

Paper on Mental health and geopolitical crises: Ukraine and beyond



Introduction: The impact of war on mental health

On the 24th of February, Russia invaded Ukraine, sending ripples across the world. Over the last months, this has led to stark uncertainty for societies and the world economy. The Ukraine war has also pushed global displacement to a record high, resulting in the largest human displacement crisis recorded in the world today¹. Conflicts can expose individuals to different traumatic events, increasing the likelihood of developing or experiencing worsening mental health problems. Most recently, the COVID-19 pandemic demonstrated that in emergencies, without urgent action around mental health care, demands for psychosocial support can rise. If these needs are not met, they can contribute to an increase in mental ill-health.

As of August 2022, 6.86 million Ukrainians have fled the country, while 6.64 million are estimated to be displaced within Ukraine². Since the onset of this conflict, Mental Health Europe (MHE) has been liaising with members to closely monitor the evolving situation and discuss the best possible approaches to address mental health needs and psychosocial services. This paper aims to explore the key short, medium and longterm challenges to mental health linked to the Ukraine war and beyond, and how mental health support should be prioritised as part of a comprehensive approach to well-being.

¹ June 2022, 'Ukraine war pushes global displacement numbers to a new record high', available at: https://www.eeas.europa.eu/delegations/un-geneva/ukraine-war-pushes-global-displacement-numbers-new-record-high_en?s=62

² August 2022, UNHCR (2022) Ukraine situation: Flash Update #27, available at: <https://data.unhcr.org/en/documents/details/95150>



01 Immediate Needs

Basic needs and human rights

Not addressing basic needs will have a knock-on effect on the mental health of millions fleeing or remaining in Ukraine. The need for clean and adequate amounts of water, food, medicine and shelter remains critical. Damage to infrastructure as a result of military activity has disrupted crucial supply chains and limited access to vital services in many parts of Ukraine. Undoubtedly, this has led to a weakening in the healthcare system and available services.

In addition, some individuals with physical and psychosocial disabilities, as well as those in institutions may face multiple barriers in accessing safe humanitarian assistance and evacuation. Although the Ukrainian government established a programme supporting the evacuation of persons with disabilities living in institutions, only 10 per cent of such persons have been successfully evacuated abroad. With Ukraine among the fastest ageing countries in the world, older persons such as those with disabilities are also left more exposed to the direct impacts of the war.

Alongside the basic needs, the risk of family separation often increases the chances of unaccompanied minors and the erosion of support systems, sparking the need for tailored responses for the disproportionate number of women and children attempting to seek assistance and protection by crossing borders into neighbouring countries. As figures of displaced persons rise, within Ukraine and across international borders, mental health needs may increase because of long-term exile. Research suggests that long-term family separation can lead to severe impacts on mental health, indicating a clear need for early intervention to accommodate for specific care and protection, including psychosocial support. Connected to broader risk factors, the war has also raised concerns over gender-based violence, particularly sexual exploitation and human trafficking. Alongside specialised care for survivors for gender-based violence, there is a dire need for Sexual and Reproductive Health Rights (SRHR) services for refugee women and girls. This is especially the case in countries with restrictive laws on SRHR (e.g. accessing emergency contraception and abortion care).

³ August 2022, OHCHR, Committee on the Rights of Persons with Disabilities Holds Meeting with States Parties on the Situation of Persons with Disabilities in Ukraine and in Countries where they Fled Following the Russian Aggression, available at: <https://www.ohchr.org/en/press-releases/2022/08/committee-rights-persons-disabilities-holds-meeting-states-parties-situation>. Persons with disabilities faced difficulties regarding evacuation, and many had been taken forcibly to the Russian Federation.

⁴ Ibid.

⁵ June 2022, WHO Joint statement on the situation of older persons in Ukraine, available at: <https://www.who.int/europe/news/item/14-06-2022-joint-statement-on-the-situation-of-older-persons-in-ukraine>

⁶ Food and Agriculture Organization of the United Nations (FAO) 'Information Note: The importance of Ukraine and the Russian Federation for global agricultural markets and the risks associated with the current conflict', available at: <https://www.fao.org/3/cb9236en/cb9236en.pdf>

⁷ 2021, Belinda J Liddell, 'Mechanisms underlying the mental health impact of family separation on resettled refugees', Australian & New Zealand Journal of Psychiatry, available at: <https://journals.sagepub.com/doi/10.1177/0004867420967427>

Ensure sustainability of support provided by civil society

Since the onset of the war, civil society and grassroots organisations have demonstrated flexibility and effective coordination to deal with emergencies. The support refugees and those remaining in Ukraine initially received was largely attributed to civil society and grassroots organisations that quickly mobilised and continue to provide support where needed. More recently, the European Commission allocated €9 million for mental health assistance of Ukrainian refugees, enabling the International Federation of Red Cross Societies and non-governmental organisations to support healthcare professionals to carry out their work. Other actors, such as UNICEF, also supported mental health and psychosocial support (MHPSS) interventions, reaching over 1.3 million children and caregivers while 60 thousand children and their families have benefited from specialised services through case management and referral to support services⁸. However, sustainable support by non-governmental organisations (NGOs) will not be possible without long-term funding by the European Union (EU), national and international actors.

Ensure tailored mental health care

The chances of experiencing mental and emotional distress, and mental health problems exponentially increase during war, due to exposure to different traumatic events. Research on the impact of war on children's mental health has indicated the longer a conflict, the worse the consequences on mental wellbeing⁹. As the Ukraine war continues, the prevalence of trauma and mental health problems will likely continue to increase. Trauma informed and recovery-based approaches to mental and emotional health should be central to humanitarian aid and support for Ukrainian refugees. As an example, mental health support should be incorporated into the needs assessment for refugees and helplines (in Ukrainian). Existing services at national level should also be adapted to migrants on the move. To help in overcome language and cultural barriers, Ukrainian mental health professionals could also play a key role in providing mental health support to refugees.

⁸ UNICEF, 'Ukraine Humanitarian Situation Report No. 17, 12 July 2022' available at: <https://www.unicef.org/ukraine/en/documents/ukraine-humanitarian-situation-report-17>

⁹ 2006, Murthy, SS and R. Lakshminarayana, 'Mental health consequences of war: a brief review of research findings' *World Psychiatry* 5(1):25-30, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472271/>

Hire and support volunteers

Within Ukraine, at the borders of neighbouring and other countries, volunteers have been pivotal in ensuring no one is left behind, by upscaling the community's response capacity and providing tailored support to refugees and those remaining in Ukraine. Whilst their efforts are commendable, volunteers are often unpaid and give up their time to offer help, leading to a dependency on their goodwill and an increased likelihood of burnout. To guarantee sustainable and structured assistance, this volunteering system should be transformed into one with employed staff, to provide stable and structured support. Where possible, volunteers (such as Ukrainian volunteers) could be hired to prevent quick turnovers and ensure staff can build their expertise to provide quality care and support.

Training on mental health beyond the healthcare sector

As more individuals and communities assemble to support Ukrainian refugees, there is a high likelihood of varying levels of mental health awareness as well as services that apply the psychosocial approach. Key workers such as volunteers, social workers, teachers, and police are more likely to assist and support Ukrainian refugees under significant stress. Resources and long-term training are imperative for these professionals to be able to identify and support refugees that have mental health needs. For example, training on mental health can ensure volunteers and relevant professionals are aware of correct referral pathways and can signpost individuals to appropriate support. Training can also help these key workers to manage stressful working conditions and their own mental health.

Moreover, as a process of integration takes place in receiving countries, there is an immediate need to increase awareness of mental health in the wider population. Boosting mental health literacy in the population (e.g. public campaigns and guidance resources¹⁰) can assist in mental health promotion, mental ill-health prevention, early intervention and increased mental health support, which will ultimately result in creating resilient communities.

¹⁰ Scottish Government, 'Ukraine Refugee Psychological Wellbeing Pack' available at: <https://www.gov.scot/publications/ukraine-refugee-psychological-wellbeing-pack-guidance-services/>. A psychological wellbeing toolkit for supporting Ukrainian families, host families, and professionals

1. EU and Member States to ensure sustainability of support provided by civil society, via better coordination and funding

- Provide systemic coordination of initiatives carried out by civil society;
- Ensure funds from EU or international organisations actively support NGOs;
- Ensure funds on mental health are tracked, so it reaches the grassroots level where support is provided and where the cost is borne.

2. Member States and local authorities to provide timely and tailored mental health support

- Prioritise the establishment of call centres to support refugees in accessing mental health services and receiving information;
- Ensure mental health support is tailored to specific needs (e.g., of people with disabilities, LGBTQ+, children). Access to information (addressing language barriers).

3. EU and Member states to ensure mental health awareness and literacy beyond the healthcare system

- Facilitate long term and continuous training for volunteers and NGOs (e.g., sharing good practices on how to effectively help refugees). Facilitate training and provide guides on trauma addressed to the whole population in Europe (hospitals, refugees centres, school professionals, employers, host families, healthcare, general public);
- Ensure mental health first aid training for professionals and wider populations. Here, mental health first aid training should not be utilised as a replacement for long term and continuous training for volunteers, professionals working with refugees and relevant stakeholders.

4. Hire and support volunteers

- The volunteering system should be shifted to employment to ensure sustainable and structured support.

02 Medium-Term Needs

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Repercussions on mental health of communities

With uncertainty and emerging challenges linked to the war in Ukraine, mental health problems such as experiences of anxiety and depression are likely to also increase amongst the wider populations already impacted by a global pandemic. In addition, through keeping up with the news, encountering mention of the war across media platforms and other mediums, and even in daily conversations, millions of people, including children, can incur repercussions on their mental well-being following indirect exposure to distressing experiences. This can give rise to mental health problems amongst the wider public, particularly those who have experienced trauma related to war and violence, impacting their general quality of life. To combat this, more resources (e.g. toolkits or campaigns) should be created for media professionals and the general public to increase mental health awareness.

Addressing education needs

90% of the refugees from Ukraine are estimated to be women and children¹¹. The war will likely have detrimental impacts on the education and development of children, leaving them even more vulnerable. In addition to learning, schools can offer protective environments for young people and ensure a sense of routine for displaced individuals. The recent activation of the Temporary Protection Directive¹² by EU Member States allows for those fleeing the war in Ukraine to be granted temporary protection in the EU, providing access to residence permits, education and the labour market. In ensuring the fundamental right to education, further efforts are needed. Children on the move still need education and schools need to be equipped with resources and funding to guarantee quality education. In Poland, to accommodate the new pupils, the ministry issued a special ordinance on a 28-pupil class limit, allowing pupils who already speak Polish to join existing classes, while providing special preparatory classes to non-Polish speaking students to help them adapt¹³.

¹¹ UNHCR, 'Ukraine Situation', available at: <https://reporting.unhcr.org/ukraine-situation>. An estimated 90% of the refugees from Ukraine are women and children.

¹² Council Implementing Decision (EU) 2022/382 of 4 March 2022 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2022.071.01.0001.01.ENG&toc=OJ%3AL%3A2022%3A071%3ATOC

¹³ March 2022, Notes from Poland, 'Poland pledges school places for 500,000 Ukrainian child refugees who have arrived already', available at: <https://notesfrompoland.com/2022/03/11/poland-pledges-school-places-for-500000-ukrainian-child-refugees-who-have-arrived-already/>

Better coordination between neighbouring and receiving countries and communities

At European level, most efforts to support Ukrainian migrants have been provided by NGOs on the ground, volunteers and civil society, local governments and authorities. Yet, this is not enough to provide adequate support to those in need. An absence of dynamic approaches to adapt to evolving situations, risks the continuation of patchy support and limited or non-existent tailored mental health services, as increased numbers of displaced persons migrate from countries bordering Ukraine to wider Europe.

Discrimination against migrants

Alongside the lack of inclusive humanitarian support for persons with disabilities, the war in Ukraine has also exposed the inconsistency in EU migration procedures and systematic discrimination at national level. The war has laid bare racial inequalities¹⁴, with examples of countries denying asylum to some migrants of different nationalities and ethnicities fleeing Ukraine, contrary to international laws and EU strategies such as the Anti-Racism Strategy¹⁵. The Danish government has been accused of discriminatory measures. In 2018, the Danish parliament and government introduced controversial plans to end “Ghettos” through means such as forced evictions. “Ghettos” have been classified as areas where more than 50% of residents are from non-western ethnicities, where there are low employment and education attainment¹⁶. In 2022, this law was amended to grant individuals fleeing Ukraine access to now empty housing (due to evictions)¹⁷.

¹⁴ March 2022, UN news, ‘UNHCR chief condemns ‘discrimination, violence and racism’ against some fleeing Ukraine’, <https://news.un.org/en/story/2022/03/1114282>

¹⁵ European Commission, EU Anti-racism Action Plan 2020-2025, available at: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/racism-and-xenophobia/eu-anti-racism-action-plan-2020-2025_en

¹⁶ February 2022, Euro-Mediterranean Human Rights Monitor, ‘Disguised Racism: Denmark’s Discriminatory, Punitive and Counterproductive Ghetto Package’ available at: <https://euromedmonitor.org/uploads/reports/GhettoPackageEN.pdf>

¹⁷ May 2022, The Guardian, ‘Denmark accused of racism after anti-ghetto law adapted for Ukrainians’, available at: <https://www.theguardian.com/world/2022/may/02/denmark-accused-racism-anti-ghetto-law-ukraine-refugees>

In Poland, for the first time, the Court in Hajnówka in March 2022 ruled that push-backs are illegal and acknowledged “unjustified, illegal and irregular detention of foreigners...”, following a case in 2021 where a Border Guard broke the law by arresting and transporting three Afghans to the forest on the Polish-Belarusian border¹⁸.

Such concerning reports of racialised migrants being prevented from evacuating and turned away at the border of countries have raised alarms about the need for additional support for individuals facing multiple intersecting identities. Whilst the EU Temporary Protection Directive was triggered for the first time in response to the unprecedented Russian invasion of Ukraine to offer quick and effective assistance to people fleeing the war in Ukraine, this by default excluded marginalised communities such as stateless and non-Ukrainian refugees based in Ukraine. Experiencing racism can increase the likelihood of developing or experiencing worsening mental health problems. Being denied shelter has obvious impacts on mental wellbeing. The stark contrast in response to the 2015 refugee crisis compared to the Ukraine crisis has also been underlined not only in policy but in the media. Numerous reports on the war also included racist and xenophobic commentary from major news outlets¹⁹.

Care for the carers

In an emergency, care providers, volunteers, community members and other actors are essential for meaningful and sustainable recovery. However, they also require support. From teachers to individuals opening their homes to provide shelter to refugees, the realities of working in a disaster or supporting individuals who have lived through traumatic events will increase the toll on those providing support. With such risk factors increasing the likelihood of more individuals developing or experiencing poor mental health, mechanisms should be introduced to ensure supporters are supported. This can be in the form of mental health training, financial support, guidance documents and accessible information on where they can seek help.

¹⁸ March 2022, OKO.press, ‘Court: taking Afghans to the forest inhumane and against the law. Crushing justification’, available at: <https://oko.press/sad-wywiezienie-afganczykow-do-lasu-niehumanitarne-i-niezgodne-z-prawem-miazdzace-uzasadnienie/>

¹⁹ 2022, The Washington Post, ‘Opinion: Coverage of Ukraine has exposed long-standing racist biases in Western media’, <https://www.washingtonpost.com/opinions/2022/02/28/ukraine-coverage-media-racist-biases/>

1. Member states to consider the repercussions on mental health of communities

- Support mental health awareness campaigns to increase mental health literacy, including the development of resources (e.g. toolkits) for media professionals and communities;
- Ensure media outlets covering the war take into consideration the mental health of viewers and provide space for informed interaction-based decisions and mental preparedness (e.g. trigger warnings).

2. EU and Member States to address education needs

- Ensure children on the move are provided quality education, with minimal disruption;
- Provide additional measures to counteract possible barriers, which may hinder students from integrating into new environments, such as complex admission processes and language difficulties;
- Carry out regular consultations with Ukrainian students to ensure teaching systems are adjusted to their needs.

3. EU, Member States and local authorities to better coordinate between neighbouring, receiving countries and communities

- Ensure more coordinated medium and long-term efforts to meet the humanitarian needs and protect the human rights of people fleeing the war;
- Develop better migration policies that take a human rights-based approach and protect the rights of persons with disabilities. Ensure quicker and more organised mobilisation for future emergencies.

4. EU and Member States to urgently address the issue of discrimination against migrants

- Ensure that discrimination is addressed at all levels, with all refugees being provided equal support through equitable measures;
- Guarantee media representation of refugees is monitored, to avoid misinformation and xenophobic discourse and prevent distinction between good and bad refugees. Ensure training with a focus on mental health friendly languages, to media professionals.

5. EU and Member States to prioritise care for the carers

- Consider the mental health of those providing help (interpreters, volunteers, host families). Ensure measures are implemented to support the mental health of wider societies, which are already overburdened due to the impacts of COVID-19.



03 Long-Term Needs

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Deinstitutionalisation

Before the war, Ukraine remained one of the countries in Europe with the highest rate of institutionalisation, including for children²¹. With high levels of institutionalisation and other barriers to mental health care, there was already a clear failure to adhere to international human rights standards as stipulated in the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and the United Nations Convention on the Rights of the Child (UN CRC). Since the war, many Ukrainians have remained in institutions. Recently, as part of a BBC exclusive, Disability Rights International uncovered that more than 100,000 children and young people are living in institutions across Ukraine, without care and support workers²². The war in Ukraine has raised concerns over the support persons in institutions are receiving and whether this is in line with the psychosocial model of mental health, which is enshrined in the UN CRPD²³. The issue of (re)-institutionalisation of people with mental health problems and psychosocial disabilities in neighbouring countries should be monitored.

A European Strategy for Mental Health that takes an intersectional approach

Europe has a long way to go to ensure people in vulnerable situations, including migrants and refugees with psychosocial disabilities and mental health problems, can access tailored support. In December 2019, the Council Conclusions on the Economy of Well-being invited the European Commission to “propose a Mental Health Strategy for the Union, taking into account the cross-sectoral impacts of different policies on mental health.” A comprehensive EU Strategy on mental health still does not exist, which could help mitigate the mental health burden, support economic recovery and aid in the implementation of effective public mental health interventions, for future crises. To that end, a human-rights based European Strategy on Mental Health that addresses the socio-economic determinants of mental health is imperative to achieve an equitable approach to mental healthcare.

²¹ June 2022, UNICEF, Ukraine war response: Children with disabilities, available at: <https://www.unicef.org/emergencies/ukraine-war-response-children-disabilities>

²² May 2022, BBC, ‘Disabled children ‘dumped’ in Ukrainian institutions’, available at: <https://www.bbc.co.uk/news/av/world-europe-61325277>

²³ EURACTIV, Disabled children and the war against Ukraine, available at: <https://www.euractiv.com/section/justice-home-affairs/opinion/disabled-children-and-the-war-against-ukraine/>

1. EU and Member States to rebuild better: De-institutionalisation, community-based services and the psychosocial approach

- Monitor (re)institutionalisation and the use of EU funding to ensure the shift to community-based mental health services;
- The rebuilding process should be informed by the psychosocial approach to mental health. This ensures that basic needs are met which will directly impact mental health (food, housing etc), through addressing social determinants and promoting social integration and inclusion.

2. EU and Member States to provide long term plans on mental health

- A long-term plan is needed at EU and national level to support the mental health needs of refugees and the wider population, and to address foreseeable inequalities. This should be co-produced, including people with lived experience and their representative organisations in the design;
- A mental health strategy should be intersectional, focusing on those who face multiple and intersecting forms of discrimination, including on the basis of ethnicity, religion, sexual orientation and gender identity, migration status, age or disability.

Conclusion

Migrants' mental health, although affected by the entire migration experience, often remains an afterthought. In many places, the capacities for providing tailored services are stretched or non-existent, while financial and human resources are scarce.

The challenges and devastations caused by the war in Ukraine is irrefutable. However, with increased attention, solidarity and policy interventions, this unprecedented situation grants opportunities to reframe the way we talk about mental health and underline how our mental health is shaped by a wide range of social determinants. As governments continue to introduce policy measures, it is a crucial time for investments in a whole-of-society response to mitigate the long-term effects of the war on mental health for all those affected.



www.mhe-sme.org

Mental Health Europe (MHE) is the largest independent network organisation representing mental health users, professionals and services providers across Europe. At MHE, we advocate for a psychosocial approach to mental health, which instead of defining mental ill-health as a ‘disease’ or ‘illness’ caused by purely biological factors, looks to a person’s life and social environment, treating these factors as equally important in understanding wellbeing and mental ill health. We believe Mental health is not only about disease or the absence of it. It is also about wellbeing and experiencing positive emotions: it is about us, our lives, work, relationships, physical health and social environment.



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