



D2.3 POLICY BRIEF No 1

**UKRAINE'S DISPLACED
PEOPLE IN THE EU:
REACH OUT,
IMPLEMENT, SCALE-UP
AND EVALUATE
INTERVENTIONS
PROMOTING MENTAL
WELLBEING**

February 2023



**Co-funded by
the European Union**

DELIVERABLE D2.3 POLICY BRIEF NO 1

Deliverable D 2.3 – Policy Brief No1*

U-RISE: Ukraine's displaced people in the EU: Reach out, Implement, Scale-up and Evaluate interventions promoting mental wellbeing

Project Acronym: U-RISE

Grant Agreement No 101101495

DELIVERABLE INFORMATION

Project start date	01/12/2022
Duration of the project	2 years (until 1/12/2024)
Deliverable number and name	D 2.3 Policy Brief No 1
Due date	Month 3
Delivery	Month 3
Work package	WP 2
Lead partner for deliverable	LUX
Approved by	All partners
Dissemination level	PU
Version	1.0
Reviewers	Els van der Ven (VUA) Iryna Frankova (VUA)
Authors	Vitalii Klymchuk (LUX)

- The first policy brief to be followed by other 2 Policy briefs (No2 and No3) in the course of the project



**Co-funded by
the European Union**

Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them

1. INTRODUCTION

Since the Russian invasion of Ukraine, millions of people have fled. The exposure to war-related traumatic experiences puts refugees at high risk of developing mental health problems and imposes significant challenges on the health care systems of host countries.

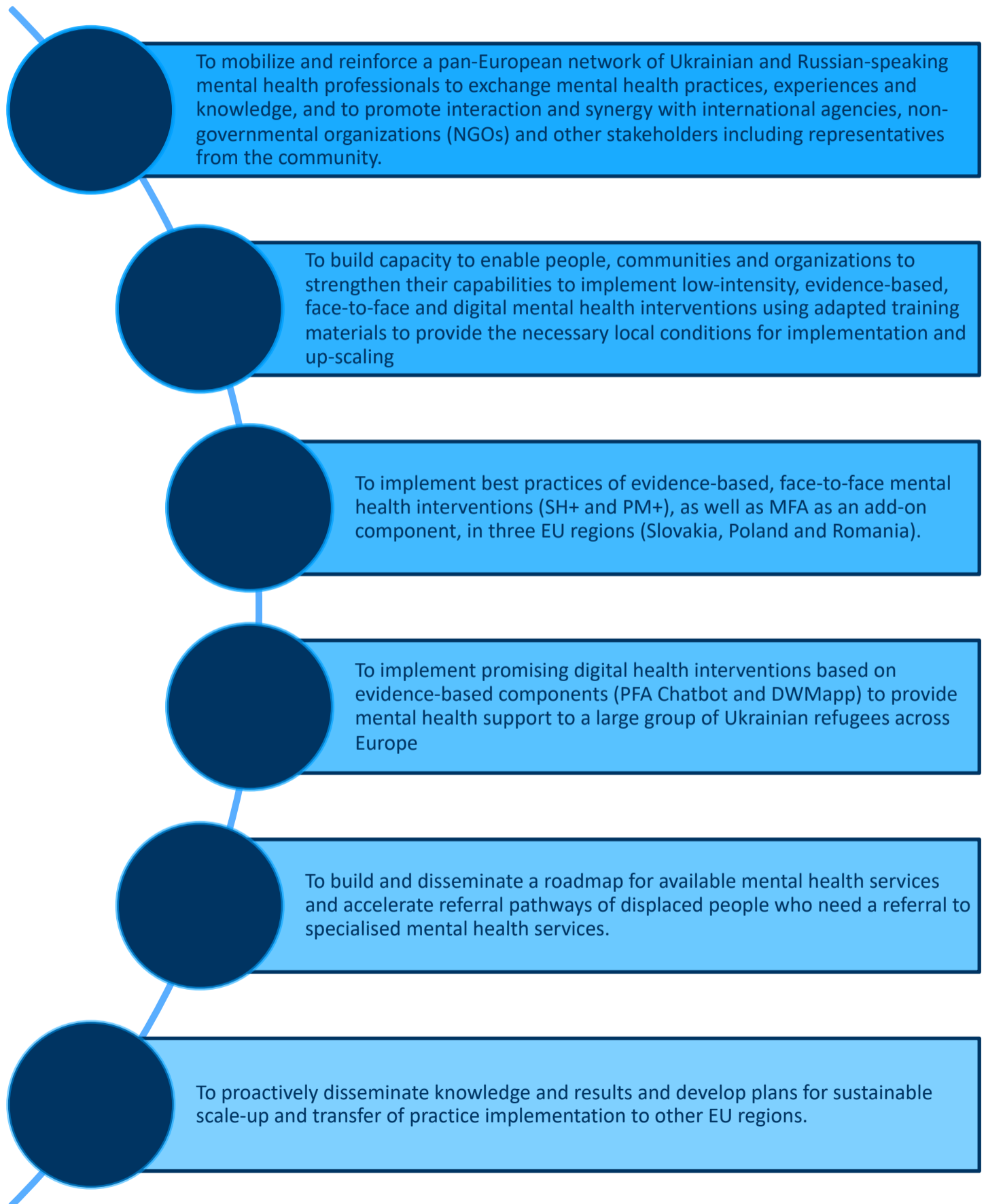
U-RISE project (REACH OUT, IMPLEMENT, SCALE-UP AND EVALUATE INTERVENTIONS PROMOTING MENTAL WELLBEING) aims to improve the mental wellbeing of the displaced people of Ukraine by building sustainable capacity to implement scalable, evidence-based mental health interventions adapted to the specific and diverse needs of refugees affected by the war.

Considering the local context and health systems, we will disseminate training materials to provide local conditions for implementing and up-scaling. We will train trainers and NGOs to implement scalable WHO stepped care programmes Self Help Plus (SH+) and Problem Management Plus (PM+) in 3 EU regions (Poland, Romania, Slovakia) and disseminate promising digital m-health interventions. Through networking activities, we will develop a roadmap of mental health services to accelerate referral pathways for those needing more intensive mental health services.

U-RISE builds on successful partnerships complemented by key grassroots organizations. Together, by implementing a stepped care model with personalized components in parallel with widespread capacity building and a sound strategy for sustainability, U-RISE is in a unique position to enforce a sizeable, lasting impact on the mitigation of mental health problems among the displaced people of Ukraine.



The U-RISE consortium aims to improve the mental health and psychological wellbeing of displaced people of Ukraine in the EU with the following objectives:

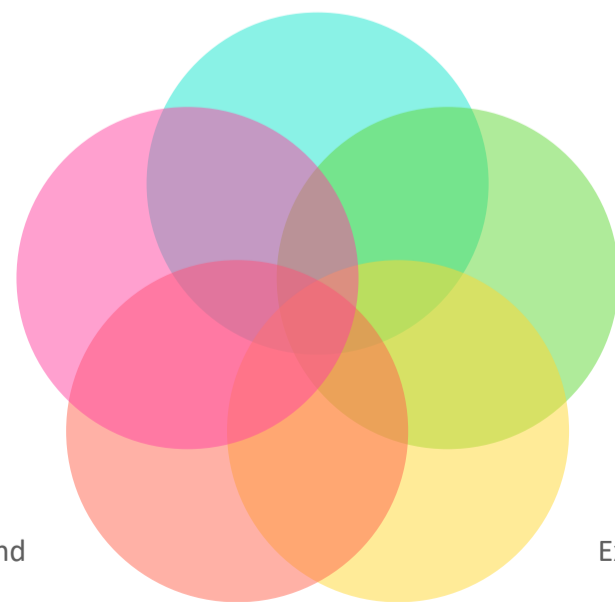




Training activities for Ukrainian and Russian-speaking mental health professionals take place in Poland, Romania and Slovakia.

Constant collection of the data for the new evidences for the EU better mental health policy generation

Best practices, evidence-based mental health and psychosocial interventions



Network of the local and Ukurainian MHPSS professionals activation

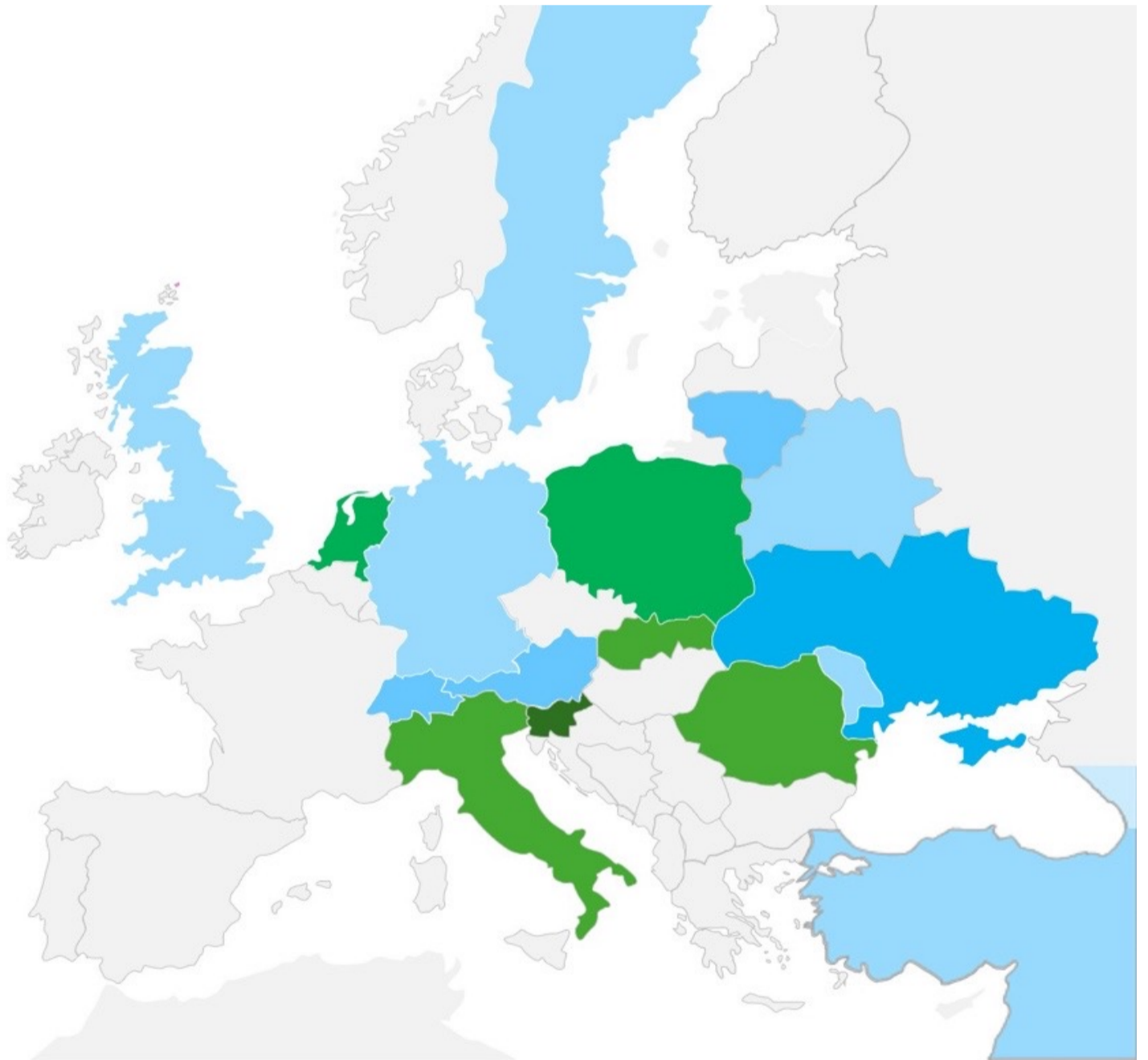
Expertise from the leading EU mental health professionals



2. U-RISE COUNTRIES AND SITES

U-RISE includes 25 experts from the 7 partners organization from 6 countries: Netherlands, Croatia, Slovakia, Romania, Italy, and Luxembourg.

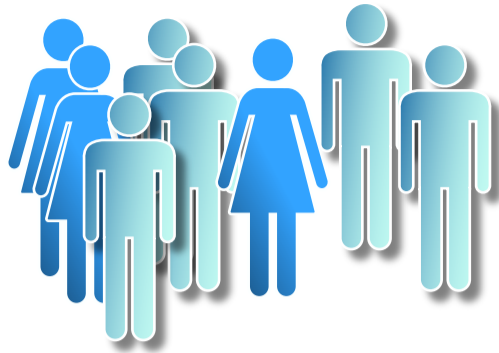
The project's steering group includes 17 experts from 12 countries: Ukraine, Moldova, Denmark, Sweden, Lithuania, Turkey, the UK, Poland, Germany, Switzerland, Georgia, and the Netherlands.



Steering group (blue) and Consortium partners (green) geography



3. OUR ACTIVITIES



Phase I: Preparation

- In this phase, suitable training materials will be assembled and catalogued to ensure a uniform training framework across the different sites and NGOs. Training materials will be adapted to the local context for the MFA interventions. Training materials will be bundled and available through the EU Policy Health Platform. An essential activity in the preparation phase of U-RISE is the inception of the U-RISE Psy Network.

Phase II: Capacity building

- Using a training pyramid consisting of master trainings, trainings of trainers (ToTs), and trainings of peer helpers will provide a structured and efficient framework for training many mental health professionals and peer helpers to maximize the capacity for providing mental health support for Ukrainian refugees. Capacity building for face-to-face interventions will focus on three countries, including Poland, Romania and Slovakia.

Phase III: Implementation

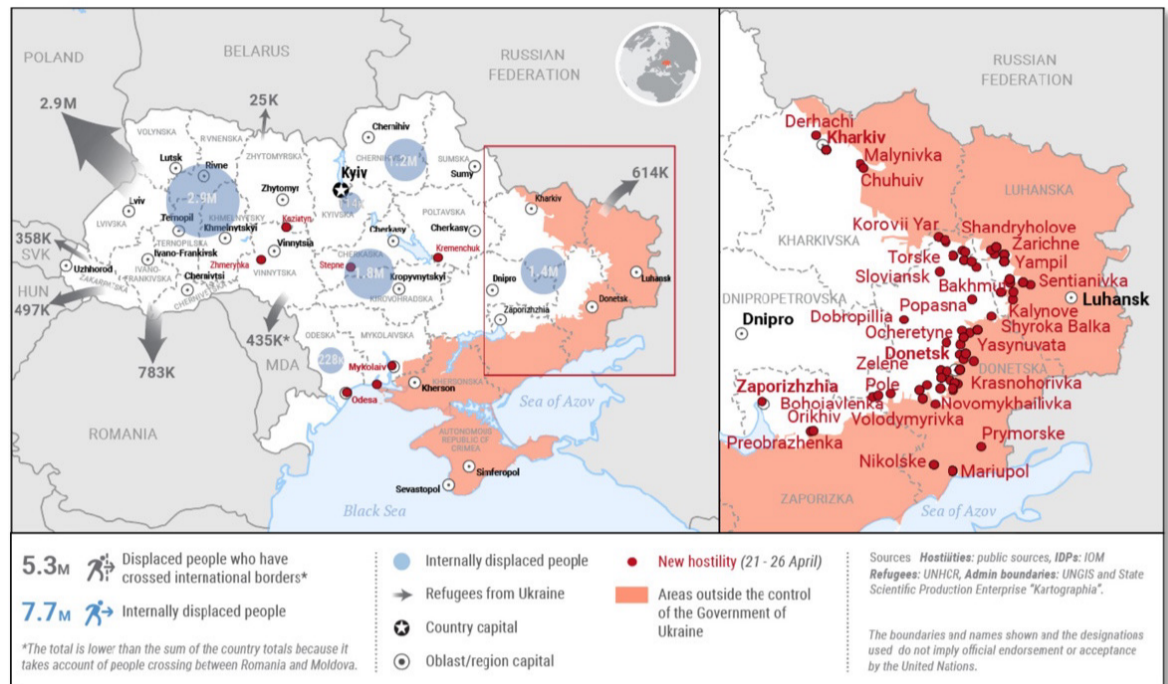
- Face-to-face interventions: In the preparation phase, an implementation plan will be developed, which includes an inventory of the needs of stakeholders and end-users for the implementation and scaling-up of the face-to-face low-intensity programmes in Poland, Romania and Slovakia. This plan will be adjusted based where needed based on potential bottlenecks in the implementation process identified by NGOs, mental health professionals or representatives from the target group.

Phase IV: Evaluation and dissemination

- Information on the background, objectives, approach and results of U-RISE will be provided and maintained on partners' websites. It will be functionally linked to existing websites and social media platforms. From the start, the project will be introduced to a wide range of stakeholders to identify and engage organizations that may implement SH+ and PM+ in the future. Stakeholders include refugees and vulnerable groups, mental health care providers, NGOs, international organizations, primary care providers, local government, policymakers and citizens of EU member states.



4. WAR, REFUGEES` EXPERIENCE AND THE HUMANITARIAN ACTIVITIES



The war in Ukraine has led to the largest humanitarian crisis on European soil since WWII. Since the Russian invasion of Ukraine on February 24th 2022, millions of people have been internally and externally displaced. More than 6 million refugees have fled Ukraine, a number that is steadily growing. The latest Eurostat update indicated that 54565 first-time asylum applicants (non-EU citizens) applied for international protection in the EU Member States, a 3% increase compared with January 2022 (52810). The increase from January to February 2022 can be attributed mainly to the increase in Ukrainian first-time applicants (from 355 in January to 2 370 in February; +568%). The vast majority of refugees, approximately 3 million, fled to Poland, while other neighbouring countries, including Romania, Hungary, Belarus, Moldova and Slovakia, have also seen a large influx of refugees. Given the conflict's unpredictable and rapidly changing nature, within- and cross-country movements are volatile and change daily.

Refugees have been exposed to war-related traumatic experiences, including destroying homes and livelihoods, shelling, severe injury, war crimes, and deaths of loved ones. Family separation, worries about loved ones who stayed behind and the daily stress of an unstable living situation and an unknown future further impact refugees' mental health and wellbeing. This is particularly true among vulnerable subgroups, including women, families, and people exposed to war-related trauma and psychologically traumatic experiences.

The humanitarian crisis in Ukraine imposes highly challenging demands on European health systems. In most of Ukraine's neighbouring countries, the mental health services required to meet the demands of millions of refugees in need are inadequate, and local health systems are overburdened to meet psychological needs and more chronic health problems. For that reason, large non-governmental organizations (NGOs) and grassroots organizations play an important role in delivering mental health and psychosocial support (MHPSS) responses for Ukrainian refugees in the countries bordering Ukraine.

5. MENTAL HEALTH NEEDS OF REFUGEES

There is still insufficient data regarding Ukrainian refugees' mental health and wellbeing in Europe. Yet, research among Ukrainian refugees seeking help online revealed that 81% were at risk of depression, and 57% had severe psychological distress. Additionally, there are data about previous waves of forced migrations, which can be ground for some prognosis around challenges that refugees of this new wave face. PTSD and depression are the most common mental health conditions that are more prevalent among refugees and migrants, with a prevalence that varies by data from 20% to 31% for both conditions. Many other mental health conditions are more prevalent among refugees and asylum seekers: complicated bereavement, explosive anger, and anxiety disorders⁴.

There are such reasons for the current situation: 1) pre-migratory exposure to trauma, violence, oppression etc. and traumatized path to the country of destination, 2) **accessibility of mental health and psychosocial support in the host country**; and 3) **post-migration stressor exposure in the host country** .

Regarding MH services accessibility, there is still evidence of inequality of healthcare services accessibility between migrants and non-migrant populations: unmet needs, legal barriers, communication and language barriers, overuse of emergency services and underuse of primary care, discrimination^{5, 6}.

Again, there is no yet available data on the situation of Ukrainian refugees, but revealed pieces of evidence point out in the same direction. There is vast underdevelopment in mental health and psychosocial support services availability and accessibility all around Europe. It creates a massive gap between needs and the possibility of states` health and social services meeting them.

U-RISE will work towards delivering **impact** by focusing on mitigating major mental health and psychologically traumatic experiences of the displaced people of Ukraine, in Ukraine's neighbouring countries, as well as other countries in the EU. This will be done by targeting key stakeholders such as mental health care professionals, larger NGOs and grassroots NGOs, policymakers, and representatives of the Ukrainian displaced people. **Lessons learnt** and evidence-based policy recommendations will be made rapidly available during the project's lifetime through Policy Briefs for immediate consideration and use by EU member states.

Noha, A. M. A., Asanov, I., & Buenstorf, G. (2022). Mental Health and Stress Level of Ukrainians Seeking Psychological Help Online. medRxiv. 2022 08.19.22278660;

Carlsson, J., & Sonne, C. (2018). Mental health, pre-migratory trauma and post-migratory stressors among adult refugees. In *Mental health of refugee and conflict-affected populations* (pp. 15-35). Springer, Cham.

Lebano, A., Hamed, S., Bradby, H., Gil-Salmerón, A., Durá-Ferrandis, E., Garcés-Ferrer, J., ... & Linos, A. (2020). Migrants' and refugees' health status and healthcare in Europe: a scoping literature review. *BMC Public Health*, 20(1), 1-22.

Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilization and access among refugees and asylum seekers in Europe: a systematic review. *Health Policy*, 123(9), 851-863.

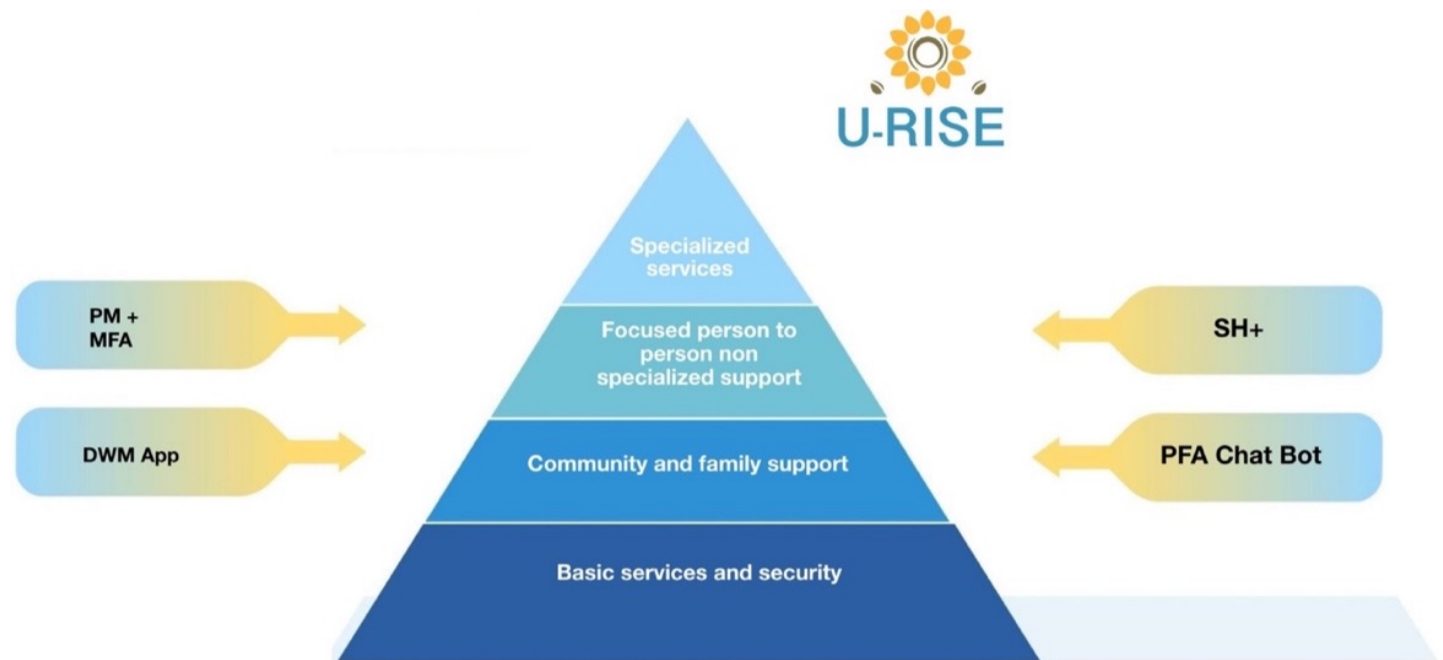
Rayes D. (2022). As Ukrainian Refugees Arrive, the EU's Public Health Crisis Grows. Newline Institute for strategy and policy. 13 July, 2022. <https://newlinesinstitute.org/ukraine/as-ukrainian-refugees-arrive-the-eus-public-health-crisis-grows/>

Sanderson S. (2022). Ukrainian refugees in Europe: a mental health crisis in the making. InfoMigrants. 2022/04/22.

<https://www.infomigrants.net/en/post/40045/ukrainian-refugees-in-europe-a-mental-health-crisis-in-the-making>



6. ADDRESSING THE MENTAL HEALTH NEEDS OF REFUGEES IN THE EU



To improve the wellbeing and mental health of Ukrainian refugees in the neighboring countries (Poland, Romania and Slovakia), the U-RISE project will utilize the capacity-building approach, combining the empowerment of service providers with scalable psychosocial interventions, rigorous evidence-collection research processes and advocacy activities at local, national and international levels.

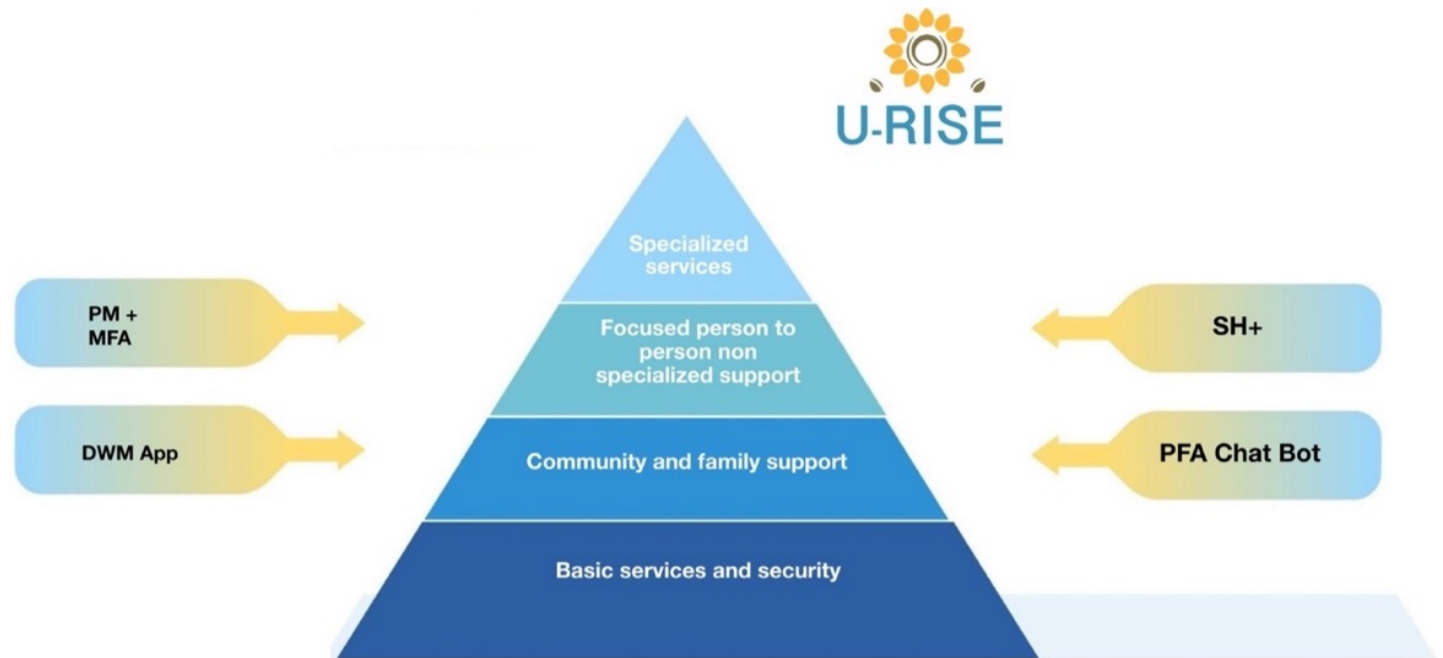
U-RISE will include a number of scalable interventions that may be delivered in person, either individually or in groups.

Self-Help Plus (SH+) is a preventive self-help intervention developed by WHO for use in a group of up to 30 people delivered by briefly trained lay facilitators¹⁶. It is based on acceptance and commitment therapy (ACT), a modern form of cognitive-behavioural therapy with a strong focus on mindfulness practices. It includes exercises to reduce stress and build social support, adaptive coping and resilience.

Problem Management Plus (PM+) was developed by WHO and addresses common mental health problems (depression, PTSD and anxiety) and improves daily functioning¹⁸. There are two versions of PM: PM+ individual¹⁹ and PM+ group²⁰. Clients are systematically taught four strategies: 1. stress management, 2. problem-solving, 3. behavioural activation, and 4. skills to strengthen social support.

The Multi-Family Approach (MFA) is a preventive intervention for groups of families²³⁻²⁶. The aim is to strengthen parenting skills and attachment relationships within families. The goal is to foster inter- and intrafamilial support: parents support other parents; children find acknowledgement and recognition.

The chatbot is based on PFA with additional recommendations adjusted for coping. The **"Friend. First Aid" chatbot** was launched in Ukraine and is based on PFA (**Psychological First Aid**). "Friend. First Aid" has been developed by Iryna Frankova and colleagues from Bogomolets National Medical University, Kyiv, who is currently appointed as an assistant professor at U-RISE partner VUA. It simulates a text conversation with a virtual specialist on a mobile phone and contains various exercises, tasks, and useful recommendations on coping with ongoing stress of the war, such as relaxation exercises and stress management for adults and children. "Friend. First Aid" uses different scripts for specific environments, for example, considering whether the user is in a life-threatening or safe environment.



Doing What Matters in times of stress (DWM) is an illustrated self-help stress management guide developed by WHO based on Self-Help Plus (SH+). For the EU H2020 RESPOND project (101016127), see www.respond-project.eu; that is coordinated by U-RISE partner VUA and includes partner UNIVR. DWM has been adapted from a book format into a digital self-help intervention accessed through smartphones. WHO has commissioned U-RISE partner VUA to prepare a Ukrainian and Russian version for large-scale use (co-funding to VUA).

U-RISE will assess the **quality** of training and competency of helpers using the EQUIP (Ensuring QQuality In Psychological support) materials developed by WHO. EQUIP consists of freely available competency assessment tools and e-learning courses to support governments, training institutions, and non-governmental organizations in humanitarian and development settings to train and supervise the workforce to deliver effective psychological support. EQUIP encompasses a competency evaluation tool named ENACT (the Enhancing Assessment of Common Therapeutic Factors) that has been developed for the assessment of mental health and psychosocial support skills for non-specialist and specialist providers across cultures, contexts and types of interventions.

Marshall JC, Smart J, Horton RM. The design and validation of EQUIP: An instrument to assess inquiry-based instruction. *International Journal of Science and Mathematics Education*. 2010;8(2):299-321.

Kohrt BA, Schafer A, Willhoite A, et al. Ensuring Quality in Psychological Support (WHO EQUIP): developing a competent global workforce. *World Psychiatry*. 2020;19(1):115.

7. DISSEMINATION

As part of the U-RISE project, the research results will be disseminated widely to engage with a variety of stakeholder groups, such as policy and decision-makers, healthcare organizations and nursing homes, civil society organizations and NGOs, health workers, health service funders, the scientific community, and the general public, with an emphasis on vulnerable groups. Dissemination methods will include joint publications in open-access academic journals, policy briefs, conference presentations and posters, the U-RISE webpage, social media activity, press releases, and other media visibility efforts. An open-science approach will be taken, and data will be available in repositories.

8. About U-RISE

U-RISE stands for **Ukraine's displaced people in the EU: Reach out, Implement, Scale-up and Evaluate interventions promoting mental wellbeing**. The project brings together a network of specialists in psychology, psychiatry, mental health systems development, capacity-building activities, policymaking, and dissemination.

It is coordinated by Prof. Els van der Ven and prof. Marit Sijbrandij of the Department of Clinical, Neuro- and Developmental Psychology at the Faculty of Behavioural and Movement Sciences, Vrije Universiteit Amsterdam.

U-RISE is a **EU4Health** funded project:

https://hadea.ec.europa.eu/news/eu4health-projects-provide-mental-health-support-ukrainian-refugees-2022-12-21_en

Project's dates: 1/12/22 → 1/12/24

To contact the central project office, please write to:

i.frankova@vu.nl



9. PARTNERS



UNIVERSITÀ
di **VERONA**



Co-funded by
the European Union

10. U-RISE ON THE WEB



<https://research.vu.nl/en/projects/ukraines-displaced-people-in-the-eu-reach-out-implementation-scale-up->



<https://www.facebook.com/uriseprojectukraine>

<https://www.linkedin.com/company/u-rise-project/>



<https://www.youtube.com/@u-riseproject/featured>

