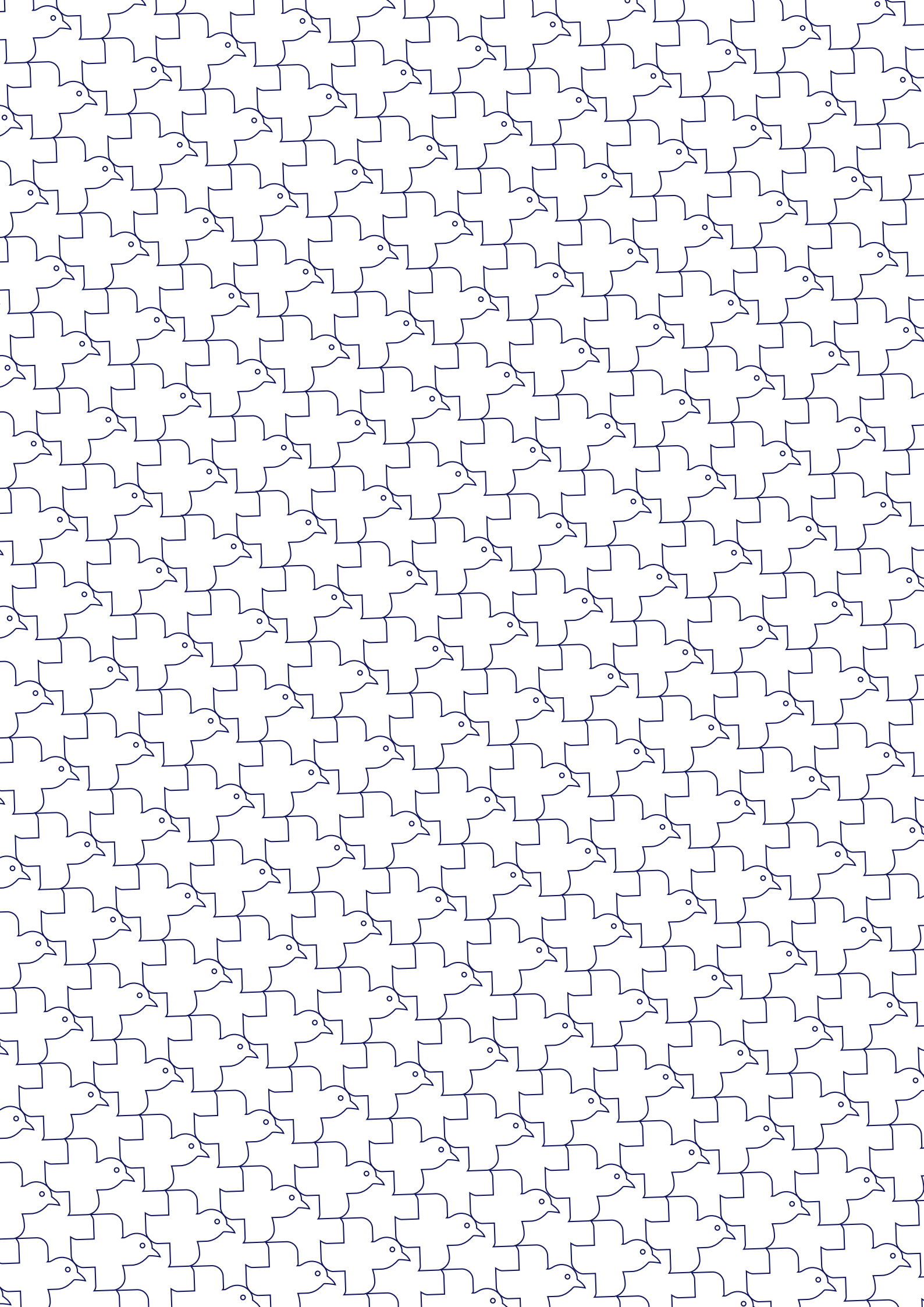
FILL THE MHPSS GAP

COMMUNITY ASSESSMENT REPORT

MAY - SEPTEMBER 2023

ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ

WHEREVER PEOPLE ARE



INTRODUCTION

ON MDM-GREECE

MdM-Greece in Ukraine aims to improve access to comprehensive health, psychosocial support and protection services for populations affected by war and to strengthen the resilience of local communities, national infrastructure and territorial services through synergies with local partners, key populations, national and international institutions. The organization's operational approach includes three different layers of intervention; **a)** supporting people affected by the conflict and people at risk on the individual and family level **b)** strengthening community-based support networks through teamwork and **c)** enhancing community resilience through awareness, capacity building and technical support to the local health and welfare systems.

MdM-Greece follows the principles of community health and integrative social work. Mainstreaming a person-centered approach, the organization endorses the humanitarian principle of do no harm and operationalizes respect for self-determination, confidentiality and privacy of information.

The work on the ground integrates communities' participation and tackles the social determinants of health while "leaving no one behind", according to the principles of UHC and the SDGs. Most importantly, it acknowledges the potential of local populations (including the most vulnerable among them) to act as agents of positive change within their own communities.

CONTEXT

Russia's war in Ukraine severely impacted the government's and hromadas' ability to provide essential services. The war has resulted in widespread trauma, displacement and loss, exacerbating existing mental health issues in the population. It is estimated that 30% of Ukrainians (Weissbecker, Khan, Kondakova, & Poole, 2017), around **10 million people**, may be affected by mental health issues, with up to **15 million** needing psychosocial support and 3–4 million requiring direct interventions by mental health professionals (United Nations Development Programme, 2023).

The existing healthcare system, inherited from the Soviet era, still lacks efficiency and centralizes hospital-based care over preventive and holistic approaches. Reforms initiated by the Ministry of Health to integrate mental health services in primary healthcare and in community-based settings face challenges, including stigma, lack of recognition of distress signs, limited awareness of available support, insufficient evidence-based training and damaged infrastructure. Despite the rising demand for mental health services, significant obstacles remain for accessing care by affected populations.

Ukraine has a Concept for Development of Mental Health Care in Ukraine until 2030. This is based on principles of accessibility, thoroughness, comprehensiveness, multi-disciplinary approach, continuity and human rights. The plan is in alignment with the WHO Comprehensive Mental Health Action Plan 2013-2030. Key components are de-institutionalization, decentralization and integration of mental health into Primary Care. According to the WHO's Mental Health Atlas (2020) there are **15.104 mental health professionals** in Ukraine, or **34 mental health workers per 100,000 population** (WHO, 2017).

METHODOLOGY

Within the framework of its pilot project "Fill in the MHPSS Gap" funded by World Bank, MdM-Greece conducted a community assessment exercise in Chernivtsi, Sumy and Odesa Oblasts, using mixed -qualitative and quantitative- methods from May to September 2023.

QUANTITATIVE SURVEY

MdM-Greece undertook a quantitative survey using the WHO/UK 'Perceived needs instrument' called the HESPER (Humanitarian Emergency Settings Perceived Needs Scale) (WHO, 2011) to find out HOW to provide help with qualitative methods after finding out WHAT are the local needs.

MdM-Greece team used a multistage sampling technique by randomly sampling **20%** of the hromadas (of the approximately **40-60 hromadas per oblast**). Per hromada the project sampled **20-30 respondents** across both genders and different age groups.

For each question people were responding using 4 options: "**important for me**", "**not important for me**", "**doesn't know**" and "**not applicable**".

QUALITATIVE SURVEY

MdM-Greece performed a total of 29 KIIs and 15 FGDs in Chrnivtsi and Sumy Oblasts.

The aim of the **key informants' interviews (KIIs)** was to identify problems that individuals and communities/hromadas are confronted with and how they cope with and manage these problems. The interview's guide comprised of **thirteen (13) main topics**. Key Informants were not asked to communicate about personal distress or problems, but share experiences, discuss perspectives and communicate more in-depth opinions and views. Key Informants were selected so as to convey different and divergent ideas on the topics.

The aim of the **Focus Group Discussions** (FGDs) was to identify problems that individuals and communities are confronted with and the ways they cope with and manage these problems. **Fifteen (15) FGDs with a total of 59 participants** were conducted. The FDG probes were prepared by MdM-Greece

MHPSS experts (Dr Joop De Jong and Dr Volodymyr Korostyi) with the support of MdM-Greece Senior Programmes and Advocacy Coordinator. The Field Coordinators of MdM-Greece in Chernivtsi and Sumy organized and moderated the discussions with the support of MdM-Greece administrative and project staff and the MdM-Greece Head of Mission.

The discussion for each type of group was limited to 3-4 major themes. FG members were not asked to share their personal distress or problems, rather discuss together their views and perspectives of their communal life. FDGs were designed following Diversity – Equity – Inclusion / DEI principles.

DATA COLLECTION

MdM-Greece collected data at the level of the government, the region (oblast) and the local community level (hromada). This process helped towards identifying gaps in knowledge and expertise among the medical, the educational and the psychosocial staff in the country.

A critical review of the scientific and grey literature also took place to enhance knowledge and identify the major problems among service providers and service recipients.

OUTLINE

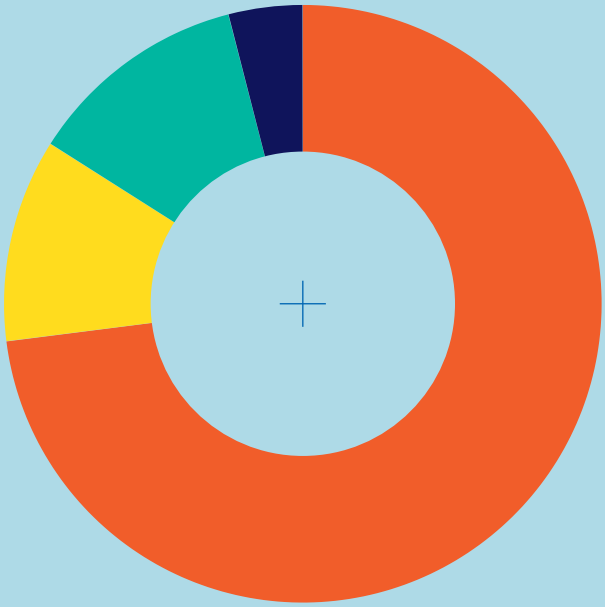
	HESPER	KIIS	FGDS				
			Health care workers	Education workers	Men	Women	Youth
CHERNIVTSI	**224** RESPONSES online via Google form **93** QUESTIONNAIRES filled in manually by people serving in centers of administrative services in different communities/ hromadas of Chernivtsi.	**4** KIIs with people from Chernivtsi city (teacher, doctor, entrepreneur and social service worker) **10** KIIs with people from Chernivtsi rural area (nurse, social worker, teacher, worker of center of administrative services, mayor, entrepreneur, family doctor, entrepreneur, secretary of village council, touristic household host)	**2** FGDs Chernivtsi city (7 people) and Vyzhnytsya district (6 people)	**2** FGDs (1 from Chernivtsi city and 1 from Chernivtsi rural)	**2** FGDs in Chernivtsi rural (5 people), Vyzhnytsya and Khotyn hromadas	**2** FGDs in Chernivtsi rural (6 participants each), Vyzhnytsya and Novoselytsya hromadas	**2** FGDs (6 girls and boys in Chernivtsi city, 5 girls and boys in Khotyn hromada)
SUMY	**213** RESPONSES online via Google form	**15** KIIs with people from Sumy oblast (2 teachers from the city and from rural area, 2 entrepreneurs from rural area, 1 entrepreneur from city, 2 doctors from city hospitals, 2 doctors from rural area, 3 civil servants from city and regional authorities, 2 social workers – city and rural, regional development specialist).	**1** FGD in Sumy (with 2 participants coming from Sumy city and 4 participants from nearby hromadas)	**1** FGD for Sumy (2 participants from the city, and 4 from rural hromadas)	**1** FGD with men for Sumy city (5 people)	**1** FGD with women in Sumy city (6 participants)	**1** FGD in Sumy city (2 boys and 3 girls)

FINDINGS

HESPER QUESTIONNAIRE

The aim of the questionnaire was to evaluate the priority needs and concerns of populations affected by war in both intervention areas thus better informing future humanitarian and recovery efforts. A scoring scale of four (4) grades was used: "**4.** Important for me **3.** Not important for me **2.** Don't know **1.** N/A for the person"

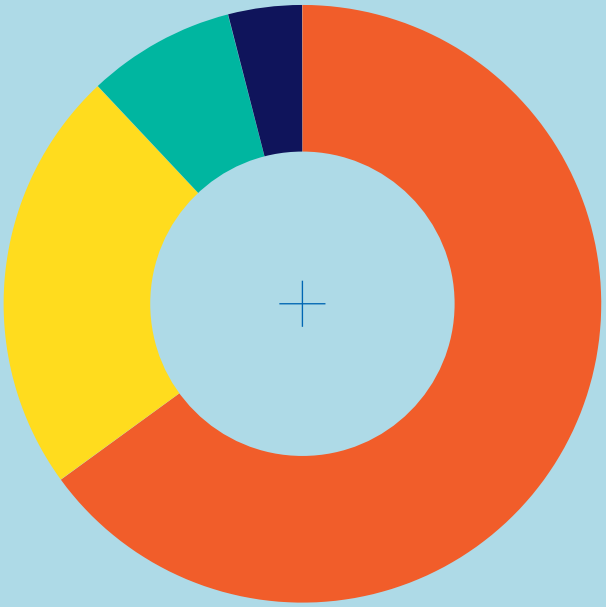
DISTRESS



- **73%** Important to me
- **11%** Not important to me
- **12%** Don't know
- **4%** N/A

Based on the answers received "**Distress**" scored highest with **73.5%** of responders stating it as "important for me"

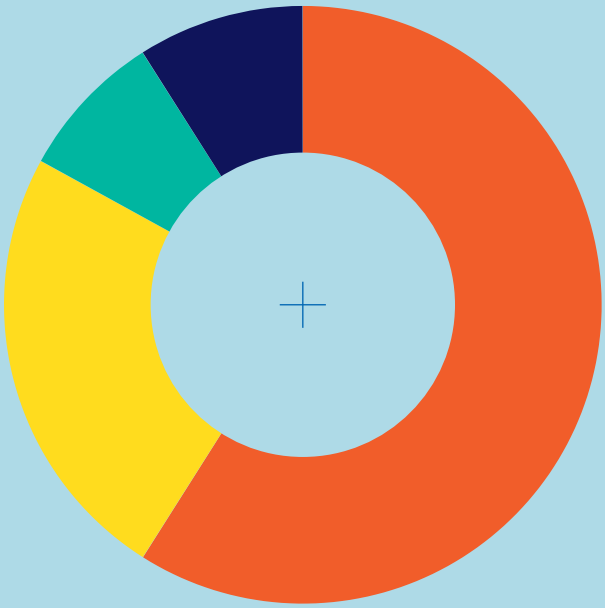
INCOME OR LIVELIHOOD (DON'T HAVE THE MONEY, INCOME OR RESOURCES)



- **65%** Important to me
- **23%** Not important to me
- **8%** Don't know
- **4%** N/A

65.6% of responders recognized problems related to Income and livelihood as important

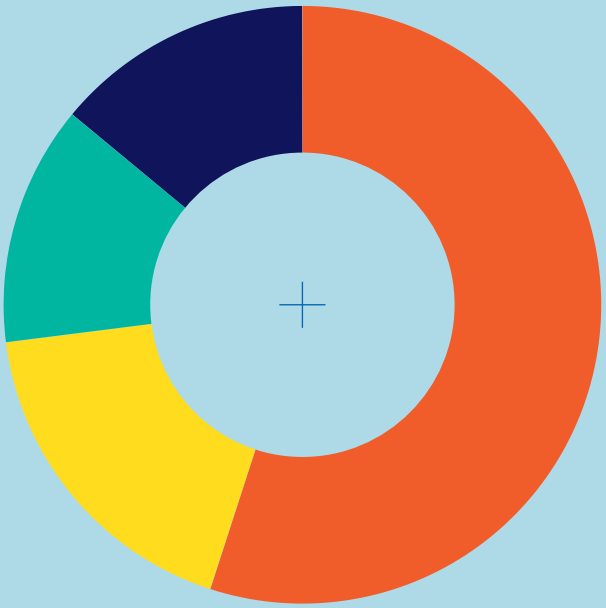
PHYSICAL HEALTH (PROBLEMS DUE TO ILLNESS, INJURY OR DISABILITY



59% Important to me
24% Not important to me
8% Don't know
9% N/A

Physical health was recognized as "important for me" by **58.9%** of responders while **60.3%** declared health-care as the most important need

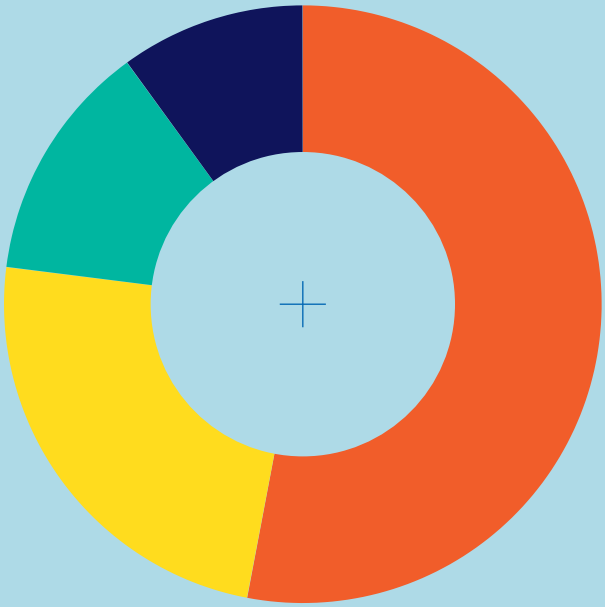
SAFETY



55% Important to me
18% Not important to me
13% Don't know
14% N/A

55% of people answering the questionnaire indicated Safety as "important for me"

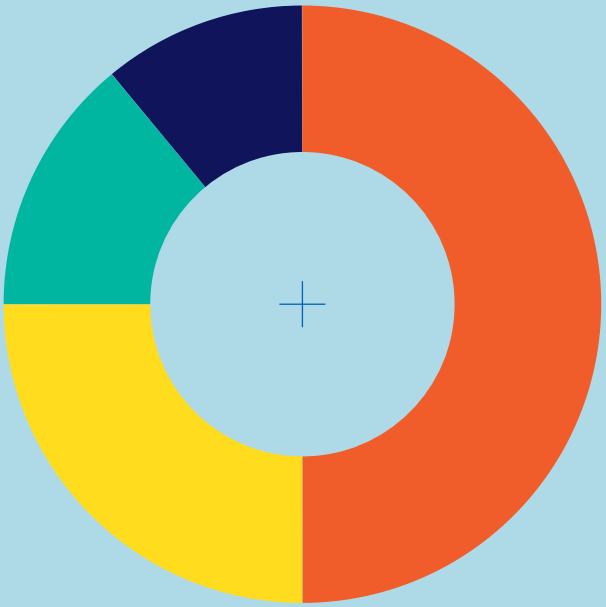
SUPPORT FROM OTHERS (ABSENCE OF EMOTIONAL SUPPORT OR PRACTICAL HELP)



53% Important to me
24% Not important to me
13% Don't know
10% N/A

Support from others (absence of emotional support or practical help) was highlighted as important by **52.3%** of responders

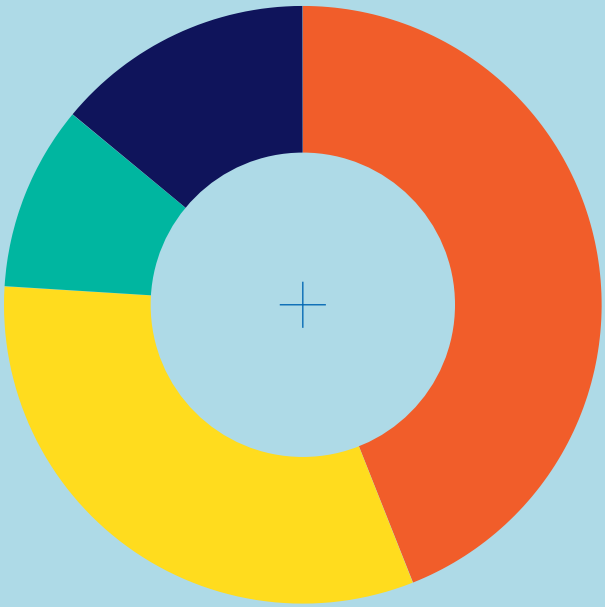
INFORMATION (NOT ENOUGH/ BLA-LANCED/IN TIME; NO INFO AT ALL)



50% Important to me
25% Not important to me
14% Don't know
11% N/A

Information (not enough, not representing different points of view, not in time, no information for possible aid at all) ranked first for **50.4%**

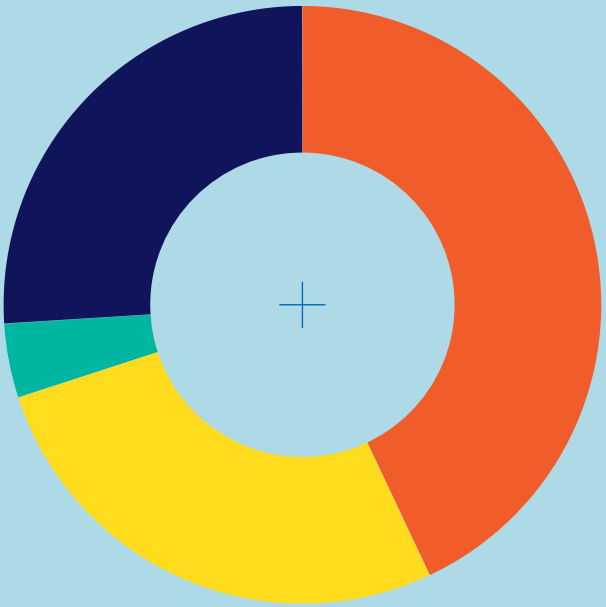
MOVING BETWEEN PLACES



44% Important to me
32% Not important to me
10% Don't know
14% N/A

Moving between places was most important for **44.2%** of responders

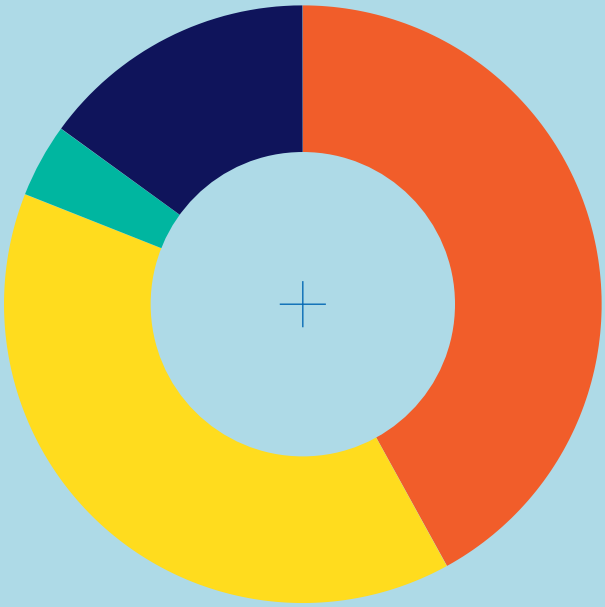
SEPARATION FROM FAMILY MEMBERS



43% Important to me
27% Not important to me
4% Don't know
26% N/A

Separation from family members was considered as important by **42.7%**

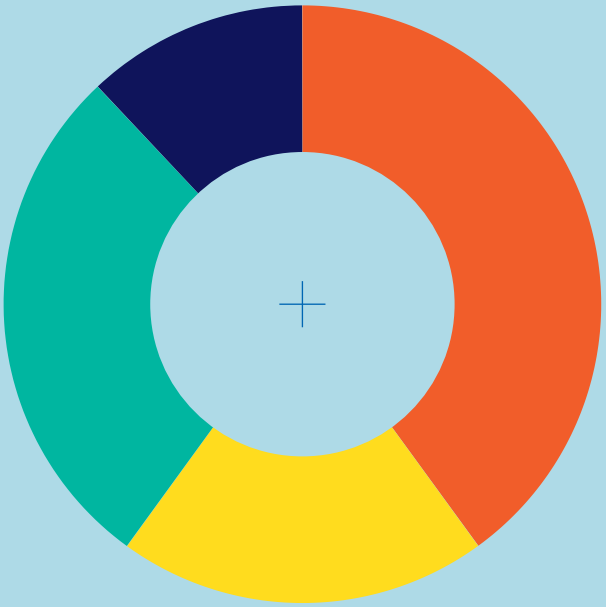
DRINKING WATER



42% Important to me
39% Not important to me
4% Don't know
15% N/A

41.5% of responders recognized problems related to the lack of sufficient amounts of safe drinking water as important

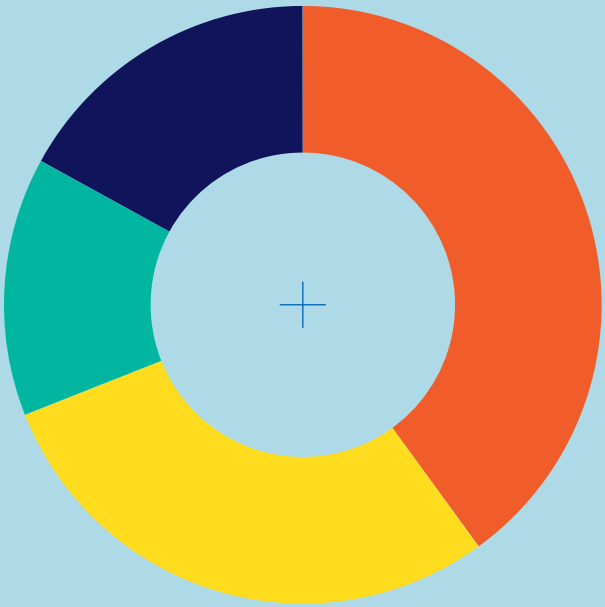
LAW AND JUSTICE IN YOUR COMMUNITY (HUMAN RIGHTS NOT RESPECTED)



40% Important to me
20% Not important to me
28% Don't know
12% N/A

40.2% declared the issue of Law and justice in community (inadequate system for law and justice, human rights are not respected) as "important for me"

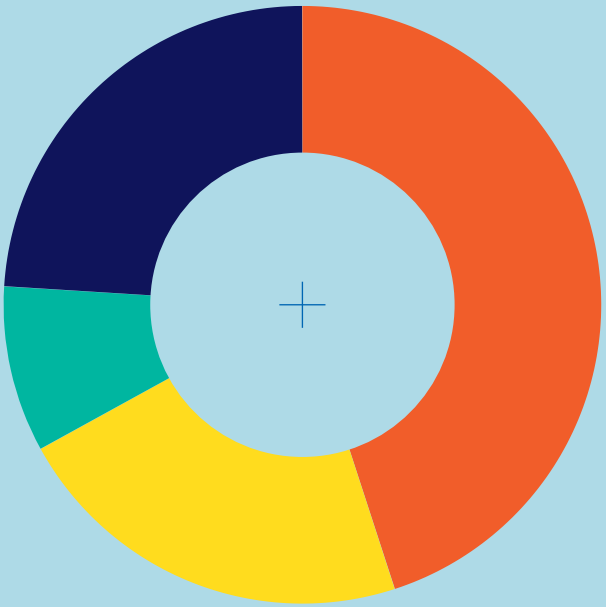
RESPECT (NOT FEELING RESPECTED, FEELING HUMILIATED BY OTHERS)



40% Important to me
29% Not important to me
14% Don't know
17% N/A

Respect (you do not feel respected or you feel humiliated, how people treat you) comes first for **40%**

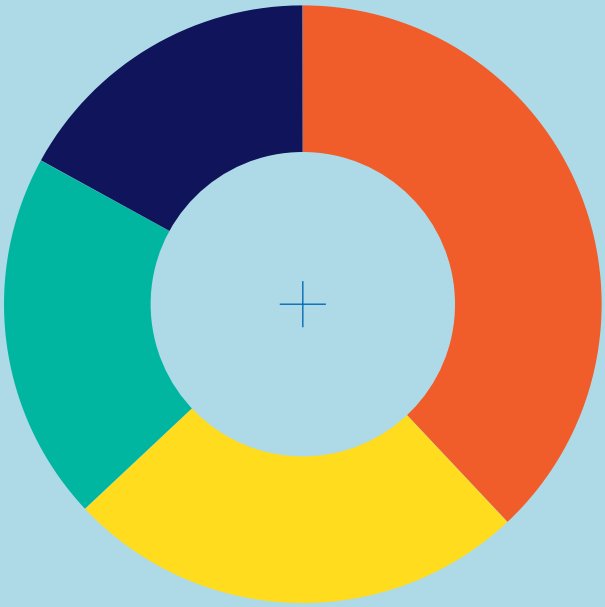
CARE FOR FAMILY MEMBERS (CHILDREN, ELDERLY, PHYSICALLY/MENTALLY ILL, ETC.)



45% Important to me
22% Not important to me
9% Don't know
24% N/A

Care for family members (difficult to care children, family members who are elderly, physically or mentally ill, or disabled) was considered important by **45.5%**

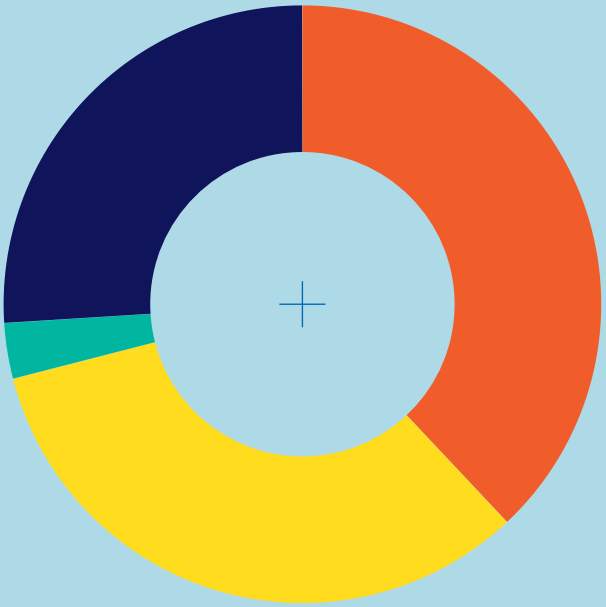
THE WAY AID IS PROVIDED (NOT HAVE ACCESS TO AID OR AID IS IRRELEVANT)



38% Important to me
25% Not important to me
20% Don't know
17% N/A

38.9% of participants cited "The way aid is provided (not having fair access to the aid that is available or the aid is irrelevant)" as important

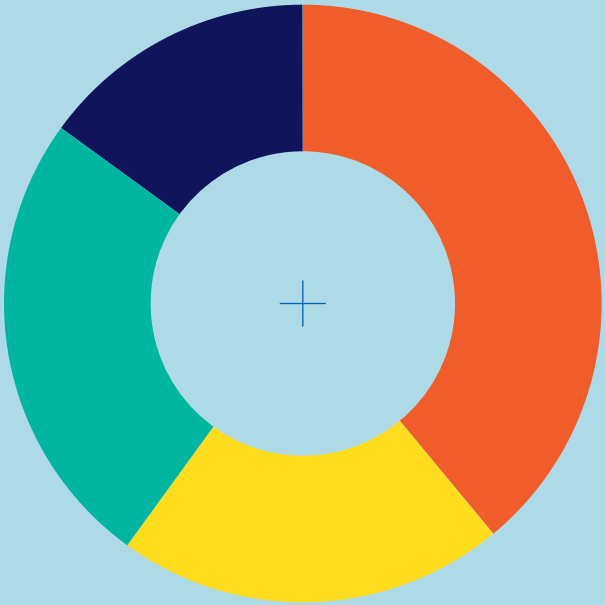
BEING DISPLACED FROM HOME



38% Important to me
33% Not important to me
3% Don't know
26% N/A

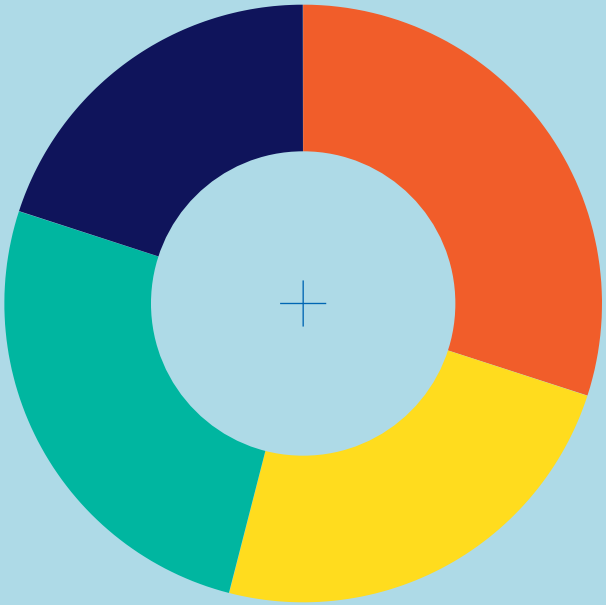
Being displaced from home was top concern for **38.5%**

CARE FOR PEOPLE IN YOUR COMMUNITY WHO ARE ON THEIR OWN (UNACCOMPANIED CHILDREN, WIDOWS OR ELDERLY PEOPLE, DISABLED ETC.)



- **39%** Important to me
- **21%** Not important to me
- **25%** Don't know
- **15%** N/A

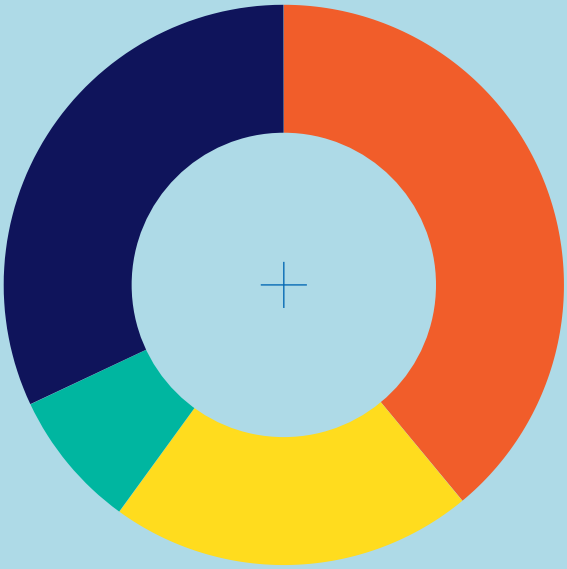
MENTAL ILLNESS IN YOUR COMMUNITY (PROBLEM IN YOUR COMMUNITY BECAUSE PEOPLE HAVE A MENTAL ILLNESS)



- **20%** Important to me
- **24%** Not important to me
- **26%** Don't know
- **20%** N/A

38.7% people mentioned Care for people in community who are on their own (or enough care for people who are on their own - unaccompanied children, widows or elderly people, or unaccompanied people who have a physical or mental illness, or disability) as important while Mental illness in community (problem in your community because people have a mental illness) was cited as "important for me" by **29.4%**

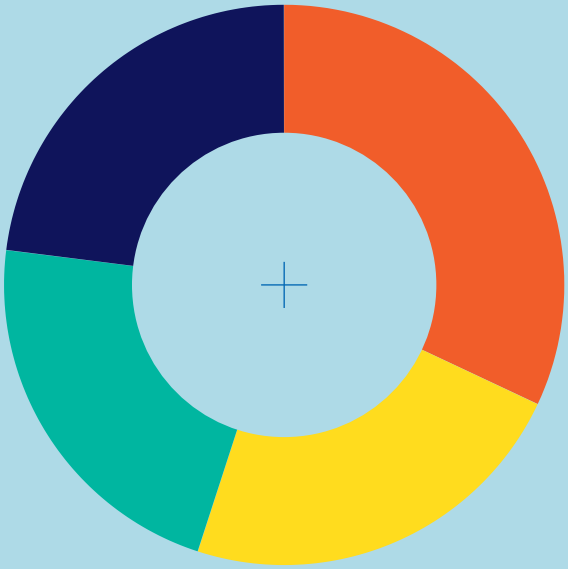
EDUCATION (CHILDREN NOT IN SCHOOL AND/OR NOT GETTING GOOD ENOUGH EDUCATION)



- **39%** Important to me
- **21%** Not important to me
- **8%** Don't know
- **32%** N/A

Education for children was stated as most important by **38%**

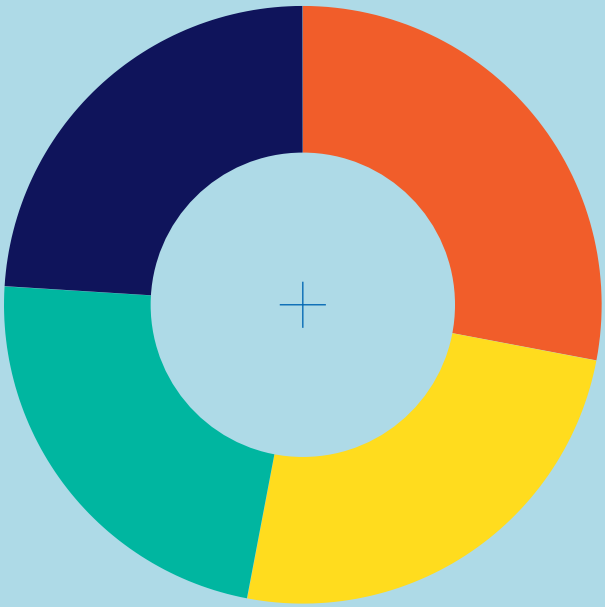
ALCOHOL OR DRUG USE IN YOUR COMMUNITY



- **32%** Important to me
- **23%** Not important to me
- **22%** Don't know
- **23%** N/A

Alcohol or drug use in community (problem in your community because people drink a lot of alcohol, or use harmful drugs) was important for **32.1%**

SAFETY OR PROTECTION FROM VIOLENCE FOR WOMEN



28% Important to me
25% Not important to me
13% Don't know
14% N/A

Safety or protection from violence for women in your community was considered important for **28.1%**

Finally, 192 (**36.2%**) people stated additional problems; among them 61 highlighted **Access to wood for heating** reflecting the harsh and demanding terrain of Sumy Oblast.

In the question "**Priority ratings for serious problems**", Safety - 270 people or **51%** and Healthcare - 221 people or **41.7%** - ranked highest.

KEY INFORMANT INTERVIEWS (KIIs)

The interview was limited to 13 major topics. We tried to collect different and divergent ideas about a topic, to discuss and get more in-depth opinions and views. The interviews were conducted by the MDM Greece Field coordinators.

The key informants were chosen from rural localities of Chernivtsi and Sumy Oblasts as well as from Sumy and Chernivtsi cities. Their profiles included teachers, doctors, entrepreneurs, one mayor, members of village councils, regional development specialists and social service workers

The main highlights / points / comments made by participants are mentioned below:

All doctors and nurses, who deal with military or veteran patients, need training on PTSD. As well, nurses and doctors working in outpatient clinics need the mhGAP and/or PM+ training, currently rolled out by the government and (I)NGOs. Pediatricians in outpatient clinics also need training on MHPSS.

“Socially sick" is the name given to people with mental illnesses who have lost all family ties, have no relatives, are incapacitated and to whose guardians have died; also, to sick people who have no means of existence (the “destitute”). Hospitals are trying to connect these people with the CMHTs or trace family members and relatives. Hospitals also provide hygiene products, clothes, and food. Thus, hospitals are acting as points of social support, performing tasks of social welfare centers. It should also be noted that such people frequently experience concomitant diseases: heart disease, digestion problems etc. and need additional care and funding.

For "social" patients with mental disorders, there should be social institutions with specialized medical personnel who will take care of such patients and monitor the implementation of medical recommendations in the existing medical institution or at the community level.

To the question regarding **psychological and mental health problems created or exacerbated due to war**, the key Informants listed the following:

— lack of professional staff;
— increased numbers of patients and different types of diseases because of constant anxiety; increased numbers of patients in the hospitals, and, accordingly, an increase in expenses for medicines;
— an increasing number of social patients whose relatives either left or refused to help. Separate care subsections are required for such patients.
— limited funding from the regional budget for capital expenses - major repairs, buying equipment, etc.
— Common mental problems due to war are insomnia, anxiety, PTSD, increased irritability, depression and traumatic reactions related to the physical symptoms such as body pains, headaches, as well as emotional responses like fear and anxiety. As well, there are adaptation issues among IDPs.

To the question **what do community members think about people with psychological or mental problems**, the key informants shared the following:

Currently there is huge stigma towards people with mental disorders. Such people are often viewed in negative way. If someone receives a diagnosis related to mental disorders or attends a psychiatric outpatient clinic or simply visits a psychologist, other people may start treating him/her as “peculiar.” This could lead to communication problems and difficulties in finding employment. As a result, individuals tend to conceal such visits, and if there’s someone in the family with such experiences, the family might try to hide it to avoid societal bias and condemnation (particularly relevant in rural areas).

In relation to potential **changes to this attitude caused by the war**, the key informants noted positive changes in this regard can be seen in relation to military personnel who have been demobilized and return to civilian life. They are viewed with sympathy as they are not “at fault” for acquiring a disorder—they were defending the country. Efforts to provide maximum comfort and support are often led by non-governmen-

tal organizations, local authorities, or medical institutions. However, there is still a lack of a systematic approach at higher levels (regional, national).

To the discussion on **therapy choice or help seeking for adults**, the key informants shared the following:

Since mental health in Ukraine is still stigmatized, especially in rural areas, people, even if experiencing certain problems, are reluctant to seek help from psychologists and, even more so, from doctors (psychiatrists) – "are you crazy or something, if you need such help?" Therefore, initially, people try to talk about their problems with parents/spouses, close friends, and priests. And usually it's just chatting with them, without specific references to mental health problems or need for assistance. Rarely do people share problems with a family doctor, but it happens. Only a few try to find contacts of psychologists or psychotherapists. However, if a person shows clear signs of a mental disorder, and those around them notice it, they may encourage him/her to seek a consultation at a psychiatric hospital or even try to arrange such a consultation without his/ her consent. Sometimes, priests who understand mental health science, may also refer people with MH problems to the psychiatrists/ psychologists.

However, all of the above is relevant only to psychological or psychiatric problems. If the issue is of a social nature, in each community there are centers for the provision of social services and special departments in municipalities providing social services, where people usually turn to receive relevant assistance, up to palliative care.

To the discussion on **therapy choice or help seeking for adolescents & children**, the key informants mentioned:

The provision of psychological assistance is effectively placed on parents – often, they must independently handle the entire situation. Ideally, teachers in schools should also observe children to determine whether they need psychological help or not, but only primary school teachers are properly trained for this. In the case of deviant behavior, teachers contact parents and suggest that there may be issues with the child, advising them to talk to the child and find out what might be wrong. They may also recommend seeking help from the school psychologist (if available).

Since children are required to visit a pediatrician at least once every six months, the doctor can also, upon discovering developmental deviations, refer the child for a consultation at a specialized center. There, decisions can be made regarding the type of assistance the child needs – whether it's support from a specialist (such as a speech therapist), psychosocial support (sessions with a child psychologist), treatment for neurological issues, or psychiatric assistance.

"To have access to health care and receive treatment in a hospital, you must have the documents from military service, and when you go to the military service, in 95% of cases, they will judge you fit for the army"

The described chain of assistance functions adequately only in urban areas. In rural areas, the quality of training for specialists (teachers, family pediatricians) is low, and they may not be able to recognize mental health issues. To provide further assistance, parents often have to transport their children to regional centers.

The following points were shared on **positive and negative coping mechanisms**:

Ukrainians have shown resilience and adaptability in adjusting to new circumstances, whether these are changes in their daily routines or finding alternative solutions for disrupted services. People who did not leave the region because of the war, try to work and live a normal life. The support of family and relatives has increased. Various community initiatives, such as support groups or projects addressing specific needs, are formed to foster resilience and address challenges collectively. They gather with like-minded people and try to create positive trends for the development and motivation for the future.

In 2022, citizens were disciplined and followed the recommendations from state authorities and participated more actively in community activities, but now the level of trust to the authorities is decreasing and people are more concerned about their own lives than about other people/ the community. Also due to religious tensions, some people do not feel comfortable to visit their churches. Initially, many Ukrainians engaged in volunteer activities to contribute to the war efforts or support those affected but now everybody is tired and volunteer help has decreased.

FOCUSED GROUP DISCUSSIONS (FGDs)

Fourteen (14) FGDs were conducted between May – September 2023 in Chernivtsi and Sumy. The groups were moderated by the MdM-Greece Field Coordinators. The discussion for each type of group was limited to **3-4 major themes**. We didn't ask the FG members to communicate about their personal distress or problems, but together discuss their experiences and perspectives on what goes on in the communities they live in.

FGDs WITH YOUTH

The main conclusion of the conversation was that during times of war, Ukrainian youth face unique and heightened stressors and anxieties due to the extraordinary circumstances and disruptions caused by armed conflict. Some of the reasons for anxiety among Ukrainian youth during war that were mentioned are the direct exposure to conflict (more relevant to Sumy, highly relevant to youth evacuated from South and East of Ukraine, living in Sumy and Chernivtsi oblasts, non-relevant for Chernivtsi): the loss of loved ones, friends, or homes, the displacement and instability and the lack of access to Education.

Limited access to healthcare services, especially in Sumy, leads to worries about personal health and the health of family members

Mental Health Concerns: Trauma due to exposure to traumatic events, including shelling, violence and displacement, leads to post-traumatic stress and other mental health challenges. As well, youngsters experience family separation, with some family members taking refuge in different locations. They also report a lack of adequate mental health and psychosocial support services to address their emotional and psychological needs.

"Politicians don't hear us, don't know our needs. Yes, on the local level, there are some people trying to change something, to provide more services to youth but in general this is only "a drop in the ocean... After 12 months of war, people have become tired. Now, they are not so willing to help each other"

FDGs WITH MEN

Fear and anxiety related to actual inability to perform the role of bread bearers for their families were highlighted by most men. Economic challenges, including job loss and destruction of livelihoods create concerns about financial stability and prosperity now and in the future. The conflict has led to forced displacement, with many men being internally displaced or becoming refugees. This process further underpins homelessness and loss of livelihoods.

Men have additional worries about obligatory conscription; there are conflicts with local police that supports military service in conscription; there are conflicts with men who returned from the battlefront ("I could die for you, now it's your turn") and conflicts with authorities ("why did I have to go to the army – I'm not trained, and I'm more useful here, with my work, taxes etc. Somebody has to do the men's jobs here"). The army mobilization also hampers access to healthcare services for men.

"We don't want to drink alcohol but sometimes it seems the only way to manage anxiety and stress"

"I'm not a master anymore! In the blink of an eye, I can become homeless and all the hard work I've done to build my own house will be ruined in one moment"

Moreover, the war raises concerns regarding human rights' violations, property disputes and access to justice regarding conscription.

"**We feel unwanted**" stated most men that have served in the army. There is no proper transition from combat life to civil mode, disabled veterans don't receive proper economical support, there is lack of rehabilitation programmes and absence of PTSD specialists. It is thus no surprise that men may frequently resort to negative copying mechanisms.

FDGs WITH WOMEN

Women reported that they are at risk of physical violence, including sexual violence, not only in conflict zones, but also in safe regions due to PTSD of soldiers and the lack of police presence. Displaced women face challenges in finding safe shelter and access to basic necessities. What is also prevalent is their anxiety for their loved ones: they worry about their husbands at the battlefront or that they and/or their sons could be taken to war without consent.

The loss of their loved ones is also linked to income and livelihood concerns ("**How will we live if he returns without arm or leg?**") especially as the trust in politicians and central administration remains low.

Access to healthcare, including maternal and reproductive health services, is disrupted in conflict zones and rural areas are not prepared to offer these types of services to such big numbers of IDP women, which leads to inadequate medical care during pregnancy and childbirth.

Women also experience symptoms of post-traumatic stress disorder (PTSD) and depression, especially those who were witnesses of shelling in Kyiv.

Women also referred to increased caregiving responsibilities, including caring for children, the elderly and the injured, further straining their physical and emotional well-being; they also face challenges in participating in decision-making and peace negotiations.

"They can change the law and take the students to the army. I raised my son, didn't receive any support from the government and after that they will take my boy to the army, and I have to buy him everything because these corrupted politics stole everything"

FDGs WITH HEALTH CARE WORKERS

Disruption of logistical supplies of medicines in the early months of war, some of which have not been restored to this day, plus a catastrophic increase in prices for certain medicines was highlighted in the FGDs with Health Care workers.

The increased workload due to the influx of military personnel and injured civilians in combination with the shortage of medical staff -as some went abroad while others were taken to the army- was also mentioned by most participants. They also referred to the inability of medical personnel to cope with professional burnout, anxiety, and stress and emphasized that training on this matter is needed.

Some health workers also mentioned the confiscation of medical transport means for the needs of the army.

Health staff originating from rural areas and others agreed that serious challenges remain, as the budgets of small hromadas are not enough to cover the needs of rural clinics and small hospitals.

"Aside challenges experienced, some medical services have been improved, thanks to humanitarian organizations and projects; new equipment has been obtained but this is more relevant to larger cities".

Overall, participants stated that state funding is insufficient and only basic treatment packages are covered something that presents graver challenges and risks for chronic patients and people who lack the money to seek for private doctors and treatment. The same is the case for disabled individuals that have increased too due to war: medical institutions are ill-prepared to address these cases.

With regards to Mental Health, the participants of FDGs stated that medical personnel is not trained to interact with PTSD patients and patients experiencing unstable psycho-emotional states and that there is an acute need for training in this regard. Unprofessional providers of psychosocial services (including priests) often only worsen the condition of patients.

FDGs WITH EDUCATION WORKERS

Teachers unanimously agreed that they don't know how to deal with children experiencing PTSD. They don't know how -and need extra support- to deal with children whose parents and relatives serve in the army, especially when the father is at the battlefront.

Children that have experienced evacuations and are afraid of noises. The constant interruption of educational process due to the shelling in Sumy and the online education only worsen the situation.

"Without direct contact between teachers and pupils, we just provide numbers, texts etc. but education is also about assistance, support and interaction... we can't change anything, we are just trying to do our job"

The collective fatigue that stems from the whole situation has a negative influence over the educational process.

It's necessary to limit the influence of social media as children now consume a lot of negative content.

There is no MHPSS for children and it's hard to deal with parents and convince them that a child needs such services ("**Do you consider our boy/girl retarded/mad?!**?")

A generalized feeling of helplessness was evident among almost all of education workers participating in FGDs.

IN CONCLUSION

Being citizens of a European, developed country, responders didn't rank basic emergency needs as food and shelter as high priorities with the sole exception of drinking water, something that manifests the fear caused by war and it is perhaps also associated with relevant attacks, like the destruction of Kakhovka Dam that took place on June 2023.

It is worth noting that while "Distress" is highlighted by a wide percentage as a main concern, **"Physical health" is still considered as more important than "Mental health" by most of the responders**. As however, "Healthcare" holds an important role for Ukrainians while "Care for family members" and "Care for people in community who are on their own" also sum up significant percentages, it is rational to assume that **the acknowledgement of importance that mental health support** and treatment holds for Ukrainian citizens **is also on the rise**.

The destruction of homes and livelihoods, shelling, severe injury and death, the continued separation and worries about loved ones and the daily **stress of a fragile living situation and an unknown future are the leading causes of mental distress** for most Ukrainians, our KIIs and FGDs revealed. The existing mental health services are inadequate or non-existent in rural and remote areas, such as the rural hromadas of Sumy. In addition, **local health systems are overburdened** and are not able to meet psychological needs combined with more chronic health problems. **Community-based settings face challenges**, including stigma, lack of recognizing signs of distress, limited awareness of available support, insufficient evidence-based training, and damaged infrastructure. Despite the rising demand for mental health services, **significant obstacles remain for accessing care by affected populations**, according to key informants and members of the FGDs.

The Ukrainian health care sector's inherited inefficiencies, bureaucratic hurdles, a lack of emphasis on prevention and public health, as well as **disparities in access to quality healthcare services, particularly disadvantage rural and underserved populations**.

Vulnerable subgroups such as disabled individuals, chronic patients, internally displaced people (IDPs), women and people exposed to war-related trauma are especially prone to not receive the care they require. The problem is further exacerbated by the negative impact it has on peoples' capacity to remain active in social and economic life. In turn, people feel increasingly depressed.

Key Informants and FGDs members reported that **young people** - while transitioning through significant physical, emotional, and social changes - **are at a higher risk to resort to harmful coping mechanisms** and behaviors when struggling with mental health issues such as anxiety and depression.

Stigma, discrimination and social marginalization, in parallel with human rights violations have led to elevated rates of emotional distress and mental health con-

ditions. Community stakeholders and people questioned, emphasized that by coping better, youth and adults are more likely to reintegrate themselves into economic life: for example, by finding work or enrolling in (vocational) training courses. Such examples were mentioned during our discussions with community members. While the project didn't include provisions for following up relevant developments, MdM-Greece integrates this perspective into its work by striving to create self-help groups between health staff at hospital's and communities' level.

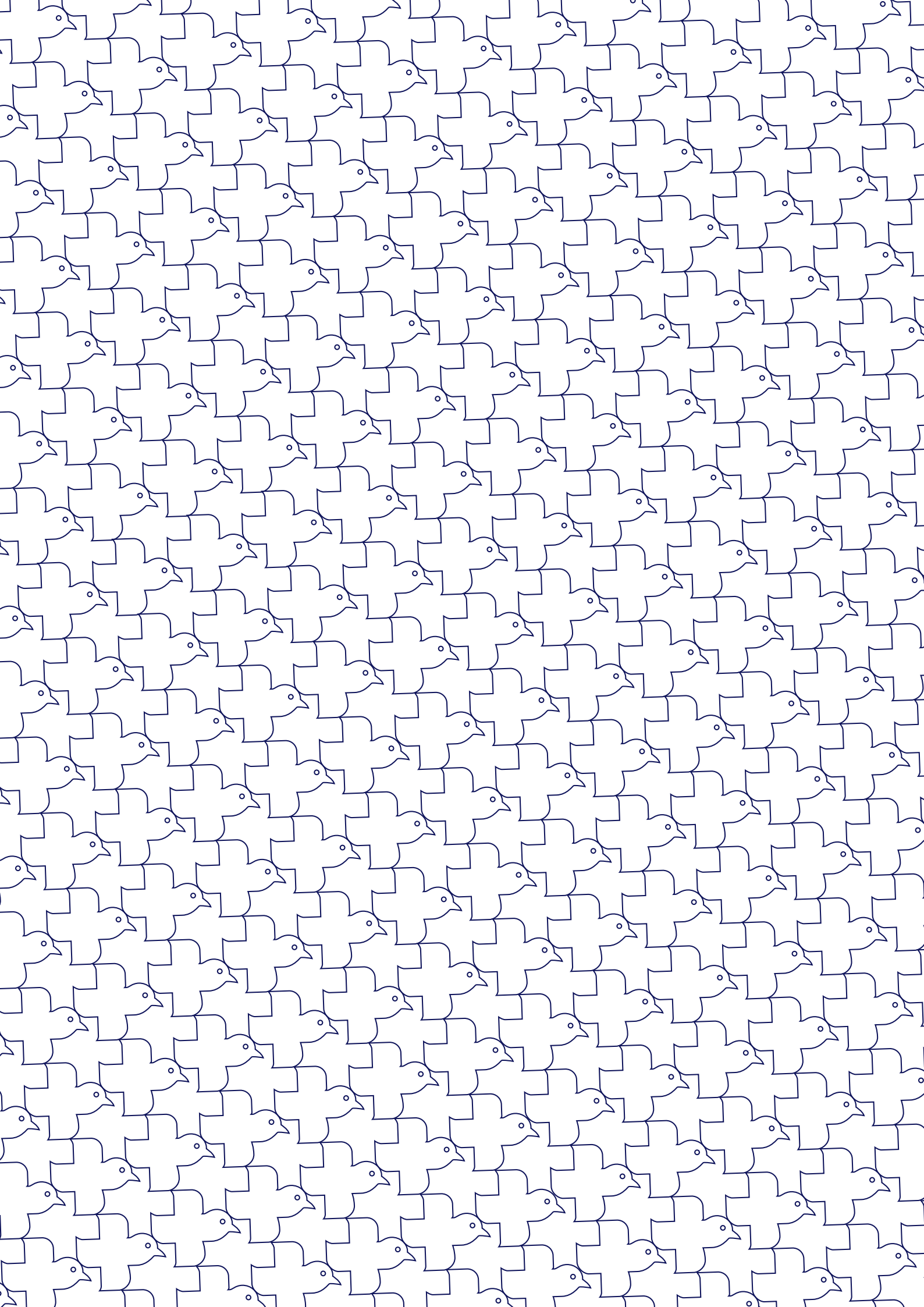
Help-seeking[1] for mental health issues in Ukraine is impeded because signs of distress and mental health concerns are not recognized as such, or relevant support services are not known, our community assessment revealed. Most importantly, help-seeking is most prominently discouraged by the omnipresence of **mental health stigmatization**. While Ukrainians empathize with people with mental health issues, **those struggling with mental health disorders are often socially marginalized and believed to be needing similar levels of control and discipline as young children**.

Mental health is also stigmatized within the health sector[2]. Mental health issues are rarely addressed during primary care workers' medical training, contributing to the somatic interpretation and treatment of psychosocial issues. It also results in referring people with mental health issues to specialized psychiatric institutions (rather than tailored, lower level support interventions). As a result, there are human rights issues and challenges[3] around people with mental disorders who are housed in long-term treatment facilities. Practitioners - such as facilitators of mental-health programs - often hold i**mplicit or explicit prejudices** against the people they are meant to support, which influences the way people are feeling and treated. This testifies to the **pervasiveness of misunderstandings surrounding mental health**, its interconnection with physical health, and its underlying social and environmental drivers.

1 https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

2 Idem

3 https://www.csis.org/analysis/investing-mental-health-will-be-critical-ukraines-economic-future



ΓΙΑΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ

WHEREVER PEOPLE ARE

HQ ATHENS
12 Sapfous Str
10553, Athens
T: 210.32.13.150

ATHENS POLYCLINIC
12 Sapfous Str (GF)
10553, Athens
T: 210.32.13.485

THESSALONIKI POLYCLINIC
29 A Ptolemeon Str
54630, Thessaloniki
T: 2310.56.66.41

KAVALA OFFICE
13 Karanou Str
65302, Kavala
T: 2510.227.224

mdmgreece.gr