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Section 1: Acknowledgements

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International Medical Corps staff surveying buildings destroyed by Russian forces in Borodyanka, Ukraine.

Section 2: Introduction

It is important to acknowledge that this rapid situational analysis report on the Ukrainian humanitarian context and related MHPSS impact and needs was carried out under very challenging and restricted conditions. Limitations included:

- varying levels of geographic access, due to identified organizational program locations, the sheer size of the country and the security context given the ongoing war;
- limited time, as efforts were made to collect preliminary data within a two-week period, to inform program start-up; and
- the need to take into consideration the number and diversity of community members engaged, many of whom were prioritizing basic needs, and the timing and appropriateness of arranging focus-group discussions.

Furthermore, given that Ukraine is still an active war zone, with well-documented deliberate targeting of health and mental health facilities, some information cannot be shared publicly at this time. Therefore, we are sharing as much as is possible while prioritizing the safety and security of such facilities. Finally, as the humanitarian situation continues to deteriorate, with increasing evidence of more widescale destruction, atrocities and war crimes, it is important to note that the findings presented are accurate to our knowledge at the time of this assessment. The situation and related needs will likely evolve, so future assessments will be crucial. We kindly ask readers to take all of these considerations into account while reviewing this report.

Section 3: Objectives

The primary objectives of this rapid MHPSS situational analysis are to:

1. understand the perceived and identified sources of psychosocial distress among community members affected by the war in Ukraine (with special focus on International Medical Corps' areas of operation);
2. identify key needs for MHPSS services, traditional ways of coping, help-seeking behaviors and barriers to accessing support services;
3. determine existing MHPSS actors and services, as well as gaps in services; and
4. share recommendations for MHPSS programming as a part of the humanitarian response, and advocate for increased investment in MHPSS activities and services in Ukraine.

Section 4: Methodology

The methodology for this assessment included a desk review, key-informant interviews (KIIs) and focus-group discussions (FGDs) with residents in select locations within three distinct oblasts in Kyiv, Odessa and Lviv.

A **desk review** of current relevant documents included:

1. Ukraine Flash Appeal (March-May 2022)
2. ReliefWeb Ukraine reports
3. OCHA Ukraine reports
4. Human Rights Watch Ukraine reports
5. International Medical Corps situation reports
6. MHPSS.net Emergency Briefing Kit for Ukraine
7. International Medical Corps/World Bank 2017 Assessment Report, *Mental Health in Transition: Assessment and Guidance for Strengthening Integration of Mental Health into Primary Healthcare and Community-Based Service Platforms in Ukraine*
8. WHO Mental Health Atlas 2017 Country Profile: Ukraine
9. International Medical Corps 2022 Rapid Situational Analysis on Ukrainian refugees in Poland
10. WHO 2022 MHPSS Rapid Situational Analysis in Poland for Ukrainian Refugee Response

Site visits were conducted across select areas of three oblasts:

1. Kyiv: a polyclinic, an ambulatory clinic and a private clinic in Irpin; a hospital and a "gymnasium" (school) humanitarian distribution point in Bucha; an ambulatory clinic and a school in Hostomel; a "gymnasium" (school) humanitarian distribution point and a psycho-neurological center in Borodianka.
2. Odessa: IDP reception and service centers, NGOs and a children's rehabilitation center.
3. Lviv: the mayor's office, IDP shelters (Morshyn school + medical center) and the Zhuravno orphanage in Stryi.

KIIs and general discussions were held with more than 45 key informants, including:

1. Kyiv: the Irpin polyclinic adult psychiatrist, child psychiatrist and neurologist (3); Irpin community members (2); the Bucha "gymnasium" aid coordinator; a Borodianka psychologist.
2. Odessa: Director of Maternity Hospital, Director of Social Services (Odessa municipality), Director of Social Services (Odessa oblast), psychotherapists (5), social workers (5), psychiatrists (2), directors of local NGOs and volunteering services (8), local NGO project managers and staff.
3. Lviv: the Stryi mayor and 14 local government representatives; the Zhuravno orphanage psychologist; the Morshyn psychologist; Kozova village counsel (including a nurse); the Slavs'ke head of village counsel and a doctor.

FGDs were held with 25 community members. Participants comprised male and female adults from different age groups.

1. Kyiv: One in-depth FGD was held with six war-affected community members (three female, three male), ranging from their 40s to 60s, in Borodianka.
2. Lviv: Two FGDs were conducted with IDPs, including 19 total (13 female, six male) in Morshyn.

Section 5: Background & Context

A group of Ukrainian refugees walk on the roadside on their way to buses chartered in Romania to take the new arrivals to neighboring villages or different cities in Romania and Europe on March 5, 2022, in Siret, Romania.

5.1 Humanitarian Context

5.1.1 Ukraine Overall

The Russian invasion and occupation of Ukraine that began on February 24, 2022, has caused widescale destruction and terror in multiple parts of the country—and a substantial humanitarian emergency. Since the war began, as of May 12, at least 7,256 civilian casualties have been reported, including 3,496 killed, with actual numbers likely much higher. Furthermore, the war has led to Europe's largest refugee crisis since World War II, with more than 14 million people

forcibly displaced, both inside and outside the country.[1] A multitude of atrocities and war crimes have been observed and documented, including: murder of civilians; summary executions; torture; rape; enforced disappearances and movement of civilians across international borders; attacks on hospitals, schools and homes; pillaging; use of civilians as human shields; and widespread terror. Humanitarian relief efforts have been underway in most geographically accessible locations. *For more information on the current humanitarian situation, visit ReliefWeb, OCHA, Human Rights Watch and International Medical Corps sitreps listed above.*

5.1.2 Kyiv

In the early stages of the war, Kyiv bore a substantial brunt of the fighting, including constant shelling, invasion and occupation. Russian and Chechen soldiers reportedly terrorized the civilian population, and a disproportionately high level of atrocities and war crimes took place in the suburbs and towns of Borodianka, Brovary, Bucha, Chernihiv and Irpin, among other communities. Widescale destruction still abounds, including damage to infrastructure such as electricity and telecommunication lines, as well as attacks on and destruction of or within health facilities, schools and homes. A mass grave is located behind the Church of St. Andrew and All Saints in Bucha, where hundreds of bodies were buried, the vast majority believed to be civilians.[2] A significant proportion of the residents of Kyiv fled during the start of the war, especially women and children, both to safer parts of the country and to neighboring countries. Many humanitarian distribution points currently are at undamaged schools.

5.1.3 Odessa

Many internally displaced persons (IDPs) have fled to Odessa—an appealing large, wealthy city that has not yet been badly affected by the war and that is close to border crossing points with Moldova and Romania— from other part of the country. There are no accurate figures provided on the current number of IDPs that are arriving in the city; unofficial estimates range from 500 to 3,000 per day. The IDPs primarily are women and children, but many men are initially included, as they travel as far as the border with their families before those families travel to other countries. Current estimates, which are likely undercounted, are that there are 35,000 IDPs in the city. IDPs include those fleeing besieged and occupied areas in other parts of Ukraine, as well as returnees who fled to neighboring countries before returning. Many services are provided at the train station, which is viewed as a main shelter and transit point. Many service providers have mobilized to support IDPs in Odessa as well as sending support to other to besieged areas. Most services have been operating, though many with lowered capacity due to decreases in funding or staff leaving. There is a lack of qualified personnel in certain areas of the economy; most difficult to replace quickly are highly skilled professionals, including those it the health and mental health sectors.

5.1.4 Lviv

Similarly, Lviv in western Ukraine has been widely seen as a safe refuge and hosts a very large number of IDPs. Unofficial estimates indicate that approximately 20,000 IDPs are in the city, with a similar number of IDPs in nearby Stryi. The majority of IDPs are families, especially women and children. In Stryi, many IDPs have been sheltering in public facilities, such as

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[1] https://reliefweb.int/report/ukraine/ukraine-humanitarian-impact-situation-report-1200-pm-eet-26-april-2022

[2] https://www.hrw.org/news/2022/04/21/ukraine-russian-forces-trail-death-bucha#

schools and health clinics that are temporarily not operational; an orphanage from Zaporizhzhya also relocated there.

5.2 Mental Health Policies, Strategies, Workforce, and Financing

A valuable primer on the Ukrainian mental healthcare system and related financing, policy and workforce, as well as priority MNS conditions, is the International Medical Corps/World Bank Group 2017 report, *Mental Health in Transition: Assessment and Guidance for Strengthening Integration of Mental Health into Primary Healthcare and Community-Based Service Platforms in Ukraine*, which includes the following components:

- Common mental health and substance-use conditions
- Mental health policy, legislative framework and leadership
- Organization of mental health services
- Mental health workforce, training efforts and training needs
- MHPSS service use and demand
- Addressing common mental, neurological and substance-use (MNS) conditions: impact, cost of scale-up and return on Investment
- Recommendations for strengthening the national mental health care system and services

It is important to note that several developments in the health and mental health sector have been initiated and realized since the independence of Ukraine. Three phases of health reforms were to be implemented over a four-year period (2010–2014), starting with changes to health financing to reduce fragmentation and prioritize primary care. The health reform package included components on transforming healthcare financing, modernizing primary healthcare, improving access to pharmaceuticals, addressing noncommunicable diseases and creating an integrated National Public Health Institute for disease control and prevention.

Mental health reform is included in the overall healthcare system reform in Ukraine. Plans to improve mental health care include the integration of mental health care in primary healthcare, provision of services through multidisciplinary teams and provision of community-based care to support people with mental health problems to live in the community. The package of reforms was approved in October 2016, and the Ministry of Health (MoH) has been taking active steps toward implementing the reform measures since 2017.

Though there is not a mental health department at the MoH, the possibility of creating a National Centre for Mental Health is under consideration, and there are several mental health specialists at MoH who are tasked with advising on various aspects of mental health.

The *Plan for the Development of Mental Health Services to the Year 2020* covered a range of measures to overcome the trend of institutionalizing people with mental disorders, including creation of an integrated system of psychiatric care facilities, specialized services and primary care services.

Additionally, there was a *Concept of Development of Mental Health Care in Ukraine* until 2030, approved by the by Order of the Cabinet of Ministers of Ukraine in December 2017, that highlights the following:

- the need for the decentralization and deinstitutionalization of mental health care;
- a lack of psychological support services nationally; and
- a lack of availability of MHPSS services at the community level overall.

Recommendations within this plan include the following:

- improving the availability of MHPSS services through decentralization and development of outpatient forms of specialized assistance;
- creating a crisis counselling system;
- improving mental health care at the primary care level; and
- developing a system of psychological and social assistance at the community level.

5.3 MHPSS Coordination

Overall, there are very strong MHPSS coordination efforts for Ukraine. International Medical Corps continued to support Humanitarian Coordination as a Co-Chair with WHO at national- and regional-level MHPSS Technical Working Groups (TWGs). International Medical Corps actively participated in MHPSS TWG meetings on a monthly basis. Through this mechanism, International Medical Corps supported interagency engagement and rolled-out standardized tools and interventions based on best global practices. International Medical Corps fully supported and participated in upgrading the comprehensive MHPSS 4Ws mapping of available MHPSS resources, capacity and efforts of existing national and international agencies, to ensure that information about available MHPSS services was included, analyzed and shared. All recent data on available MHPSS and GBV services in Ukraine could be found on an interactive platform—it's a map and a searching tool that enables convenient data visualization in English and Ukrainian. However, since the start of the war on February 24, this map is no longer available due to security reasons.

International Medical Corps also continuously chaired the Regional MHPSS TWG meetings in Donetska oblast on a bimonthly basis over the last few years. Due to the COVID-19 pandemic, International Medical Corps led these meetings remotely. Since the war started, it is not possible to continue coordination in Donetska oblast due to the security issues. International Medical Corps started to chair the Regional MHPSS TWG in Lviv and Lvivska oblast since 28 March 2022 on a biweekly basis with strong technical support of the project Mental Health for Ukraine (MH4U), based in Lviv. To date, there is not a coordination mechanism in Odessa, although the need has been identified through the recent assessment that has taken place.

Thus, there have been longstanding national and regional MHPSS TWGs that have effectively been able to support MHPSS emergency response planning and coordination. Current contacts are listed below.

- National level co-chairs/contacts:
  - Alisa Ladyk-Bryzghalova (WHO) ladykbryzghalovaa@who.int;
  - Oksana Dmytriak (WHO) dmytriako@who.int;
  - Meetings held on a biweekly basis since March 2022
- Regional levels co-chairs/contacts:
  - Taras Vavryk (International Medical Corps) tvavryk@InternationalMedicalCorps.org;
  - Meetings held on a biweekly basis since March 2022

There also has been an ongoing MHPSS service mapping for Ukraine that is updated regularly; however, as stated above, this information is not currently available due to security reasons. Mapping of international MHPSS actors as a part of the emergency response is being coordinated and regularly updated by the IASC MHPSS Reference Group, in collaboration with mhpss.net. The contact is Valeria Flores, valeria@mhpss.net.

Furthermore, the Ministry of Health has been collecting and consolidating the needs of psychiatric and social care facilities throughout the country to ensure provision of care for people with mental disorders, including the categories of staffing, psychotropic medicines, other medicines, food, water and non-food items.

Finally, the MoH has been maintaining an up-to-date list of psychiatric and social care facilities where there may be places/beds available for those in acute need.[3]

Section 6: MHPSS Assessment

6.1 Introduction to Assessment Results

The public mental health system remains highly centralized, medicalized and institutionalized, and therefore centers on local psychiatric hospitals and centers for both inpatient and outpatient services. There are limited MHPSS services provided at the community level, including the primary healthcare level, apart from referrals to a psychiatrist. In particular, access to psychosocial support and psychological services remains a critical gap; where there are psychologists, they are often in private practice and care is not affordable for the majority of community members.

Additionally, with the psychological impact of the war and related social stressors, and based on global evidence of the increased need for MHPSS services and the burden on the existing mental health care system, needs are going to rise. Concurrently, our assessment found that many mental health care professionals have reportedly fled the country, and there is no indication that public mental health care services are prepared for or sufficient to meet the

[3] Information is not publicly available due to security concerns. For further details, kindly contact: Head of the Center for the Organization of Psychiatric Care at the Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine, oleksii.sukhovii@gmail.com

increased needs and demand. In addition, there is concern about disruptions in funding to the MoH due to the war and changing priorities.

The findings presented below reflect the results found during the aforementioned assessment period; kindly keep in mind that the humanitarian context is consistently evolving and fluctuating as time passes. Needs and population movements are constantly shifting with the ever-changing nature of the war. Therefore, some conditions noted may have changed since the finalization of this report.

6.2 Assessment Results: Kyiv

6.2.1 Stressors

- Ongoing war
  - Seems unbearable; wanting war to be over forever
  - "No one expected or wanted this war"
  - "People cannot bear all of this horror that continues"
  - "Recently, you were speaking to a friend; now he is dead"
  - "It's hard to put all of this into your consciousness and process it"
- Difficult living conditions
  - Lack of electricity and therefore heat; lack of running water
  - Lack of ability to regularly shower, resulting in poor hygiene and loss of dignity
    - "I felt terribly when I had no way to wash myself"
  - During active bombardment and occupation, sheltering in cramped basement/underground shelters during very cold and austere conditions, with limited or no food or water
- Financial difficulties
  - Loss of employment
  - Costs for repairing damaged homes and replacing damaged or stolen pieces of property
- Homelessness
  - Homelessness for those who were forced out of their homes by occupying forces that later destroyed or looted them upon leaving, as well as for those whose homes were destroyed by shelling or other war-related damage
- Fear of future attacks and occupation
- Experience of loss
  - Loss in all of its forms: of loved ones, homes, belongings (including due to looting), financial savings, future
- Exposure to atrocities and war crimes
  - Bearing witness to and/or experiencing atrocities associated with the invasion and occupation
  - Accounts of murder, mass murder, mass graves, rape, torture, terror, bodily dismemberment, use of civilians as human shields (including patients at hospitals and

psychiatric facilities), deliberate targeting and occupying and/or destroying civilian spaces, such as homes, healthcare clinics and hospitals, schools and more

- Experience of horror for those witnessing civilians murdered and left on the streets; “burying people like animals”
- Enduring dehumanizing conditions and making unimaginable decisions for survival
  - Two examples of people keeping the corpses of loved ones in their homes for several days as they were too afraid to go outside to properly bury them
- Challenges regarding reunification with dead bodies; burials and rituals
  - Distress for those who have to go identify the identity of killed loved ones
  - For those found in mass graves, challenging process of reburying with a dignified burial and mourning rituals
- Multiple displacements
  - Some individuals who were previously displaced with the start of the war in 2014, from Donetsk
- Forced displacement across international borders (e.g., more than 100 civilians forcibly transported by Chechen forces to Belarus), with the distress of having no knowledge of their whereabouts or well-being
- Difficulty understanding or discerning meaning of the causes of the atrocities that have taken place
- Difficulty of explaining to children why the war started, and why their lives have changed
- Difficulty of moving within communities, given the many roads destroyed and unexploded ordinances
- Sense of betrayal by and/or resentment of those who fled their communities
  - “Those who fled have to come back and look in the eyes of those who stayed, and understand the consequences of what and who they left behind”
- Sense of not receiving sufficient governmental support with repairs or rebuilding of private homes
- Though most families with children left, challenges for those who remained of not being able to go to school and continue their education; for those who continued with studies online, less motivation to study

6.2.2 Prevalent Psychological Distress, as Well as Mental, Neurological and Substance Use Conditions

- For those with pre-existing mental, neurological and substance use conditions, an exacerbation of symptoms as well as challenges ensuring continuity of care (including relapse)
- Anxiety, including generalized anxiety; panic
- Grief and loss, including traumatic loss, ambiguous loss and disenfranchised grief
- Adversity-related psychological distress
- Some symptoms of depression, including low mood, insomnia and decreased appetite
- Irritability

- Aggression
- Nightmares
- Depression
- Acute stress disorder
- Post-traumatic stress disorder
- Manic episodes
- Schizophrenia
- Epilepsy
- Increase in alcohol misuse, with various types alcohol (beer, vodka, wine)

6.2.2.1 Children

- Distress due to wartime conditions
- Fear
- Nocturnal enuresis
- Stuttering
- Easily startled by loud noises (e.g., a door shutting; a box falling)
- For those with autism, having more behavioral difficulties
- For those with epilepsy, having more seizures

6.2.2.3 Adult women

- Sign of not coping well may be silence, lack of engagement

6.2.3.4 Adult men

- Stress from the burden of being the primary breadwinner for the family and holding many responsibilities

6.2.3 Positive Coping Mechanisms and Resilience

- Community sources of strength and solidarity; collective resilience
  - The war “truly connected all of the people”
  - The war has brought out the good side of people in their community, with people helping one another (e.g., inviting others to keep warm and cook by a fire)
  - Even those with movement disabilities found ways to help others (e.g., taking eggs to neighbors to prevent starvation)
  - “Friendships have been formed because of these hard circumstances”
  - Community members who may not have been so connected found ways to help others
- Community members supporting one another
  - Sharing food, fire/warmth; taking care of farm animals and/or abandoned pets
  - Socializing for support
- National identity and pride

- Sense of national/cultural strength
- Trust in the army, and global support, to save the country and end the war
- Sense of humor; laughter
- Staying active
- Religion
  - "I prayed each day for God to save me" during the invasion and occupation, "and others prayed for me…maybe that is why I'm still alive"
  - "When I don't have any hope, and there is nothing anyone else can do, I can only pray"
- Repairing damaged homes
- Farming and gardening
- Post-traumatic growth—finding strength one never knew they had, feeling like they became a better person

6.2.4 Negative Coping Mechanisms

- Self-medicating pain and/or symptoms of mental health conditions with alcohol
- Aggressive behavior
- Assault
- Robbery

6.2.5 At-Risk Groups

- Persons with disabilities, especially with movement disabilities, including facilitating proper accessibility
- Older persons, especially those who are homeless, as well as those who were living in assisted-living facilities and suffered when Russian troops occupied and terrorized a facility, and deprived them from fleeing or having food and water
- Those who lost their homes and are now homeless; squatting in empty houses, feeling hopeless
- Those who initially fled, and return to find their homes destroyed and valuables stolen
- Women with young children
- Survivors of rape, especially as there are no known organizations or services for them
- Those with mental health conditions

6.2.6 MHPSS Service Delivery Needs

- More mental, neurological and substance use specialists working in these communities
  - Many fled with the outbreak of war, and others may continue to be displaced or emigrate
  - There will continue to be an increased need and demand for mental health services

- Significant need for psychological support services
  - Pre-war, this was predominantly only available at select private practice clinics; with war, many psychologists fled
  - Need for free or affordable psychological care
- Significant need for psychotropic medications and antiepileptics
- Long-term need for mental health care
  - Identification of the fact that people will continue to suffer after the war ends, with the passing of time
- Help for the helpers

6.3 Assessment Results: Odessa

6.3.1 Stressors

- Displacement and associated uncertainty
- Fear of full-scale Russian attack against the city
- Regular, almost daily Russian missile attacks
- Gender-based and domestic violence
- Anger-management issues, especially among combatants
- Loss of employment, difficulties among IDPs in finding employment, lack of financial support for volunteers
- Disruption to schooling for children
- Parenting stress, especially among mothers (as many have been separated from spouses), and difficulties in supporting their children's physical, psychological and social needs
- Lack of information regarding availability of services (in Odessa and in planned onward destinations)
- Long working hours and difficult conditions, leading to burnout among service providers and first responders

6.3.2 Identified, Prevalent, Conflict-related Mental Health Conditions

- PTSD, symptoms of trauma
- Symptoms of acute stress, acute stress disorder
- Obsessive compulsive disorder
- Adjustment disorder
- Nocturnal enuresis (among children)

6.3.3 Coping Mechanisms and Help Seeking

- Mental health services—either specialists working in private practice or the public system for outpatient psychiatric and psychotherapeutic services
- Humor

- Volunteering, working, supporting the cause in some way
- Negative coping: substance use—alcohol, tobacco and opiates

6.3.4 Other Needs

- Shelter/accommodation
- Non-food items, food and cash for IDPs and other vulnerable locals
- Information on safety and services
- Employment opportunities and legal support in other countries for those IDPs in transit
- Continuation of education, and opportunities to play, for children
- Vocation/work, support in transitioning to new vocations, stipends or other financial support for volunteers

6.3.5 MHPSS Service Delivery Needs

- Increased availability of psychological and psychosocial support services, requiring investment in financing, space and support for MHPSS practitioners to provide safe and confidential services, especially for IDPs, including mobilization of MH specialists working in private practice
- Capacity building for MHPSS practitioners (including emergency MHPSS interventions for specialists) and other service providers, as well as staff working for organizations that support already marginalized groups
- Staff care for helpers and first responders
- Integration of PSS activities into education
- Targeted support for parents and caregivers of people with disabilities
- Improved information sharing and dissemination on MHPSS issues and how to receive support

6.4 Assessment Results: Lviv

6.4.1 Stressors

- Uncertainty about the future
- Loss of livelihood and resulting financial difficulties
- Exposure to trauma
- Experience of loss
- Challenges around parenting of children experiencing psychological distress and behavioral problems
- Difficulty accessing needed medications
- Sense of cultural differences between IDPs and host community

6.4.2 Prevalent Psychological Distress, as well as Mental, Neurological and Substance Use Conditions

- Significant psychological distress
  - "I'm dealing with a lot; I don't feel well in my mind, and I'm not alone among my peers, even if they are not open to talking about it; I need to talk to a psychologist; I'm burning from the inside"
- Acute stress
- Anxiety
- Insomnia
- Nightmares
- Agitation
- Symptoms of post-traumatic stress

6.4.2.1 Children

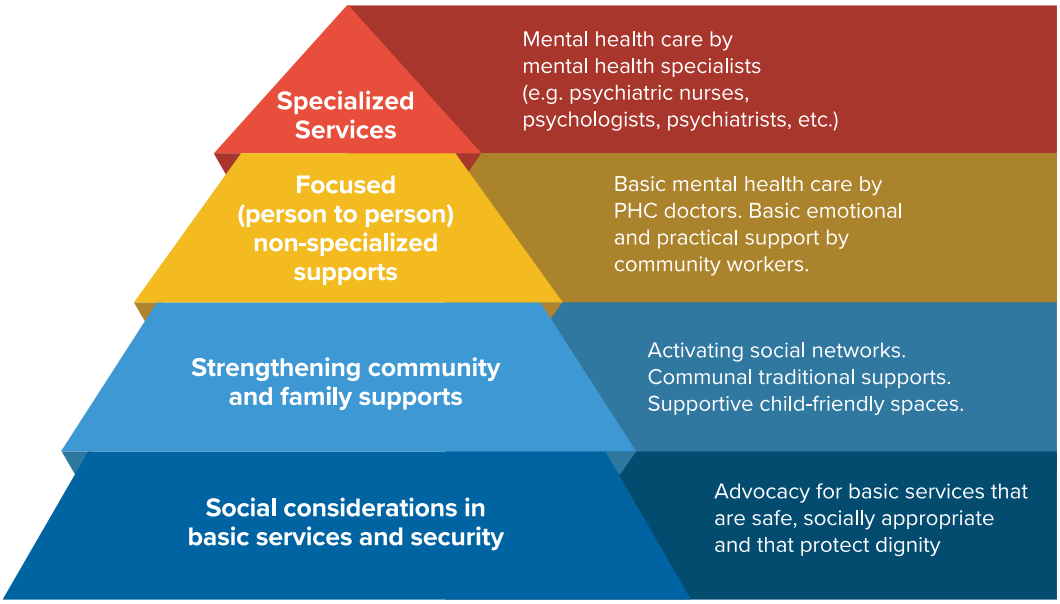
- Stress
- Insomnia
- Crying (especially those originally from Mariupol, when hearing air-raid sirens go off)
- Lack of sufficient socialization (have been isolated, both because of displacement and the pandemic)
- Behavioral problems, including hyperactivity
- Agitation
- Anxiety, including panic attacks
- PTSD
- Developmental disorders

6.4.3 MHPSS Service Delivery Needs

- General psychological support
- Interventions that strengthen positive coping mechanisms
  - Especially for children and younger persons
- Trauma-informed and/or trauma-focused psychological interventions
- Structured activities and psychosocial support for children
- Psychotropic and antiepileptic medications
- Help for the helpers

Section 7: Recommendations

Global standards outlined in the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) include recommendations on different levels of mental health and psychosocial interventions using a pyramid approach, with basic needs and social considerations at the foundation, and increasingly advanced mental health services toward the top. The following recommendations are made to address the various MHPSS needs and gaps identified in Ukraine pertaining to the humanitarian response, and to enhance the quality and comprehensiveness of MHPSS services.



1. All actors currently or planning to be involved with offering MHPSS services or supporting MHPSS initiatives in Ukraine should ensure that they **participate in the national and regional MHPSS TWGs**, with international actors also participating in the global MHPSS TWG and mapping exercise (contact details above). If any region identifies a need for a regional coordination mechanism, this should be brought up with the national MHPSS TWG.

2. Significant efforts should be dedicated to **implementing and supporting access to comprehensive MHPSS services**, across all four layers of the IASC MHPSS Intervention Pyramid, with a special focus on community-based psychosocial and psychological support services. Translations of relevant MHPSS resources into Ukrainian can be found here, and are updated periodically by the global MHPSS TWG.

3. **Training in basic psychosocial support** should be rolled out to first responders and those in frequent contact with adversity-affected individuals (e.g., such individuals should be trained in Psychological First Aid, I Support My Friends, Doing What Matters in Times of Stress)

4. Prioritization should be placed on **helping the most vulnerable access services to address basic needs**, including shelter, food, water, electricity, healthcare, vocational opportunities, protection and overall dignity. This requires the establishment and strengthening of referral pathways, including strong links to protection, gender-based violence and child protection actors, based on the mapping of services available. A **case management model** can be effective in facilitating needed referrals and follow-up.

5. Advocate for **access to appropriate religious and cultural supports**, including **mourning rituals** as well as **support groups** for those who have recently lost loved ones (or whose loved ones are still missing) and access to **individual counseling** for those with acute distress who wish to access such services.

6. MHPSS staff who will support individuals and/or families with loved ones who are missing, with no confirmation of if they are alive or dead, should **consider utilizing the ambiguous loss model** with its guidelines on relevant psychosocial and therapeutic approaches.

7. **Work with individuals or entities involved with locating and retrieving dead bodies and/or informing the families of the deceased**, including funeral homes and staff involved with exhuming bodies, to determine if there is an opportunity to offer training on Psychological First Aid and related sensitive messaging, as well as advocating for staff care for the staff involved. Determine as well if any support can be provided for any reburial and related mourning processes.

8. **Prioritize and roll out support services for survivors of gender-based violence**, in collaboration with GBV actors and global best practices.

9. **Advocate for staff well-being for those in the caregiving professions**, especially as so many have themselves been impacted by the war. This will promote their well-being and enhance their ability to support others.

10. **Ensure there is appropriate investment for MHPSS services for military veterans and civilian soldiers**, to effectively cope with their wartime experiences and related moral injury and/or trauma.

11. **Advocate for longer-term efforts to decentralize, demedicalize and deinstitutionalize mental health care services and increase availability of and accessibility to comprehensive community-based MHPSS services**. Actors should:
    - **Integrate mental health into the primary healthcare system**. WHO advocates that every primary healthcare center should have at least one health professional trained in how to identify and manage priority mental, neurological and substance use disorders. Key training and implementation materials should include the WHO mental health Gap Action Program (mhGAP), in line with coordinated national efforts to roll out the mhGAP Intervention Guide v2.0 with inclusion of specific modules on grief, acute stress and PTSD from the WHO/UNHCR mhGAP Humanitarian Intervention Guide (mhGAP-HIG). Additional resources include the accompanying mhGAP Operations Manual, and International Medical Corps' Toolkit for the Integration of Mental Health into General Healthcare in Humanitarian Settings.

- **Advocate for significant investment** in the availability and widespread scale-up of **free or affordable community-based psychological services** that utilize brief, evidence-based psychological treatment in line with global best practices in humanitarian settings.
- **Invest in training and supervising non-mental health specialists in evidence-based, scalable psychological interventions** so they can safely deliver a basic level of psychological support under clinical supervision. The social work profession is prevalent throughout the country in public and community-based agencies, and is potentially a very useful entry point and source of MHPSS services and support. As social workers in Ukraine are rarely provided with training on MHPSS topics, it would be highly strategic to build their capacity to deliver MHPSS services. Key interventions include Problem Management Plus (PM+) and Group PM+, Group Interpersonal Therapy and Common Elements Treatment Approach (CETA).

12. **Ensure that ongoing and comprehensive MHPSS needs assessments** take place, given the ever-changing nature of the war and related needs, with **ongoing advocacy for financing and implementing MHPSS programming**, as MHPSS needs will continue to grow over time.