Roberts, B., Makhshvili, N., & Javakhishvili, J. (2017). *Hidden burdens of conflict: Issues of mental health and access to services among internally displaced persons in Ukraine, results from a nation-wide survey*. *Epidemiol Psychiatr Sci*.

¹¹⁴ State Statistics Service of Ukraine (2020). *Statistical Yearbook of Ukraine for 2020*. Retrieved from: https://ukrstat.gov.ua/druk/publicat/kat_u/2021/zb/11/Yearbook_2020_e.pdf

¹¹⁵ Singh, N. S., Bogdanov, S., Doty, B., Haroz, E., Giryk, A., Chernobrovkina, V., ... & Bolton, P. A. (2021). Experiences of mental health and functioning among conflict-affected populations: A qualitative study with military veterans and displaced persons in Ukraine. *American Journal of Orthopsychiatry*, 91(4), 499. <https://psycnet.apa.org/doi/10.1037/ort0000537>

A recent analytical report on mental health has described how the full-scale war in Ukraine has impacted mental health. Research was based on interviews (n= 1030) with adults in 5 regions of Ukraine (Dnipropetrovsk, Kherson, Lviv, Poltava, and Rivne) in April 2022. The vast majority (73%) of the population have experienced mental health deterioration since the beginning of the war. Women (78% vs 66% men), people aged 18-64 (76% vs 63% for those older) and people residing in Kherson were the most likely to report such deterioration. More than a half (60%) of the respondents claimed to have no need for mental health counselling, while 16% said they needed it, with women being more likely to make such a statement.¹¹⁶ Gender, geographic location and population categories are important risk factors for the development of mental health disorders.

3.1 Concepts of self/personhood

Cultural concepts of the person, or the relationship between the body, soul and spirit have a significant influence on help seeking behaviour in Ukraine. As a result of the communist ideology of collectivism and state atheism,¹¹⁷ the elaboration of concepts such as 'soul', 'spirit', 'inner world', and 'individual needs' were neglected and repressed. People tend to undervalue the significance of their own problems and report confidence in their ability to cope independently, underlining a greater need for help to direct victims.¹¹⁸ Community members affected by psychological disorders or developmental delays are typically hidden from the community and limited help is sought due to the high levels of stigma associated with mental health issues.

Adding further challenges, in the 1960-80s, Ukraine's mental healthcare system under the Soviet Union was associated with significant human rights violations and psychiatric institutionalisation was used as a tool to punish political dissenters.¹¹⁹ Those who were 'different' were stigmatised and marginalised by society, expelled to long-term treatment psychiatric institutions. This phenomenon resulted in high levels of distrust, stigma and misbeliefs about institutionalised psychiatric services.¹²⁰

¹¹⁶ 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

¹¹⁷ Incorporation of positive atheism or non-theism into political regimes, particularly associated with Soviet systems. State Atheisms have tended to be as much anti-clerical and anti-religious as they are anti-theist, and typically place heavy restrictions on acts of religious organization and the practice of religion.

¹¹⁸ 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

¹¹⁹ Van Voren, R. (2018). *Social care homes in Ukraine*. Kharkiv Human Rights Protection Group. Retrieved from: <https://khpq.org/en/1527018373>

¹²⁰ Keukens, R., Sartorius, N., Thornicroft, G. & van Voren, R. (2020). Inside Ukrainian social care homes. *Lancet* 394, 2209–2211.

Box 1. Major sources of distress

- + **Grief and loss reactions combined with history of collective complex trauma** (WWII, famines, holocaust, repressions);
- + **Prolonged exposure to the impact of war.** Separation from family, disruption of access to basic health care, education, transportation, communication;
- + **Massive human rights violations;**
- + **Difficult living conditions/homelessness;**
- + **Poverty and unemployment,** resulting in decreasing incomes, increasing costs of utilities and difficulties with housing;
- + Women and men, boys and girls becoming trapped together at risk of violence including **conflict related sexual violence** and other forms of GGBV, for example in the reported sieges in Mariupol, Irpin' and Bucha (UN Security Council);
- + **Family conflicts,** with UNICEF reporting that **violence against children** in the family remains largely underreported in the country;
- + COVID-19 caused **shortage and overburden of health care workers** (OCHA, 2022);
- + **Lack of information about mental health and psychosocial support services or limited access to health and mental health facilities** (Gradus Research, 2022);
- + **Landmines.**

As a result, many Ukrainians are still sceptical and even fearful of psychiatry and psychology. Many of them still perceive psychiatrists as being highly likely to disclose information about mental health and psychosocial disorders with employers, and therefore, even a single visit to a psychiatric hospital may destroy the future. There is a particular tendency to hide suicidal thoughts due to high levels of fear of involuntary hospitalisation.

Another pervasive legacy of Soviet era rule is a general feeling of disempowerment due to persecution, which manifests in an unwillingness to take initiative and accept responsibility for finding solutions 'outside' established practice (i.e. spiritual leaders and non-allopathic practices, see section 4.5).¹²¹

¹²¹ 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>

3.3 Help seeking patterns, coping mechanisms and idioms of distress

A range of above-mentioned cultural, religious and social beliefs in Ukraine determine help seeking behaviour and service utilisation. A recent study on the mental health of individuals living in the conflict-affected regions in Eastern Ukraine (n = 1,030) examined attitudes towards mental health disorders and treatment seeking behaviours. In total, 37.1% of respondents considered seeking help from a mental health specialist as a sign of weakness, while 33.5% of respondents considered it better to avoid individuals with mental disorders in order to avoid becoming affected by such problems themselves. Although 41.1% of respondents reported that they would tell someone close to them if they were experiencing symptoms of a mental disorder, with 16.3% reporting that they would keep symptoms to themselves.¹²²

Research shows a lack of knowledge and insight among Ukrainians about most mental health disorders and the effectiveness of treatment.¹²³ Ukrainians often perceive mental health problems as the result of personal guilt or laziness, or as a punishment for bad actions.¹²⁴ Based on insights from clinical practice, common complaints due to general distress might be low mood (“look black”, “cry one’s heart”) or anxiety (“heavy heart”, “lump in the throat”, “shaking hands”) and somatic complaints. Bodily symptoms or somatisation is an important idiom through which distress is communicated.¹²⁵ Common complaints due to general distress based on the insights from the clinical practice might be a lump in a throat, chest pain, burning sensations in the area of the solar plexus, head and back aches, upset stomach and stomach cramps. Another set of common complaints would be discomfort, lack of energy and inability to proceed with daily routine or communication, feeling “as if going crazy”. Due to limited insight about the interaction between emotional, social and physical wellbeing (body soul interaction) people do not expect psychological support would reduce somatic symptoms. Another observation from clinical practice is when a family doctor makes a referral to a mental health professional, patients might feel offended, making excuses such as: “I’m not crazy, I’ve just become a bit nervous due to problems with my nerves”.

¹²² 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>

¹²³ 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>

¹²⁴ 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>

¹²⁵ Cheung, A., Makhshvili, 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>

Recent research on treatment gaps among IDPs showed that they do not seek help because: (1) they would get better by taking their own medication; (2) could not afford to pay for health services or medications; (3) poor communication skills of health providers; (4) poor quality of services; or (5) embarrassment.¹²⁶ The main barriers to access mental health and psychosocial services in the general population included: poor accessibility of services, especially in rural areas; high cost of health care; lack of awareness of mental health issues; available services for the general population; high levels of stigma towards mental disorders and people with mental disorders.¹²⁷ Additional identified barriers to seeking psychological help during the first 6 months of war included the insignificance of their own problems (31%) or the presence of people who currently have a greater need for help (20%).¹²⁸ The cumulative effect of devastating events and collective trauma may produce systemic changes in social processes and functioning, and the ability to make decisions and seek help may be further impaired.¹²⁹

Indeed, help seeking behaviour tends to be directed toward spiritual leaders (clergy) and practices (see section 4.5). The meaning of the Ukrainian word 'insane' - "божевільний, bozhevilnyy" is a spokesman of Gods' will, rooted in religious beliefs. There is limited data on the interaction between religious organisations and the formal mental health care system. Explanations of illness and help seeking behaviours vary greatly depending on factors such as age, location, religion and social class. The younger generation, born in an independent Ukraine, are more likely to accept mental health issues as being a result of stress or brain disorder and seek help proactively.¹³⁰ Humour, laughter and farming or gardening were mentioned as important positive coping mechanisms and sources of resilience.^{131, 132} Being active and helping each other also improves mental wellbeing and illustrates collective resilience.¹³³

¹²⁶ Roberts, B., Makhshvili, 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>

¹²⁷ 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>

¹²⁸ 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

¹²⁹ Koh, E. (2021). The Healing of Historical Collective Trauma. *Genocide Studies and Prevention: An International Journal*, 15(1), 10.

¹³⁰ 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

¹³¹ 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>

¹³² <https://reliefweb.int/report/ukraine/mental-health-and-psychosocial-support-rapid-situational-analysis-report-izium-district-kharkiv-oblast-ukraine-october-2022-enuk>

¹³³ International renaissance fund (26 April 2022). *Analytical report "Assessment of needs and expectations from the future of internally displaced persons and refugees"* Retrieved from: <https://www.irf.ua/publication/analitychnyj-zvit-oczinka-potreb-ta-ochikuvan-vid-majbutnogo-vnutrishno-peremishhenyh-osib-ta-bizhenciv> [In Ukrainian]

Ukrainians report that hromada (community) became a source of strength and solidarity after the escalation of the war. In other words, the war brought out the good side of people in their community (Table 2).

Table 2. Coping Strategies

Positive coping strategies ¹³⁴	Negative coping strategies ¹³⁵
Seeking and accepting support from relatives and friends	Increased alcohol consumption
Actively supporting community members and neighbours	Avoidance through working more than necessary
Solidarity, getting involved in support activities and volunteering to support others within the community to rebuild and cope	Aggressive and disruptive behaviours, like looting
Turning to faith and religion, reliance on the clergy	Self-medication
Repairing damaged homes and public facilities	Fixating on finding “enemies,” and dedicating time and resources to this while increasing distrust and social tension within the community
Farming or gardening	
Humour, laughter	

¹³⁴ 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>

¹³⁵ International Medical Corps (October 2022). Mental Health and Psychosocial Support Rapid Situational Analysis Report - Iziun District, Kharkiv Oblast, Ukraine. Retrieved from: <https://reliefweb.int/report/ukraine/mental-health-and-psychosocial-support-rapid-situational-analysis-report-izium-district-kharkiv-oblast-ukraine-october-2022-enuk>

4. Formal and Informal Resources for MHPSS in Ukraine

4.1 Mental Health Policy, Legislative Framework and Leadership

The mental health care system in Ukraine does not exist as one, formally integrated system. Instead, the system is divided among several ministries - the Ministry of Health (MoH), the Ministry of Social Policy (MoSP), the Ministry of Education and Science of Ukraine (MoES) and the Ministry of Veterans Affairs of Ukraine (MoVA), Ministry of Internal Affairs, etc. The existing system maintains a strong emphasis on institutionalised care and lacks strong leadership in terms of the decentralisation of mental health services. However, recently the first lady of Ukraine, Olena Zelenska, has paid a lot of attention to mental health care and has initiated changes in policy making.¹³⁶ In May 2022 the Interdepartmental Co-ordinating Council for Mental Health and Psychological Care to the victims of the armed aggression of the Russian Federation against Ukraine was created¹³⁷. In March 2023, the Co-ordination council on mental health at Cabinet of Ministers of Ukraine was created to ensure co-ordination of actions between central and local bodies of executive power, local self-government bodies, enterprises, institutions and organisations on development, implementation and monitoring the mental health programme in Ukraine.¹³⁸

Twenty-four Civilian Support Co-ordination Centres were created in each oblast under the order of Cabinet of Ministers of Ukraine.¹³⁹ The work of the centres is aimed at solving social protection issues, in particular, providing housing, promoting employment and providing psychosocial, humanitarian, medical and legal assistance. These centres are an instrument of and needs assessment and interaction between territorial communities, central government and international and public organisations on the oblast level.

A wide range of challenges remain to be addressed. For example, a survey showed that 7% of Ukrainian households in urban areas, and 30% in rural areas, lack primary care centres, health

¹³⁶ 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>

¹³⁷ Verkhovna Rada of Ukraine (2022, May 7). *About the establishment of Interdepartmental Coordinating Council for Mental Health and Psychological Care to victims of Armed Aggression of Russian Federation against Ukraine*. Governmental portal. Retrieved from: <https://zakon.rada.gov.ua/laws/show/539-2022-%D0%BF#Text> [in Ukrainian]

¹³⁸ Verkhovna rada of Ukraone (2023, April 12). *About the establishment of the Coordinating Center for Mental Health*. Retrieved from: <https://zakon.rada.gov.ua/laws/show/301-2023-%D0%BF#Text> [in Ukrainian]

¹³⁹ 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]

centres, dispensaries, and pharmacies.¹⁴⁰ Although recent steps have been taken to strengthen the community mental health service provision in Ukraine, significant progress must still occur to ensure mental health care is available at the community level, as well as co-ordination in redistributing state funds between sectors, and to address the lack of human resources (see sections 4.1.1, 4.1.2). Additionally, the concept of integrating mental health into general health care and accessing mental health services through primary care, is still new in Ukraine. Training activities for health professionals are taking place on a national level which started in 2022 (see section 4.1.4).

Ukraine has one of the highest rates in Europe of children in institutionalised care, with more than 60% of children with special educational needs still being residents in special educational institutions or internats.¹⁴¹ However, the MoSP has undertaken several decentralisation initiatives related to child social protections in line with a more community based approach, such as deinstitutionalisation of orphanages, and the development of family forms of care (foster families before adoption).¹⁴²

4.1.1 Mental Health Care Policy

Ukraine's mental health system is regulated by the "Law on Psychiatric Care."¹⁴³ According to this law, "psychiatric care is a set of special measures aimed at examining the state of mental health of persons, as provided by this law and other laws of Ukraine, prevention, diagnosis of mental disorders, treatment, surveillance, care and the medical and psychological rehabilitation of persons suffering from mental disorders, including due to the use of psychoactive substances." The law also describes that the diagnosis of mental disorders should be established only after psychiatric examination, which can only be provided by a psychiatrist. Despite recent efforts at decentralisation, the mental health system is still highly institutionalised and most psychiatric beds are still located in large psychiatric institutions close to major cities (see section 4.2.1).

The last five years have seen efforts to decentralise Ukraine's mental health services disrupted by political events and the COVID-19 crisis. At the end of 2017, the Cabinet of Ministers approved the Concept Note of Mental Health Development in Ukraine for 2018-2030, which highlighted the

¹⁴⁰ Scheil-Adlung, X., and Kuhl, C. (2011). *Social Security for all: Addressing inequities in access to health care for vulnerable groups in countries of Europe and Central Asia*. International Labour Organization. Retrieved from: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_secsec_25201.pdf

¹⁴¹ Ministry of Education and Science (2022). *Inclusive learning*. Retrieved from: <https://mon.gov.ua/ua/tag/inklyuzivne-navchannya> [in Ukrainian]

¹⁴² Marais, J. F., Kazakova, O., Krupchanka, D., Suvalo, O. & Thomas, F. (2020). Understanding and building resilience to early life trauma in Belarus and Ukraine. World Health Organization. Regional Office for Europe. Retrieved from: <https://apps.who.int/iris/handle/10665/332184>.

¹⁴³ Verkhovna Rada of Ukraine §1489-III (2018). Law on psychiatric care of 2000. Retrieved from: <https://zakon.rada.gov.ua/laws/show/1489-14?lang=en#Text> [in Ukrainian]

need for promotion and prevention strategies, addressing human rights violations against individuals with mental health conditions and improving the accessibility of care through deinstitutionalisation and development of community based services.¹⁴⁴ After the adoption of the law “On state financial guarantees of medical care for the population” (2018), a new state policy on payment for health care services provision was accepted and implemented by NHSU (see section 2.7.2).¹⁴⁵ After successful changes and implementation of the new state policy on payment at primary care level (2019), the second phase of contracting specialised care began in April 2020 but was then disrupted by the COVID-19 pandemic and a change of government. The Action Plan for the implementation of the Concept Note was only approved in October 2021.¹⁴⁶ There remain difficulties with funding distribution and the co-ordination of specialised psychiatric services for people with mental disabilities in communities (especially rural areas) and social services, as reform is ongoing (see section 4.1.2). However, from the first weeks of the COVID-19 pandemic, tele health services, online counselling and digital psychosocial services have become part of health care routine.¹⁴⁷

Starting in 2019, the NHSU approved a few reform packages related to the scope of mental health care service covered by government, including inpatient psychiatric care, psychiatric care provided by mobile teams, and the treatment of persons with mental and behavioural disorders due to opioid use, with the use of Drug Replacement and Maintenance Therapy. These packages covered services of psychiatrists, psychotherapists, and physician-psychologists to deliver outpatient and inpatient medical services. Psychiatric care provision by mobile multidisciplinary teams (specialised care) was approved by MoH in October 2022 and is covered by the NHSU as a separate package.¹⁴⁸ In November 2022, two new health care packages were added: “Support and treatment of adults and children with mental disorders in primary medical care” and “Complex rehabilitation care for adults and children in inpatient conditions.”¹⁴⁹

¹⁴⁴ Government of Ukraine. Cabinet of Ministers of Ukraine Order. December 27, 2017 No. 1018. Retrieved from: <https://zakon.rada.gov.ua/laws/show/1018-2017-%D1%80#Text> [in Ukrainian]

¹⁴⁵ Verkhovna Rada of Ukraine §2168-VIII (2022). On state financial guarantees of Medical Service to the Population of 2018. Retrieved from: <https://zakon.rada.gov.ua/laws/show/2168-19?lang=en#Text>

¹⁴⁶ Government of Ukraine. (2021, October 6). *Action Plan: 2021-2023 for the implementation of the Concept of Mental Health Care Development in Ukraine until 2030*. Retrieved from: <https://www.kmu.gov.ua/npas/pro-zatverdzhennyaplanu-zahodiv-na-20212023-roki-z-realizaciyikonceptiyi-s1215-61021>

¹⁴⁷ Velykodna, M., & Frankova, I. (2021). Psychological support and psychotherapy during the COVID-19 outbreak: First response of practitioners. *Journal of Intellectual Disability-Diagnosis and Treatment*, 9(2), 148-161 <https://doi.org/10.6000/2292-2598.2021.09.02.1>

¹⁴⁸ 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-zatverdzhennja-porjadku-nadannja-psihiatrichnoi-dopomogi-mobilnoju-multidisciplinarnuju-komanduju?preview=1>

¹⁴⁹ 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]

Despite these reform efforts, there are a number of challenges within Ukraine's mental health system that still need to be addressed. In general, there is an insufficient allocation of funds for mental health services and insufficient attention is paid to prevention, mental health care at the primary level, psychotherapeutic services, rehabilitation activities and community based mental health services. For example, outpatient early intervention at community level and at home follow-up practices are not sufficiently developed.¹⁵⁰

Another challenge is the limited number of national treatment standards for specific psychiatric disorders. In April 2017, the Minister of Health updated legislation to allow Ukrainian doctors to use international treatment protocols.¹⁵¹ However, due to lack of resources many of these protocols are not translated into Ukrainian. This slows down implementation of modern, evidence-based protocols in mental health institutions. Currently, national standards are available for depression, PTSD, dementia, epilepsy, gender dysphoria and opioid use disorder.¹⁵²

A final challenge is the lack of policy to implement reforms in child and adolescent mental health care. The Reform of Child and Adolescent Mental Health Services was formulated in 2013 as part of wider health care reforms in Ukraine by the MoH, the Association of Psychiatrists and mental health service user groups and was endorsed by UNICEF.¹⁵³ The concept outlined various reforms, including the separation of adult and child psychiatric services, better access to services, outpatient services available at existing multi-profile children's hospitals and access to evidence-based medication for children with mental health disorders¹⁵⁴. However, these reforms have not yet been implemented due to lack of policy making within the area of child and adolescent psychiatry. Meanwhile, common cultural misconceptions associated with developmental disorders (see section 3.2) continue to put children with mental disorders, as well as their families, at increased risk of human rights violations and reduced access to services.

¹⁵⁰ Cabinet of Ministers of Ukraine. (2017). Ministry of Health Ukraine. *On approval of the concept of the state target program for mental health in Ukraine until 2030*. Retrieved from: <http://www.moz.gov.ua/ua/portal/#2> [in Ukrainian]

¹⁵¹ 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]

¹⁵² Ministry of Health (2022). *Psychiatry*. State expert centre. Retrieved from: https://www.dec.gov.ua/cat_mtd/psihiatriya [in Ukrainian]

¹⁵³ Health Strategic Advisory Group (Health SAG) (2014). *National Health Reform Strategy for Ukraine 2015-2020*. Retrieved from http://healthsag.org.ua/wp-content/uploads/2015/03/Strategiya_Engl_for_inet.pdf

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

4.1.2 Social Care Policy

The social sector is under the authority of the MoPS with the separate funds and rules.¹⁵⁵ It is represented by the departments of social protection at the regional and community levels and is also involved in service provision for people with mental disorders or intellectual disabilities. The law “About Social Services” and a number of legal orders regulate the social sector, including the mental health component.¹⁵⁶

International reports describe the number of social care institutions in Ukraine managed by regional departments of social protection: 145 psychoneurological internats (social care homes); 66 care homes for people with disabilities and the elderly; 27 geriatric care homes for war and labour veterans; 3 special boarding houses for persons released from prison; and 49 care homes for children.¹⁵⁷ Within psychoneurological internats, there were 60 000 persons with disabilities due to severe mental health issues. The Human Rights in Mental Health – Federation Global Initiative on Psychiatry (FGIP) organisation reported on the provision of social care in the internats of Slovyansk (Donetsk oblast) and in the Svyatoshinsky rayon (district) of Kyiv.¹⁵⁸

Ukraine ratified the Convention on Rights of People with Disabilities (CRPD) in 2009; however, since then the integration of CRPD legislation within the medical and social sectors has not been fully implemented. In 2017, a new order, “On the Approval of the State Standard of Social Services of Supported Living for the Elderly and Persons with Disabilities,” provided a new framework for social services on a community level. However, due to the tendency to allocate money for social support services to institutions, rather than community level services, no changes have been implemented in these services. This was especially challenging for mono profile services, such as psychiatric hospitals and dispensaries. People with mental disorders and disabilities who had lived for years in mental health institutions due to homelessness, absence of home care givers or other social drivers, had to be discharged, regardless of the fact that community mental health services were not yet available. In practice, people with mental disorders in the community are mostly under care of families, local psychiatrists, or do not receive appropriate help. There are currently some initiatives to fill this gap, supported by international donors, to establish intersectoral collaboration, referral pathways and improved service provision in some regions in Ukraine.

¹⁵⁵ Approval of the State Standard for Social Rehabilitation of Persons with Intellectual and Mental Disorders, 1901 Ministry of Social Policy of Ukraine § (2018).

¹⁵⁶ On State Standard of Social Services of Supported Living for the Elderly and Persons with Disabilities of 2017, Verkhovna Rada of Ukraine § 956 (2022). Retrieved from: <https://zakon.rada.gov.ua/laws/show/z0806-17?lang=en#Text> [in Ukrainian]

¹⁵⁷ Van Voren, R. (2018). *Social care homes in Ukraine*. Kharkiv Human Rights Protection Group Retrieved from: <https://khpg.org/en/1527018373>

¹⁵⁸ <https://www.gip-global.org/publications>

4.1.3 MHPSS in Humanitarian Aid

MHPSS (any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder¹⁵⁹) has been represented in the humanitarian response in Ukraine through a MHPSS sub-cluster, as a part of a humanitarian response co-ordination mechanism established in 2015 to respond to the ongoing emergency in Eastern Ukraine related to the military offensive. In 2019, the subcluster was transformed into the MHPSS Technical Working group (TWG), co-led by the WHO, the International Medical Corps (IMC) and Medicos del Mundo (MdM), to co-ordinate the efforts of local and international partners delivering MHPSS programmes in education, protection and health. These were formatted with national strategies and contexts to promote best practice and international guidelines, such as the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency*,¹⁶⁰ and ensure compliance with the monitoring and evaluation framework for MHPSS in Emergency Settings.¹⁶¹

Following the onset of the conflict in February 2022, the MHPSS TWG expanded co-ordination of MHPSS efforts among international agencies, stakeholders and NGOs, working with international and national actors to establish MHPSS programming. From March 2022, MHPSS regional TWG sub-working groups, led by IMC and MH4U in Lviv; MdM in Chernivtsi; “Proliska” NGO in Zakarpattia; IMC in South oblasts (Odesa and Mykolaiv); and IOM, WHO in Dnipro (Fig. 4, 5).¹⁶²

¹⁵⁹ 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-support-in-emergency-settings>

¹⁶⁰ 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-support-in-emergency-settings>

¹⁶¹ Inter-agency Standing Committee. (2021). *The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0)*. Retrieved from [IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification \(Version 2.0\) | IASC \(interagencystandingcommittee.org\)](https://www.iasc-int.org/interagency-standing-committee/)

¹⁶² OCHA Services (2023) *Ukraine MHPSS TWG*. Retrieved from: <https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group>

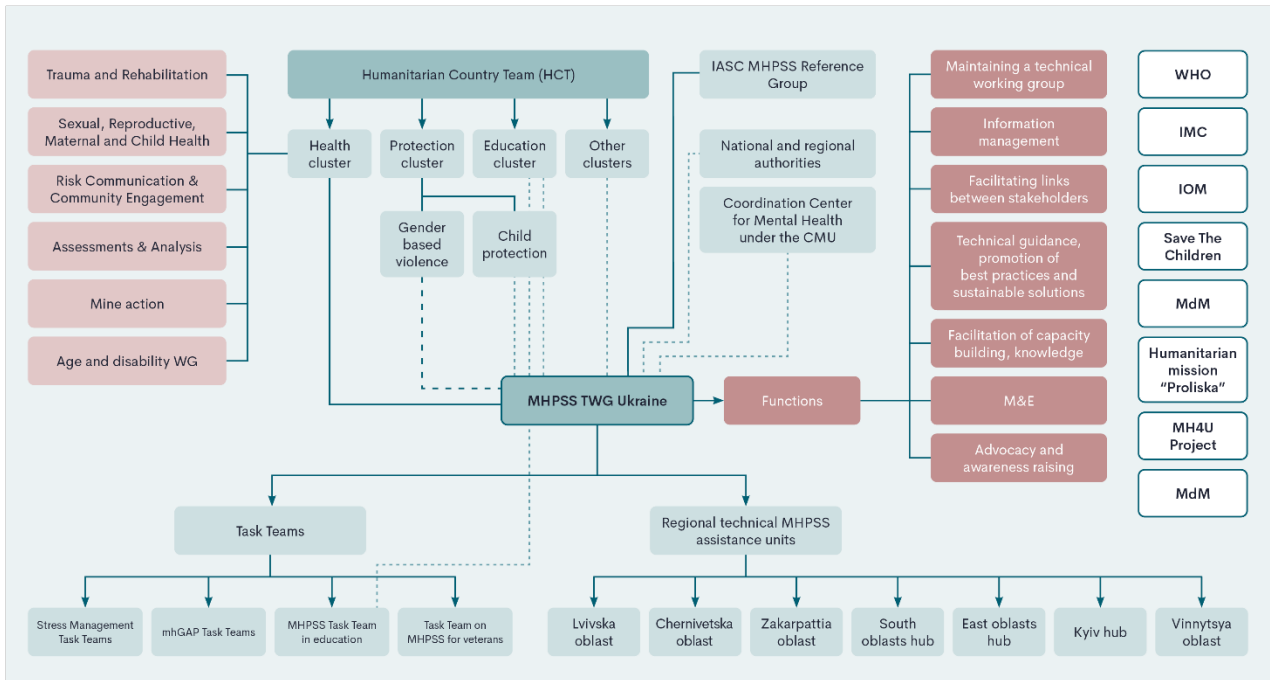


Figure 4. How the MHPSS TWG Ukraine sits within the overall humanitarian response structure, with links and functions¹⁶³

¹⁶³ Ukraine MHPSS TWg (5 December 2022) *Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap Open Document*. Retrieved from: <https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group>

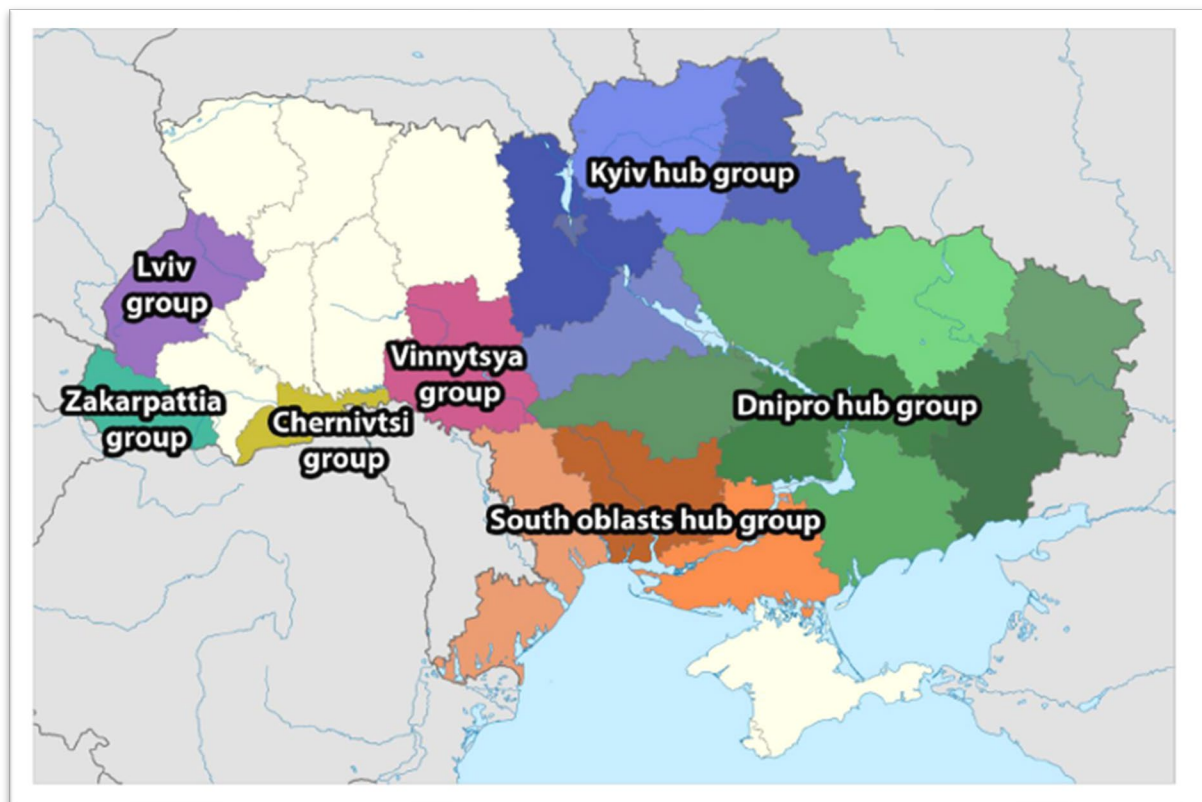


Figure 5. Map of regional working groups of the MHPSS Technical Working Group Ukraine (14 August 2023)

These sub-working groups co-ordinate MHPSS activities targeted to address the needs of internal displacement and to manage local emergency response as a result of military conflict. The distribution of MHPSS humanitarian response across the country is closely aligned with the pattern of distribution of IDPs (KII-3)¹⁶⁴ (Fig. 6).

¹⁶⁴ Key informant interview with Kateryna Krizhik, WHO National MHPSS TWg Ukraine support consultant

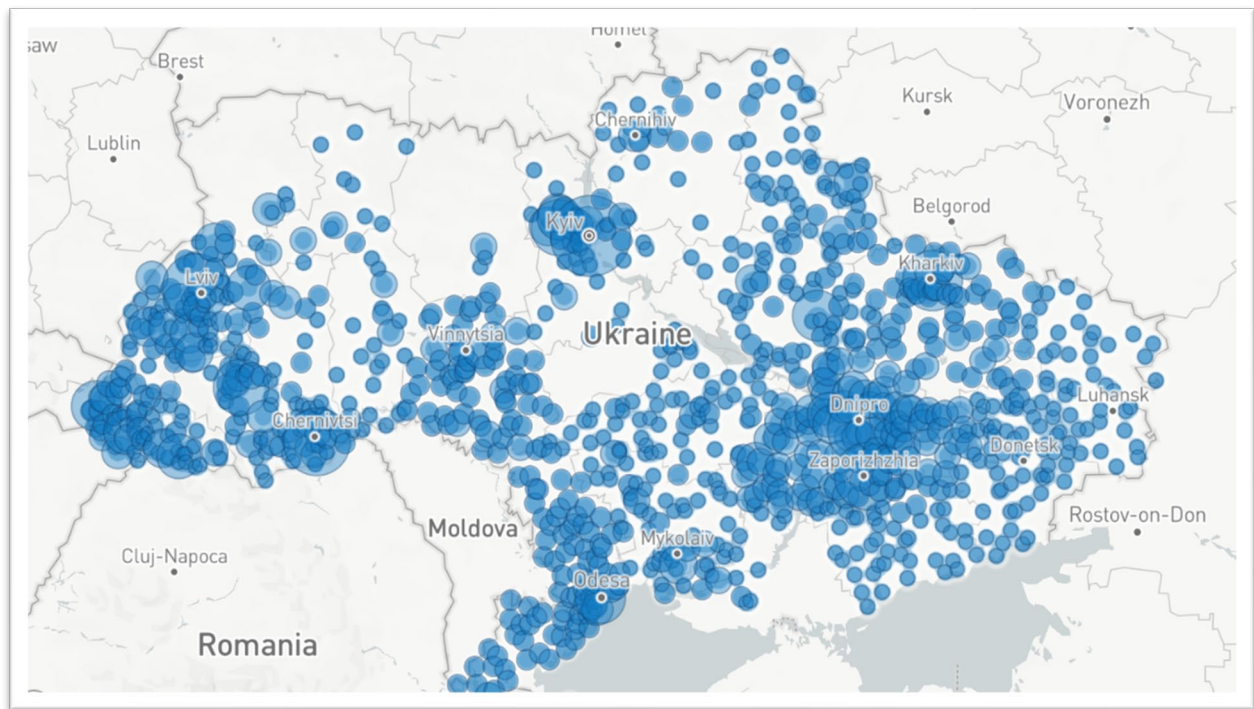


Figure 6. MHPSS services in Ukraine (January 2023)¹⁶⁵

Over the period 2015-2022, Ukrainian MHPSS actors advocated for ‘building back better,’ to establish MHPSS as a cross cutting area, highlighting the significance of psychosocial support, as a crucial element of individual recovery after adversity, to dismantle the stigma surrounding mental health, to build capacity and to train helpers to deliver quality services. Given the complex nature of the conflict during this period of time, development projects have also been initiated to integrate the successes of the emergency response into building more sustainable mental health care systems. After February 2023, a new scale of response has led to even more resources to scale-up local best practice and to build on available resources.

4.1.4 Training Mental Health Human Resources

Increased demand for mental health services in Ukraine has raised concerns about the professional qualifications of mental health practitioners, including issues with education and certification. Formal educational pathways are available for health workers and psychologists, with the former taking place via Continuous Medical Education credits and the latter via

¹⁶⁵ OCHA Services (2023) *Ukraine MHPSS TWg*. Retrieved from: <https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group>

professional associations. However, there is no centralised professional licensing at the governmental level for psychologists, and qualification requirements are not regulated by the law with the exception of psychologists who are employed at government health facilities. Professional training for psychologists in public universities is overly theoretical, lacking a competency based approach, and might lack supervised practice. Moreover, there is a concern about how many psychologists are using evidence-based practices.¹⁶⁶ A recent Draft of the Law on Amendments Regarding the System of Mental Health Care and Services in the Field of Mental Health Advocacy includes ensuring the quality of psychological help and psychological rehabilitation, requirements for qualification and legal responsibility.¹⁶⁷

Professional training opportunities for mental health care specialists have increased since the invasion in 2014, with training programmes now available for cognitive behavioural therapy (CBT), trauma-focused CBT, schema therapy, mindfulness based cognitive therapy and dialectical behaviour therapy, provided by professional associations.¹⁶⁸ The informal sector plays a significant role in providing training for non-mental health specialists in evidence-based, transdiagnostic, low intensity and psychosocial interventions that can be delivered in community based settings, given a referral pathway is established.

Since 2014, major international NGOs have provided training activities to non-mental health specialists for use with conflict affected populations in Donetsk and Luhansk regions. And, as of 2019, the IMC Ukraine and MdM have been piloting the WHO's 5-session stress management course for large groups, Self Help Plus (SH+), and "Doing What Matters in Times of Stress," the latter of which is now available as a digital self-help app in Ukrainian.^{169,170,171} MdM has also delivered training in "Problem Management Plus (PM+)," an individual psychological intervention

¹⁶⁶ 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>

¹⁶⁷ 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>

¹⁶⁸ 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

¹⁶⁹ 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>

¹⁷⁰ 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*.

¹⁷¹ 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>

for adults impaired by distress in communities exposed to adversity.¹⁷² Kyiv Mohyla Academy and Johns Hopkins University have provided training for IDPs and veterans in “Common Elements Treatment Approach (CETA)”, which was developed specifically for LMICs based on evidence-based treatments for symptoms of depression, anxiety, substance use, trauma and stress related disorders.¹⁷³ The United Nations Children's Fund (UNICEF) and "Kyiv-Mohyla Academy" launched a Psychosocial Support (PSS) programme for children, ‘Skills of Crisis Counselling and Development of Psycho-Social Resistance to Stress in Schoolchildren.’ A series of training sessions for 400 school psychologists from Dnipropetrovsk, Donetsk, Kharkiv, Luhansk and Zaporizhia regions has been provided.¹⁷⁴ Finally, Psychological First Aid (PFA) trainings have been provided by Save the Children, the International Federation of the Red Cross (IFRC) and other international actors to social and community workers.

In 2019, Ukraine’s MoH, the WHO and other partners launched a training initiative in the WHO’s Mental Health Gap Action Programme (mhGAP) in Kramatorsk region, which aims to improve the accessibility of mental health services at the primary care level. The WHO supported the translation of the mhGAP Intervention Guide,¹⁷⁵ the mhGAP Humanitarian Intervention Guide,¹⁷⁶ and mhGAP mobile application into the Ukrainian language. As of August 2022, the mhGAP training has been delivered by local and international NGOs to more than 600 primary care workers, mostly general practitioners (family doctors), neurologists, psychiatrists and social workers. Currently, a working group consisting of stakeholders from the WHO, Ukraine’s NHSU, and other international partners has developed an online course on mhGAP and on the national level targeting primary care doctors working in Ukraine, with more than 23 000 health care professionals completing the online training successfully.¹⁷⁷ However, this training should be scaled to also target medical nurses and should be further promoted among medical students and trainees at medical educational institutions.

¹⁷² 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://www.interventionjournal.org/text.asp?2021/19/1/131/312727>

¹⁷³ 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.

¹⁷⁴ OCHA Services (2015). *More than 11,000 children received effective psychosocial support in the eastern and central regions of Ukraine – UNICEF*. Retrieved from: <https://reliefweb.int/report/ukraine/more-11000-children-received-effective-psychosocial-support-eastern-and-central>

¹⁷⁵ World Health Organization & United Nations High Commissioner for Refugees (2015). *mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies*. Retrieved from: <https://www.who.int/publications/i/item/9789241548922>

¹⁷⁶ World Health Organization & United Nations High Commissioner for Refugees (2015). *mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies*. Retrieved from: <https://www.who.int/publications/i/item/9789241548922>

¹⁷⁷ 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>

4.2 Description of Formal Mental Health Services in General Health Care

Mental Health Services in Primary Care

Based on recent experiences, it is likely that the number of self-referrals to primary care with mental health and unexplained somatic complaints will increase dramatically in the coming years.¹⁷⁸ Primary health care in Ukraine is generally provided by general practitioners, such as family doctors, therapists and paediatricians. Primary health care professionals may identify mental health disorders according to the International Classification of Primary Care, 2nd edition (ICPC-2).¹⁷⁹ Screening and case detection, service delivery and appropriate referrals to specialist care are still limited in reality, although government protocols for screening, management and referral do exist. One of the major reasons for this limitation is the current law on psychiatric care (see section 4.1.1), which specifies that diagnosis, screening and case detection should only be carried out by psychiatrists. Family doctors recently have 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 service.

Community based mental health services are currently limited or absent, especially in rural areas and small towns. In big cities, community based mental health services are mostly represented by psychoneurological dispensaries, departments in general hospitals or private health care centres. The integration of mental health into community based services is beginning in the Lviv, Chernivtsi, Rivne regions as the result of local leadership and availability of financial and human resources. A good example of mental health service integration in community based services also previously existed in Kramatorsk, in the Donetsk oblast, but the infrastructure was destroyed during the war. In the Dnipro, Kyiv, Odesa and Sumy oblasts, the MoH and WHO have collaborated to train 26 mental health mobile teams to address mental health issues at the community level (mostly psychotic symptoms). This initiative is still ongoing. Psychological rehabilitation services are not available within primary care or at the community level, but rather are provided within the psychiatric system in hospitals and dispensaries as a part of psychiatric care and at veteran rehabilitation centres.

¹⁷⁸ Chaban, O. (2023). War in Ukraine: Psychiatry from the frontline. *Psychosomatic Medicine and General Practice*, 8(1):e0801412. <https://doi.org/10.26766/pmgp.v8i1.412>

¹⁷⁹ World Health Organisation (2003). *International Classification of Primary Care, 2nd edition (ICPC-2)* Retrieved from: <https://www.who.int/standards/classifications/other-classifications/international-classification-of-primary-care>

Specialised Mental Health Services

Specialised mental health care in Ukraine is provided by 11.6 psychiatrists and 1.15 psychologists per 100 000 people. In addition, 25.7 nurses per 100 000 people work in Ukraine's mental health sector.¹⁸⁰ According to statistics presented by the Institute of Psychiatry, Forensic Psychiatry, and Drug Monitoring MOH (08.09.2022), human resources in mental health were previously quite substantial (see Box 2), although it is not yet known how the ongoing war has affected these resources.

Box 2. Public sector human resources in mental health as of 1 January 2022

2501	adult psychiatrists
265	child psychiatrists
740	addiction specialists
149	physicians/psychotherapists
182	physicians/psychologists;
32	physicians/sexopathologists;
742	psychologists
9355	nurses
84	social workers

Although nurses are not technically classified as psychiatric nurses, they typically function as basic carers within the mental health system. It is not common for psychiatric nurses to deliver psychosocial interventions. More training for nursing staff is needed, and their functional capacity should be legally expanded.

The majority of the mental health professionals are concentrated in specialised care settings, such as psychiatric hospitals or dispensaries, narcological or psychoneurological dispensaries and departments, which receive referrals from primary care, general hospitals, emergency services or service users themselves. The specialised mental health care system is comprised of mainly outpatient, inpatient and day services, which are often provided as a mix in one facility and complemented by a network of district psychiatrists and addiction specialists (Box 3). Specialised care facilities tend to utilise a biomedical model of treatment, with a greater emphasis on psychopharmacological treatment and lack of focus on evidence-based counselling, psychotherapeutic interventions and rehabilitation activities.

A significant amount of Ukraine's mental health resources is allocated to inpatient psychiatric treatment facilities, which have a total of 44 224 beds (98 beds per 100 000 people).¹⁸¹ Inpatient care provided in psychiatric hospitals is highly stigmatised and is often associated with human

¹⁸⁰ World Health Organization, & University of Washington (2020, July). *Ukraine WHO Special Initiative for Mental Health situational assessment*. Retrieved from: https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

¹⁸¹ Lekhan, V., Rudyi, V., Shevchenko, M., Nitzan Kaluski, D., and Richardson, E. (2015). Ukraine: health system review. *Health Systems in Transition*, 17(2), 1–154

right violations, as reported by the ombudsman's office.¹⁸² The average duration of inpatient stay is 50 days.¹⁸³ Historically, inpatient care was characterised by a high level of readmission. After 2020, due to reforms of state policy on funding allocation in health care (see section 4.1.1), long term hospitalisation is largely impossible, with the exception of people with severe and enduring mental health problems.

Box 3. Public mental health care facilities

- 65 community mental health teams
- 26 mobile mental health teams
- 66 day care psychiatric facilities
- 584 outpatient facilities
- 60 psychiatric hospitals
- 51 psychiatric departments in general hospitals
- 2 inpatient facilities specifically for children and adolescents.

However, there continues to be a lack of adequate community level alternatives with appropriate funds to inpatient hospitalisation, which causes difficulties for health and social care workers, as well as for families and communities.

Fifty-five percent of specialised mental health services are covered within the national budget and 45% comes from consumer pockets.¹⁸⁴ Psychiatric outpatients must buy their own medication, and this is often also the case for inpatients. Due to ongoing reforms (see section 4.1.1), there are new possibilities for the reimbursement of some psychotropic drug costs to the population by the NHSU. However, the lack of a national system for supplying medication continues to create a financial burden for patients' families. It also reduces access to treatment, as only psychiatrists are licensed to prescribe psychotropics for moderate and severe mental disorders, hampering compliance and decreasing efficiency.

¹⁸² Commissioner of the Verkhovna Rada of Ukraine (2019). *Annual Report on Human Rights on the State of Compliance and Protection of Human and Civil Rights and Freedoms in Ukraine*.

¹⁸³ World Health Organization, & University of Washington. (2020, July). *Ukraine WHO Special Initiative for Mental Health situational assessment*. Retrieved from: https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

¹⁸⁴ 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>

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

Psychosocial Support in the School Health Service

A psychological service within the education sector has been available in Ukraine since 1991. Although the aim is to provide psychological services to students, parents and teachers, in practice the psychologists in schools are mainly involved in assessment of children's academic performance or in cases of behavioural deterioration. These services lack the tools to support adult care givers and ultimately lack the interventions to support a holistic view of developmental needs based on a child-centred approach.¹⁸⁵ In general, schools in urban areas are well covered by specialists, whereas rural areas rarely have these positions filled. However, since the escalation of the war, 20 000 teachers have taken Psychological First Aid (PFA) courses online, which aims to promote psychological wellbeing within school based activities.¹⁸⁶

Psychosocial Support in the Formal Social Sector

People with disabilities who are less mobile or independent, face additional challenges accessing safe shelters, food, water and sanitation. As a result, support from social workers and services in home based social care is in high demand. Prior to 2014, there was a significant cut in the number of social workers nationwide due to lack of funding. Lack of human resources is particularly damaging to the elderly, who make up two-thirds of individuals unable to flee and have remained in war zones or in occupied territories.¹⁸⁷ Since February 2022, more than 2 800 adults have been evacuated from social care homes in the Donetsk, Luhansk, Kyiv, Kharkiv and Zhytomyr regions to equivalent institutions in central and western Ukraine.¹⁸⁸ The additional influx of persons in need has contributed to a shortage of social workers and a serious burden to local municipalities and communities.

¹⁸⁵ 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]

¹⁸⁶ Ukrinform (07 September 2022) *Almost 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-perso-psi-hologicnoi-dopomogi.html> [in Ukrainian]

¹⁸⁷ 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/10.1787/506fcef8-en>

¹⁸⁸ Ministry of Social Policy of Ukraine (11 April 2022). *More than 2,800 people were evacuated from boarding houses for the elderly, people with disabilities and psycho-neurological boarding schools*. Retrieved from: <https://www.msp.gov.ua/news/21685.html> [in Ukrainian]

As Western Ukraine continues to be overwhelmed with such patients, resources to establish new facilities of supported living on the community level are needed.¹⁸⁹ In other occupied regions, many patients in internats remain trapped without any means of evacuation, with significant number of patients remaining in the internats in the territories close to the front line. There is an urgent need to evacuate persons with mental health disorders secluded in psychiatric institutions and internats from Eastern and Southern regions, and to establish new community-based, outpatient or inpatient wards within general hospitals' psychiatric care facilities in non-occupied territories.¹⁹⁰

Another challenge is that there are insufficient capacities to provide supervision for social workers, although methodological recommendations for the supervision of workers who provide social services were approved in 2020, clear requirements for formal continuous learning for social workers do not yet exist.¹⁹¹

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 non-traditional sources of support (church and natural healers) (Fig. 7). Before 2014, informal psychosocial support activities consisted of support for people with mental health and psychosocial disabilities, led by local NGOs such as Coalition, Uzer, Dzherelo, Emaus and others. These NGOs were established by parents and/or relatives as an alternative to placing family members with mental health and psychosocial disabilities in internats, and to provide additional social, educational and health services, as well as peer support. These organisations in most cases have been underfunded and largely invisible, appearing where the state or local municipalities have failed to address these needs.

¹⁸⁹ 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>

¹⁹⁰ Ibid

¹⁹¹ Verkhovna rada of Ukraine (2020). *On the approval of Methodological recommendations for the supervision of workers who provide social services*. Retrieved from: <https://zakon.rada.gov.ua/rada/show/v0414739-20#Text> [in Ukrainian]

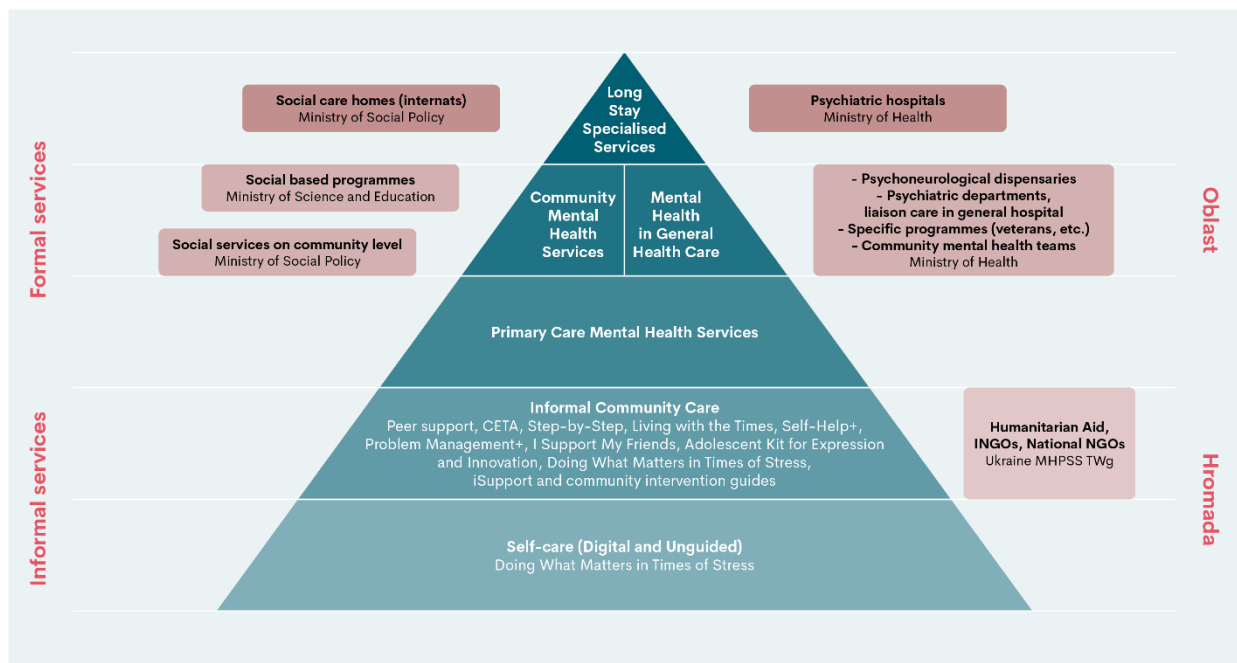


Figure 7. Network model of mental health services in Ukraine during war

Since 2014, due to an increase in the psychosocial needs of IDPs, ex-combatants and people residing in close proximity to the front line (see section 2.3), there has been a rise in Ukrainian volunteer-led and civil society organisations (CSOs) addressing mental health and psychosocial problems. Given that the funding streamlined for the humanitarian response starting in 2015 was limited to programmes within 0-15 km of the front line, most INGO-led MHPSS activities prior to 2022 took place in the Donetsk and Luhansk regions. INGOs have played a critical role in activities, such as establishing community psychosocial centres for older adults (HelpAge and others), organising child friendly spaces (Save the Children and others) and providing psychosocial support activities for women and men (IMC and others). Since 2015, MDM has offered a comprehensive package for IDPs and host communities in the Donetsk and Luhansk oblasts, comprising the direct delivery of medical services through multidisciplinary outreach teams, donation of medical consumables and equipment to hospitals, and implementation of mhGAP and Problem Management Plus (PM+).¹⁹² The Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap

¹⁹² Goloktionova, A.E. & Mukerjee, M. (2021). Bringing Problem Management Plus to Ukraine: Reflections on the past and ways forward. *Intervention*, 19(1) p. <https://www.interventionjournal.org/text.asp?2021/19/1/131/312727>

includes a comprehensive list of evidence-based MHPSS interventions and services contextualised and introduced in Ukraine between 2014 and February 2022.¹⁹³

Since 2014, the informal sector has also provided psychosocial rehabilitation initiatives targeting veterans and their families. One example of this is Veteran Hub, CSO that provides legal, employment and psychosocial support for Veterans and their families in overcoming the burdens that combat experience might bear upon returning home.¹⁹⁴ In 2021, the Ministry of Veterans reported that 405 000 persons had participated in combat operations, in 2023 same source reports 176 900 veterans having participated in war, 68 000 individuals with disabilities and 111 500 family members of deceased veterans as a result of conflict.¹⁹⁵

Trauma-focused therapy for veterans has also been provided by Psychological Crisis Services (MEDBOX, n.d.). A number of SCOs have led initiatives to scale up evidence-based interventions for veterans (Centre of Mental Health and Trauma therapy 'Integration'), and service members on rehab (NGO DoLadu). NGO Blakytyny Ptakh (Blue Bird) provides medical assistance, psychosocial and legal support to the survivors of torture, captivity and prisoners of war, their families, as well as families of the missing and bereaved.¹⁹⁶ In addition, private centres for the social and psychological rehabilitation of people with substance use disorders offer self-help and peer support groups.¹⁹⁷ Alcoholics Anonymous exists in most major cities throughout Ukraine and provides a faith-based group for substance users based on a 12-step programme. Peer support and psychosocial support for people with disabilities is being provided by the League of the Strong and Fight for Right.^{198, 199}

Specific mental health programmes for maternal and child health are almost non-existent and mainly pioneered by the nongovernmental sector, for example 'Early Birds' NGO implements a range of care and support services for families, and educational activities both for health care staff and parents of prematurely born children.²⁰⁰

¹⁹³ 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>

¹⁹⁴ Veteran Hub. Retrieved from: <https://veteranhub.com.ua> [In Ukrainian]

¹⁹⁵ Ministry of Veteran Affairs (2022) *Analytical information according to the Ministry of Veterans Affairs of Ukraine*. Retrieved from: <https://data.mva.gov.ua/>

¹⁹⁶ Blue bird. Retrieved from: <http://hostage.org.ua> [In Ukrainian]

¹⁹⁷ 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

¹⁹⁸ The League of the strong. Retrieved from: <https://ls.org.ua/en/the-league-of-the-strong>

¹⁹⁹ Fight for the Right. Retrieved from: <https://ffr.org.ua/en/projects/support-ukrainians-with-disabilities-during-the-war>

²⁰⁰ Association of parents of prematurely born children "Early Birds". Retrieved from: <https://ranniaptashky.org/en>

4.5 Vulnerable Populations and Access to MHPSS

The Russian Federation's war on Ukraine has caused widespread death, destruction, displacement and human suffering, and left at least 17.6 million people in need of multisectoral humanitarian assistance by 2023. This includes 6.3 million IDPs, 4.4 million returnees and 6.9 million people who remained in their homes throughout the war.²⁰¹ But it would be a mistake to say that the rest of the population of Ukraine is not affected by war. Both victims or survivors and carers experience numerous real and symbolic losses as a result of violent conflict. The change in the roles within households, separation due to the relocation to other countries, disruption to immediate sources of social support among extended family and friends, and disruptions in employment are impacting the everyday task load, on top of the ongoing safety risks due to the shelling.

Internally Displaced Persons

The armed conflict in 2014 resulted in 1.5 million IDPs. According to a nationwide survey, the lived adversity among IDPs resulted in PTSD presenting in 32%, depression symptoms prevalence was 22%, and anxiety prevalence was 17%.²⁰² The study also demonstrated a large treatment gap of 74% of IDPs potentially requiring MHPSS care, but not receiving it. The help seeking behaviour trends included pharmacies, primary health care providers, neurologists in a general hospital, psychologists visiting communities and nongovernmental organisations/volunteer mental health/psychosocial centres.

These trends can be applied to the current situation as well. The Ministry of Health simplified access to primary medical care for internally displaced Ukrainians.²⁰³ When IDPs do seek mental health care, it is typically through polyclinics, pharmacies, psychologists, psychiatrists, volunteer services or by accessing community based health centres, family doctors or neurologists. Prior to migration and during and right after displacement, adults rarely seek support for themselves and instead predominantly seek help for their children.

For many Ukrainians with either formalised or informal status of an IDP, it is a second lifetime experience changing the location of home, as many had moved from a temporary occupied

²⁰¹ OCHA (2022). *Ukraine Humanitarian needs overview 2023*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk>

²⁰² Roberts, B., Makhshvili, 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>

²⁰³ Verkhovna Rada of Ukraine (17 March 2022) *Some issues of providing primary medical care in the conditions of martial law*. Retrieved from: <https://zakon.rada.gov.ua/rada/show/v0496282-22#Text>

location to one Ukraine controlled and was therefore, safer. New residential compounds build around Kyiv, including Bucha and Hostomel are places where middle class residents of Donetsk and Luhansk have started to rebuild their life. As it is essential to measure the traumatic adverse experience exposure, it is also essential to build on the past experience of coping and resilience of this population.

According to the Ukraine Humanitarian Needs Overview 2023,²⁰⁴ the most vulnerable IDPs are those residing in collective centres, which are not constructed for long-term stay. Displaced people living outside of collective centres, particularly those in rural areas across Ukraine, are likely to face problems in accessing services and assistance. Social and economic challenges remain on the top of stressors impacting the lives of IDPs who are struggling to find employment, stable sources of income or continue education.

Survivors of Sexual and Gender Based Violence

Survivors of Sexual and Gender Based Violence (SGBV) has been prioritised since the start of the conflict. After ratification of the Istanbul convention (Convention on Preventing and Combating Violence against Women and Domestic Violence) in 2022, the application for connecting GBV survivors with police has been submitted. There is a network of specialised services for survivors of SGBV, including day hospitals, a national free hotline and mobile psychosocial support groups. They offer services to the most vulnerable groups of SGBV survivors.²⁰⁵ Medical and psychological care units and specialised SGBV services are located in multidisciplinary hospitals, six in the Donetsk Oblast and five in the Luhansk Oblast,²⁰⁶ while others are located in Vinnytsia, Mykolayiv, Kharkiv, Kryvyi Rih, Odesa and Kherson²⁰⁷. However, clinical management of SGBV survivors is currently unavailable in 77% of primary health care centres and in 50% of multi profile hospitals, mainly due to lack of staff or training.²⁰⁸ There is an emerging recognition of SGBV as a societal issue, rather than a personal problem, and that it requires a comprehensive response by the community. However, victim-blaming and stigma remain high amid the lack of integration of MHPSS and GBV services.

²⁰⁴ OCHA (2022). *Ukraine Humanitarian needs overview 2023*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk>

²⁰⁵ 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>

²⁰⁶ White ribbon (2023). *Assisting Ukraine during war*. Retrieved from <https://whiteribbonukraine.org/en/war/>

²⁰⁷ Gender-based Violence subcluster Ukraine (2022). *Gender-Based Violence In Ukraine: Secondary Data Review 27 April 2022*. Retrieved from: <https://gbvaor.net/sites/default/files/2022-05>

²⁰⁸ 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>

Military Service members

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 recognised NGOs are available within psychiatry departments (see section 4.4). However, those hospitals are closed for civil staff and volunteers. Mental health professionals and psychiatrists are in high demand for medical service of Armed Forces of Ukraine, located close to the front lines. There is a high demand on support of family members of mobilised, missing service members and prisoners of war.

Veterans

After demobilisation, veterans may receive mental health support in civilian facilities under the authority of Ukraine's MoH. The MoVa is active in the implementation of special extended health and social services for veterans. The programme was approved in 2020 and includes plans for psychological rehabilitation, as well as physical and mental wellbeing. In 2022, the MoVA developed a new legislative order for the provision of mental health services to veterans and is currently working on a programme to support the transition of military personnel from war to civil life. Victims of torture and prisoners of war constitute a specific sub-group in need of comprehensive physical and psychosocial rehabilitation.

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 their homes and the lack of economic resources. Primarily they rely on general practitioners and social services and volunteers' support. People of older age evacuated to the west need living facilities, medical care, psychosocial support and assistance in daily life, that is challenging for local communities and is partially supported by NGOs or INGOs.

Children and caregivers

Children and young people's mental health is particularly vulnerable during times of active armed conflict. According to a report published in April 2022, 16% declared impaired memory, shorter attention span and decreased ability to learn.²⁰⁹ Displacement has placed women and children at increased risk of GBV, abuse, psychological trauma, trafficking and family separation. More than 1.2 million children are estimated to be internally displaced.²¹⁰ Children and youth constitute

²⁰⁹ Gradus Research April (2022). *Changes in Children's Lives During the War: Analytical Report*. Retrieved from: https://gradus.app/documents/211/Children_Report_Gradus_28042022.pdf

²¹⁰ UNICEF. (2023) *Ukraine and Refugee Response Appeal. Humanitarian Action for Children*. Retrieved from: <https://www.unicef.org/appeals/ukraine>

25% of the residents of collective sites, with 7% of children aged below five years, and 2% of sites containing unaccompanied children.²¹¹

The most vulnerable children, approximately 91 000, includes those living outside their families, residential institutions for children without parental care or boarding schools, unaccompanied and separated children, and children with disabilities, have been particularly impacted.²¹² According to the Ministry of Reintegration of Ukraine, 19 546 children have been deported or forcibly moved to the Russian Federation, with only 386 reunited with family members so far.²¹³ Children and care givers receive informal community based MHPSS from international and national partners, and school based mental health services.

People with disabilities, including mental health and psychosocial disabilities

People with disabilities living in institutions remain among the most vulnerable populations in the country. They are at heightened risk of suffering from unsanitary conditions in overcrowded facilities, in addition to abuse and other protection violations in the absence of monitoring.²¹⁴ Many people with disabilities have to face barriers to safely evacuate or seek refuge in shelters due to lack of accessible communication, transport and shelters. Separation from families, including care givers and support systems, has left many in a vulnerable, dependent position and isolation. At least 15% of residents in collective centres are people with disabilities, who require accessible infrastructure, information and targeted disability-specific, non-food items.²¹⁵ People with mental health disabilities are also highly dependent on the State social protection system and rely on specialised assistance from social care at home, community based services or specialised long stay care. A major emerging issue in Ukraine is the increasing number of people injured by landmines. According to the United Nations, from the start of the Russian invasion of Ukraine, 298 civilians, 22 of them children, have been killed due to unexploded munition.²¹⁶ There have been 758 civilian injuries, 12% are children.²¹⁷

²¹¹ OCHA. (2022). *Ukraine Humanitarian needs overview 2023*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk>

²¹² UNICEF. (2023) *Ukraine and Refugee Response Appeal. Humanitarian Action for Children*. Retrieved from: <https://www.unicef.org/appeals/ukraine>

²¹³ Children of war. (31 July 2023) Retrieved from: <https://childrenofwar.gov.ua/>

²¹⁴ 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

²¹⁵ OCHA (2022). *Ukraine Humanitarian needs overview 2023*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk>

²¹⁶ Washington Post. (2023). *Ukraine is now the most mined country. It will take decades to make safe*. Retrieved from: <https://www.washingtonpost.com/world/2023/07/22/ukraine-is-now-most-mined-country-it-will-take-decades-make-safe/>

²¹⁷ OCHA Services. (2023). *Ukraine: 1 in 8 landmine casualties is a child as detonation accidents spike*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-1-8-landmine-casualties-child-detonation-accidents-spike>

4.6 Role of the Non-Allopathic Health System in MHPSS

Approximately 5.5 million Ukrainians receive services from alternative healers, most of whom live in rural areas, although wealthy urban residents also consult with such healers.²¹⁸ The likely reason for that is limited access to formal health care in rural areas, lack of trust of doctors and the health care system in general.²¹⁹ There are approximately 4000 registered alternative medicine practitioners in Ukraine, but in reality, the number is at least ten times higher. Most of these alternative healers do not possess any medical training, and up to 70% have no accredited professional training or certification.²²⁰ The government has made several attempts to regulate this field with legislation, including by prohibiting the promotion and delivery of non-allopathic practices through media.²²¹ The government has also initiated activities to raise community awareness of the lack of qualifications of non-allopathic healers in providing mental health care.

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

End-user organisations in Ukraine are in the early stages of development. Existing end-user organisations include those led by individuals affected by substance use disorder or bipolar disorder, as well as those led by parents of children with autistic spectrum disorder, prematurely delivered babies or veterans (see section 4.4). However, the role of these organisations in policymaking or peer support service provision 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 and service delivery. The Mental Health for Ukraine (MH4U) project, supported by the Swiss Agency for Development and Co-operation, consists of mental health promotion activities led by service users aimed at raising awareness, decreasing stigma and promoting help seeking behaviours.²²² However, more initiative to include service users is required from mental health policymakers, providers and professional organisations.

²¹⁸ 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>

²¹⁹ 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)

²²⁰ Lekhan, V., Rudyi, 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>

²²¹ 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>

²²² MH4U (2022). *Become an ambassador of mental health*. Retrieved from: <https://www.mh4u.in.ua/ambasador> [in Ukrainian]

5.7 Challenges, Opportunities and Recommendations for MHPSS in Ukraine

5.1 National Level MHPSS in Ukraine

5.1.1 National Level Challenges, Gaps and Opportunities

The occupation of Crimea and Ukraine's eastern regions, followed by the current full-scale invasion and ensuing humanitarian crisis, has negatively impacted the population's psychosocial wellbeing, and the need for MHPSS as part of humanitarian response remains high (Fig. 8). These events have also raised public interest in mental health issues, driven reforms in many sectors and introduced a number of evidence-based practices by international and local organisations.

Prior to the full-scale war, in 2020, the government initiated promising reforms related to the decentralisation of mental health services, aiming for de-institutionalisation and the creation of a community-based system of care and the promotion of a public health approach for mental health and human rights. In 2017, the Concept of the National Mental Health Program in Ukraine (until 2030) was accepted by the government.²²³ The action plan for realisation of the Concept Note 2021-2023 was approved in 2021.²²⁴ Although these reforms will transform the system of care in the long run, they have impacted the capacity of specialised mental health systems to mitigate the mental health challenges faced by the population as a result of the ongoing war, whereas the public health system in general was impacted by labour force migration and redistribution of populations inside Ukraine.

With Ukraine being a diverse country with a large territory, the challenges, gaps and opportunities for MHPSS vary by location, how they have been affected by conflict and humanitarian crises, accessibility due to military actions, current population structure as a result of massive internal displacement, pre-existing capacities and, as a result of decentralisation and health reform.

²²³ Verkhovna Rada of Ukraine. (December 27, 2017). On the approval of the Concept of development of psychiatric care in Ukraine for the period until 2030. Retrieved from: <https://zakon.rada.gov.ua/laws/show/1018-2017-%D1%80#Text> [In Ukrainian]

²²⁴ Ibid.

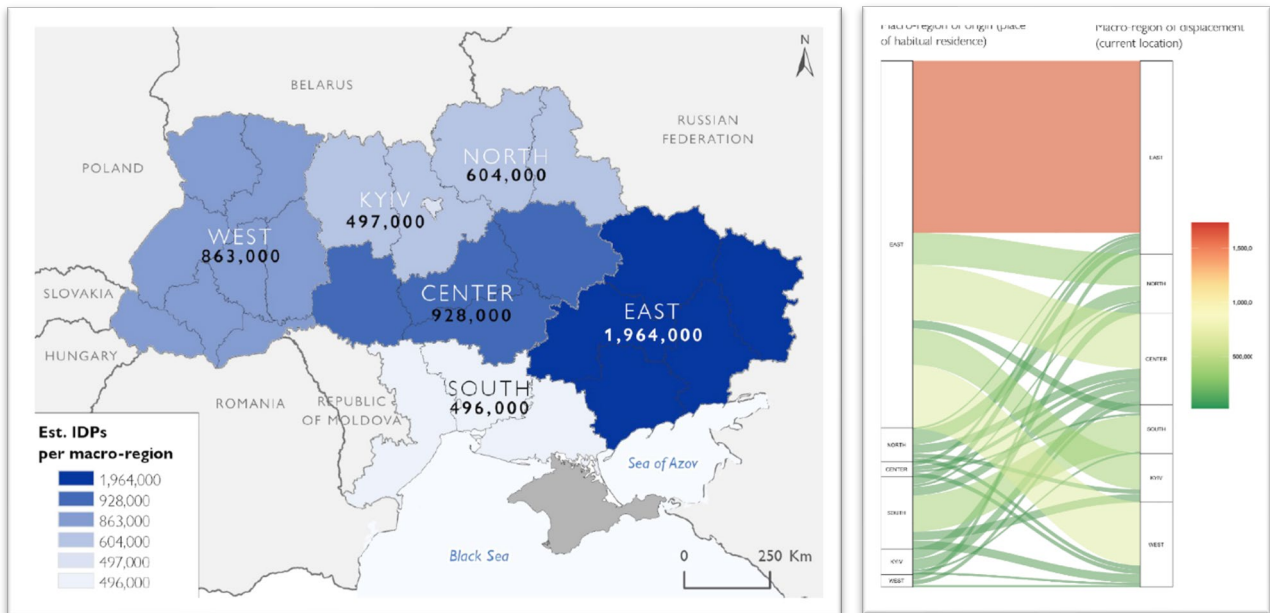


Figure 8. Estimated locations and flows of IDPs by macro regions of Ukraine (IOM, 23 January 2023)²²⁵

MHPSS programmes in Ukraine have been integrated into the international humanitarian response from the very beginning of the conflict in 2014. More actors are arriving in Ukraine, bringing potential solutions to serve the population needs. In December 2022, an Operational Roadmap ‘Ukrainian Prioritised Multisectoral Mental Health and Psychosocial Support Actions During and After the War’²²⁶ was published. It was developed following a series of consultations with Ukrainian authorities, and national and international agencies working in the area of MHPSS. It was driven by a growing consensus in Ukraine of the need to prioritise activities urgently required to address the mental health and psychosocial needs of the population and the importance of basing the response on existing structures, resources and innovations introduced in reforms in past years. As of March 2023, the Co-ordination Centre on Mental Health at the Cabinet of Ministers was established to co-ordinate mental health initiatives and response to ongoing needs.²²⁷ In 2023 the Ukrainian First Lady, Olena Zelenska, and partner organisations launched a nationwide communication programme on mental health, “Ty Yak”²²⁸ (“How are you.”)

²²⁵ 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>

²²⁶ Ibid.

²²⁷ Verkhovna Rada of Ukraine. (March 30, 2023). About the establishment of the Coordinating Center for Mental Health. Retrieved from <https://zakon.rada.gov.ua/laws/show/301-2023-%D0%BF#Text> [In Ukrainian]

²²⁸ Ty yak? (2023). Nationwide program on mental health. Retrieved from <https://www.howareu.com> [In Ukrainian]

There is a need to continue to strengthen existing co-ordination mechanisms at the national and international levels, while also adapting responses to consider the current specific needs, challenges and opportunities of specific regions, and long term vision of mental health service development.

5.1.2 National Level MHPSS Recommendations

1. **Strengthen mechanisms for cross-sectorial collaboration on MHPSS.**

Given that MHPSS is a cross cutting issue directly linked to individual wellbeing in the life continuum, it requires cross-sectorial response, which is only possible by investing in venues that would support interagency collaboration. To enable comprehensive care and avoid stand-alone service-provision, it is critical to facilitate close co-operation of international actors and local services through MHPSS TWGs or relevant local intersectoral bodies can focus on the development referral pathways at the community and regional (oblast) levels and information exchange about existing formal referral protocols for protection and MHPSS services. This can include specialised mental health care addressing high risk situations of self-harm and of others. Such platforms should engage local decision makers, including local governance and health, education and social protection actors, and should also build on pre-existing local services and the experience of MHPSS programming in Ukraine from 2015-2022 to achieve efficient outcomes.

2. **Ensure MHPSS initiatives in Ukraine are sufficiently contextualised to local contexts, environments and realities. Best international practice has demonstrated that** local level and culturally adapted responses are the most efficient and effective. Among other best practices, localisation requires:

- a. **Strengthening the capacity of local service providers**, such as health workers, social workers and NGO staff, as well as considering launching new service provision. In addition to financial support, international partners have a critical role in providing technical support, mentoring about how to set up quality MHPSS programmes, supervision for quality assurance, and enabling local partners to more effectively reach targeted populations. This will help to sustain newly developed capacity on a local level.
- b. **Ensuring that international funding streamlined through NGOs and INGOs is inclusive of formal service providers, aims to develop systems of support and care for helpers, and provides capacity building in basic psychosocial skills, prevention and early identification of mental health conditions.** Advocating for establishing

sustainable supervision processes is important to promote quality and ‘do no harm’ among MHPSS providers.

c. Expanding understandings of traditional coping mechanisms in specific locations.

This may include integrating faith-informed MHPSS interventions and inviting local church leaders to join forces as they gain an increased importance in times of crisis, where faith becomes an important source of hope and resilience.

- 3. Continue to support the Government of Ukraine to develop and implement policy reforms for the decentralisation of mental health care services in order to ensure the availability of mental health services to meet the growing needs among Ukrainian communities.** At the governmental level, this includes bolstering efforts to pass legislation and policies related to the decentralisation of services, such as on the availability of psychiatric beds in general hospitals, peer support programmes. Support from the Government of Ukraine and stakeholders in strengthening co-ordination efforts across multiple sectors (including health, social and educational, etc), as well as funding allocation will be crucial for the establishment of social and rehabilitation services at community level. International expertise should continue to support the transition from institutional care to community based care and task shifting. Specific attention should be paid to facilitation of reforms in child and adolescent mental health, as well as community based, family centred, trauma informed programmes and services for people with disabilities.
- 4. 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.** These groups should closely collaborate with public system providers, such as social services, health services and education, to provide funding and technical support for development and dissemination of evidence-based materials on wellbeing, positive coping and self-help, including digitalised self-help tools. This will enable the timely identification of MHPSS needs specific to these groups to enable targeted programs and adaptations needed.
- 5. Scale up the integration of scalable evidence based mental health interventions into primary health care services, and psychosocial low intensity interventions into social and workplace services.** There is a need to strengthen the capacity of family doctors and nurses to identify and manage common mental health and substance use conditions. In addition to in-person mhGAP training for primary care providers, capacity building should also include training and delivering scalable psychological interventions by para-

professionals. Training should be followed by opportunities for staff support, as well as ongoing supervision through local specialised mental health care focal points to ensure sustainability and improve referral processes.

6. Strengthen and ensure MHPSS services for different target populations.

a. Strengthen staff care and ensure MHPSS services are available to first responders.

Forensic workers, police, fire fighters, rescue teams and mobile team health care workers should all have access to staff support to ensure their ability to cope with job related distress, which may be especially high among professionals working in recently liberated areas.

b. Strengthen MHPSS for caregivers and families. Caregivers should be trained in stress management, childhood development and positive parenting in times of crisis in order to support children and adolescents. Support groups should be considered to care for care givers, which could also result in better relationships with their children. MHPSS staff can implement activities that offer parallel support to both care givers and their children.

c. Expand and co-ordinate mental health support into the transition process back to normal life for veterans. International funding should be streamlined through NGOs and INGOs and be inclusive of formal service providers. Services should aim to develop systems of support and care for veterans based on gender sensitive, culturally and contextually adapted best practice. There is a need to support co-ordination of initiatives for veterans between local formal services and international and national informal services in order to provide an evidence-based framework that will be culturally and contextually acceptable to the target population and will respond to needs, both on community levels and in specialised services.

7. Foster the co-ordination of the growing number of MHPSS helplines and digital self-help mental health interventions in Ukraine, with both international and local NGOs. There is a growing need to consolidate the helpline information in a centralised platform that would enhance community access to help. Quality assurance and regulation for helplines and digital self-help mental health tools is needed, and monitoring will be required to ensure that no harm is being done to service users.

8. Develop evidence to inform best practices in multi-sectoral, community based MHPSS care for Ukrainian communities. International assistance stakeholders, in partnership with local stakeholders from across the education, social protection and health sectors and

veteran affairs, should invest in pilot projects that dedicate local mental healthcare resources to address multi-sectoral needs and gaps, and strengthen referrals across sectors. This includes programmes such as: 1) supported living services at community level under the authority of the social sector, with strong connections to health care and NGOs; 2) creation of palliative care services in communities according to NHSU packages integrating MHPSS; 3) creation of day-care services in health and social sectors; and 4) mobile mental health outreach teams, especially for rural or recently liberated areas. These pilot projects should entail comprehensive data collection or research partnerships, to provide evidence-based advocacy which will be needed for the future formalisation of funding distribution.

9. Promote strong knowledge management practices that aggregate lessons learned around MHPSS in the Ukrainian context and implications for other settings.

- a. Ensure consistent and co-ordinated monitoring of mental health needs among MHPSS actors, including health, social, care and education authorities, international humanitarian actors and local NGOs.** Technical support to relevant authorities (Ministry of Health, Ministry of Social Policy/Protection, Ministry of Education, etc.) is beneficial to utilise simple and established international tools to rapidly capture mental health needs. This would strengthen the authorities' ability to accurately allocate MHPSS resources and more effectively request MHPSS actors to provide support.
- b. 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.** Recently published global research priorities for an MHPSS agenda (2021-2030) calls for a shift towards interdisciplinary and transdisciplinary implementation research in order to strengthen the integration of MHPSS interventions into scalable and sustainable delivery platforms.²²⁹ Given the influx of MHPSS resources and initiatives into Ukraine, there are relevant opportunities to collect evidence and best practice from Ukraine's experience that can contribute to the global MHPSS learning agenda. Research consortiums comprised of Ukrainian implementation partners, national and international NGOs and academic partners should conduct research on key topics such as: 1) the cost-effectiveness and impact of psychosocial interventions currently being implemented for both vulnerable groups and for the general population; 2) development, feasibility and effectiveness of contextualised and culturally adapted mental health interventions for target groups to promote mental health and help-seeking behaviour. The evaluation of

²²⁹ Tol, W.A., Le, P.D., Harrison, S.L., Galappatti, A., Annan, J., Baingana, F.K., Betancourt, T.S., Bizouerne, C., Eaton, J., Engels, M. and Hijazi, Z., 2023. Mental health and psychosocial support in humanitarian settings: research priorities for 2021–30. *The Lancet Global Health*, 11(6), pp.e969-e975. [https://doi.org/10.1016/S2214-109X\(23\)00128-6](https://doi.org/10.1016/S2214-109X(23)00128-6)

psychosocial intervention effectiveness must rely on generally accepted culturally adapted and validated psychometric instruments. Scientific and academic institutions are called on to fill in the gaps in both adaptation and validation processes.

- c. Support research initiatives that inform the development of future MHPSS initiatives to address long-term traumatic consequences of war for the Ukrainian population.** Based on the current literature review, little is known about coping and resilience mechanisms specific to Ukrainian culture, the impact of continuous traumatic stress on mental wellbeing, as well as the impact of mass collective trauma on families and children's development. These topics will be crucial to effectively support Ukrainians in a post-humanitarian phase and should be the subject of future research initiatives.
- d. Build on lessons learned from the humanitarian MHPSS response during the acute phase and support integrating these lessons learned into a) preparedness plans on a country level,** in collaboration with national disaster and emergency response services; **b) development of state mental health system based on recovery, human rights and evidence based approaches.**

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 (which include the oblasts of Kharkiv, Donetsk, Luhansk, Kherson, Mykolaiv, and Zaporizhzhia) are still facing safety concerns, limited internet and phone connection and disruptions to transportation, fuel supplies and utilities.²³⁰ Basic water, heating, electricity infrastructure, health care, transportation corridors, schools, shopping areas and recreational buildings have been severely damaged or completely destroyed in some areas and towns.²³¹ The former occupation of these cities has resulted in a major blow to the health care system, resulting in the destruction of health care facilities and the exodus of many health care workers in these regions.²³² In Donetsk oblast, around a third (27%) of health care facilities are non-functioning, while another third (36%) are partially functional due to a lack of security and structural damage to the facilities. Additionally,

²³⁰ 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>

²³¹ 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>

²³² European Policy 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>

half (50%) of all facilities in the Donetsk oblast are partially damaged and 10% have been destroyed since 24 February 2022. In Khersonska oblast, 43% of healthcare facilities are functioning, even though 71% sustained partial or total damage to their buildings, and 58% of health facilities sustained partial or total damage to their equipment.²³³

Ukrainian communities that were living under Russian occupation have experienced a range of potentially traumatic events, including torture, sexual assault, the abduction of Ukrainian children, and the violent deaths of family members that, in some cases, ended with their improper burial in mass grave sites.^{234, 235, 236} In some formerly-occupied territories, community members may have actively colluded with occupiers, either as an expression of support for the Russian cause or simply to ensure their own survival.^{237, 238} This betrayal has left Ukrainians in these regions with a deep sense of distrust and suspicion toward their own neighbours.

Mine contamination is also creating tremendous challenges, not only for civilians trying, for example, to get back to their farms but also for humanitarians striving to deliver assistance. Ukraine is one of the most mine-contaminated countries in the world, a situation that worsened since the escalation of the war in February 2022. Ukrainian authorities calculate that nearly 30% of the country's territory is contaminated with explosive ordnances, with the number of accidents in 2023 steadily increasing each month, according to the UN Human Rights Monitoring Mission. This is particularly concerning in the Kharkiv, Mykolaiv and Kherson regions, where people depend on agriculture and dozens of mine-related accidents are reported every month.²³⁹ For example, in Tsyrukunivska Hromada (Kharkivska Oblast), where approximately 7000 hectares are contaminated with land mines and the industrial area heavily damaged by the war, livelihoods have therefore been severely affected.²⁴⁰ As of 25 May, IOM estimates that 4.8 million individuals

²³³ 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>

²³⁴ Melkozerova, V. (2023). *Inside the opera to rescue Ukrainian abducted children*. Politico. Retrieved from: <https://www.politico.eu/article/save-ukraine-children-abduction-russia-war-rescue-operation>

²³⁵ Euronews. (2022). *Almost all bodies found at mass graves near Iziium died violently, claim authorities*. Retrieved from: <https://www.euronews.com/2022/09/16/zelensky-russia-leaves-death-everywhere-as-new-mass-graves-found>

²³⁶ Deutsch, A. (2023). *Torture, sexual violence commonly used by Russian forces in Ukraine, say experts*. Reuters. Retrieved from: <https://www.reuters.com/world/europe/torture-sexual-violence-commonly-used-by-russian-forces-ukraine-say-experts-2023-08-01>

²³⁷ Kullab, S. (2023). *In liberated Ukraine city, civilians still pay price of war*. AP. Retrieved from: <https://apnews.com/article/russia-ukraine-war-izium-land-mines-kharkiv-aec1fb4de0914cc01eb6db12e33d4a9c>

²³⁸ Costello, N., Mironova, V. (2022). *Ukraine war: Paranoia near Kharkiv as life after liberation is not without its problems*. Euronews. Retrieved from: <https://www.euronews.com/my-europe/2022/11/14/ukraine-war-paranoia-near-kharkiv-as-life-after-liberation-is-not-without-its-problems>

²³⁹ United Nations Office for the Coordination of Humanitarian Affairs (2023). *Ukraine: Situation report*. Retrieved from: <https://reports.unocha.org/en/country/ukraine>

²⁴⁰ International Organisation of Migration (01 June 2023). *Ukraine — Conditions of Return Assessment Factsheet — Round 3*. Retrieved from: <https://dtm.iom.int/reports/ukraine-conditions-return-assessment-factsheet-round-3-june-2023>

in Ukraine have returned to their homes following a period of displacement, with approximately 500 000 people having returned to Kharkivska oblast. Overall, high severity conditions related to safety and security appear to impact the rate of return of the displaced population to Iziumska, Balakliiska and Tsyrukunivska Hromadas (Kharkivska Oblast), where the rate of return was between 21 – 40%. Landmines and other explosive objects have caused 100 child casualties. UNICEF, together with the Ministry of Education and Science of Ukraine, are developing a mine safety workshop to be included in the school curricula starting from the new academic year, so that every schoolchild knows the rules that preserve life and health.²⁴¹ Access remains a key barrier to scaling up MHPSS services due to both the security situation and gaining the necessary authorisation from the military.²⁴²

5.2.2 MHPSS Recommendations for Recently Liberated Territories

- 1. Integrate MHPSS into services that aim to address basic needs, such as safety, shelter, food, water, sanitation, basic health care and social protection.** Humanitarian workers who are providing basic services should be trained in PFA as well as basic psychosocial skills in order to enable trauma-informed care during service provision. Basic services should be established in a participatory, safe and socially appropriate manner.
- 2. Ensure re-established access to specialised mental health care and medical supplies, in co-ordination with the MoH.** Access to specialised mental health care and medication has been limited due to disrupted infrastructure, shortage of health professionals and lack of finances to pay for services.²⁴³ Access should be prioritised for vulnerable groups, including those with substance use disorders. People with severe mental health problems and those in institutions should be evacuated to safer territories and human rights, security and basic needs should be addressed.
- 3. Scale up MHPSS hotlines and online MHPSS services to expand access to Ukrainian communities in liberated territories.** In liberated territories, access remains a key barrier to scaling up services due to the security situation and gaining the necessary authorisation

²⁴¹ UNICEF. (14th Aug 2023). *Mine safety will become a mandatory addition to the school course on Health, Safety and Welfare*. <https://www.unicef.org/ukraine/en/press-releases/mine-safety-will-become-mandatory-addition-school-course-health-safety-and-welfare>

²⁴² OCHA Services. (2023) *Ukraine MHPSS TWg. Meeting Minutes Sep 2022*. Retrieved from: <https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group>

²⁴³ International Technology Transfer Center (ITTC) Ukraine. (August 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>

from the military. Existing MHPSS services offered through digital, online support platforms and hotlines should be included in referral mappings of MHPSS services and disseminated through primary care workers, community and social care workers. If the phone and internet connection is limited, the mobile MHPSS teams should target regions where hotlines are not accessible.

- 4. Ensure access to MHPSS services through the co-ordinated collaboration between mental health helpline services and MHPSS mobile teams.** MHPSS mobile teams play an important role in reaching out/decentralising the MHPSS care. An example can be related to the geographical areas/catchment area.
- 5. Support the integration of MHPSS into Victim Assistance and Mine Action, ensure access and service provision to meet the needs of landmine survivors and affected communities.** Additionally, psychosocial support in these regions should be tailored to support communities to deal with stress related to mine risks, especially in the initial phases of restoration. This can be done through the multisectoral collaboration of mine action and MHPSS actors.
- 6. Integrate MHPSS into the general response co-ordination mechanisms of local and international providers operating in recently liberated territories.** Stand-alone MHPSS co-ordination groups may have low feasibility given the limited resources available in recently liberated territories. Instead, MHPSS actors can actively integrate themselves into general co-ordination mechanisms in order to mainstream the principles of MHPSS at the planning phase, raise awareness of the multi-layered support principle, assess the MHPSS needs specific to the context of the location, inform further planning of services and advocate for mental health resource allocation.
- 7. Prioritise community mobilisation activities that support the collective recovery of Ukrainian communities and begin the process of rebuilding trust and social cohesion.** Activities should closely engage with community members at the assessment phase, prioritise the most urgent needs, and should be culturally appropriate to the specific sub-region. Disrupted community supports can be restored by creating new venues for community interaction, including the community in decision making and implementation of reconstruction activities, making space for community memorialisation activities to address grief and loss and ensuring dignified reburial practices. Restoring family links of released Prisoners of War or reunification for families and friends of those who are missing is a critical intervention.

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 the latest published data from the governmental portal, there are more than 300 territorial communities which are under occupation, blockade or living amidst active military actions. Active hostilities are taking place in Hromada in Donetsk (18), Zaporizhzhia (44), Dnipro (7), Luhansk (14) Mykolaiv (2), Sumy (3), Kharkiv (35) oblasts.²⁴⁴ According to the humanitarian needs overview 2023, 14% of internally displaced people in need of assistance are estimated to be in areas under temporary military control of the Russian Federation, where the response is currently limited due to access challenges.²⁴⁵ There is a tendency to return from European countries through Latvia (towards the Russian Federation) with the intent of reaching Ukraine's locations currently in conflict areas or areas not under government control for returnees from four oblasts: Donetska, Luhanska, Khersonska and Zaporizka. They intend to stay in Ukraine for the foreseeable future to reunite with family members after a long separation period, and because they miss their home. Access to these territories is limited for humanitarian actors due to security risks.²⁴⁶ The delivery of life-saving aid to people with poor mobility remains challenging, particularly in contested areas where intense hostilities are ongoing.²⁴⁷

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 in recently liberated territories for further planning, preparation and scale-up.

²⁴⁴ Governmental Portal (5 May 2023) The list of territories on which hostilities take place or temporarily occupied territories. Retrieved from: <https://minre.gov.ua/2023/05/05/zatverdzheno-zminy-do-pereliku-terytorij-na-yakih-vedutsya-velysya-bojovi-diyi-abo-tymchasovo-okupovanyh-3> [in Ukrainian]

²⁴⁵ OCHA (2022). *Ukraine Humanitarian needs overview 2023*. Retrieved from: <https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk>

²⁴⁶ OCHA (2023) *IOM Ukraine Crisis Response 2022 - 2023 | Regional Analysis - Ukrainians and Third-Country Nationals Crossing back to Ukraine (01 April – 30 June 2023) Data collected in Hungary, Latvia, Poland, Republic of Moldova, Romania, Slovakia, and Ukraine*. Retrieved from <https://reliefweb.int/report/ukraine>

²⁴⁷ United Nations Ukraine (2022). *Ukraine flash appeal*. Retrieved from: <https://ukraine.un.org/en/174703-ukraine-flash-appeal>

5.4 MHPSS in Territories in Close Proximity to Front Lines

5.4.1 Challenges, Gaps, and Opportunities for Territories in Close Proximity to Front Lines

Ukrainian territories located next to war front lines (including the oblasts of Sumy, Poltava, Dnipro, Odesa, and Kryvyi Rih) are living under constant threat of exposure to war-related traumatic events due to shelling, civil population casualties and infrastructure damage. These cities are active targets due to the critical role played in the military arena and are receiving wounded military persons and civilians on a daily basis. They are therefore in need of medication and health equipment. Based on triage principles, the majority of wounded people receive urgent or short-term treatment and are then transported to more distant areas for longer-term treatment or sent back to service. However, these regions are also lacking appropriate health and mental health facilities, services and staff due to evacuations and forced displacement.

Territories close to the front lines are also receiving large numbers of IDPs. People in emergency transit mode prefer to stay close to their home territories. Adolescents are often found to be an invisible group in need. For teenagers and children who were displaced and residing in territories close to front lines this means loss of routine, education, social networks and opportunities. Different age groups adapt differently with youth and adolescents experiencing the most challenges in connecting with new peers. Another challenge is that in some cases assistance from NGOs is only delivered to specific populations deemed to be most vulnerable, such as IDPs. This creates additional tension and polarisation between IDPs and host communities. Another key barrier to MHPSS provision in territories close to the front lines is the limited access of humanitarian actors.

However, there are opportunities associated with a number of MHPSS partners and organisations in Dnipro, Odesa oblast, that have developed significantly and fall under the coordination of regional MHPSS TWGs led by IMC in Odesa, and by WHO and IOM in Dnipro. Training activities, supplies, and substantial support from aid agencies has become systematically available. Poltava, Sumy, Kryvyi Rih, Kropyvnytskyi, and Cherkasy oblasts are regions with the smallest number of MHPSS partners, on one hand meaning that the burden is placed on local, under-resourced state providers, but on the other hand ensuring long-term and sustainable presence and fewer cultural barriers.

5.4.2 Recommendations for Territories in Close Proximity to the Front Lines

- 1. Strengthen co-ordination between the military, paramedics, and mobile hospitals in order to overcome barriers to access.** Access to territories close to the frontline might be limited by the military for security reasons and mental health care and medication has been limited, especially for people with limited mobility. Therefore, lines of communication with military and paramedics should be established through oblast and regional administrations. Access should be prioritised for vulnerable groups, including elderly and people with disabilities, whose human rights, security and basic needs need to be addressed.
- 2. Facilitate access to shelters, temporary residences, food and basic needs, education, safe spaces and child friendly spaces for IDPs.** As most IDPs in territories close to the front lines will likely pursue further relocation, either to unoccupied or more distant, safer territories, temporary support should be prioritised. Moreover, MHPSS should be integrated into the different clusters reaching IDPs.
- 3. Ensure access to MHPSS services through co-ordinated collaboration between mental health helpline services and MHPSS mobile teams.** MHPSS mobile teams play an important role in providing outreach and decentralising the MHPSS care. An example can be related to the operations of geographical areas/catchment areas based on knowledge that with the movement of displaced people, the areas close to the front lines become less populated by those most in need.
- 4. Establish care for first responders to support them to continue their work and minimise risks to their wellbeing.** Burnout prevention of staff working in frontline services, including suicide prevention and crisis lines should be prioritised, by providing formal and informal services for staff working in emergency situations including police, prosecutors, military, military hospitals staff, journalists and others.
- 5. Support youth and peer-led organisations** to integrate sports, group leisure time and MHPSS activities by providing funding for sustainable implementation plans.

5.5 MHPSS in Territories Farthest from the Front Lines

5.5.1 Challenges, Gaps, and Opportunities for Territories Farthest from the Front Lines

The Western region of Ukraine received the largest number of IDPs in the early months of the war. Since then, there has continued to be a tendency to evacuate older people, chronic somatic and psychiatric patients, as well as whole institutions to this area, which has overwhelmed the health and social care system and brought challenges to access services for the entire local community. Patients requiring complex rehabilitation and long-term hospitalisation from the entire country are being referred to hospitals in Western Ukraine in urban and rural areas, leading to decreased capacity of hospital care.

Due to the lack of human and financial resources, burnout among care givers and helpers is very common. While many volunteers (including psychologists and psychotherapists) have offered their services for free to CSOs, the numbers of volunteers continue to decline due to 'volunteer fatigue' and pressure to find stable work.

The MHPSS response capacity in the territories farthest from the front lines is strong, and regional MHPSS TWGs in Lviv, Zakarpattia and Chernivtsi had the largest number of partners and resources. The geographical location, being the safest and the closest to bordering European countries regions, makes them most accessible for humanitarian and international actors and suitable for the medium and long term programmes (i.e. counselling, trauma-focused interventions). The best example of humanitarian response and local co-ordination is found in Lviv, where the local authority created a regional psychosocial working group. Between April - June 2022, the group visited all rayons (districts) identifying needs at the oblast level needs, conducting resource assessments and facilitating strategic sessions regarding the organisation of support for IDPs. As a result, in September, nine consulting co-ordination centres were created in the oblast – one centre per rayon. Centres are managed by local social workers providing referrals to available psychology, legal and humanitarian aid provision services. This initiative reflects close working with communities and international partners and demonstrates effective identification of needs and management of resources.

Community workers, including volunteers, as well as medical staff, offer PFA to people. Evidence-based scalable psychosocial interventions for affected populations, such as Self-Help Plus and "Doing What Matters in Times of Stress" target a wide range of presentations, not just PTSD, and have been implemented at the community level in Lviv, Uzhhorod, Chernivtsi, Rivne,

Ternopil and Khmelnytskyi. Due to strong leadership and intersectoral collaboration, new mental health centres were established in the Lviv regions to provide mental health services and rehabilitation to veterans.

5.2.2 Recommendations for Territories Farthest from the Front Lines

- 1. Integrate MHPSS into services providing protection, shelter management, education and health interventions.** These should be based on the minimum service package for MHPSS, in line with community-based MHPSS principles and focus on supporting IDPs to access services in order to address their mental health and psychosocial wellbeing. This requires the establishment and strengthening of referral pathways among available services, including strong links to protection services, including gender-based violence and child protection actors. This is especially appropriate for regions with high levels of IDPs, as after forced migration these individuals are most focused on new occupations, places of study and treating most urgent physical conditions, and rarely take mental health as a priority.
- 2. Support the integration of mental health programmes into physical rehabilitation in general hospitals and hospitals for service members/veterans.** This entails facilitating information exchange among service providers to develop mental health aftercare programmes for persons with war amputations or long-term treatment and rehabilitation programmes for service members/veterans, and for civilian populations. Efforts should also support guidance on integration of mental health and psychosocial support in surgery, traumatology, orthopaedics and rehabilitation facilities, and promotion of multidisciplinary mobile teams comprised of rehabilitation or physio- and social or psychosocial workers providing home based care.
- 3. Strengthen support services for survivors of conflict related/gender-based violence, in collaboration with GBV actors and global best practice.** A particular focus should be on prevention, risk mitigation and response to GBV, human trafficking, protection of children. Activities that focus on promotion of mental health and psychosocial wellbeing should be accessible to these specific target populations. Trauma focused treatment might take place when basic needs are fulfilled, and a certain level of stability is reached.
- 4. Support community initiatives aimed at improving social cohesion between IDPs and host communities in order to reduce negative stereotypes and support the psychosocial wellbeing of IDPs.** This could take the form of community activities such as sports, art and theatre events that incorporate diverse members of IDPs and host

communities, including veterans and persons with disabilities. Fostering cohesion between IDPs and host communities will reinforce the impact of psychosocial interventions targeting IDPs.

- 5. Advocate for access to appropriate religious and cultural supports.** This should include mourning rituals and support groups for those who have recently lost loved ones (or whose loved ones are still missing), and provide access to individual counselling or group support for those with acute distress. Evidence-based approaches and 'do not harm' principles should be integrated into routine practices of support toward those who have experienced loss or ambiguous loss.
- 6. Transfer best practices in community-based MHPSS from Lviv to other oblasts, and expand outreach by setting up direct MHPSS services by humanitarian actors in close co-ordination with local service providers.** Such efforts could focus on case management for vulnerable groups, such as people with disabilities, chronic diseases, single-headed households, people of older age, children and adolescents, veterans and their families. National and community level mental health services, in collaboration with INGOs, might consider implementation of essential services of community-based care for people with disabilities and other vulnerable groups and specific focus on service development.

Conclusion

This report provides an overview of available MHPSS services in Ukraine as of January 2024, including those within the formal healthcare sector as well as informal services offered by civil society, religious organisations and (I)NGOs. It describes the current structure of Ukraine's formal healthcare system, including recent and planned reforms to 'build back better' mental health services within the context of the current war. It also 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. Understanding these dynamics is crucial for local and international actors who are delivering mental health and psychosocial services in the current and post-war period.

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. At the national level, MHPSS efforts should prioritise

cross-sectorial co-ordination, integration of mental health into primary care through mhGAP, and promoting staff care for first responders. MHPSS responses from the international community must be localised, including through equitable partnerships with local organisations, involvement of the formal healthcare sector, and accounting for cultural variations in local settings. There are opportunities to build evidence and document knowledge on MHPSS best practices in war-affected settings, in line with the *2021–2030 MHPSS Agenda*. It is also crucial to adapt MHPSS programmes to different regional realities, including the severity of war-related events and how war events have impacted local access to mental health services, patterns of movement of vulnerable populations, and cohesion among local communities. Considering local context, history, and culture can inform MHPSS programmes that are more effective and locally-relevant.