

Ukraine  
Assessment Report

# 18 months later: A mental health and psychosocial needs assessment across Ukraine

August 2023



**HIAS**





HIAS Ukraine and local partner organization Zhiyva-Ya visit program participants in the Cash for Winterization program in Kalyniv's'ke, a small village in Kherson oblast, Ukraine, on April 23, 2023. (Mykyta Turik/HIAS)

**COVER:** All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed





# Contents

- 2 Executive Summary**
- 5 Background and Context**
- 7 HIAS and Girls Partnership**
- 9 Methodology**
- 12 Needs Assessment Findings**
- 32 Coping mechanisms**
- 34 Help-seeking behaviors**
- 44 Conclusion**
- 44 Recommendations**





All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed

# Executive Summary

Since February 2022, Ukraine has been facing extensive challenges due to Russia's invasion, resulting in violence, displacement, suffering, forced evacuations, property damage, and traumatic experiences. As of May 2023, 17.6 million people need humanitarian assistance and, according to the World Health Organization (WHO), it is estimated that about 9.6 million Ukrainians may be experiencing mental health problems today as a result of the conflict. Given the constant changes in the development of the conflict, the displacement movements, the affected areas, and the availability of services, it is crucial to reassess the impact of this conflict on the population's mental well-being and psychosocial needs today, 18 months after the beginning of the war, to help address new gaps in services and provide support that is context-relevant and informed by the targeted population. HIAS and Girls collaborated on a nation-wide mental health and psychosocial needs assessment undertaken between July and August 2023.

## Key findings

18 months after the onset of the war, most respondents report living in a state of anxiety, moral exhaustion and fatigue: 35% of respondents present with poor well-being and quality of life, with 26% presenting a very low score, indicative of depressive symptoms (WHO-5 scale). Categories with the lowest scores include women, respondents from the south and east regions, respondents over 46 years old, and respondents with low financial resources.

Although the concepts of mental health and stress seem to be known and understood by the population, stigma is still present. Although 85% of respondents mention life events as the main factor for psychosocial distress, 38% still think the main cause is a flaw of character, such as weakness.

The primary stressors for Ukrainians include uncertainty about the future, economic hardships, concerns for the safety of their loved ones, separation from family and friends. For men, it is the possibility of being drafted to the army and the fear of not being able to provide for their family. Notably, 46% of the respondents have a loved one currently mobilized, and over 10% have lost their relatives or have relatives who have been wounded, as well as cases of loved ones going missing or being in captivity. Women struggle with an increased daily workload, challenges in positive communication with their children, caregiving responsibilities, and a shortage of childcare services. Adolescents, on the other hand, mention conflicts within their families, and indecision and guilt about whether to stay in Ukraine or leave.

Ukrainians commonly experience stress reactions like sleep issues, sadness, alertness, fatigue, difficulty concentrating, mood swings, body aches, and apathy. Women tend to have more physical symptoms than men. Parents also notice behavioral changes in their children, such as increased sadness, sleep problems, decreased school engagement, excessive fear, and phobias. 45% of parents report that they struggle to support their children during this crisis. Adolescents also report concerning signs of distress, such as impulsive behavior, social withdrawal, emotional numbness, or cognitive issues.

People with disabilities or chronic diseases, the elderly population, and IDPs were mentioned as particularly vulnerable groups, however, all sub-groups in the population (men, women, children, adolescents, etc.) were mentioned as vulnerable to psychological distress. People in helpers' positions (volunteers, teachers, social workers, etc.) were also described as vulnerable due to long-lasting fatigue and lack of internal resources to support other people. The assessment showed that 13% of respondents did not have enough resources to cover their basic needs, and 31% consider their own household as vulnerable.

Ukrainians' preferred coping mechanisms include spending time and talking with their loved ones, along with outdoor activities and relaxation. Parents believe that keeping children busy and distracted helps to prevent their stress. Community support mechanisms include volunteering (cooking for the military, weaving camouflage nets), family events (concerts, fairs), and humanitarian aid for displaced persons (shelters, food distributions, hygiene kits, etc.).

In case of need for psychosocial support, Ukrainians tend to turn first to family members or friends and as a last resort to a professional. Adolescents often choose to turn to the school psychologist if they need support.

Barriers to seeking mental health support include beliefs of being able to cope by oneself, concerns about being negatively perceived, thinking that others might need help more, and the stigma around such services. Most respondents never attended MHPSS activities, and 42% do not know how to access professional help. Many mention a lack of general knowledge regarding mental health and availability of services.

The respondents find it challenging to mention specific psychosocial services that would help the population, but frequently mention initiatives promoting social connections, peer support, and feelings of safety, or free professional psychological services. Around a third of them mentioned community-based recreational activities and individual counseling sessions as valuable MHPSS services, along with child-friendly spaces, peer support groups, stress-management training sessions, or psychiatric support with medication.

Overall, there is a lack of knowledge regarding MHPSS support provided by NGOs: most respondents are unable to name NGOs operating in their area, or their services, and there is a general perception that their services are for IDPs only.

In the light of these findings, the following key recommendations are provided to raise awareness, deliver, and promote needs-informed services:

- **Raising awareness:** communication campaigns, messages tailored to different groups (including men) that include clear information about free and available for all services in different modalities (groups, training sessions, safe spaces, etc.). Extend awareness-raising to schools or settings where children, adolescents, and families can access it, and spread the information through school psychologists.
- **Improving access to services** in rural areas, or for parents, caregivers who don't have access to childcare: mobile teams, family-friendly spaces, activities for children concurring with activities for parents, etc.
- **Providing support to helpers:** training sessions, workshops, supervision, or psychosocial activities tailored to the needs of helpers and targeting signs of stress, burnout, or compassion fatigue.
- **Prioritizing community-based services:** active participation of the communities in the development of psychosocial programs, priority to group activities that promote social connection and peer support while enhancing communities' resilience mechanisms.
- **Tailoring activities to current needs:** people's needs evolve with time, and activities must be constantly reviewed to ensure that they address the current needs of Ukrainians and are based on the current challenges and stressors that they are facing.
- **Providing continued coordination efforts:** ensure that strong referral systems are in place to help address people's other sectoral needs and promote integration across sectors.



All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed (Mykiyta Turik/HIAS)



# Background and Context

Since February 2022, Ukraine has been facing immense challenges due to Russia's full-scale invasion, resulting in widespread violence, destruction, displacement, and suffering. These challenges include people being forced from their homes, their property being damaged or destroyed, separation from their loved ones, experiencing traumatic events, and disruptions in their daily lives and support systems.

As of September 2023, the situation remains dire, with an estimated 39% of households still having severe unmet protection needs<sup>1</sup>, including 5.1 million internally displaced people within Ukraine, 4.7 million who have returned home, and 6.9 million who have stayed in their hometowns throughout the conflict <sup>2</sup>.

Children have been significantly affected, with an estimated 1.5 million at risk of having mental health issues like depression, anxiety, and post-traumatic stress disorder. Access to essential services for families and children has been severely impacted, with over 800 health facilities damaged or destroyed, leading to casualties among patients and medical personnel<sup>3</sup>.

Before the invasion, Ukraine already had mental health challenges, with about 10% of the population experiencing some level of mental health condition, including higher rates of major depressive disorders, alcohol abuse, and suicide compared to the Eastern European average. Unfortunately, the ongoing war has likely worsened this situation, exacerbated by the stigma surrounding mental health in Ukrainian society.

Experience from similar emergencies suggests that the war in Ukraine will have long-lasting effects on mental health. Globally, around one in five people living in conflict-affected areas have experienced mental health conditions<sup>4</sup>, ranging from mild to severe. Applying these estimates to Ukraine's population suggests that about 9.6 million individuals may face mental health challenges, with 3.9 million experiencing moderate or severe conditions.

The mental health and overall well-being of the population remain pivotal for Ukraine's recovery and long-term development. Mental health plays a fundamental role in contributing to national productivity, social cohesion, and security. In conflict-ridden regions across the world, emotional, social, and spiritual well-being is invariably harmed. Neglecting these well-being needs can exacerbate violence and undermine community stability. Thus, integrating Mental Health and Psychosocial Support (MHPSS) into recovery and rebuilding efforts is paramount, facilitating both individual well-being and the collective aspiration of building back stronger<sup>5</sup>.

Despite the ongoing war, Ukrainians have shown remarkable resilience and solidarity, believing in a better future for their country. Recognizing the importance of mental health for recovery and development, Ukraine launched the National Program of Mental Health and Psychosocial Support (MHPSS) in December 2022, with support from the First Lady, Prime Minister, and WHO. Local and international organizations have also played a crucial role in delivering support and raising awareness about mental health<sup>6</sup>.

---

1 REACH MSNA 2023 - Protection Preliminary Findings

2 Humanitarian Needs Overview 2023

3 UNICEF Press Release - 21st February 2023

4 New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis, WHO, 2019

5 "Investing in mental health will be critical for Ukraine's future", Romina Bandura and Paula Reynal, August 23rd

6 Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap



All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed

People's reactions to adversity depend on various factors, including their situation, resilience, pre-existing mental health, and access to support. As all of these factors have been evolving in the last 18 months of war, it is crucial to reassess the mental well-being and psychosocial needs of the population, identify emerging priority groups, understand changing attitudes toward mental health, and address new gaps in services.

## Objectives

HIAS and GIRLS' experience in providing community-based psychosocial support to affected populations since the onset of the conflict led to the elaboration of this nation-wide qualitative and quantitative needs assessment, which primary aim is to gain insights into the current mental and psychosocial condition of the Ukrainian people, and their specific needs regarding MHPSS service delivery.

This understanding is built on their current perception of mental health in general and MHPSS services, the stressors that most significantly impact them, the coping mechanisms they employ both individually and as a community, the obstacles they face to access mental health and psychosocial services, and their preferred modalities for accessing support.

Based on HIAS and GIRLS' experience in the field, and on feedback from communities we have supported, we have chosen to pay special attention to families, including caregivers and parents of children, as well as adolescents, as we have been receiving an increasing number of requests for services for this group.

The results of this assessment can also support local and international organizations, as well as local stakeholders and communities, to adjust or design well-informed mental health and psychosocial programs that will address the current needs of the affected people, promote long-term resilience, and prevent further psychological harm for Ukrainian people



# HIAS and Girls Partnership

## HIAS

HIAS, the international Jewish humanitarian organization that provides vital services to refugees and asylum seekers, has helped forcibly displaced persons find welcome, safety, and opportunity for more than 130 years. Currently operational in more than 17 countries, HIAS is responding to the war in Ukraine through its core programming areas, implemented in Ukraine and neighboring countries, including Economic Inclusion, Mental Health and Psychosocial Support, Legal Protection, and GBV Prevention and Response programming.

HIAS' community-oriented mental health and psychosocial services aim to enhance the well-being of individuals, families, and communities who have been affected by crises and conflicts, enabling them to recover and rebuild their lives, using low-intensity and evidence-based interventions.

Our programs reinforce the existing connections, networks, and practices that communities rely on to navigate and recover from difficult situations. By fostering community support systems, establishing peer groups, facilitating safe avenues for connection, and linking individuals with essential services, HIAS promotes a culturally sensitive approach to assist people in dealing with adversity.

In Ukraine, HIAS has been supporting more than 10,000 vulnerable individuals with community-based activities, stress-management groups, group support for caregivers and parents, focused support at group and individual levels. HIAS also supports local partners delivering mental health and psychosocial services to Ukrainian refugees in neighboring countries.

## GIRLS

GIRLS NGO, founded in 2016, is a woman-led non-governmental organization with a mission to empower and support girls and young women. Their initial focus was educating women about their bodies and menstrual hygiene as a means to empower them. They believe that when women have access to information, tools, and resources, they can reach their full potential and have fulfilling lives.

The organization is dedicated to creating a safe and supportive environment where girls can access essential services like education and healthcare, ensuring their physical and emotional well-being. They are committed to addressing the unique challenges and opportunities that girls encounter, striving for gender equality, and advocating for the rights and empowerment of girls and young women in their communities.

In response to the ongoing war, Girls has launched initiatives to provide humanitarian and psychological support to adolescents, women, and children from larger families. Through partnerships with international aid projects and sponsors, they have expanded their capacity to deliver humanitarian aid to the most affected areas of Ukraine.

Girls offers comprehensive psychological support to survivors of sexual violence and abuse across all age groups, both online and offline throughout Ukraine. Amid the ongoing conflict, they are actively involved in a project aimed at social and psychological rehabilitation and adaptation of those affected by the war, both within Ukraine and abroad.

# Partnership

During 2022 and 2023, HIAS and Girls worked together on a comprehensive project to support Ukrainian women affected by gender-based violence, provide psychosocial support, carry out measures to prevent domestic violence, and provide humanitarian aid and cash assistance for winterization. This project supported more than 2000 women directly and marked the beginning of a fruitful partnership.

HIAS and GIRLS share humanitarian values and a strong commitment to enhance and support the well-being of vulnerable and conflict-affected populations and communities in Ukraine. We also share the belief that people and community should always be consulted and engaged, as they hold the key to their own resilience.

This assessment was produced with a strong coordination and collaboration effort, and by combining technical knowledge, experience, and expertise of both teams, in order to participate in the global effort regarding Ukrainian people's recovery.



All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed



# Methodology

## Methodological tools

**To conduct this needs assessment, the following methodology tools were used:**

**Desk review and analysis** of existing data and information regarding mental health and psychosocial needs of the Ukrainian population, before and since the invasion, and the broader humanitarian situation faced by Ukrainians throughout the country.

**Focus group discussion (FGD) - 96 participants**, with semi-structured questions covering all topics displayed in the assessment, and conducted separately for women (18-60 years old), men (18-60 years old), girls (13-17 years old) and boys (13-17 years old).

**Key informants interviews (KII) - 16 participants**, using technology Touchpoll® including men and women (18-60 years old) respondents, as well as girls and boys (13-17 years old) respondents.

The questionnaire was designed directly from the semi-structured interview's questions, conducted with FGD participants and key informants, by incorporating their most common answers as options for the survey respondents.

**Sample:** Representative data, according to the number of the actual population of Ukraine, including IDPs, returnees and non-displaced people, in urban population and rural areas. Quota applied according to the age of both adolescents and their parents.

General selection criteria for participation in the FGDs, KIIs or survey were implemented to ensure a fair representation of men, women, girls and boys from all regions (24 administrative regions), living in rural and urban areas. The representation of parents and caregivers, IDPs, returnees, or people who had stayed in their hometowns was also ensured in the selection of participants. At the stage of the analysis, weights were applied by region based on data from the State Committee of Statistics for the year 2021 on the number of adults and adolescents of the appropriate age.

**IN16 FGDs were conducted so far, 96 respondents, design of FGDs:**

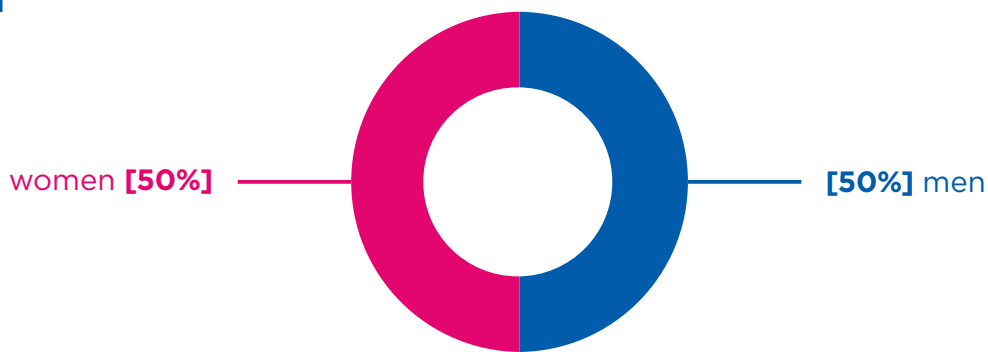
	Largest cities (million+ population)	Other regional centers and small towns	Villages	In total in the region	Equal distribution in the sample:			
					Women 18-60 years old	Men 18-60 years old	Girls 13-17 years old	Boys 13-17 years old
East	2	1	1	4	1	1	1	1
West	2	1	1	4	1	1	1	1
North-Center	2	1	1	4	1	1	1	1
South	2	1	1	4	1	1	1	1
<b>In general</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>16</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>

Quotes from participants are presented with preservation of style and designation of the age parameter ("Adults", "Teenagers") and place of residence, without the possibility of personal identification.

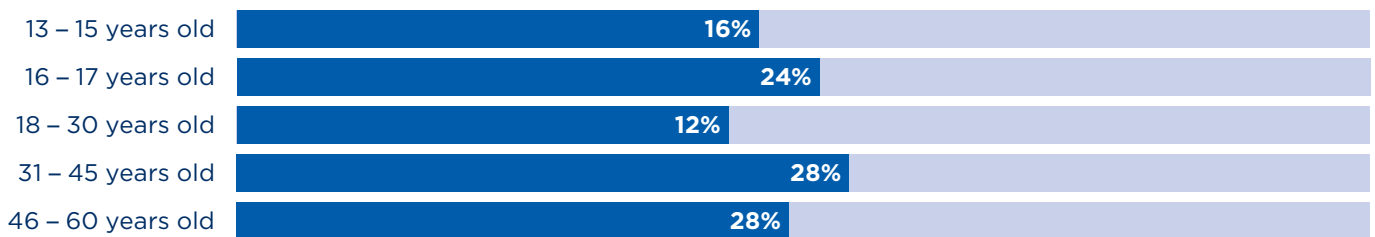
# Socio-demographic characteristics of survey respondents

n=2026 (all respondents)

## Gender



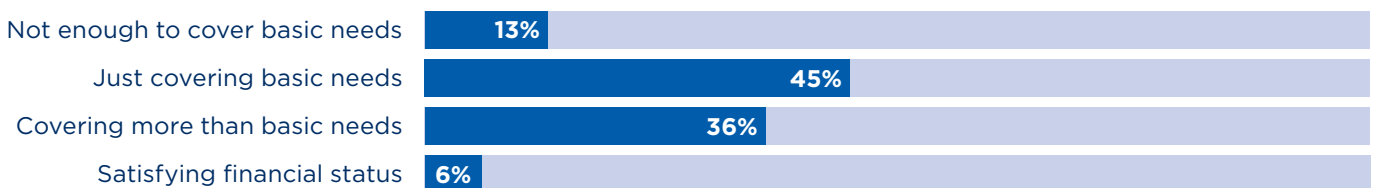
## Age



## Place of residence

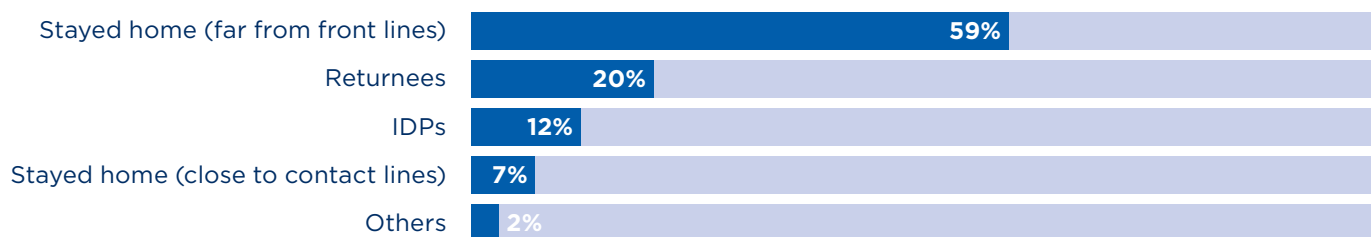


## Financial status

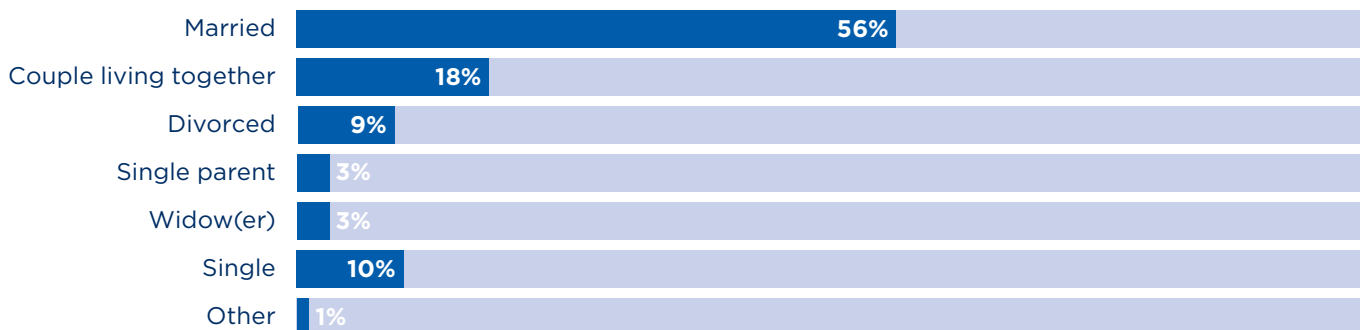




## Displacement experience



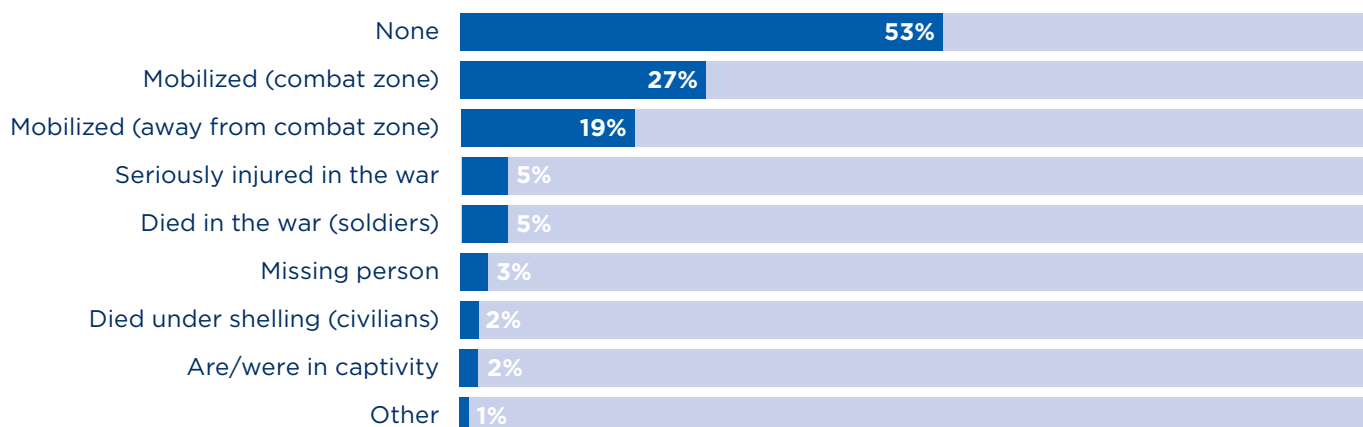
## Marital status



### **Q. Who do you live with?** **n=730 (adolescents, 13-17 y.o.)**



### **Q. Do you have relatives who:**



# Challenges and limitations

Due to a large number of participants across various locations, the assessment was conducted online to reach people in areas difficult to access as well as mitigating safety risks, since many regions in Ukraine frequently faced night shelling and other safety concerns while the assessment was conducted.

The participants had diverse backgrounds and experiences: they came from different regions, had different occupations, displacement status, and more. Despite these differences, they effectively shared their experiences during collaborative focus group discussions.

Because of this variety among participants, some inconsistencies emerged regarding some of the findings. For example, regarding the perception of the effectiveness of psychosocial services, prejudices against these services coexisted with positive evaluation of their effectiveness.

Similar trends emerged regarding the perception of mental health in general, or help-seeking behaviors. Beyond the diversity within the sample, this may also be attributed to a lack of awareness and experience with these concepts and services.

Conducting focus group discussions with men posed initial challenges as discussing mental health topics in a group setting was uncomfortable for some of them. However, most of them managed to share their experiences constructively, with many even reporting that these discussions felt therapeutic for them.

The terms used in the assessment tools needed explanation with the respondents, particularly in the section on mental health concepts, where terminology was adjusted to align with Ukrainian practices.

# Needs Assessment Findings

## General well-being

After almost 18 months of war, most focus group participants say that they live in a state of anxiety, moral exhaustion, and fatigue. The most common way to describe their life is “I have put my life on hold”, which indicates the difficulty to plan for the future.

For adolescents, anxiety is exacerbated by other feelings of having lost their childhood or carefree adolescence, and being forced to grow up too quickly.

**“I think I have become an adult. I no longer feel so young and carefree, my emotions are more mature, and time goes much faster”, FGD 15, South, boys**

Internally displaced adolescents describe their lives differently, more peaceful than in spring 2022.

The main factors influencing their state are the feeling of safety and socialization: those who have been able to integrate and find friends among peers describe their life as diverse and fun, while those who have faced adaptation problems in the new community miss home and consider their new reality bleak.



It is worth noting that boys from front-line cities (Kherson, Mykolaiv) and girls who left the areas that were massively affected by the war tend to describe their life as normal, mundane, and good — probably based on the fact that they are safe and sound. One of the respondents, a teenage girl who became an IDP for the second time since 2014, describes her adaptation process:

**“Nothing has changed for me, I am running away from war for the second time. There is no point in putting life on hold because if I had put life on hold the first time I was fleeing, I would have lost 8 years of life. Putting life on hold and not caring about anything is irrational”, FGD 14, Odesa, girls**



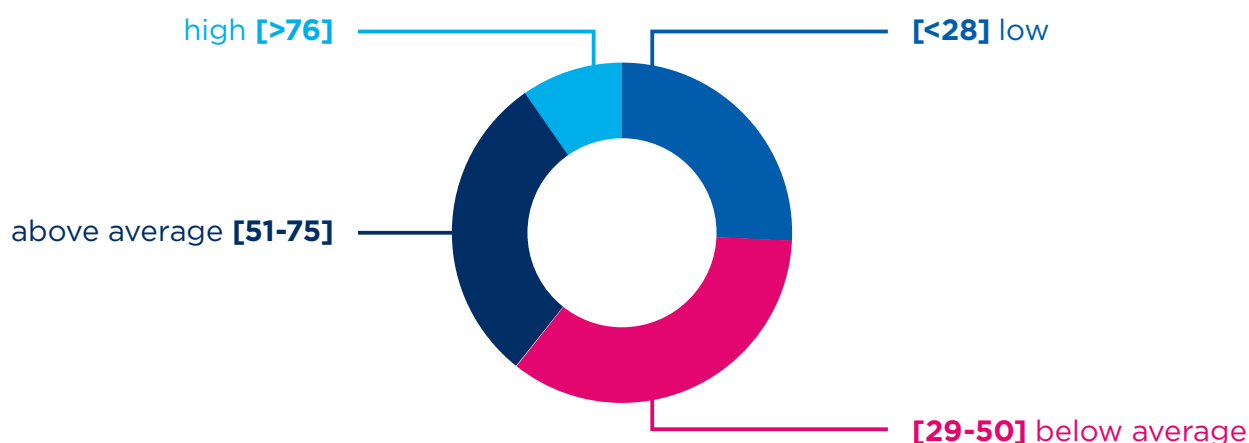
All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed



All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed

The WHO-5 Psychological Well-Being Index was used during the quantitative study. The results show that a total of 35% of the surveyed Ukrainians **present poor well-being and quality of life**, and have a score that suggests the possible presence of psychological symptoms including depression (score = 29 > 50), and **26%** of the respondents are **experiencing psychological distress, with the presence of depressive symptoms** (score = 0 > 28). **30%** of the participants reported a decent or fair quality of life (score = 51 > 75) , and only **10%** of the total reported the best possible quality of life (score = 76 > 100).

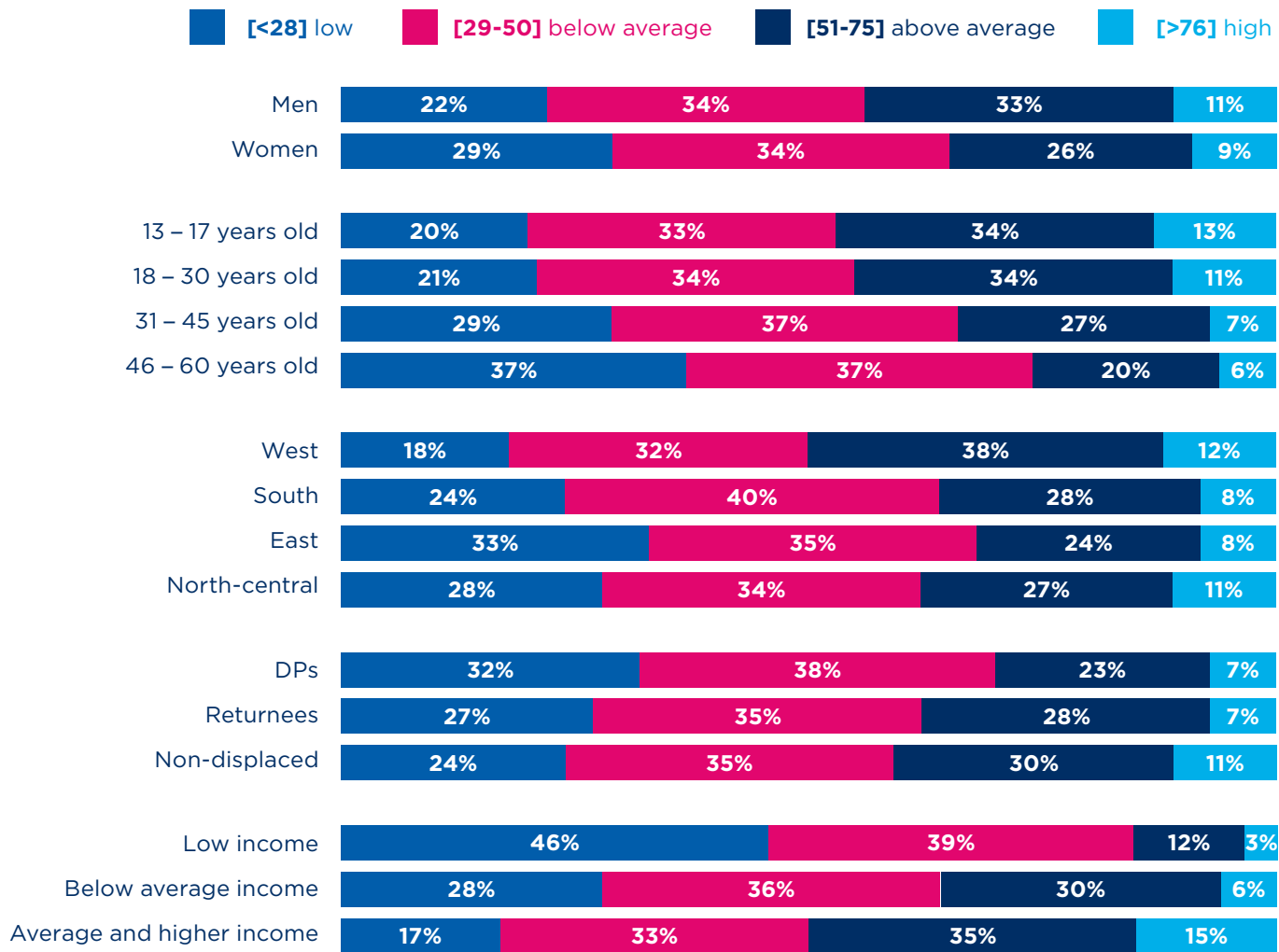
**WHO-5 scale  
n=2026 (all respondents)**



The level of psychological well-being seems to be influenced by gender, age, region, displacement experience, and financial status:

- **women show lower scores than men;**
- **residents of the East and South of Ukraine show worse scores than those in other regions;**
- **IDPs show worse scores than people with different displacement status;**

There seems to be a direct correlation between the score, the age and the income: the older the age and the lower the income, the lower the well-being score.



## Perception of Mental Health

Half of the respondents understand mental health as being in a stable state, and describe having a good mental health as the ability to control our emotions, to adapt, to analyze a situation and to respond or react reasonably and objectively.

Women tend to attribute a good mental health state to having basic needs met, such as sleep, safety, food, and socialization.

The same was mentioned during the key informant interviews, but not in the FGDs composed of men.

**“I think that mental health directly depends on safety and physical state. If you sleep well, live in normal conditions, are healthy, have enough food and no stress, then your mental state will be fine”, FGD 9, Dnipro, women**



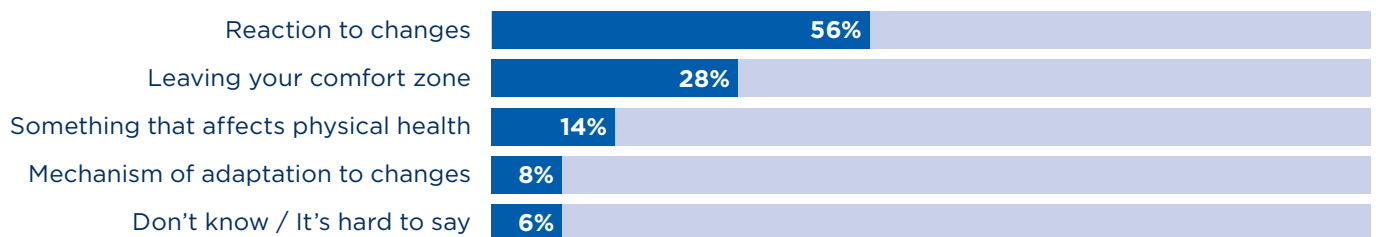
It is worth noting that stereotypes and prejudices about mental health were rarely mentioned in the qualitative stage of the assessment. Except for a few cases where mental health was described as “some nervousness and reluctance to move forward”.

The perception of mental health is closely related to the concept of stress. The assessment

showed a clear understanding of stress among Ukrainians, who define it mostly as a response mechanism that is activated by external events. Adolescents gave an even more specific definition: stress is the body’s reaction to any situation beyond the usual, over which a person has no control.

According to the results of the survey, for 43% of Ukrainians, stress is a reaction to changes, or to a situation, out of their comfort zone.

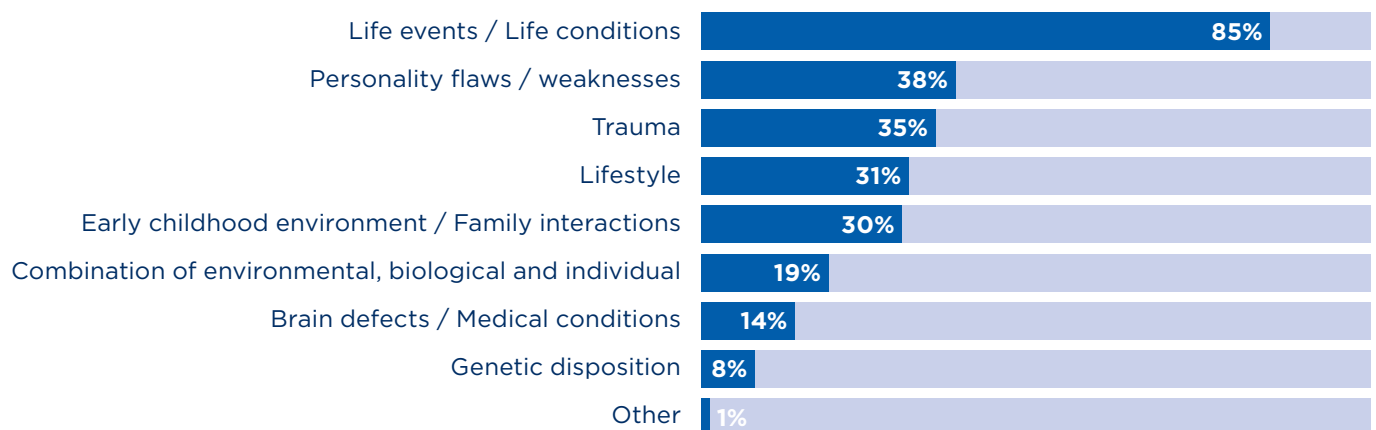
**Q. How would you define stress ?  
n=2026 (all respondents)**



The respondents were able to explain the difference between everyday stress and so-called cumulative or chronic stress. While everyday stress is considered minor, controllable, and “easy to get rid of,” chronic stress is described as unmanageable. Predictably, this type of stress is mentioned in connection with war and is combined with a sense of loss of control over one’s life.

The vast majority of Ukrainians, regardless of gender, age or other socio-demographic characteristics, believe that the experience of stress is caused by life events or living conditions (85%), trauma (35%), lifestyle (31%) or childhood experience (30%). However, despite a clear understanding of the concept of “stress”, some respondents still states that it is caused by a flaw of character and weakness (38%). Adolescents, more often than adults, indicate this as a cause.

**Q. In your opinion, what makes people more likely to experience stress ?  
n=2026 (all respondents)**



Most respondents do not have personal experience of receiving psychosocial services, especially men, who mostly don't understand or don't trust these services due to a lack of information, or example of their effectiveness. The participants themselves indicate that they never discuss this topic in their everyday life, and **that there is no information about relevant successful stories in the media that they use.** Among other reasons why people do not seek psychosocial support, men and women indicated the following:

- **Fear** to admit your issues, share your experience, and become aware of your problems, which can affect your self-esteem.
- **Stereotypes** about the process of providing psychosocial support — the client is sitting on the sofa and the psychotherapist asks questions (men are particularly reluctant to that image).
- **Fear of the unknown** and the need to be open with a stranger.
- **Lack of confidence** in the true effectiveness of psychological help and inability to assess the quality of the services provided.
- **Concerns about confidentiality**, both in small groups and in public, namely, the publication of customer stories even without mentioning their personal information — "the stories just go viral in the Internet".
- **Financial barriers:** perception that such services are expensive, and long-lasting.

Women also mentioned lack of time, energy, and motivation to go through such complex and personal analysis.

However, people who had previous experience of receiving MHPSS services did not mention any barriers, and expressed willingness to use such services again.

**"Initially, my husband was teasing me by saying that now I will be taking drugs all the time. He didn't believe that it could bring any positive results. But now he says something completely the opposite, he wants me to use MHPSS services because he sees positive changes in me", FGD 7, West, women**

Despite the fact that the financial aspect was mentioned as one of the barriers to use MHPSS services, Ukrainians mostly consider paid services to be more effective or of higher quality than free ones:

**"I don't even know how to word it. It seems to me that the private psychologist is more sympathetic and more interested in solving your problem", FGD 3, Center-North, men**

**"If it's free, then in most cases it is done very poorly", FGD 9, Dnipro, women**

Respondents also consider free MHPSS services provided by non-governmental organizations to be exclusively aimed at IDPs or other particularly vulnerable groups of people who may need such services more. In addition, the assessment participants have a very vague idea of the services provided by non-governmental organizations, and most of the participants could not name organizations that provide such services in the area where they live.

**“Well, I think, NGOs have a lot of work at the moment and psychologists are busy with IDPs. That’s why I think that I would go to a private psychologist”, FGD 3, Center-North, men**

Participants also consider the age of the service provider to be an important factor — they should be old enough in order to “have enough life experience to be able to deal with other people’s problems”.

Adolescents who have the experience of MHPSS services note that it is important for the specialist to understand the needs and the specific situation of the clients. Some mentioned that **one of the obstacles to going to a psychologist is when he or she is not able to correctly understand their problems** and can make false conclusions about their mental state.

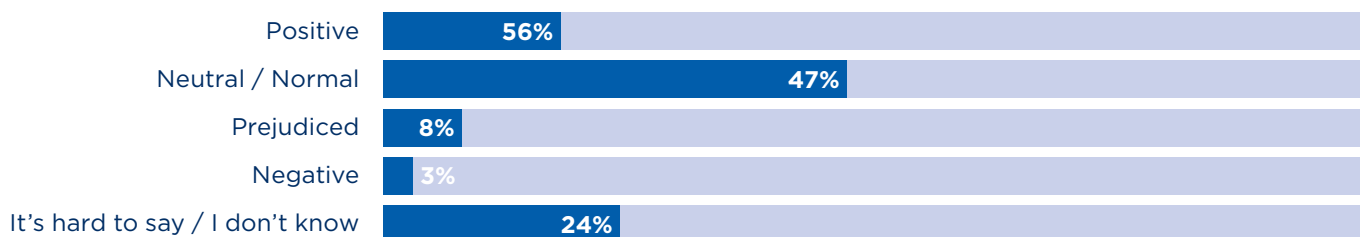
**Adolescents also mentioned:**

- Privacy concerns, fear that the psychologist may pass on information to their parents (from personal experience)
- Lack of information about available services

**“If you take my class and my friends for example, many of them simply do not even know about such organizations and services. That you can just go somewhere for help. Most of my friends cope with stress on their own”, FGD 4, North-Centre, girls**

Although half of Ukrainians believe that people who seek psychosocial services are perceived by society in a neutral or positive way, 11% indicate a negative or prejudiced attitude. Taking into account almost a quarter of respondents who did not answer this question, it can be assumed that there are still stereotypes and prejudices about receiving psychosocial support.

**Q. How are people who seek mental health support perceived by the community? n=2026 (all respondents)**



A few men indicated that they would not feel comfortable telling their friends that they are receiving psychosocial support, and some of the boys said that people who seek support are “not able to cope with their problems on their own”.

**“It very common to believe that if you go to a psychologist, you must be crazy”, FGD 3, Center-North, men**

## Main stressors

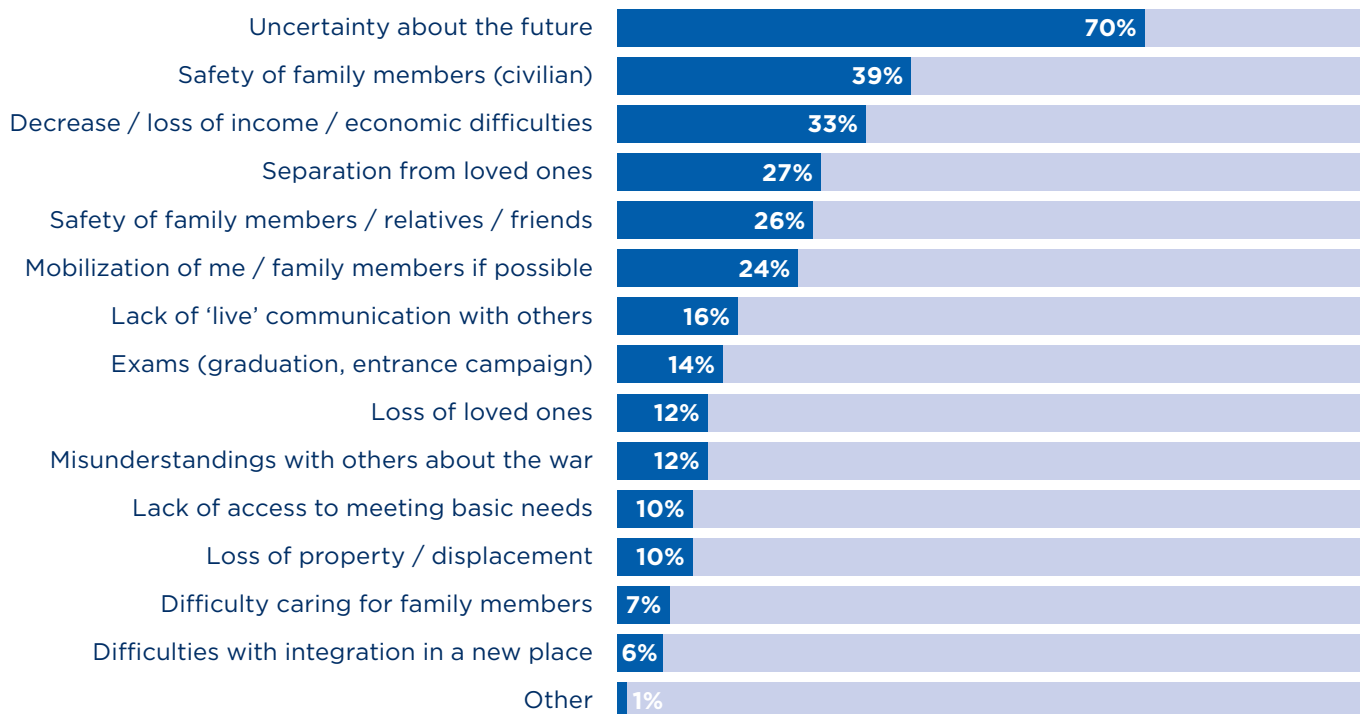
The greatest source of stress, noted by 70% of respondents, is uncertainty about the future and the difficulty to make plans. The second most common stressor, mentioned by 39% of respondents, is the concern for the safety of loved ones and friends, civilians, or serving in the armed forces, which was mentioned by 26% of Ukrainians, and mostly by women.



Financial difficulties (decrease or loss of income) are noted by every third Ukrainian as a major stressor.

Possible mobilization is indicated significantly by men, but also for some women as a source of stress (29% of men and 20% of women).

**Q. What have been the main sources of worries for you recently?  
n=2026 (all respondents)**



**“I have old parents. They live in the village, and I am very worried about them. I call them when the air raid siren goes off because they can’t hear it. There’s no mobile connection there”, FGD 9, Dnipro, women**

Apart from that, it is worth noting the lack of communication with loved ones — those who are at the front line and those who have moved abroad. Regarding the second case, the participants noted that it was not so much the lack of time or the online format of communication that made the communication difficult, but the lack of understanding of their life in Ukraine:

**“...we live in one reality and they live in a completely different reality. They don’t really understand and will likely not be able to understand our reality because they live in a peaceful environment”, FGD 13, Odesa, men**

**A decrease in the standard of living and a possible loss of work** due to the general decline of the economy in the country or due to the literal destruction of jobs (for example, sailors from the Odesa region are worried about their jobs due to constant shelling of ports) are a more pronounced cause of stress among men. **This is related, among other things, to concerns about the ability to provide their family and children with everything they need.**

**“What causes me stress is that I cannot provide for my children, which I could if there was no war. Even when it comes to food, I can’t always buy them what they like and what they want”, FGD 12, East, village, men**

Key informants also indicate job loss; loss of social benefits and financial stability or the reduction of income and rising prices as main concerns. Less often, the key informants point out the following sources of stress and anxiety such as stress from domestic violence and family conflicts, unstable political situation, general deterioration of the health of Ukrainians.

For women, another strong source of stress is the need to make decisions related to safety, both very practical (for example, “whether to wake up children in the middle of the night and go to the shelter during air raids or just to stick to the rule of two walls”), or more strategic, such as moving abroad with a child or returning to their hometown that may be partially destroyed. This problem is even more relevant for those women who have to take care of the household on their own because of the war.

Teachers and school staff also mention the stress of being responsible for the safety of children during air raids or emergencies without parents being present.

**“I work at a school and worry about my students. When there is air raid, we go to the shelter. They cry there, asking, Where is my mom?”, FGD 1, Kyiv, women**

**The following circumstances were also mentioned among the ones that cause stress and anxiety for the participants and their children:**

- Thunder and rain, and all loud sounds that previously did not cause anxiety, are now associated with explosions
- Small everyday situations, conflicts at work or in the family, which previously would not have caused worries and would not have attracted any attention
- Worse conflicts within the family

**“Well, conflicts in the family. Since the start of the war we have had a lot of conflicts in the family. Everyone has some problems in the family and it is a big stress factor”, FGD 7, West, women**

It is worth noting that the respondents who partially or completely lost their housing do not indicate material losses among the sources of their stress and anxiety, but that the most important thing is that they and their loved ones are alive.

During the discussion of the sources of anxiety and stress, the respondents mentioned that they hoped the war would come to an end in the near future, and feared that it might go on for a long time. However, **the participants did not show any readiness for the scenario of a long-term full-scale war. The respondents did not express any thoughts regarding the possibility that they might need to live in this state for a long period of time, and did not consider whether they would have enough internal resources in the long term.**

The key informants indicate similar causes of stress: fear for life and health due to nonlocalized missile attacks, regular night air raids; relocation and adaptation to new living conditions.

**“Air raid sirens. This is the first stress factor. They go off regularly. They do not disappear anywhere no matter how much people try to distract themselves. They trigger stress, especially if the person has been under close missile attacks before. The second is concern for a person who is at war”, KII №5, Chernihiv, community leader, volunteer**

Adolescents also mention air raid sirens and/or missile attacks which most of them have experienced, and they describe it as the most tangible and visible manifestation of war in their lives right now.

**“Once a missile hit a neighboring house. It happened at night, and all my windows were broken. I was sitting in the hall with my parents and I was very scared. I did not know what to do. It was very stressful for me”, FGD 15, Kherson-Mykolaiv, guys**

In contrast to adult participants, adolescents mentioned various stressful situations depending on their gender and region of residence. Forcibly displaced girls from the eastern regions, as well as girls living in the central and northern regions, mentioned that the main causes of their stress were personal problems. In contrast, boys (regardless of region) and girls living in the western regions said that their causes of stress were related to military operations and their consequences, and the uncertainty of the future.

**Other causes of stress mentioned by adolescents are:**

- **Loss of contact with loved ones (including pets), or separating from them** when moving away — adolescents mention this point as the main cause of anxiety significantly more often than adults. In addition, stress is exacerbated when a teenager is forced to move alone.

**“When I was about to move abroad, I was stressed because I was parting with my loved ones. I was sad and miserable”, FGD 2, Kyiv, guys**

- **Fear of losing your job and not being able to find one:** adolescents mention that this is more of a problem for adults, although some of them are thinking about looking for a job to help their parents, and therefore worry about not finding one and not having additional sources of income

**“I fear about work. When there is war going on, you cannot easily find a job. Soon I will turn 18 and I want to help my parents with money or with buying food for the family but I don’t know how to do it.”, FGD 15, Kherson-Mykolayiv, boys**

- **Choosing where to study or live:** if one goes to study abroad, which is now available to Ukrainians due to various benefits, they can avoid being drafted to the army. On the other hand, if you study in Ukraine, you can be drafted to the army, and therefore support your country. This dilemma is difficult to deal with for adolescents.



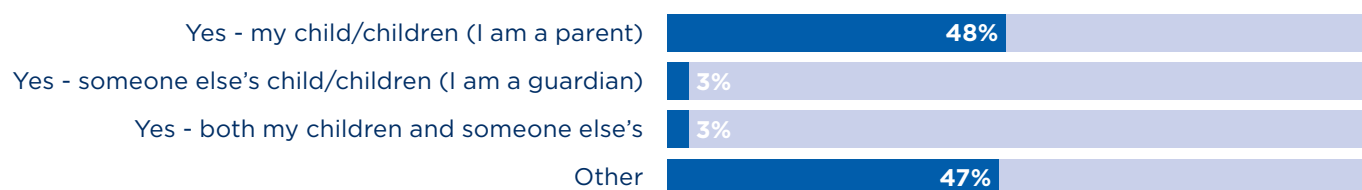
**“I want to talk about such a factor as choosing between domestic and foreign universities. Personally, in my age group, this is a very important question when you are faced with a choice between some national university in Rivne and in Rome. But it is also difficult for me to leave my Motherland, especially at this time. I like it here.”, FGD 2, Kyiv, guys**

- **Feeling of not being involved enough in supporting the country:** some respondents feel shame for not participating in the war effort, or do not want to be perceived as cowards (these statements were mentioned most of the time in the central and northern regions).

**“Since childhood, most boys are brought up hearing that they need to be defenders. When there is war in your country, and you sit and think: “Damn, I just came back from Germany”, you want to make up for it with some kind of heroic act”, FGD 2, Kyiv, guys**

- **However, participants also mentioned the fear of being drafted to the army and sent to the front when they come of age, including the fact that they will not be able to help their immediate family (it was mentioned in Kherson-Mykolaiv)**

**Q. Are you taking care of a child/ children under 18 years old?  
n=1171 (all respondents 19+ y.o.)**



**“I don't want to go to war now. Soon I will come of age and I'm afraid that I may be drafted to the army. But I want to be here and help my parents”, FGD 15, Kherson-Mykolayiv, boys**

Stress is also caused by unusual situations and circumstances (not related to the war and its consequences), which adolescents have not encountered before and cause negative feelings that they have to face on their own — loneliness, worries for others, compassion, empathy, problems in relationships with a partner.

Regarding adolescents, especially in frontline areas, the key informants singled out the transition of schools to an online format and the loss of face-to-face communication due to the fact that many of their friends moved abroad as the main cause of stress.

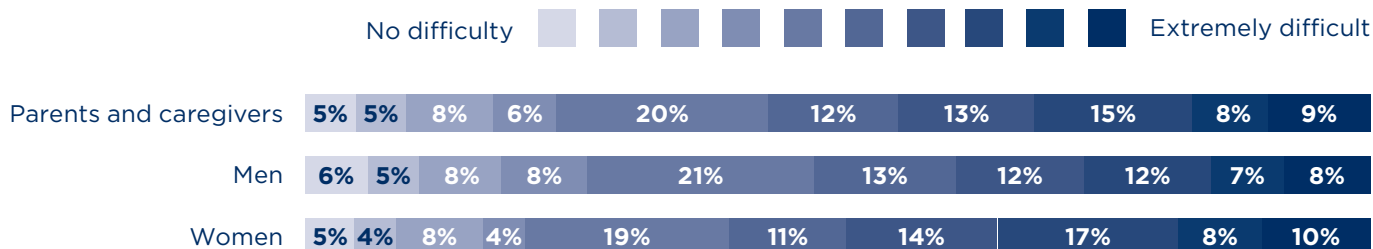
Separately, the needs assessment focused on the issue of psychosocial difficulties for adults who are responsible for children. According to the data of the quantitative survey, almost half of Ukrainian adults have and are raising their own child or children (48%), and almost the other half (47%) do not take care of children under the age of 18 and are not involved in their upbringing. Men significantly more often than women mentioned that they did not look after underage children (40% and 53%, respectively), while women, on the contrary, significantly more often than men noted that they have and are raising underage child/ children (57% and 39%, respectively).

Slightly more than half of Ukrainians who have minor children mentioned that it had become more difficult to support them since the beginning of a full-scale invasion.

Moreover, women tend to evaluate their situation as significantly worse than men.

**Q. On a scale of 1 (not difficult) to 10 (extremely difficult), how difficult is it for you to support your child/children in the current situation?**

**n =645 (respondents who are raising minor children)**



Most often, adults across all focus groups indicated that they **had a hard time with nighttime air raid sirens, as this was the most common problem**. In such situations, it is very common among parents to explain to children what is happening by inventing positive reasons or stories (for example, that these are fireworks). As the adults themselves note, it is very difficult because you need to be **calm and positive yourself and support your child while being under stress**. It is especially difficult with small children, since, according to their parents, they do not understand what is happening and get very worried.

**“It is difficult to live separately from your children. I go to the border once every 2-3 months to meet with them but these are very short meetings. A child needs his father all the time. And the question ‘How long will it be like this?’ is tormenting”, FGD 13, Odessa, men**

Thoughts about children’s lost childhood, the lack of normal socialization among peers, and the quality of education that children are currently receiving add to parents’ worries. Separation from children is especially difficult for Ukrainians, for example if the teenage child lives in another region with his or her grandmother, and the parent needs to travel long distances regularly to visit them. Fathers are sad about the separation from their wives and children living in another country, fearing that the children are growing up without them, without being able to do anything about it.

Women, whose responsibilities have increased significantly due to the fact that they have to care for their child or children and work in conditions with no support of other family members, indicate the following challenges:

- **Difficulty to control your emotions when communicating with your child**, or to react appropriately and in a calm way. It is especially difficult for mothers of newborn children, as taking care of the child (night feeding, changing clothes, etc.) is very stressful for women.

**“Once when my baby was sleeping, I sat next to it, not leaving its side, because I was worried about those missile attacks”, FGD 7, West, women**

- **Difficulty to care for other dependents, adult family members who need care**, which further increases the burden on a woman.
- **Lack of public kindergartens in cities** — some kindergartens have not re-opened, as they do not have a bomb shelter, and the open ones are usually working at maximum capacity. Parents are placed on waiting lists or need to find alternative solutions. so you have to wait for an open spot or look for alternatives.
- **Access to health care: the lack of medicine** in the months when the full-scale invasion began, and the constant fear that such a situation will happen again. The **dependence on doctors for ongoing treatment**, which affects mobility and, consequently, safety.

**“My daughter had health problems in the past and needs regular checkups now, so we decided to stay in Kyiv”, FGD 1, Kyiv, women**

Among the participants were adults who became responsible for the children of their relatives or friends, after the start of the full-scale invasion. The women who took children under their care note that it was difficult for them to develop relationships with foster children, as it requires strong internal resources, especially when both the mother and the child are under constant stress. They also note that they feel a much greater responsibility for the children they are fostering than for their own.

**“This child was in a completely different family, he had a mother, he had developed a certain behavior, he was used to a certain way of life. In addition, the child was feeling hurt that it all happened to him, he was closed, well, you know what happens in the head of a child when he is abandoned. It was very hard for me. If it wasn’t during the war, I probably would have behaved differently. It was very difficult for me in everyday life”, FGD 16, South, village, women**

## Vulnerable groups

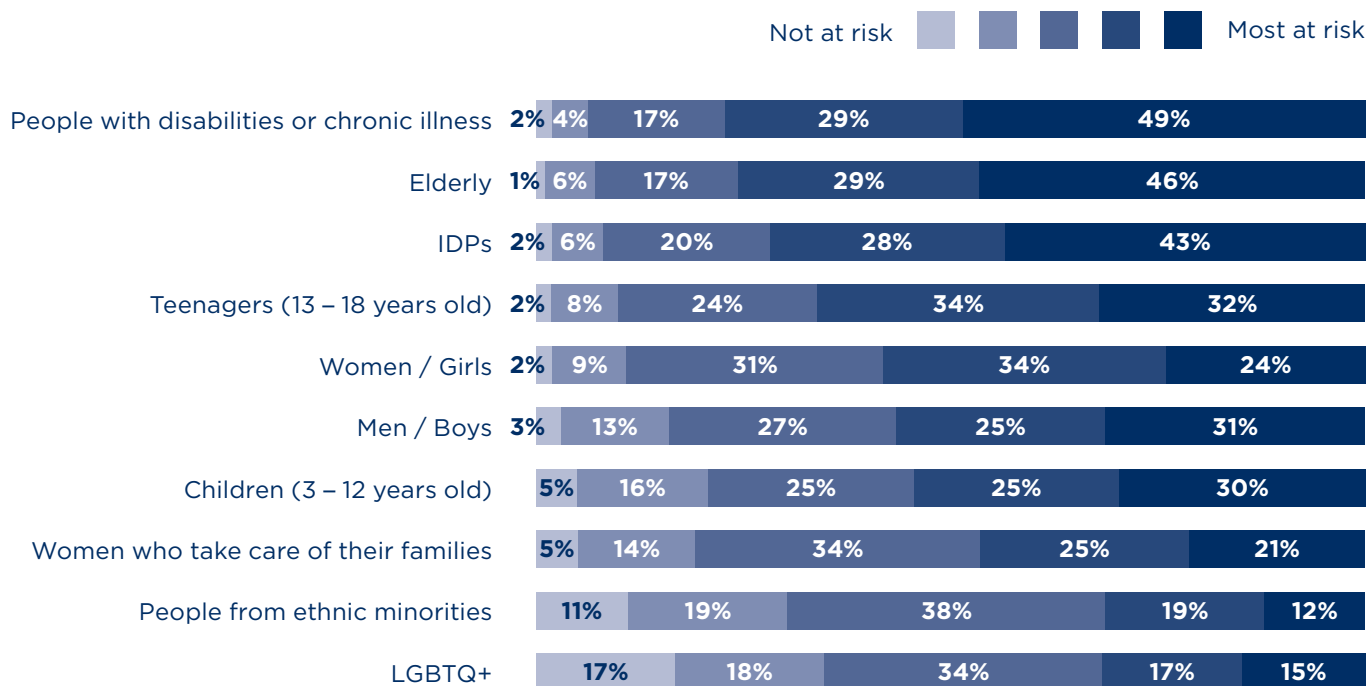
Ukrainians do not have a general understanding of what a vulnerable group is, in terms of psychosocial risks. As a rule, they mention “*traditionally*” vulnerable groups such as the elderly, children, and families with children. Results seem to indicate that Ukrainians tend to indicate other groups as vulnerable rather than the group to which they themselves belong.

Most respondents agree that the elderly may be more vulnerable, especially if they live close to the front line, if they live alone, or are unable to care for themselves. Therefore they can experience stronger negative reactions, or have a hard time adapting, or coping after experiencing loss (of a loved ones, a property, a displacement, etc.).



**Q. Which group do you think is most at risk of experiencing psychosocial difficulties and may need more support:**

**n=2026 (all respondents)**



**“Retired people whom I know, whom I am helping and who I communicate with, say that it is very difficult for them to adapt to these conditions and they are worried about “what will happen next” in terms of their housing and about the uncertainty of the future in general. FGD 12, East, village, men**

**Children and adolescents** were also mentioned as a vulnerable group due to various factors, including their level of understanding of the situation, which can be both protective and stress-increasing: adolescents, according to the interviewees, have access to information, but that includes potentially traumatic information; and younger children may not fully understand what is happening which can be helpful, but also and experience panic and acute stress.

**“It seems to me that small children, up to 6-7 years old, who live close to where air raid sirens are located are the most vulnerable. They get really stressed when they hear those sirens”, FGD 5, Lviv, men**

During the discussion, the respondents indicated that the following people belonged to more vulnerable groups:

- Mothers with small children
- People with disabilities (due to their limited abilities to move around, including to bomb shelters or during evacuation) and people with mental disorders (as it is difficult for them to navigate the situation)
- People living close to the contact lines
- People who lived or are living in the temporarily occupied territory
- People who lost family members in the war
- People who are lonely or isolated
- Soldiers and their family members

It is interesting that adolescents, more than adults, indicated as vulnerable the following groups:

- **Parents or caregivers** who are stressed for the safety and future of their children, and because of the responsibility of caring for them.
- **Pregnant women.**

According to the key informants, the entire population of Ukraine is vulnerable. However, elderly people, women with children, and IDPs are more prone to feel stressed.

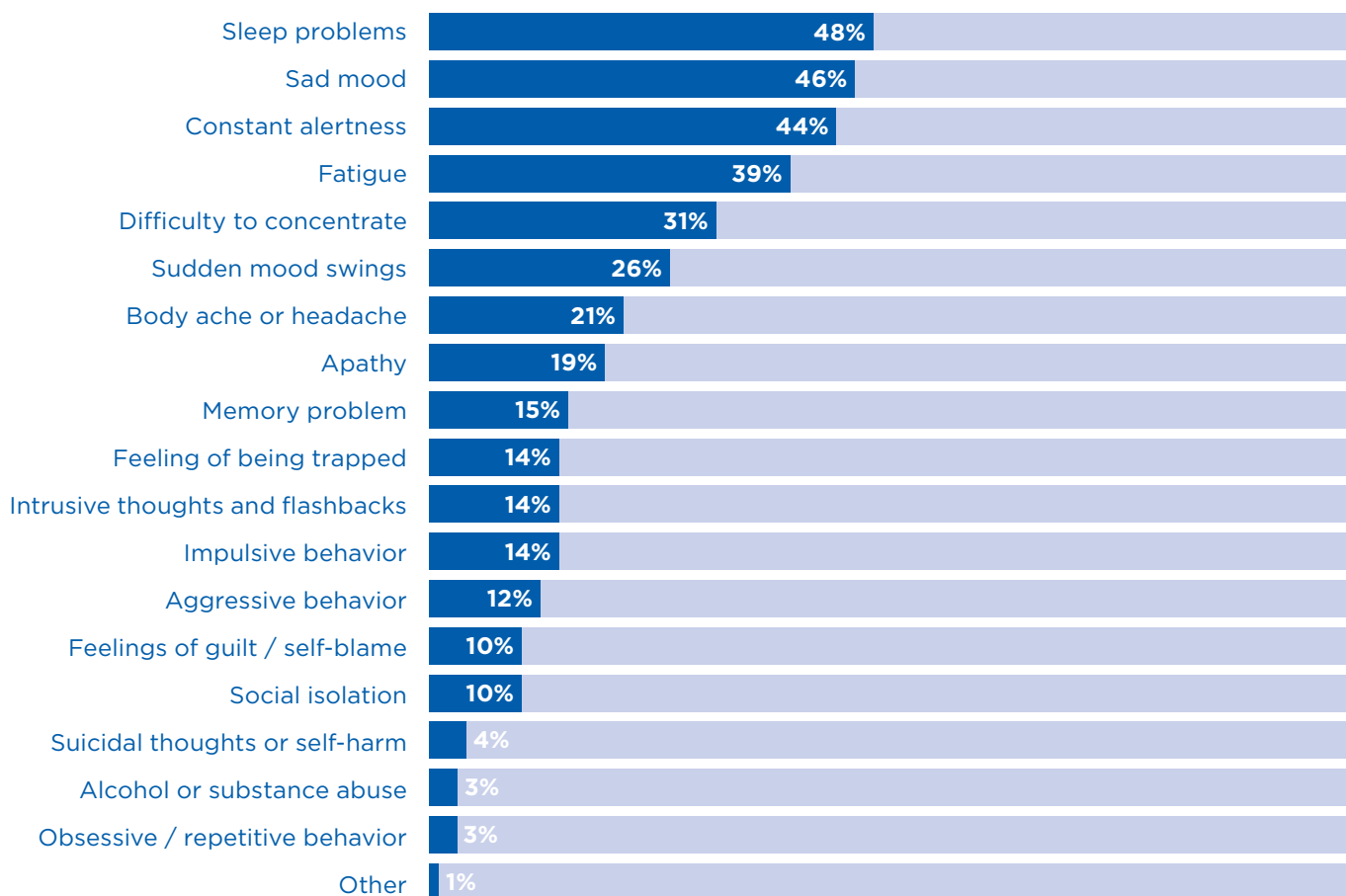
## Reactions to stress

Ukrainians note that since the beginning of the full-scale invasion, the causes of stress are constantly changing, so people are used to adapting to new situations and the manifestations of stress have become less severe than they were at the beginning.

The most common reactions to stress for all research groups were sleep problems (48% of respondents), sadness (46%), constant worries (44%), and prolonged fatigue (39%).

### **Q. Have you been experiencing any physical or psychological reactions to these worries and challenges?**

**n=2026 (all respondents)**





All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed

The participants also mentioned irritability and lack of patience, which in turn can lead to intemperance or even aggressive behavior.

**"I have become more impatient, more rude, harsh, and started drinking more beer, that's how impatient I am now", FGD 3, Center-North, men**

The participants also note that they feel the impact of stress and chronic fatigue on their physical health. 21% of respondents experience headaches or body ache as a result of stress. Ukrainians also mention decrease in working capacity, exacerbation of chronic diseases, and general health problems. This is confirmed by the interviewed family doctors — they note that as a result of stress, chronic diseases worsen among Ukrainians (it is just an assumption without enough evidence).

**"The first category is exacerbation of chronic diseases. My patients quite often say: "Oh, now I have heart-related chest pain and**

**headaches more often than usual", that is, they decompensate from the medical point of view", KII №15, Mykolaiv, family doctor**

**In general, women mentioned reactions to stress more often than men.** Men more often mention isolation and withdrawal even from those closest to them, as well as a feeling of guilt for not taking an active part in fighting for their homeland. Despite the fact that only 3% of Ukrainians indicated the use of alcohol and psychoactive substances as a usual manifestation of stress for them, the vast majority of such responses were received from men.

**Regarding age, the majority of reactions to stress were more often mentioned by the 13-15-year-old and 18-30-year-old groups. The only exception is sleep problems which are mentioned equally by all age groups. For the age group of 18-30 years old, intrusive thoughts or flashbacks related to a potentially traumatic event (one in four) and feelings of guilt and self-blame (one in five) are more common.**



**Q. Have you been experiencing any physical or psychosocial reactions to these worries and challenges?**

	13 – 15 years old	16 – 17 years old	18 – 30 years old	31 – 45 years old	46 – 60 years old
Sleep problems	46%	42%	52%	51%	50%
Sad mood	54%	52%	52%	37%	39%
Constant alertness	43%	34%	51%	46%	49%
Fatigue	40%	29%	50%	42%	38%
Difficulty to concentrate	35%	32%	42%	26%	25%
Sudden mood swings	30%	28%	40%	22%	16%
Body ache or headache	21%	18%	28%	22%	21%
Apathy	22%	11%	30%	21%	17%
Memory problems	17%	14%	16%	15%	14%
Feeling of being trapped	17%	11%	19%	15%	11%
Intrusive thoughts / flashbacks	18%	12%	25%	11%	10%
Impulsive behavior	23%	9%	20%	14%	7%
Aggressive behavior	16%	15%	15%	8%	6%
Feelings of guilt / self-blame	14%	10%	20%	8%	5%
Social isolation	17%	9%	11%	9%	7%
Suicidal thoughts or self-harm	7%	6%	8%	1%	1%
Alcohol or other substance abuse	2%	1%	4%	5%	4%
Obsessive / Repetitive behavior	4%	3%	3%	3%	1%

From the experience of the key informants, people often experience confusion, despair, absent-mindedness, apathy, aggression, withdrawal and the already mentioned sleep disturbances. However, some people can activate internal resources to overcome stress: they do something they like, immerse themselves in work or look for a new job, take part in volunteering, and stay active.

**“Confusion, despair, ignorance, and absent-mindedness can also be characteristics of someone’s emotional state”, KII No. 7, Chernyakhiv, Zhytomyr region, director of the Administrative Services Center**

Key informants also mention suicidal cases, or the fact that some people turn strongly to religion as a result of prolonged stress. Regarding children, they mention cases of child suicides, and enuresis, as consequences of stress and long-term isolation.

**Younger adolescents** (13-15 years old) more often than other groups note impulsive behavior and social withdrawal. Younger age groups (respondents from 13 to 30 years old) more often mention aggressive behavior and/ or suicidal thoughts.

During FGDs, adolescents could reflect on the changes happening to them after the start of the full-scale invasion: increased aggressiveness, often for no apparent reason, as well as apathy, “frozen emotions”, both negative and positive; lack of desire to do anything, mood swings; loss of meaning (regarding hobbies and studies).

**“Any desire to do something completely disappears... Because, well, you don’t feel like it in these circumstances. And the mood goes completely down”, FGD 10, Kharkiv, guys**

In addition, cognitive problems were also mentioned: problems with memory and concentration, especially when studying, inability to collect your thoughts, emptiness in the head, absent-mindedness, confusion. In cases of acute stress, they mentioned a feeling of disbelief towards the whole situation.

The key informants who work with children confirm that some adolescents lose motivation to study and show apathy.

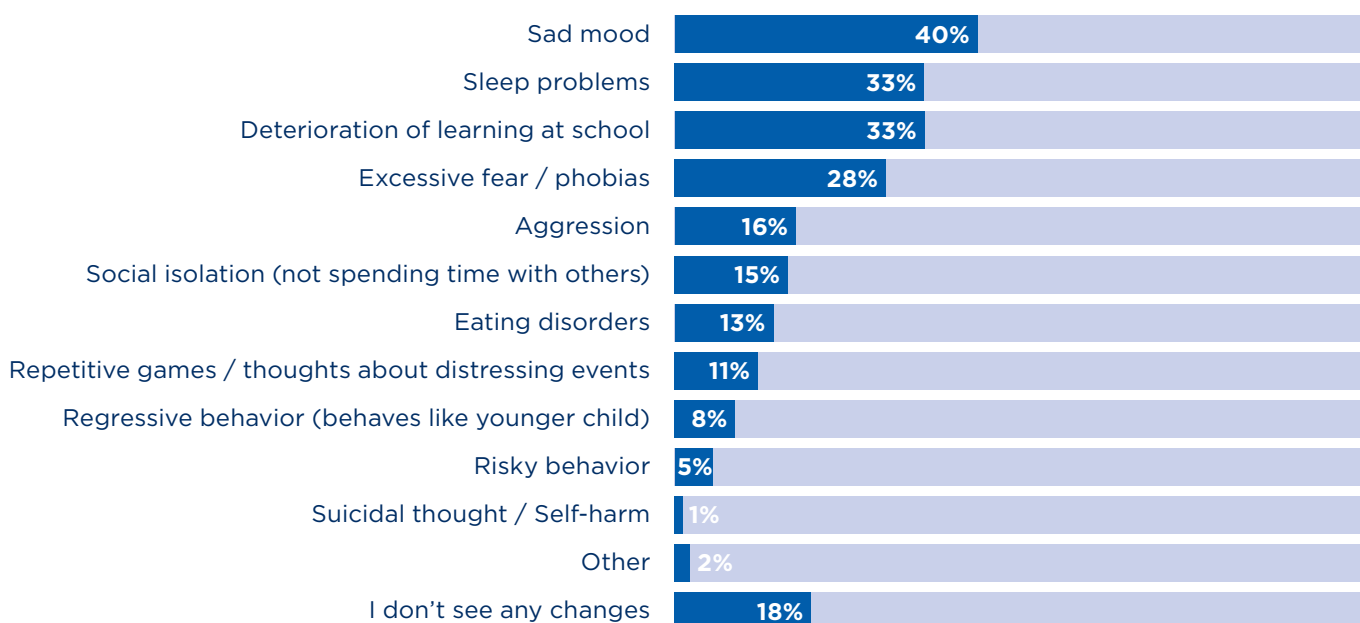
And for others, studying is an escape or a distraction from reality.

**“Some become very aggressive, some withdraw into themselves and don’t talk at all”, KII №6, Kropyvnytskyi, director of a lyceum**

According to the information provided by parents and caregivers, they notice similar reactions in their children: sad mood (40%), one in three adults said that their kids have problems with sleep and/ or worse performance in school. 28% of adult respondents said that their children have excessive fear or phobias that have appeared during the full-scale invasion, one in six or seven adults notice in their children aggression and/ or manifestations of social isolation, when children do not want to spend time with others.

Only 18% of adults indicated that they do not notice any changes in their children’s behavior.

**Q. Have you noticed any changes in your children’s behavior since the start of the full-scale war? n=645 (respondents who are raising minor children)**





All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed

Parents and caregivers confirm that their children became apathetic towards their hobbies and studies. Children, especially younger ones, are afraid of sudden loud sounds, are more irritable, and misbehave more often. Some parents and caregivers mention changes in eating behavior, such as lack of appetite in children. Mothers also note that the behavior and mood of small children change depending on the mood of the mother. They react strongly to changes in their parents' mood, who find it difficult to feel calm in stressful situations).

The key change that the caregivers mention and which worries them is that the children grow up too quickly, and became more serious and responsible sooner than they should have.

**“Well, the younger one has become more mature. He is more serious. When something happens he immediately asks, ‘Mom, dad, what are we doing now? How can I help?’”, FGD 3, Center-North, men**

The parents mention not only changes in their children's behavior but also the circumstances in which their children have to grow up fast: limited interaction with others, which, according

to the parents, makes it harder for them to socialize; studying at school is disrupted and, as a result, there is fatigue and a decrease in the level of education. Adolescents also note that they had to grow up fast: they mention that difficult circumstances forced them to take on more responsibility, which can be overwhelming for them.

## The impact of stress on everyday life

During the 18 months of war, Ukrainians have adapted to life in constant stress, adjusted their everyday life to new reality, and do not notice any significant changes in their everyday life now.

The new reality has made most of the participants reassess what is important in life as well as their values: they began to look for joy in little things, they are trying to make the best of life, to love and care for their children as much as possible, because they don't know what might happen tomorrow. They note that they long for physical contact, such as hugs with loved ones.



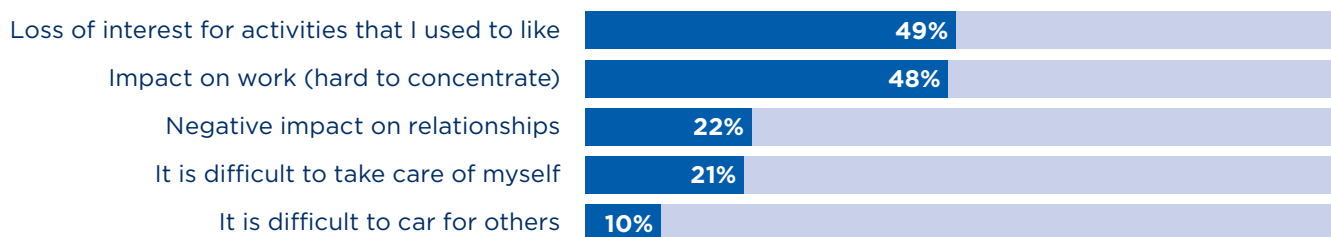
**“The war has influenced me in such a way that I started to appreciate every day and every moment. I am trying to look for something positive because you don’t know what tomorrow will bring.”, FGD 9, Dnipro, women**

Some of the participants began to take on more work and volunteering. **They fill up their time to get distracted** and not feel guilty that they are “not at war” (prevalent for men), or to contribute “to the victory” (prevalent for women and adolescents). On the other hand, other participants mention the opposite strategy — **they put their lives on hold**, do not want to do everyday small tasks, have abandoned their favorite activities, hobbies, and trips.

**“I feel apathetic towards work. Before I tried not to put it off until tomorrow but now I can put it off without exception and do it some other time”, FGD 7, West, women**

Survey data confirm the following: half of Ukrainians have lost interest in what they used to enjoy (49%), it is difficult for them to concentrate on work, work at all or look for work (48%). Women more often than men mention that after stressful situations they feel disinterested in their favorite activities/hobbies (53% of women and 46% of men) and do not want to take care of themselves (25% of women and 18% of men), all these reactions being potentially depressive symptoms.

**Q. If you have been experiencing any of these reactions, how does it affect your daily life? n=2026 (all respondents)**



In addition, it became difficult for Ukrainians to spend time with friends and family, and care for loved ones who need help — children, elderly people, etc.

**“My life has definitely changed. First of all, a lot of my friends have moved abroad with their families. Before the war, we often gathered together. Now when we get together it’s emotionally hard to celebrate anything”, FGD 7, West, women**

The loss of interest in things that one used to enjoy is even more pronounced among **adolescents** ( 57% while versus 44% maximum for other groups). They also express more difficulty in spending time with friends and family (28% of adolescents versus 16% for other age groups). Adolescents explain this by the fact that their life is confined at home, especially if they live closer to the front lines, and **they don’t communicate much** with friends, which leads to isolation (noted only by boys).

**“I like talking with people, I miss socializing, that’s why I come to such meetings”, FGD 15, Kherson-Mykolaiv, boys**

# Coping mechanisms

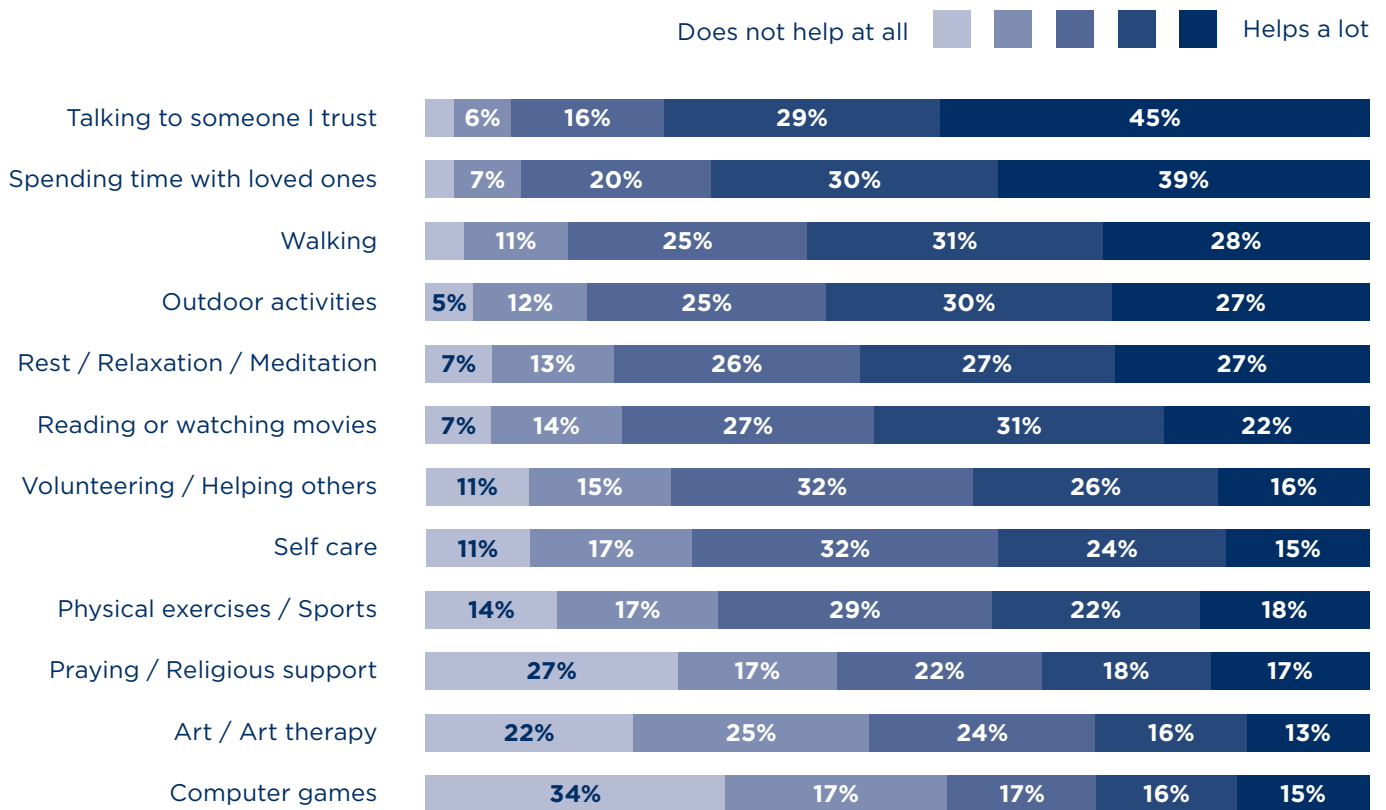
## Individual coping mechanisms

To overcome the consequences of stress, Ukrainians use various coping techniques and mechanisms: most of the respondents mention **talking with** their loved ones, for example with their family members. They also find walking, outdoor activities, rest/relaxation, meditation, reading, and watching movies to be very helpful.

In most cases, they choose to engage in **activities that help them get distracted**, for example, volunteering, sports, sleep, caring for animals, gardening, shopping etc. However these distractions, according to the interviewees, provide temporary relief help and have a short-term effect.

**“Everything is helpful: conversations, a change of scenery, beer, alcohol, but it only has a short-term effect. When a new day comes, you have to start all over again”, FGD 3, Center-North, men**

**Q. What helps you to cope with stress and worries the most?  
n=2026 (all respondents)**



Of the stress coping strategies mentioned in the survey, relaxation activities such as meditation, self-care, prayer, or art help women slightly more than men, while men say that physical exercises and sports, as well as computer games, are more effective to help them relieve stress.

Women, among other things, try to live as they used to before the war: they try to make short-term plans, find time for their favorite hobbies and for short trips. Some women tend to listen to the recommendations of public psychosocial support professionals by reading and watching their blogs, interviews, and posts on social networks.

Adolescents say that physical exercise, outdoor activities, and computer games are helpful to cope with stress, as well as reading, watching movies, and artistic activities. Apart from that, during the focus group discussions, they mentioned **taking sedative medications as a way to manage stress**, more to copy adults, and often do it without prior approval of the doctor.

**Adolescents report that a sense of regaining control over the situation is a powerful coping mechanism for stress:** it can come from cleaning up your room, becoming aware of your feelings, using grounding techniques. The way adolescents cope with stress is also influenced by their **desire not to add stress and worries for their parents**; they tend to minimize their own manifestations of stress and pretend that everything is fine, and try to overcome stress as quickly as possible.

Parents and caregivers mentioned that they try to manage stress by organizing the lives of their children, and manage their children's stress by pretending that everything is okay to avoid scaring them. They often do not allow themselves to show signs of stress, in order to support others, but do not seem to think that this behavior impacts their mental health in a negative way.

**“If the air raid siren goes off and I feel stressed and see everyone panic, I try to take the lead, get everyone to the basement, and tell them some jokes.”, FGD 12, East, village, men**

## Community coping mechanisms

Among the coping mechanisms implemented at community level, more than half of Ukrainians mention volunteer opportunities: weaving camouflage nets, cooking food for the military, or others. In addition, almost half of the respondents mentioned events or activities for families and children, like concerts, or festivals.

**“In our city, even in our neighborhood, there is an event for children once every 3 months. It is a drop in the ocean but still”, FGD 9, Dnipro, women**

33% of respondents mentions events that take place with the support of public and international organizations. A quarter of respondents note that churches and religious services also set up events that are supportive for people. Some respondents also mention shelters for internally displaced persons, which anyone can access, and where displaced people's basic needs can be covered (food, hygiene, accommodation, etc.).



**Q. What activities are there in your community that can help those who need support?  
n=2026 (all respondents)**



There seem to be misunderstandings regarding the availability of school psychologists ; respondents do not seem to know whether they are available for everyone (third of respondents) or only to those who study in the school they work in (adolescents).

14% of surveyed Ukrainians, especially men as well as the oldest age group (46-60 years old), could not think of any measures implemented at community level to help people support each other.

The participants almost did not mention other forms of psychosocial support, including group support, even if they had participated in such groups. **The adults showed prejudices due to low level of awareness and knowledge about the benefits and effectiveness of group interventions.** Men's reactions to group psychosocial interventions were illustrative: they associated it with the Alcoholics Anonymous groups, which in their opinion is something to be ashamed of. Women have less barriers to seeking group support: they understand the format and benefits of working in a group.

## Help-seeking behaviors

### Internal barriers to seeking help

As part of the qualitative stage of the assessment, it was found that **participants see psychosocial support as individual counseling sessions with a psychologist.** In addition, Ukrainians don't always understand what different types of mental health professionals exist.

**“It's very good, I think, because very often there are people you don't know and you can hear other people's problems, and you might look at your own problems from a different angle and find a solution. It is very useful.”, FGD 7, West, women**

In addition, the respondents **associate psychosocial services with the provision of humanitarian and financial aid, organization of events with games and music, and treating children or adults with goodies.**

Respondents mention **that they have started to perceive psychologists and psychosocial support services more positively** since the beginning of the invasion. This positive change is more pronounced for men, whose internal barriers were initially stronger than women's.

**“Over time, everything changes. Integration takes place. Kids get used to psychosocial support being at school, in kindergartens, and society changes in this way”, FGD 13, Odessa, men**

The respondents attribute this change to the active **work of international organizations that provide these services free of charge**. People can get support for free which contributes to a change in attitude, as more and more people access these services themselves.

**“The attitude towards psychologists is improving, especially among men. Previously men did not even want to hear about psychologists but now I hear and see more and more that they share such contacts with each other”, FGD 7, West, women**

Adolescents seem to have less prejudices than adults: they understand the importance of taking care of their mental health, and more often seek psychological help. They state the importance of seeking professional help **if needed, instead of looking for alternative ways to find relief**. They mention that adults still have old stereotypes about mental health, but acknowledge that these perceptions started to change with the war.

However, some adolescents don't trust mental health services: they emphasize that they would rather solve their problems themselves or talk to their parents or friends who they can definitely trust. In certain cases, adolescents said that their parents used a potential visit to a psychologist as a way to threaten them, or simply forbid them to go to a psychologist. But there are also cases when parents suggested to their children to go to see a psychologist, or went themselves and took their children with them.

**“It is very sad. My mother threatened to take me to a psychologist, as if it were something terrible. Perhaps, this is what they thought when she was young”, FGD 15, Kherson-Mykolaiv, guys**

According to the participants, people tend to have somewhat false expectations of psychosocial services such as a “magic wand” effect, where all the person's issues will be solved magically. Key informants also confirm this information.

**“Some patients believe that this will somehow solve their problems. The second group of patients is probably looking for some kind of emotional support”, KII №15, Margarita, Mykolaiv, family doctor**

However, some participants understand the importance of seeking psychosocial support and see it as long-term work instead of a magical solution. Among other expectations when seeking psychosocial support, the following were named:

- Find a way to cope with negative emotions that impact the everyday life (mentioned mainly by girls),
- Be able to open up in front of a stranger who does not know you, will not tell anybody, will not judge you or your actions, and will not give you any unwanted advice (mentioned by the key informants).
- Reduce your feeling of guilt (mentioned by adolescents)
- Be able to understand yourself, your thoughts, get help in making certain decisions (mentioned mainly by girls)
- Feel better and get moral support.

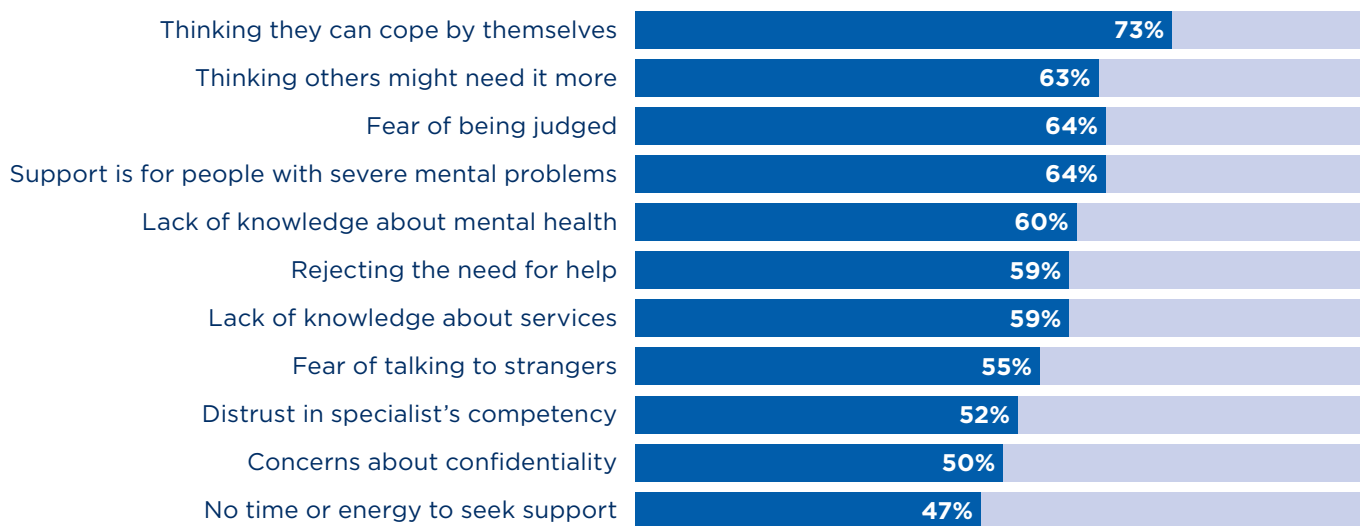
Both adults and adolescents understand that the recipient of these services should also be actively involved in the process. However, this perception is not always reflected in reality, due to existing stigma and stereotypes about both those who get help, mental health professionals, and the services provided.

According to quantitative results, Ukrainians generally believe that the main reason why people do not seek professional support is the belief or perception that they are **able to cope by themselves without external help**.

**“Well, because in our country people think that psychologists are the same as psychiatrists, when you go to that doctor, you must be crazy”, FGD 5, Lviv, men**

Other key factors include **the belief that people from vulnerable groups** (such as IDPs, those who have been under missile attacks, occupation, etc.) **need support more, the fear of being negatively perceived by others** (stronger factor for adolescents than for adults) **and the belief that only people with serious mental disorders need psychosocial services. A lack of knowledge about mental health** in general and the lack of **need for such services** also mentioned.

**Q. What prevents people from seeking psychosocial support?  
n=2026 (all respondents)**



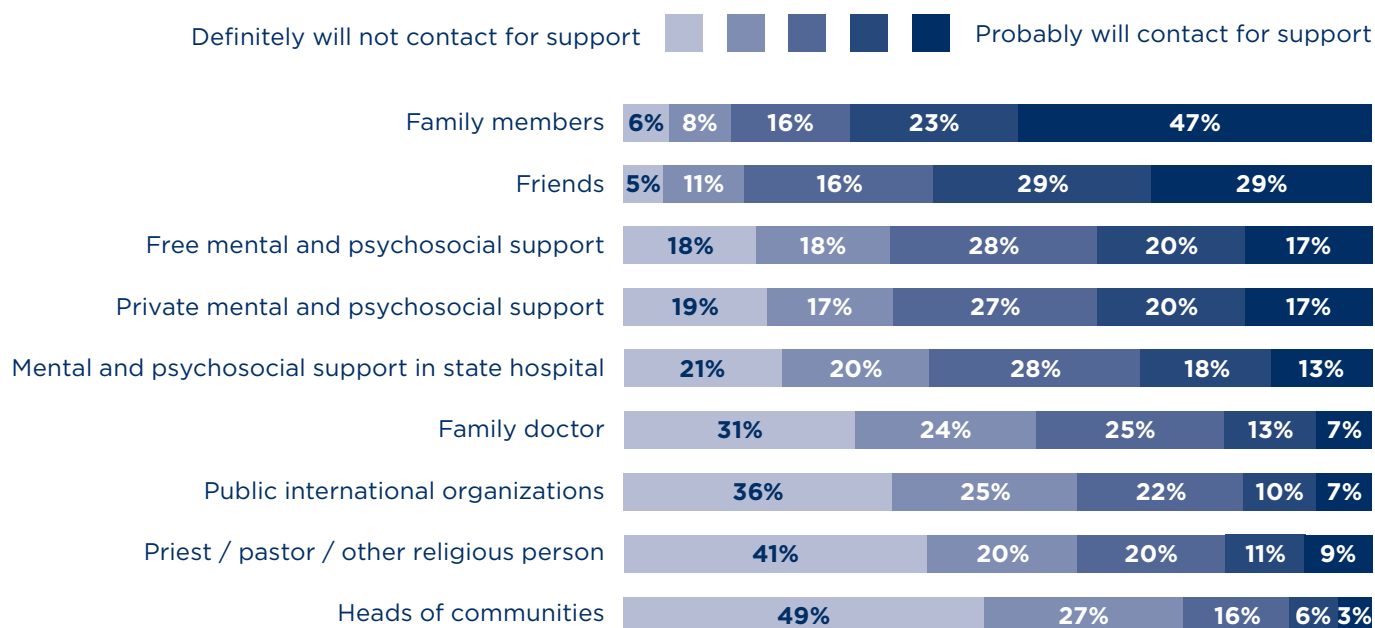


# External barriers

Seeking help from specialists in mental health and psychosocial support is not a widespread tendency for the vast majority of Ukrainians, especially among men.

Some men accessed psychosocial services before, often not on their own initiative, but after persistent recommendations of a family doctor, a volunteer, a shelter employee or other people. The results of the quantitative survey show that Ukrainians are more likely to talk to their family members or friends rather than to professionals when in need of psychosocial support.

**Q. If necessary, who would you turn to for psychosocial support?**  
*n=2026 (all respondents)*

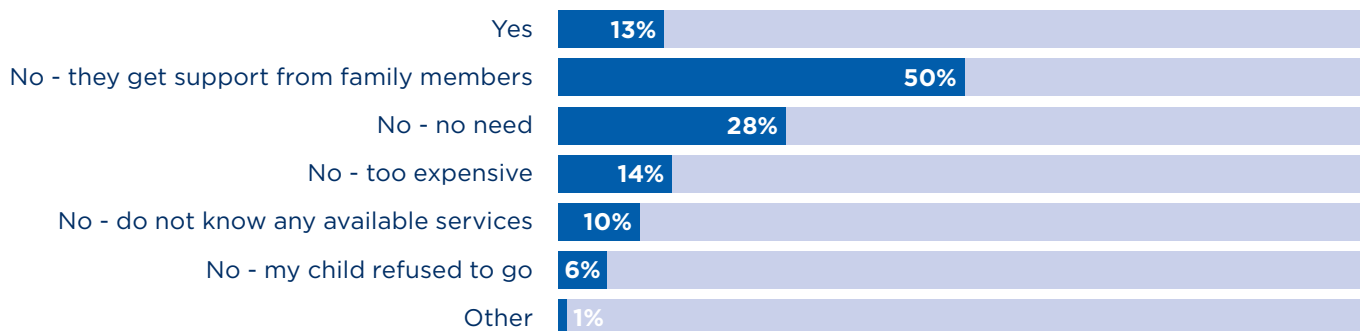


Not seeking professional help is also a common strategy for parents, regarding support for their children. Although the participants indicated changes in the behavior of their children since the beginning of the invasion, only 13% of them sought psychosocial support for their children. According to 50% of the parents and caregivers, children have enough support from their loved ones — parents and relatives. Almost a third of them state that their child can cope with their emotions and worries on their own. During the discussion, parents said that getting children distracted from a stressful situation and turning their attention to a more neutral or positive activity is a key strategy to support their child:

for young children it is games, for older children and adolescents these are computer games and hobbies. **Most adults believe that the more busy a child is with various activities and clubs, the less he or she will pay attention to stressful events.** Some other respondents indicated different mechanisms for overcoming stress for children, including art therapy, working with a mental health professional, such as a school psychologist, or visiting Spilno points (UNICEF) and accessing psychosocial services there.

During FGDs, parents and caregivers did not mention their own needs for psychosocial support, although they did mention being in a state of constant stress and fatigue.

**Q. Have you sought psychosocial support for the children you are responsible for?  
n=645 (respondents who are raising minor children)**



In addition to internal barriers to seeking help for a child, there are external factors contributing: one in seven parent or caregiver does not have the financial means to seek psychosocial support for their child, or is unaware of the availability of these services in their area.

## Availability of psychosocial services in the community

The awareness of psychosocial support services in communities is extremely low, even in large cities. Girls and women are better informed about such services in the community, compared to boys and men. They mention **centers run by public and international organizations that help children who have been affected by the war**, and perceive these services positively. Girls also mention private psychologists, who work with children free of charge. In general, women and girls more often pay attention to information about psychosocial services and share it among themselves. However, they don't access these services often, because of the barrier mentioned above: the perception that these services are provided only to certain groups in the community, such as IDPs, or other vulnerable or marginalized groups.

**“There is a lot of psychological support for IDP children but nothing for local children. Why so? It would be good to have something for them even online.”, FGD 9, Dnipro, women**

**Key informants living and working in urban areas note that many psychosocial, humanitarian, and legal services** are provided by international organizations. They note that support is also available in government institutions: schools, hospitals, administrative services centers, and shelters. They mention offices where IDPs as well as locals can get free psychosocial support. However, given the low awareness towards services in the community among participants, there seem to be issues regarding the dissemination of information. Men mention that the information disseminated is not tailored to them, and most respondents seem unaware of the free services they can access, and in which modalities.

Regarding **rural areas**, participants and key informants note that NGOs and volunteers do not go there, or usually just bring humanitarian and medical aid, and events in these communities are organized exclusively by local activists, or culture and education workers.) Consequently, there **is a need for psychosocial support rather than humanitarian support**, perhaps in the form of mobile teams with external professionals to ensure confidentiality.

**“Perhaps, one day we will invite a psychologist because he or she can describe the state of a person by what this person did: what he wrote, what he drew etc.”, KII № 16, Novovorontsovsk village, Kherson region, director of the local cultural center**

There are some cases when there is no psychosocial support for employees and no information about such services in public institutions (medical, administrative), where employees support a large number of vulnerable people.

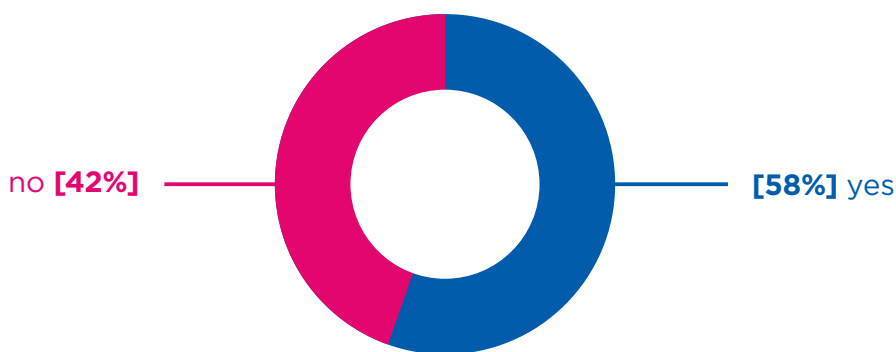
**“I don’t have any contacts of such organizations. I would really like to work with them. There is no place I can send a person to”, KII №1, Kyiv, family doctor**

Availability of mental health professionals  
More than half of Ukrainians believe that they know where to find a mental health professional if they need urgent support.

## Availability of mental health professionals

More than half of Ukrainians believe that they know where to find a mental health professional if they need urgent support.

**Q.Do you know where to find psychosocial services if needed ?  
n=2026 (all respondents)**



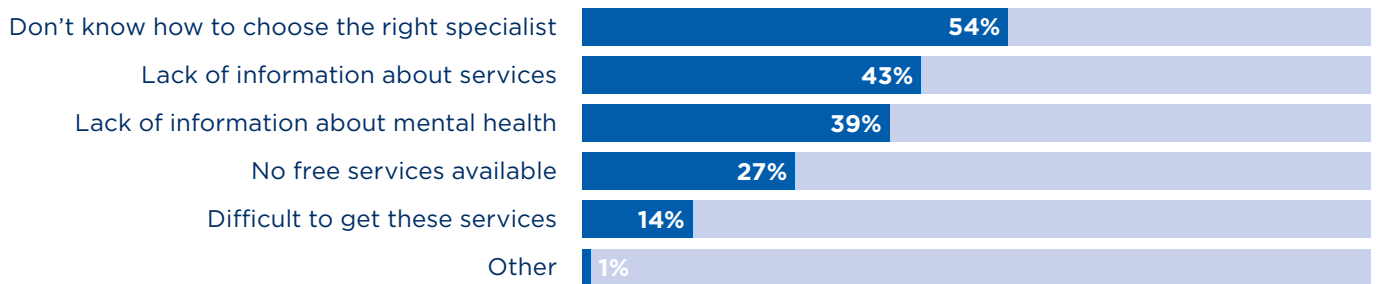
Some of the respondents indicated that they would first turn to friends for advice, however most of the respondents do not have friends who have experience in accessing psychological support. Those who know about the work of international organizations, would seek support and information there, or with volunteers, employees of state hospitals, and sometimes local government and social protection services. For some women, women’s organizations can be a place where they can find information about psychological support.

**“I know that there are various funds, for example Masha Efrosinina Foundation that helps mothers and children. I would probably go there. They have good reviews, so there must be good psychologists”, FGD 9, Dnipro, women**

**Internet remains the most common way to find information about psychologists:** people tend to search the key words “psychologist” or “psychological help”. However, more than half (54%) of respondents do not know how to choose a qualified specialist, and many

respondents note that they have no information about these services, or don’t know enough about mental health in general. One in four complains that there are no free psychosocial support services, and one in seven says that accessing these services is a challenge.

**Q. Why have you not sought psychosocial support for the children you are responsible for?n=645 (respondents who are raising minor children)**



Women significantly more often than men note that they do not understand how to choose a qualified specialist in mental health/ psychosocial support (58% and 49%, respectively). This issue may be related to the previously discussed stereotypes surrounding the field of mental health and psychosocial support, which may be preventing people from accessing accurate information about professionals and services.

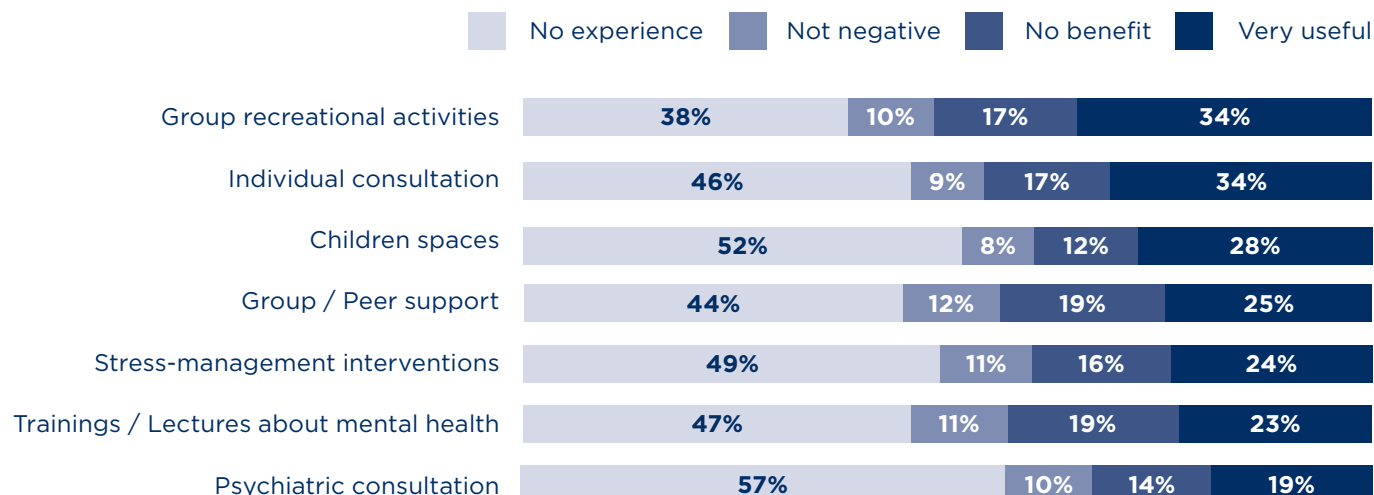
Although adolescents state that they would first turn to school psychologists, few actually seek their support. Other strategies include contacting volunteers, public organizations that provide such services, looking on the Internet or messengers (such as Viber and Telegram), asking friends or a doctor. Adolescents also mention advertisements in the subway, but also believe that good professional do not advertise in such way.

## Useful psychosocial services

Almost half of Ukrainians have no experience in receiving psychosocial support services for themselves or their children. Among the respondents who have participated in MHPSS services, the most useful type of psychosocial support was group recreational or cultural activities. In addition to these, the most helpful services include talking directly to a mental health professional, and having places where children can spend time and play while their parents seek psychosocial support. Every fourth Ukrainian notes that peer support groups were useful even though 12% of the survey respondents did not notice any benefit.



**Q. Give an example of psychosocial support that was helpful to you or someone you know?  
n=2026 (all respondents)**



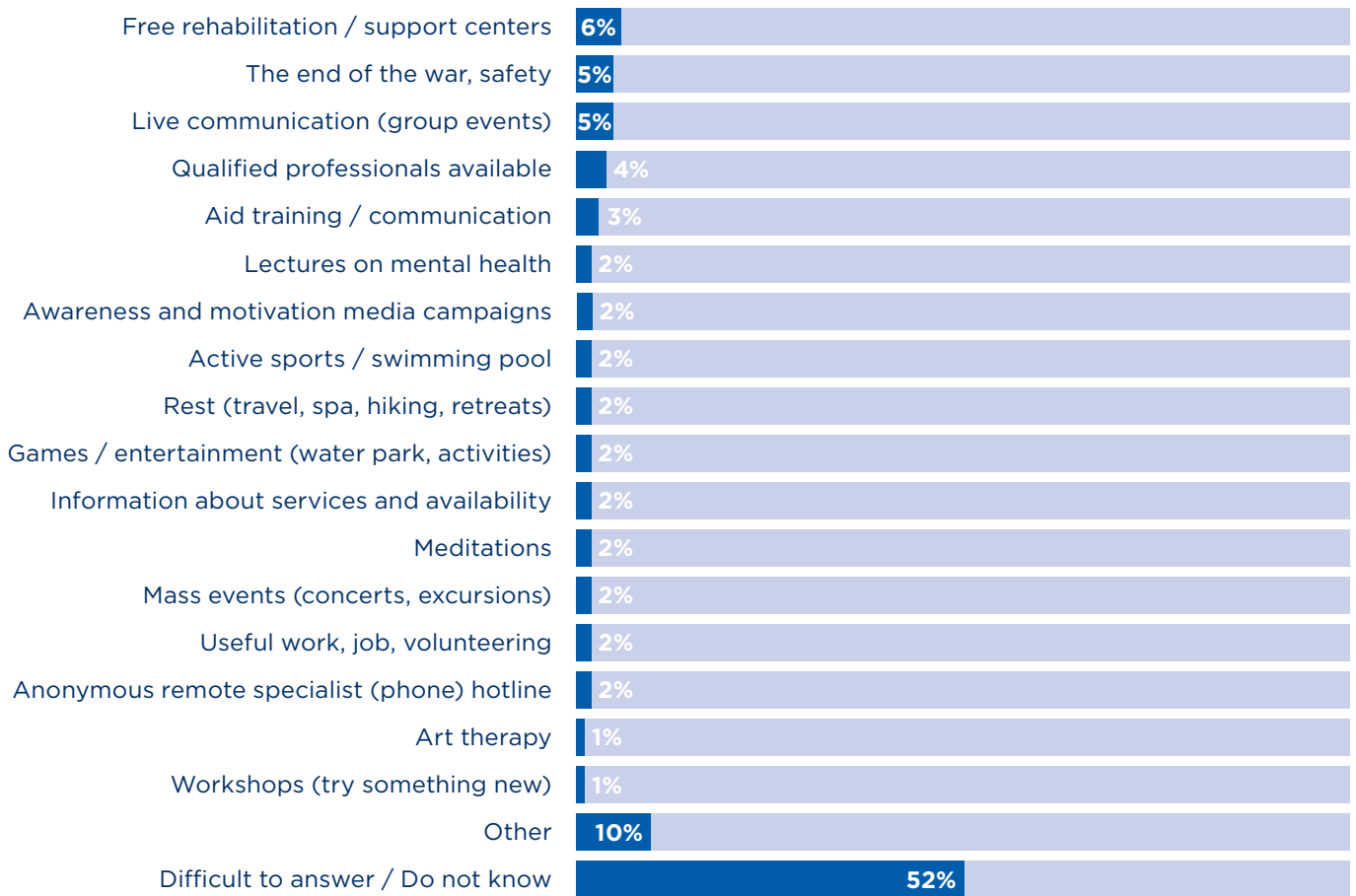
In general, women significantly more often than men mentioned that all the examples of psychosocial support were useful, while men more often than women had no experience of it. Adolescents have more experience in receiving MHPSS services but the level of satisfaction with such services is also lower among them. Despite this, during the FGDs, some adolescents mentioned their experience in art therapy: they state that they were able to express their pain through drawing, created collages and then discussed what was troubling them with the other participants. The activity was not facilitated by a mental health professional, which made the participants less intimidated and more open to try it. At the end, participants were left with a feeling of support, trust, and with the understanding that many people share similar issues. In general, boys do not perceive these kinds of activities as being psychosocial support.

**"I have a son. I found him an online group where there are 10 children and 2 psychologists leading this group. It's quite interesting there. They play games, draw something, sculpt etc. He likes it", FGD 9, Dnipro, women**

Half of Ukrainians are unsure about what services would help to improve their well-being, and when discussing solutions to feel better, many mentioned the end of the war, which, according to them, would end all their worries and stress.

**"The end of the war could make it better but apart from that I can't think of any service that would help me.", FGD 3, Center-North, men**

**Q. What kind of additional services would help people feel better?  
Grouped responses to an open question, n=2026 (all respondents)**



Although it was difficult to name services that would improve people’s well-being, there was a common agreement that these services should be free. People usually mention services that are very general: “some support centers”, “rehabilitation centers”, “help centers”, or services for children and for those who need more help. The vast majority of participants would like to participate in activities where they can talk to each other, spend time together, for example, doing something creative.

**“It can be doing something fun together, for example playing some board games, such as Mafia, cards, UNO, etc...”, FGD 15, Kherson-Mykolaiv, guys**

Adult respondents mentioned that activities where they **would be able to speak out, and share their feelings with those who have been through the same experience** is very important, such as peer support groups, or group interventions targeting a particular group that shares similar issues. Women additionally asked for career orientation services, help with job search (more prevalent for IDP women), but also group sports classes, retreats for different age groups, including retired people, and the availability of individual consultation with a professional.

**“I would really like to find a job like it was before the war because there is absolutely no work in Izmail”, FGD 16, South, village, women**



All photos were collected by GIRLS and HIAS during their field activities and monitoring visits, with full consent from the persons photographed

**“I would like to do yoga again. And I would like to do meditation and to have a specialist who would teach us how to meditate”, FGD 7, West, women**

For women with small children, a key factor in accessing these services is **the possibility to leave the child under someone’s supervision while they participate in the intervention**, as caring for their child is highly time-consuming.

**“I just don’t have enough time. I have a child and I need to leave him with somebody to go anywhere”, FGD 7, West, women**

Some men mentioned that they wanted psychosocial support services to be not directly for them, but in **the format of training, enabling them to help others**, which could reduce some of their internal barriers towards mental health services, according to them.

Adolescents shared the idea of creating a **Telegram bot** with which you can communicate, ask questions about mental health and psychosocial support. Among the benefits of this format were the ability to get help at any time, get advice, confidentiality, and this service being free of charge.

Parents and caregivers consider it necessary to be trained in providing psychosocial support to children and to acquire basic skills. Some parents understand that they need to have enough internal resources themselves to support their children, explain difficult situations to them or react to their behavior in a supportive way, but do not know how to get support for themselves.

Key informants point to the importance of raising awareness, for people to understand and have the right attitude towards MHPSS services. In addition, they highlight the need for services directed at families with small children, the availability of kindergartens and childcare, and the possibility for kids to go to holiday camps. In their opinion, this would help children to socialize and parents, especially mothers, to rest.

**“Currently, the biggest obstacle is children. The mother would gladly do anything to relax but she mostly doesn’t have time because of the children”, KII №5, Chernihiv, community leader and volunteer who people come to for psychological help**

# Conclusion

This assessment emphasizes that although there has been some improvement in the awareness of mental health issues since the outset of the invasion, Ukrainians continue to encounter obstacles, stigma, insufficient awareness, and a lack of accessible services, all of which prevent them from getting the support they need..

The results also indicate that the psychosocial needs of the Ukrainian population have shifted from an initial emergency context to an enduring a long-lasting sense of uncertainty and prolonged exposure to stress, leading to pervasive emotional and physical reactions that impact people's lives, ability to focus, work, make decisions about their future or maintain healthy relationships.

This assessment also helped to highlight the difference of needs in different groups, such as men and women, parents and caregivers, adolescents, and children.

Nonetheless, the findings also highlight the remarkable resilience of Ukrainians, their capacity to provide mutual support to one another, and their reliance on the support from their communities when facing adversity.

To harness the strengths of individuals and communities, bridge the gaps in service availability, and ultimately deliver tailored and contextually informed mental health and psychosocial support, we propose the following recommendations:

# Recommendations

Based on the key findings, the following recommendations have been identified to increase awareness on mental health and psychosocial trends, promote access to MHPSS services and deliver needs-informed programming.

## Raising awareness

Enhancing mental health awareness and access to support by disseminating information on mental health, psychosocial services and “success stories” through awareness group sessions and communication campaigns.

Tailoring communication efforts to address the specific needs of various beneficiary groups, including men, who feel left out of the communication regarding mental health services.

Using simple language (e.g., “psychological help”) and emphasizing that the services are free, confidential, available to all, not limited to specific groups, and conducted in different modalities (groups, activities, training sessions, safe spaces for families, etc.).

Extending information dissemination and psychoeducation to children, adolescents and families, and collaborating with school psychologists would also help to reduce the barriers that prevent younger ukrainians from getting help.



## Improving access

Access to services in rural areas and villages is identified as a gap, therefore it would be beneficial to strengthen efforts to provide services not only in the cities but also in the villages, which could be more easily achievable with mobile MHPSS teams.

## Supervision and psychosocial support for professionals and helpers

As key informant interviews revealed a high level of fatigue and signs of distress in the community of helpers (teachers, medical staff, social workers, psychologists, volunteers, employees of administrative services centers, etc.), it seems essential to provide continued support to people in helping professions, through training sessions, workshops or interventions aimed at giving them tools to work with vulnerable populations and manage the associated stress and emotional burden. As helpers work with a significant number of vulnerable people, targeting them as beneficiaries can also help to mainstream information about mental health among the population.

## Community-based approach

Most Ukrainians are unlikely to directly seek help from a mental health professional, or may not need specialized care. Community-based activities enhance peer support and community resilience by giving Ukrainians a chance to connect with each other around meaningful recreational and psychosocial activities that increase their well-being and their sense of belonging, and reduce reactions to stress (ie. outdoors activities, family events, volunteering opportunities, etc.).

With a strong capacity-building strategy, and the use of evidence-based scalable interventions, community members and local stakeholders would have the ability to conduct these interventions and identify and refer people in need of more support.

## Tailoring interventions to the needs of the population

Implementing MHPSS interventions that help people to cope with the major stressors that they experience now and that may have changed since the onset of the war: separation from their loved ones - particularly from the ones who are fighting in the armed forces, uncertainty about the future, financial difficulties, the communication issues and conflicts between family members, the distress amongst adolescents who seem to display signs of distress and are less likely to engage in MHPSS services, etc.

Addressing the needs of caregivers and parents , while mitigating their obstacles to participate in activities because of the unavailability of childcare: offering spaces for children, activities for families, but also giving them an opportunity to enhance their parenting skills to better support their children in this time of crisis.

## Providing integrated services

As always, coordination shall be a driving force in the implementation of MHPSS activities, and strong referral systems with other sectors should be in place to ensure that the basic needs of the beneficiaries are met, or that MHPSS activities are integrated in other activities that may be needed by the population — Medical, Shelter, GBV, Child Protection, Protection, Basic Needs, Economic Inclusion, etc.

The assessment was conducted by the NGO “GIRLS” within the project “Localized Social Protection and Cash-forWinterization for Vulnerable Ukrainians” with the support of HIAS Ukraine.



**HIAS**

**Business center**

“Illinskyi” 8, Illinska str, 5 entrance,  
5 floor, Kyiv, 04070, Ukraine

info@hias.org  
hias.org

HIAS