



FOSTERING ACCESS TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN UKRAINE

POLICY BRIEF
MÉDICOS DEL MUNDO, 2023



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MÉDICOS DEL MUNDO IN UKRAINE

Médecos del Mundo (MdM) is an independent international movement of active campaigners, who provide care, bear witness, and support social change. MdM campaigns for a world without any barriers to healthcare, a world in which health is recognized as a fundamental right. Médecos del Mundo is the Spanish division of the international MdM Network implementing emergency response and development programmes in Ukraine.

MdM Mission in Ukraine was established following the emergency assessment conducted in April 2015 and focused on changes in the availability of and access to healthcare, particularly for the most vulnerable groups of the population, including the elderly

and people with chronic diseases. One of the main goals of MdM is ensuring and extending the access of the Ukrainian population to timely and quality primary healthcare (PHC), Sexual and Reproductive Health (SRH) and Mental Health and Psychosocial Support (MHPSS) services, and Gender Based Violence (GBV) prevention.

In Chernihiv, Chernivtsi, Kharkiv, Kyiv and Zaporizhzhia Oblasts MdM is targeting the most vulnerable communities through the mobile outreach unit approach, covering locations that have been affected by the hostilities or hosting large numbers of Internally Displaced People in the situation when the health system has been severely disrupted and overloaded during the war.



This Policy Brief is part of the project “Access to Multisectoral Humanitarian Assistance Project”, funded by European Union Civil Protection and Humanitarian Aid Operations. The EU and its Member States are the world’s leading donors of humanitarian aid. Relief assistance is an expression of European solidarity with people in need all around the world. It aims to save lives, prevent and alleviate human suffering, and safeguard the integrity and human dignity of populations affected by natural disasters and man-made crises. Through its Civil Protection and Humanitarian aid Operations department (ECHO), the European Union helps millions of victims of conflict and disasters every year. With headquarters in Brussels and a global network of field offices, the EU provides assistance to the most vulnerable people on the basis of humanitarian needs.

INTRODUCTION

The objective of this policy brief is to contribute to the improvement of mental health policies and programmes in Ukraine including quality integration of MHPSS into health policies and health system and protection systems through providing facts and insights based on our experience supporting Ukrainian health and local authorities to enhance health public services, including MHPSS.

Mental health has been included in public policies in Ukraine for 30 years. In the last ten years, the active conflict in Donetsk and Luhansk regions affected the situation of mental health, particularly in the conflict areas, and evidenced the limitations on accessing to health care, including MHPSS. Structural reforms such as the Health Reform and the Decentralization Reform aimed to draw an improved framework for the organization of public services including access to health. The Concept of Mental Health Development in Ukraine for the period from 2018 to 2030 provides an updated framework for mental health policies and along to other policy initiatives inaugurates a new phase for the enhancement of MHPSS. However, the start of the war has dramatically increased the needs in MHPSS and challenged Ukrainian system across the country.

Access to Mental Health is an inherent component of the Right to Health. Accessing health encompasses a range of aspects that should be ensured for a timely use of health services and enjoyment of health. Hence, accessing mental health includes positive public policy decisions that prevent that no administrative measure, or geographical, physical, economic or cultural factor eventually limit the practical use of MHPSS.

Specific aspects of MHPSS addressed by MDM in Ukraine context:

COORDINATION MECHANISMS

- Facilitating the intersectoral coordination platforms to ensure coherent comprehensive package of services in regards of MHPSS service provision and referrals
- Participation and contributing to the development of Operational Roadmap for “Ukrainian Prioritized Multisectoral MHPSS Actions During and After the War”

CAPACITY BUILDING

- Provision of mhGAP
- Establishing community based MHPSS support workers through “Problem Management Plus (PM+) intervention”
- Linking the affected population through Community focal points who are in charge of representing interests and/or particular needs of the most vulnerable population in the communities in relations to healthcare, social services, local councils, and contribute to raising awareness on specific health, MHPSS, and GBV-related topics.
- Scaling up “Doing what Matters in Times of Stress” through community activities.
- Support the creation of community mental health and wellbeing centres for provision of MHPSS services in communities.

DIRECT SERVICE PROVISION OF MHPSS THROUGH

- Multidisciplinary outreach teams consisting of a doctor, a nurse, a midwife and a psychologist to consult and provide essential Health, including SRH and MHPSS services, to the affected population.
- A psychologist integrated into PHC facilities.
- Remote MHPSS through established Helpline to reach those in need of MHPSS when the respective services are not available in the area due to different reasons (the restriction of movements in the areas under military operations and the risk of being targeted, the restricted humanitarian access) and to ensure the continuum of care.

MdM express sincere acknowledgement and gratitude to the people and organizations who have participated in the drafting this Policy Brief. Special thanks go to co-chairs of National MHPSS Technical Working Group, the World Health Organization and International Medical Corps, MdM Chapters from Germany, Greece and France, and the actors, partners and participants of National and Regional MHPSS Technical Working Groups.

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CHANGING NEEDS IN A CHANGING CONTEXT

Ukraine has faced one of the most dramatic situations in Europe since the Second World War. Fifteen months of hostilities have resulted in victims among the population, a large number of wounded and mass migration within Ukraine and abroad.

Civilian victims from February 24, 2022 to May 21, 2023 amounted to 24,012 people, including 8,895 dead, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reported.

According to the Office of the United Nations High Commissioner for Refugees (UNHCR), 7.9 million people have received temporary protection in the neighbouring countries (6), while the International Organization for Migration (IOM) reports 6.5 million internally displaced people.

The Ukrainians and people living in Ukraine have been affected by many stressful factors: loss of loved ones, violence, physical injuries, illness, loss of homes, belongings and income. In the regions close to the front lines, people suffer from lack of access to sufficient food and water, as well as to critical services, including health services. During the war, they have been experiencing anxiety, tension, low mood, sleeping problems, irritation, anger, and exhaustion.

According to a national survey performed in September 2022, by Research Company Gradus¹ within initiative of the First Lady to create the National Program of MHPSS, 41 percent of Ukrainians rated their state of mental health as satisfactory, 51 percent defined it as average. More than a third of respondents declared a feeling of tension (42%), hope (41%) and fatigue (41%). 71 percent of respondents felt stressed, with war and financial difficulties being the main reasons. Among the ways to overcome stress, the in-

terviewees mentioned browsing the Internet (39%), communicating with loved ones (31%) and watching movies, TV, TV shows (29%). About half of the respondents have never visited a psychologist or psychotherapist and do not plan to do so in the future. Only 7 percent had experience with an MHPSS specialist, and only 1% had regular sessions with a psychotherapist.

In their daily work, MdM Mental Health specialists notice and confirm the findings of the above study. They note that the most common feelings among the population affected by the conflict are despair, emotional pain, sadness, anger, anxiety, helplessness and hopelessness, etc. People are distressed and deeply affected by the war itself and the losses they have suffered due to the death of loved ones and the destruction of their homes.

The need to restore the mental health of Ukrainians was recognized as part of national policy. In 2022, mental health and psychosocial support became a key priority for Ukraine's long-term development. With the support of WHO, international donors and humanitarian organizations, the First Lady of Ukraine and the Ministry of Health put the development of MHPSS services among the priority tasks on their agenda. In particular, at the end of 2022, an operational road map was developed: "Priority multi-sectoral measures for mental health and psychosocial support in Ukraine during and after the war."

MdM believe that the consolidation of the efforts of international donors, humanitarian organizations, national and local authorities will contribute to the significant development of mental health and psychosocial support in Ukraine, and therefore play a significant role in social cohesion and the protection of human rights.

¹Gradus Research (2022) Mental health and attitudes of Ukrainians towards psychological assistance during the war.



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FACING WAR CHALLENGES AFTER 30 YEARS OF MENTAL AND PSYCHOSOCIAL HEALTH POLICIES IN UKRAINE

1990**UKRAINE STARTS PROVIDING PSYCHOLOGICAL SERVICES**

- According to the legislation, Mental and Psychosocial Services (MPHSS) were only available within educational system and specialized health care facilities.
- The Ethics Code for Psychologists approved by the Association of Psychologists², was the first official document regulating the duties of a psychologist. It outlined general tasks, rights, and responsibilities.

1993**REGULATIONS ON THE PSYCHOLOGICAL SERVICE WITHIN THE EDUCATION SYSTEM WERE APPROVED**

- Regulations on the psychological service in the education system which describe the structure of MPHSS services within the educational sphere, including main objectives, principles and types of services.

1999**THE MINISTRY OF EDUCATION AND HEALTH ISSUED NORMS AND REGULATIONS ON MHPSS SERVICES³**

- Establishes the number of specialists available at the institutions.

2000**THE LAW ON PSYCHIATRIC CARE WAS RATIFIED⁴**

- Regulates provision of psychiatric care, confidentiality issues, involuntary hospitalization and forensic psychiatric procedures. Ensures certain benefits for people with mental health disabilities.

²The Society of Psychologists of Ukraine (1990) "Ethics Code for psychologists".

³Ministry of Education of Ukraine, (1999) № 127, "Regulations on the Psychological Service of the Education System of Ukraine"

⁴Verkhovna Rada of Ukraine (Parliament of Ukraine) (2000) № 19, "The Law of Ukraine on Psychiatric Care"

Based on the analysis of those regulations, a big gap both in the number of MHPSS specialists and the services they provide is observed, particularly in the public health and protection, and educational system levels.

The structure of the psychological service has hardly changed over the 20 years since it's development.

2014

THE LACK OF AVAILABILITY OF MHPSS SERVICES AGGRAVATED WITH THE ARMED CONFLICT

- Though the international and national NGOs (Non-Governmental Organizations) delivering MHPSS to the affected population in the East and advocating for MHPSS, the situation was changing slowly, and new regulations were developed.
- Coordination mechanisms among MHPSS stakeholders were set.

2016

THE HEALTHCARE REFORM⁵ WAS APPROVED

- Critical step forward for the healthcare sector, including MHPSS.
- The provision of MHPSS services within medical institutions and facilities was envisaged only based on psychiatric hospitals, psychiatric dispensaries and psychoneurological departments at the tertiary level.
- MHPSS services at the primary health care level were not available as their importance was not prioritized.

CONCEPT FOR HEALTH FINANCING SYSTEM REFORM⁶

- Set mechanisms for health system financing.

2017

THE CONCEPT OF MENTAL HEALTH DEVELOPMENT IN UKRAINE FOR THE PERIOD 2018 TO 2030⁷ WAS PASSED

- Move from highly institutionalized services to community-based and more person-centred.
- The policy highlights the need for increasing awareness about mental health, addressing discrimination and human rights violations of individuals with mental health problems, improving accessibility of care through deinstitutionalization and development of community-based services, as well as strengthening professional competences and protection of health care staff and other professionals involved with mental health care, including protection staff, such as social workers.

LAW ON STATE FINANCIAL GUARANTEES IN HEALTH CARE

- The package of medical care on all levels to be funded through the National Health Service of Ukraine (NHSU).
- Psychiatric care is included and to be funded by NHSU and local budgets starting in 2020.

PREVALENCE AND TREATMENT COVERAGE OF PRIORITY MENTAL DISORDERS⁸

The Global Burden of Disease (GBD) (2017) Ukraine has a similar prevalence to the Eastern Europe regional prevalence for each disorder except Major Depressive Disorder (MDD), which has a 3.4% prevalence in Ukraine and 2.9% in the region.

The prevalence of alcohol use disorders is much higher in Ukraine (6.0%) than globally (1.5%). Ukraine has a higher estimated suicide rate than the Eastern Europe regional average (29.6 deaths per 100,000 population) and the global average (10.4 deaths per 100,000 population).

⁵Verkhovna Rada of Ukraine (Parliament of Ukraine) (2016) Recommendations of the Parliamentary Debates on the topic: "On the Healthcare Reform in Ukraine"

⁶Cabinet of Ministers of Ukraine (2016) № 1013-p "Concept of Healthcare Financing Reform"

⁷Cabinet of Ministers of Ukraine (2017) Concept for the Development of Mental Health Care in Ukraine until 2030

⁸WHO (July 2020) Special Initiative for Mental Health Situational Assessment

GENDER GAPS

The rate of suicide is particularly high among men (56.7 per 100,000 vs. 8.4 per 100,000 among women).

Men also have a higher estimated prevalence of alcohol use disorders than women (11.5% vs 1.4%). Women have a higher estimated prevalence of MDD (3.9% vs 2.7%). Treatment coverage for epilepsy was around 37.5% and was higher among men than women.

Treatment coverage for alcohol use disorders was around 20.9% and for drug use disorders was around 34.9%.

Men have a much higher treatment coverage for drug use disorders than women (38.1% vs 13.0%).

2018

DECREE ON THE APPLICATION OF THE UKRAINIAN VERSION OF THE INTERNATIONAL CLASSIFICATION OF PRIMARY CARE (ICPC-2-E)⁹ ISSUED BY THE MINISTRY OF HEALTH

— Health practitioners working at PHC are habilitated to identify the symptoms related to “Psychological”, “Neurological” and “Social” sections. Though, they lack the expertise and skills for that. However, it should be noted that in practice, family doctors, due to a lack of knowledge, experience and skills, ignored these sections issued by the Ministry of Health of Ukraine. This means that family doctor patients have not been diagnosed and possibly lost their MHPSS services.

THE LAW ON PSYCHIATRIC CARE WAS REVISED

— New protective measures for people with severe mental disabilities during the process of hospitalization were introduced.

THE NATIONAL HEALTH SERVICE OF UKRAINE (NHSU) WAS CREATED to facilitate contracting and payment arrangements with health care providers, combined with new pooling and purchasing policies.

The package “Psychiatric assistance to children and adults within inpatient facilities” was introduced but as 25 years ago the services are available at the specialized psychiatric Institutions”.

MAIN FINDINGS OF A STUDY CONDUCTED IN DONETSK AND LUHANSK REGIONS¹⁰

- 38.9% of respondents went through traumatic experience.
- 27.0% have been directly in the conflict/hostilities zone and/or while performing their duties saw people killed or injured.
- 10.4% approximately have experienced life-threatening illnesses such as cancer, heart attack, leukaemia, AIDS, multiple sclerosis, and others.

According to the study, although the conflict in the East has led to the emergence of numerous volunteer and community-based organizations that try to address MHPSS needs and provide psychosocial support, the mental health system in Ukraine is currently largely centralized and consists of psychiatric and substance abuse treatment hospitals, outpatient clinics, psychiatric departments at hospitals, psychiatric institutions subordinated to the Ministry of Health and other ministries, polyclinics that may have a position of psychiatrist, and a small number of private health institutions

⁹Decree of the Ministry of Health of Ukraine (2018) No. 13 “On some issues of application of the Ukrainian version of the International Classification of Primary Health Care (ICPC-2-E)”.

¹⁰KIIS (2018) “Mental health in Donetsk and Luhansk Regions”.

LACK OF INFORMATION AND PREJUDICES

- Lack of understanding/awareness related to difference between psychology and psychiatry, psychologists and psychiatrists, psychotherapists and their services;
- respondents do not see the difference of mental health conditions, tending to ignore serious symptoms and believing that they can manage them on their own;
- stigmatization: for example, military personnel and veterans do not want to be seen as weak for seeking services and talking to psychotherapists;
- among women, there is also a belief that it is shameful to seek MHPSS;
- Lack of trust in psychologists and psychotherapists, previous negative experience.

GEOGRAPHICAL ACCESS: lack of mental health professionals in rural areas.

ECONOMIC ACCESS: the perception that MHPSS services are rather expensive.

2019

THE DECENTRALIZATION REFORM

The Decentralization Reform initiated in 2014 was launched to create an efficient and responsible local governance system able to ensure a comfortable and safe living environment for people in Ukraine. MdM issued the Policy Brief “Role of the Decentralization Reform”¹¹. The Policy Brief describes efforts to improve accessibility of health services through the decentralization and development of out-of-hospital forms of specialized assistance, and the creation of a crisis counselling system. The main impact is that funding and resources were transferred to local communities. However, the Policy Brief paid attention to the fact that this Reform had serious flaws. One of the disadvantages is that financial and other resources were unevenly distributed. As a result, some communities have a surplus of resources and others not having enough. This has resulted in people in some communities having to pay fees to other communities to access health care including MHPSS services.

2020

THE PACKAGE ON OUTREACH PALLIATIVE CARE FOR ADULTS AND CHILDREN WAS LAUNCHED¹²

- Psychological services become available to patients and their caregivers.
- The outreach team besides health staff included a psychologist.
- Available to medical institutions of the first and secondary health care levels.
- This was the first opportunity for the PHC to receive funds from the state to introduce the position of a psychologist, as previously, heads of medical institutions had to seek additional funding.

WHO SPECIAL INITIATIVE FOR MENTAL HEALTH SITUATIONAL ASSESSMENT MAIN FINDINGS¹³

- MHPSS services for patients with mental, neurological and substance use (MNS) conditions were available only at specialized health institutions
- The prevalence of alcohol use disorders is much higher in Ukraine (6.0%) than globally (1.5%).
- Ukraine also has a higher estimated suicide rate at 30.6 deaths per 100,000 people compared to the global average of 10.39 deaths per 100,000 people.
- Suicide accounts for 2.0% of all deaths in Ukraine, giving it a higher estimated suicide rate than both the Eastern Europe regional average and the global average.
- In 2018– 2020, 1.7% of the adult population was estimated to be injecting drugs, mostly opioids¹⁴.

¹¹Médicos Del Mundo (2021) Role of Decentralization Reform and its Impact on the Access to Healthcare Services. Médicos Del Mundo.

¹²National Health Service of Ukraine (2023) “The package on Outreach Palliative Care for Adults and Children”

¹³WHO (July 2020) Special Initiative for Mental Health Situational Assessment

¹⁴UNODC (2022) Conflict In Ukraine: Key Evidence on Drug Demand and Supply.

2022

THE MENTAL HEALTH ACTION PLAN FOR 2021-2023¹⁵ WAS APPROVED

— The document outlines the main directions, areas for all the ministries and their subordinate institutions.

AFTER THE START OF THE WAR, MENTAL HEALTH BECAME A PRIORITY FOR PUBLIC HEALTH POLICY

— In 2022, MHPSS became one of the main focuses of the National Policy in Ukraine. Statistics related to MHPSS needs were published at all levels of government healthcare institutions.

— The First Lady led the initiative to create the National Program of Mental Health and Psychosocial Support. The goal is to create Ukrainian model of the MHPSS system, which will incorporate global and domestic best practices. The development and implementation of the program is coordinated by the Ministry of Health in close cooperation with Ukrainian and international specialists from different Government Sectors. The initiative is implemented with the support of the World Health Organization.

— In October 2022, the NHSU announced the unprecedented package "Support and Treatment of Adults and Children with MNS conditions at the Primary Health Care Level"¹⁶. It is envisaged that doctors and nurses at PHC will be trained in Mental Health Gap Action Programme (mhGAP), which will allow them to provide medical services to patients with mental, neurological and substance use conditions.

— Also in October, the Ministry of Health (MOH) officially introduced the positions of psychotherapist and clinical psychologist within health institutions. The Ministry strengthened primary health care centres and health teams delivering medical care, including palliative care and rehabilitation.

— Following that on November 7th, 2022, the Memorandum of Cooperation was signed to mobilize efforts of the MOH, WHO and partners, including MDM, and to contribute to building of capacity of primary health care in management of mental health conditions, including those related to stress, in response to the needs caused by the Russian Federation offensive against Ukraine.

— In December 2022, the Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap was launched. This Roadmap was developed after consultations with Ukrainian authorities and national and international organizations which working in Ukraine.

— There was a consultation process organized by the MOH with the support of WHO under the auspices of the First Lady of Ukraine and in cooperation with the Technical Working Group on MHPSS in Ukraine (TWG from MHPSS in Ukraine) and Reference Group of IPC1 from MHPSS.

2023

— In the spring of 2023, the Communication Campaign "How are you?" was launched, within the framework of the National Mental Health program. Its goal is to make taking care of mental health a daily habit for Ukrainians. According to research, more than 90% of Ukrainians had at least one of the symptoms of an anxiety disorder, and 31% of citizens do not consider their problems sufficient to seek psychological help. As part of the campaign, a special page was created: <http://howareu.com>, where contacts, links, tips, products, techniques and methods are offered to help take care of mental health – your own and the people around you.

— The introduction of a new package "Mental health care for adults and children provided through outreach multidisciplinary teams"¹⁷. Based on that, each team could cover 60 patients with mental health conditions at their place of residence within 6 months. Only 67 health facilities can provide outreach care according to the statistic numbers at the beginning of 2023.

¹⁵Cabinet of Ministers of Ukraine No. 1215-r dated 06 October (2021) "On approval of the Action Plan for 2021-2023 for the Implementation of the Concept for the Development of Mental Health Care in Ukraine until 2030".

¹⁶National Health Service of Ukraine (2023) Announcement of the Conclusion of Contracts for Medical Services under the Medical Guarantees Programme for the Package "Support and Treatment of adults and children with Mental Disorders at the Primary Level of Medical Care"

¹⁷National Health Service of Ukraine (2023) Announcement of the Conclusion of Contracts for Medical Care of the population under the Programme of Medical Guarantees for the Package "Psychiatric Care for Adults And Children provided by Mobile Multidisciplinary Teams"

Only 17.4% of facilities have psychiatric care and only 3.4% of facilities have psychotherapeutic. Doctor positions are filled up to 83.7%, and 40.4% of them work in polyclinics (outpatient clinics), outpatient dispensaries, consultations. There is an excessive share of narcologists in the staffing of the outpatient network, considering that the volume of this type of disease is 5% of all other diseases.

The number of social workers and social work specialists is lower than both the need and the number of corresponding positions on the staffing lists. It is impossible to estimate the number of psychologists, since the registration system does not provide for the collection of specialized data on psychosocial services. As a result of the war, the workload of social workers increased greatly, while the number of staff remained almost unchanged.

The number of full-time practical psychologists inside the Educational System is sufficient in accordance with the standards (13.5 thousand practical psychologists, 320 pupils per 1 psychologist), however, full-time positions are filled by less than 100%. Surveys of teachers show a significant need for skills in providing psychological first aid for pupils and self-help. A significant % of psychologists are engaged almost every day in activities unrelated to their official duties (according to interviewees)¹⁸

SOME SPECIFIC FACTORS THAT AFFECT ACCESS AND ARE SPECIFICALLY RELATED TO THE CURRENT CONTEXT¹⁹:

— Limited access to specialist health and mental health services due to damages from shelling and/or ongoing hostilities as well as the lack of services in rural or hard-to-reach areas.

— The essential risk group is those people who stay in specialized psychiatric institutions for a long time. According to the Ministry of Health, in 2022, 44,000 adults and children were in specialized boarding schools, and another 12,500 received inpatient services in psychiatric hospitals. Some of these facilities were damaged or destroyed by shelling. In total, more than 1,200 health care facilities were destroyed during the war.

— In addition, people dependent on public mental health facilities face another challenge. They risk being left without care due to the relocation of medical and social workers to safer places within Ukraine and beyond.

¹⁸USAID, Ministry of Health (2022) "Audit of the Resources of the System for Provision of Mental Health Psychosocial Support Services"

¹⁹Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap (2022)



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KEY FACTS IN 2023

Lessons learned from other emergencies indicate that the war against Ukraine will have both direct and indirect effects on the mental health and well-being of the population. According to WHO global estimates, one in five people (22%) living in an area affected by conflict at any time during the previous 10-year period is estimated to have some form of mental health condition, ranging from mild depression or anxiety to psychosis, and almost one in 10 (9%) is living with a moderate or severe mental health condition (2). Applying these estimates to the population of Ukraine (43.7 million) (8) would mean that 9.6 million people may have a mental health condition and 3.9 million may have conditions which are moderate or severe²⁰.

ACCORDING TO GRADUS RESEARCH REPORT ON MENTAL HEALTH AND ATTITUDES OF UKRAINIANS TOWARDS PSYCHOLOGICAL ASSISTANCE DURING THE WAR²¹:

- 71% of the population - more often feel stressed or very nervous lately.
- The emotions they experience are 42% related to feelings of tension and 41% related to fatigue.

— 49% of people still believe that "psychological help is only for people with mental health disorders"; at the same time, 74% of people believe that in order to change attitudes, it is necessary to "conduct information campaigns aimed at building a positive attitude towards psychological support".

— 73% of people from 25 to 35 years old recognize the importance of mental health while only 33% of those aged 36 to 60.

— 73% of those aged 25-35 years seek MHPSS while only 36% of those aged 36 to 60 years. Negative coping strategies are widespread. Due to the lack of timely and appropriate care and support people applied negative coping mechanisms such as drinking alcohol, self-isolation, smoking and violent behaviour, so does avoidance by working more than necessary.

— 960 healthcare facilities of the first and secondary health care levels able to provide psychological assistance.

— 67 agreements were signed on the provision of outreach multidisciplinary teams' services.

— The number of health facilities for the specialized health facilities of secondary and tertiary levels increased up to 97.

²⁰Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap (2022)

²¹Gradus Research (2022) Mental health and attitudes of Ukrainians towards psychological assistance during the war. Gradus Research



MAIN CHALLENGES FOR ACCESS TO MHPSS

Despite the significant policy developments on mental health in the last years, access to MHPSS, particularly in war affected areas is constrained by several factors including timely access to relevant information, geographical access related to availability limitations particularly on psychosocial support services and community-based resources on remote areas. In this context, economic access is also limited due to the lack of trained health care and protection professionals. However, the main limitations for access are still structural and related to the fragile conscience about MHPSS as a core component of health even among decision makers and health and protection personnel.

— Although the war brought changes in the MHPSS seeking behaviour of the population, there is still a significant lack of information about the MHPSS services available, where to find them, which type of professionals provide it and how to access services.

— Lack of information is widespread among health personnel and other key professionals related to MHPSS care as social workers and other professionals related to protection, and even among Primary Health Care directors. Since most of them are not trained in MHPSS, they lack basic information and skills to respond, and do not have updated information about the services to be provided and how they as a service can access to packages and financing for delivering the services. Palliative mobile units and Multi-disciplinary MHPSS teams (Outreach teams) have similar difficulties.

— It's been observed that when hostilities are ongoing or recent, people increase MHPSS seeking behaviours for a short period of time. After this first window of opportunity, even those who have strong difficulties to cope with the situation prioritize more material needs and are less willing to seek care from MHPSS.

— Gender gap related to MHPSS seeking behaviour remains, with males more reluctant than women. However, certain shift is perceived, and action directed interventions seem to favour adherence particularly among men. Though MDM psychologists working in the field notice the increase in numbers of male clients compared to the pre-war rates, they are still comparatively low: 82% of females and 18% of males applied to MDM for MHPSS services.

— MHPSS access to specific groups is still a challenge. This includes people with severe mental health problems in psychiatric hospitals and care provision at a community level and protecting service users' rights.

— Reduced availability of MHPSS specialists and health and protection professionals trained in MHPSS basic information and skills, particularly in war affected, rural and remote areas is a significant limitation for geographical and economic access. If there are specialists, they are usually psychiatrists in the cities or bigger towns, or part of

international organizations. Since training in MHPSS is usually paid, its rarely accessible for non-medical professionals.

— The main factor affecting access to MHPSS is the still fragile perception of MHPSS as a core component of health. The lack of priority for MHPSS services is expressed in worse conditions compared to other services inside the facilities— damaged infrastructure, unfriendly appearance — that can't ensure privacy and a proper atmosphere for care delivery; as well as worse working conditions for MHPSS professionals like very low salaries and lack of basic working material. This affects the motivation of first-line professionals who are already over exposed to work-related stress.

— The decentralization of the MHPSS services has been implemented in different rhythms among regions (Oblasts). The priority for health and MHPSS is established at a regional level and this — along with the resource's availability for each region itself — influences the availability of personnel, economic resources, structures and so. According to the decentralization process in the country, each community has the right to decide on its own what services and to what extent will be provided on its territory, which may limit such services, as most of them will be funded from the local budget. Unfortunately, after 4 years of implementation of the Decentralization Reform local authorities and health-care facilities have a poor understanding of their obligations related to the provision of services.

— At the same time, the decentralization and integration of MHPSS programs itself is ongoing but still resources are still centralized in psychiatric hospitals. Psychological services are provided to the vulnerable categories of people, while outpatient and outreach services rarely include MHPSS.

— Mental health care is fragmented within health, education and social protection systems. Both the systems and MHPSS component have been developed separately, without sufficient coordination among them. There are no referral mechanisms system for MHPSS. The professionals at different levels do not know each other or even don't have information to make accurate reference.

— In remote settlements and rural areas, MHPSS specialist services are often unavailable. Occasionally, professionals at all levels are present but there is still a lack of local MHPSS specialists at community level. Sometimes professionals from international humanitarian organizations implement activities as part of the humanitarian emergency response to remote communities. But as a rule, such interventions are untimely and not at the level that is really needed.

— Training in evidence based MHPSS knowledge and skills for health personnel or other relevant professionals is not free of charge and it affects the availability of trained personnel in towns and isolated areas.



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RECOMMENDATIONS

GENERAL

— To align and prioritize all MHPSS multisectoral actions for emergency and recovery response with the established Operational Road map as a common framework for developing comprehensive, concrete and well-coordinated plans and steps to strengthen MHPSS in Ukraine.

— To support and reinforce MHPSS coordination mechanisms through a participatory approach and active role at all levels, including the community level.

— To align and promote communication messages for raising awareness and sensitizing population on the importance of daily self-care for their mental health by following and fostering the national Communication Campaign “How are you?” launched as part of the All-Ukrainian mental health program.

— To urge and, when required, strengthen the capacity of local NGOs, stakeholders, volunteer network and other initiatives to adhere and commit to existing international technical guidelines, including but not limited to IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings, Minimum Services Package for MHPSS in Emergencies (MHPSS MSP), among other international technical reference documents, available in Ukrainian languages.

— Advocate and foster initiatives to reinforce the following aspects:

- Integrate a human rights perspective into mental health and community services to eliminate violence and discrimination while promoting inclusion and participation.
- Financial resources allocation to reach rural and remote areas with a small number of beneficiaries.

- Decentralize MHPSS services and promote or integrate basic PSS services and resources into the community.
- MHPSS for the (ex) combatants and their families.
- MHPSS care for people with moderate and/or severe mental health problems with particular attention to patients at the psychiatric hospitals.
- Suicide prevention strategies as a major and increased mental health concern.

— To facilitate campaigns and events with key stakeholders to promote emotional wellbeing and protection principles within the humanitarian response in Ukraine.

— To combine efforts among actors and stakeholders, including international and national MHPSS experts, for development and/or revision of MHPSS policies in Ukraine.

— To reinforce incorporation of MHPSS activities into health services at primary and secondary health care levels, including maternity hospitals by dedicating staff for provision of psychosocial care.

— Contribute to integration of MHPSS activities into protection and education systems by dedicating staff for provision of basic PSS care and referral system in place.

FOR NATIONAL AUTHORITIES

— Integration of MHPSS as a core aspect at primary health care package, investing and prioritizing through allocating budgets to improve working conditions for specialists involved in provision of MHPSS, including but not limited to revision of salary scales, creation of appropriate, adequate space and conditions for MHPSS provision, such as: furniture, equipment and tools, ensure privacy, etc; enhancing their professional knowledge and skills through

regular supervisions and relevant training opportunities to ensure the quality of MHPSS services.

— Staying continuously involved and taking advantage of the combined efforts and resources of all relevant MHPSS actors, including Ministers, national and local authorities and structures, the Technical Working Group, local and international organizations into the process of Mental Health Action Plan for the period 2018 to 2030 execution.

— Improve coordination, intersectoral collaboration and dissemination of relevant information especially at community level.

— To coordinate among structures develop of a comprehensive referral mechanism within the health, education, and social welfare systems aimed to ensure MHPSS services available for the population. To secure holistic care along the entire patient management chain. The services should include, but not limited to, timely and adequate MHPSS, appropriate and effective referrals. Regular enhancement of pertinent knowledge and skills of MHPSS service-providers plays a vital role as well.

FOR LOCAL AUTHORITIES

— Reinforce the dissemination of information among relevant structures and encourage them to apply for the available NHSU packages, resources and opportunities related to integration of MHPSS services.

— To ensure access of isolated communities, which are currently inaccessible due to transportation, infrastructural and personnel limitations, to the full range of the MHPSS services available, and/or establish the mechanism to meet MHPSS needs through the services provided remotely (for example hotline or helpline).

— Preserving minimum structural and technical requirements at MHPSS services and proper working conditions for caregivers.

FOR HUMANITARIAN ORGANIZATIONS

— Implement projects to strengthen the local healthcare system and build effective collaboration between health-care facilities and community network.

— Support in equipping and building the capacity of both health system and social services to be able to provide

quality MHPSS services, including proper referrals. When damaged health facilities are being renovated, make sure that MHPSS services are considered, and all necessary structural improvements, privacy and minimal access for people with limited mobility are incorporated.

— Strengthen the capacity of Ukrainian Health and Protection institutions to train and supervise MHPSS providers.

— Advocate for, raise awareness and promote the importance of mental health and emotional wellbeing, both at national level through media and with local partners and stakeholders (NGOs, Civil Military Administrations, civil society organizations, health and social staff).

— Facilitate equal accessibility of MHPSS services ensuring that remote and rural settlements are included into the provision of assistance and MHPSS needs are addressed.

— Build the capacity of staff involved in the provision of humanitarian assistance to the affected population, including (I)NGOs, in evidence-based MHPSS practices to ensure cross-cutting approach and holistic responses.

— Enhance, reinforce and ensure appropriate staff-care policy to prevent high levels of stress, fatigue and burnout.

FOR DONORS

— Continue supporting the presence and integration of MHPSS into national systems, the reform processes in Ukraine as well as the provision of MHPSS services with a focus on capacity building and institutionalization of knowledge. And support local authorities in the reconstruction of infrastructure according to the most recent standards on inclusion – roads, public transportation, health, and social facilities, wash infrastructure - for long-term sustainable usage.

— Include and prioritize the rehabilitation of institutions, facilities and spaces aimed to address MHPSS needs of the affected population as part of humanitarian response programs in Ukraine.

— Support and facilitate advocacy initiatives of humanitarian health actors in discussions with the government and authorities.

— Include MHPSS in emergency guidelines as a cross-cutting issue for health and protection response.

— Include appropriate staff-care services for front line workers in MHPSS programmes.

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ACCESS
TO MULTISECTORAL HUMANITARIAN
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