POLICY BRIEF

U-RISE

INCREASING THE ACCESSIBILITY OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR UKRAINE'S DISPLACED PEOPLE IN THE EU

U-RISE POLICY BRIEF

November 2023

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• The second policy brief is to be followed by the Policy Brief No3 in the course of the project
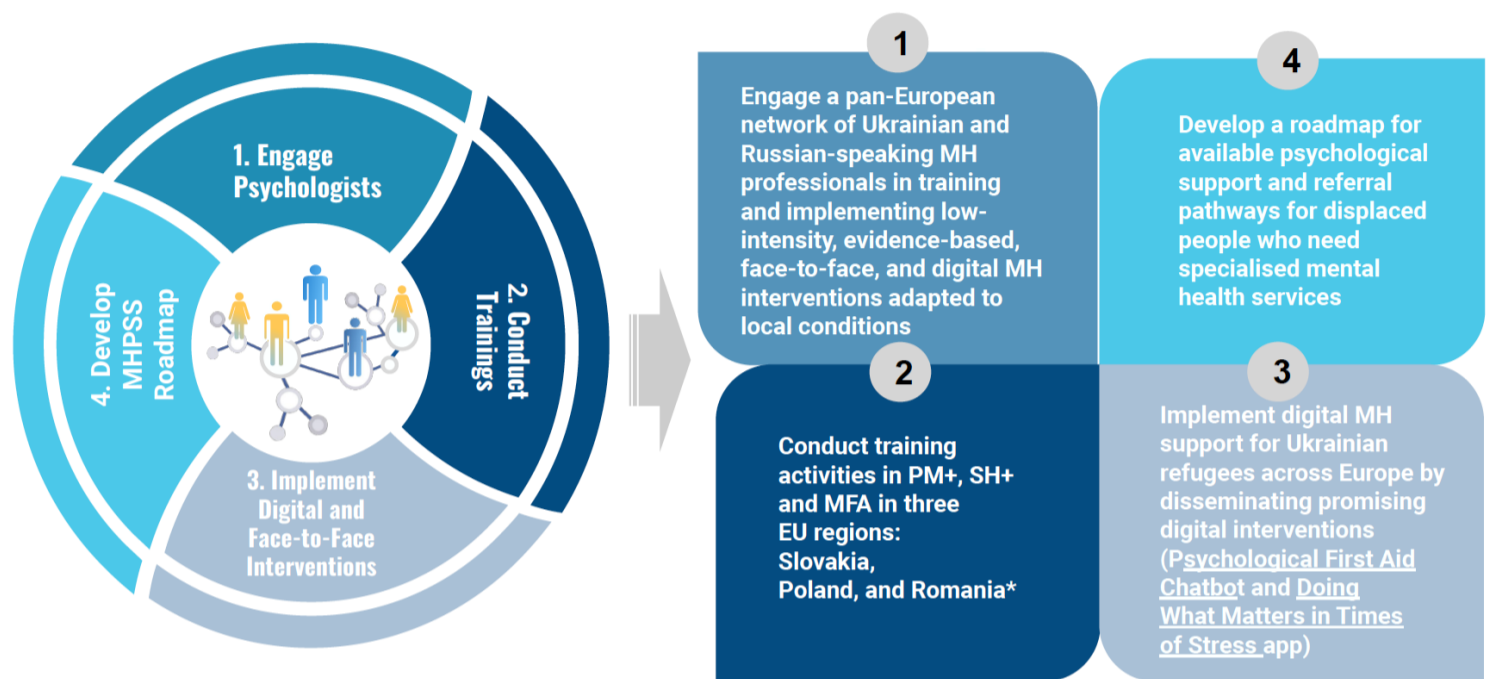
EXECUTIVE SUMMARY

U-RISE is an EU co-funded project running from 2022 to 2024. It aims to improve the mental wellbeing of the displaced people of Ukraine in 3 EU countries (Poland, Romania, Slovakia) 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.

1. Engage Psychologists

4. Develop MHPSS Roadmap

2. Conduct Trainings

3. Implement Digital and Face-to-Face Interventions

1 Engage a pan-European network of Ukrainian and Russian-speaking MH professionals in training and implementing low-intensity, evidence-based, face-to-face, and digital MH interventions adapted to local conditions

4 Develop a roadmap for available psychological support and referral pathways for displaced people who need specialised mental health services

2 Conduct training activities in PM+, SH+ and MFA in three EU regions: Slovakia, Poland, and Romania*

3 Implement digital MH support for Ukrainian refugees across Europe by disseminating promising digital interventions (Psychological First Aid Chatbot and Doing What Matters in Times of Stress app)

MAIN ACTIONS PERFORMED:

- Training materials were assembled and catalogued to ensure a uniform training framework across the different sites and NGOs. Training materials were adapted to the local context.
- The training pyramid consists of master training, Training of Trainers, and training of peer helpers to was established to provide a structured and efficient framework for training mental health professionals and peer helpers to maximise the capacity for providing mental health support for Ukrainian refugees.
- Capacity building for face-to-face interventions focuses on three countries (Poland, Romania and Slovakia), mainly Training of Trainers was implemented (Problem Management +, 50 Trainers; Self Help +, 56 Trainers were prepared).
- Dissemination activities to increase awareness of a wide range of professionals in key topics related to the mental health of vulnerable populations were conducted.
- Research aimed to assess the problems affecting Ukrainian refugees across Poland, Romania, and Slovakia, evaluate refugees' barriers to accessing mental health interventions, and identify the barriers that affect the ability of local service providers to implement face-to-face and digital mental health interventions for Ukrainian refugees in their host countries.

EXECUTIVE SUMMARY

RECENT FINDINGS:

- Ukrainian refugees are facing a number of factors that are detrimental to their mental well-being. The most salient among them are discrimination, **continuous stress and worries, loss of professional and social status and PTSD symptoms**.
- Accessibility of mental health services for Ukrainian refugees is affected by **language, lack of trust, finance and stigma-related barriers**. For the face-to-face interventions, additional barriers are listed by local service providers: **mental health illiteracy, lack of MHPSS professionals and infrastructure**. Accessibility to digital interventions is undermined by such barriers as **generational obstacles, lack of trust and therapeutic relationships, and lack of awareness**.

KEY RECOMMENDATIONS:

1. To overcome **stigma** it is recommended to provide community-based psychosocial activities, run psychoeducation activities and family-based programs for developing parenting skills.
2. To overcome the **language** barrier, it is recommended to incorporate Ukrainian specialists in organisations and projects providing MHPSS and into the mental healthcare system of the host country.
3. To overcome the **lack of MHPSS professionals and infrastructure**, it is recommended to strenghten the collaboration between NGOs, government entities, social workers, and mental health specialists.
4. To overcome the **financial barriers,** there is need in mobilisation of financial resources through donor support; encouraging organisations to apply for EU funds; develop the national-level scaling up strategies and providing state-reimbursed MHPSS services (public health approach).
5. To overcome **the lack of trust**, it is important to provide community-based, non-institution-based psychosocial activities; raise awareness about mental health problems and services; ensure social media presence and relevant content; ensure the state takes consistent and reliable actions for the predictability of the support provided.
6. To overcome the **generational obstacles in access to digital interventions,** it will be important to provide education on utilising digital interventions and supplying personal technical support to facilitate the use of devices.
7. To overcome the **lack of awareness in the digital interventions**, it is recommended to build credibility by conducting and disseminating efficacy research; test acceptability and quality by means of focus groups and field testing; create awareness by endorsement by trusted members of the community.

REFUGEES` EXPERIENCE

CONTEXT

The Russian invasion of Ukraine represents the largest humanitarian crisis in Europe since WWII, and it has forced millions of Ukrainians to leave their country. The number of displaced people is still increasing, with most Ukrainian refugees taking shelter in neighbouring countries, such as Poland, Slovakia, Romania, Hungary, Moldavia, and Belarus. Refugees are exposed to traumatic events associated with armed conflicts, such as bombardment, destruction of homes, or war crimes. This raises the probability that members of this demographic may develop mental health disorders. The World Health Organization (WHO) has determined that the prevalence of mental illnesses such as depression, anxiety, and PTSD in regions experiencing armed conflict is around 22% (Charlson et al., 2019). The humanitarian crisis places significant strains on the healthcare systems of the host nations, and the mental health services available in these countries are insufficient to fulfil the psychological requirements of the millions of displaced people.


SOLUTION

In this context, the U-RISE project aims to improve the mental health outcomes of Ukrainian refugees by implementing four psychological interventions developed by the WHO for populations affected by adversities. Two of the interventions, namely Self-Help Plus and Problem Management Plus, will be delivered in a face-to-face format, while the other two interventions, Doing What Matters in Times of Stress and the Psychological First Aid Chatbot, will be delivered in a digital format. The project aims to implement and scale up these interventions across Poland, Romania, and Slovakia.

[1] Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. The Lancet, 394(10194), 240-248.

KEY INTERVENTIONS
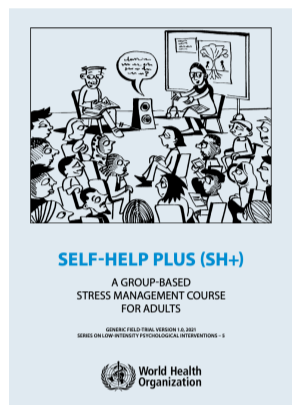
Self-Help Plus (SH+) is a preventive self-help intervention developed by WHO for use in a group of up to 30 people delivered by briefly trained lay facilitators16. It is based on acceptance and commitment therapy (ACT), a modern form of cognitive-behavioural therapy with a strong focus on mindfulness practices. It includes exercises to reduce stress and build social support, adaptive coping and resilience.
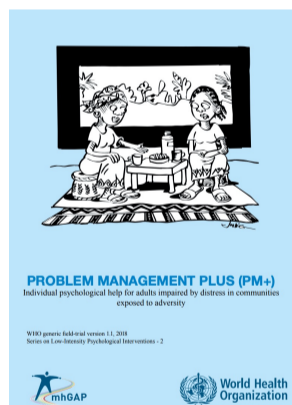
Problem Management Plus (PM+) was developed by WHO and addresses common mental health problems (depression, PTSD and anxiety) and improves daily functioning18. There are two versions of PM: PM+ individual19 and PM+ group20. Clients are systematically taught four strategies: 1. stress management, 2. problem-solving, 3. behavioural activation, and 4. skills to strengthen social support.
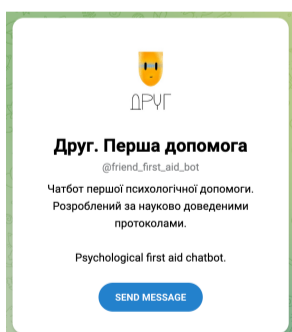
The "**Friend. First Aid" chatbot** was launched in Ukraine and is based on PFA (**Psychological First Aid**). "Friend. First Aid" has been developed by Iryna Frankova and colleagues from Bogomolets National Medical University, Kyiv, who is currently appointed as an assistant professor at U-RISE partner VUA. The chatbot is based on PFA with additional recommendations adjusted for coping with the 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+). 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): https://dwmatters.eu/

AIMS OF THE STUDY

The present study is a rapid qualitative assessment of the needs of Ukrainian refugees and mental health service providers from the three host countries (Poland, Slovakia and Romania) that precede and inform the implementation of the WHO-developed psychological interventions conducted by U-RISE consortium partner, University of Verona. Study protocol can be accessed here: https://osf.io/tmsk7

- The **first main objective** of the study was to assess the problems affecting Ukrainian refugees across Poland, Romania, and Slovakia.

- The **second main objective** was to evaluate refugees' barriers to accessing mental health interventions.

- The **third and fourth main objectives** were to identify the barriers that affect the ability of local service providers to implement (3) face-to-face and (4) digital mental health interventions for Ukrainian refugees in their host countries.

These objectives were carried out by implementing interviews with local service providers (i.e., psychologists, psychiatrists, social workers, NGO members, and lay workers) who deliver and/or facilitate the implementation of psychosocial interventions to Ukrainian refugees in Poland, Romania, and Slovakia.

The study's **secondary objective** was to categorise the problems affecting the refugee population and the barriers to accessing and implementing mental health interventions following the Socio-Ecological Model. To accomplish this goal, each detected barrier was sorted into multi-level stratified categories, such as individual, interpersonal, community, and societal-level issues. Barriers to accessing and implementing face-to-face and digital psychological interventions were analysed by classifying each identified barrier as belonging to the following outcome domains: *acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, and sustainability*.
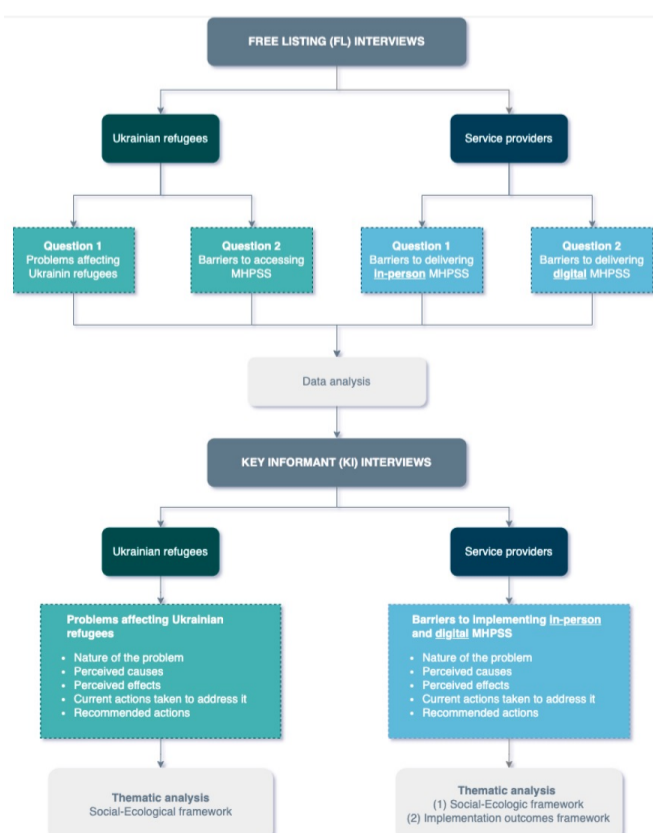
Research questions:

Given the particular difficulties of providing efficient large-scale psychological care to Ukrainian refugees in their host nations, we were interested in understanding:

- What types of problems are faced by Ukrainian refugees displaced in Poland, Slovakia, and Romania?
- What obstacles does this population face in accessing mental health care in the resettlement countries?
- What are the barriers that local service providers face in the process of implementing face-to-face psychological interventions within this population?
- What are the barriers that local service providers face in the process of implementing digital psychological interventions within this population?

STUDY RESULTS

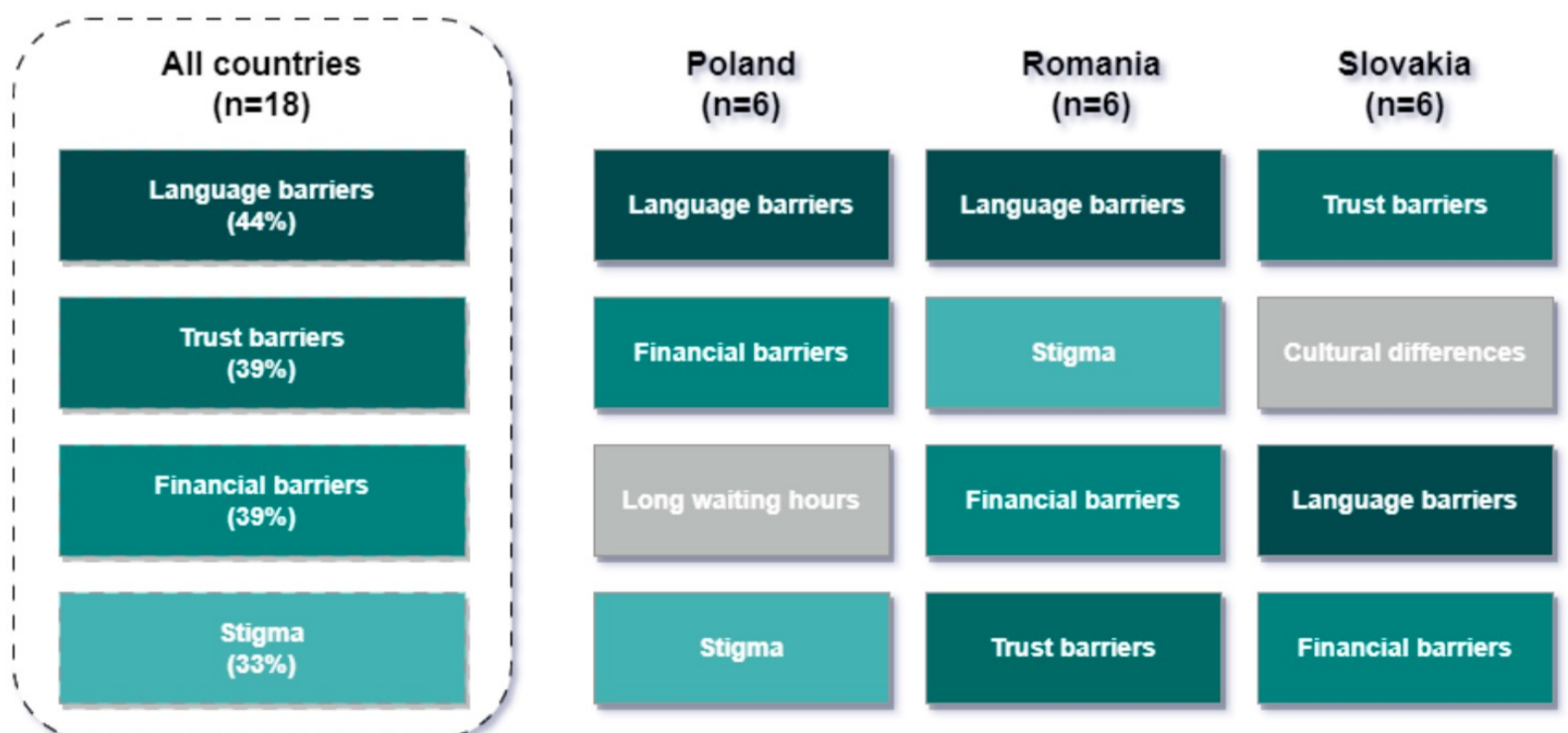- Ukrainian refugees are facing a number of factors that are detrimental to their mental well-being. The most salient among them are discrimination, **continuous stress and worries, loss of professional and social status and PTSD symptoms**.

All countries (n=18)	Poland (n=6)	Romania (n=6)	Slovakia (n=6)
Discrimination (50%)	Discriminarion	Stress and worry	Stress and worry
Stress and worry (50%)	Stress and worry	PTSD symptoms	PTSD symptoms
Loss of profession and social status (33%)	Loss of profession and social status	Discriminarion	Discriminarion
PTSD symptoms (33%)	PTSD symptoms	Loss of profession and social status	Survivor guilt

- Accessibility of mental health services for Ukrainian refugees is affected by **language, lack of trust, finance and stigma-related barriers**.
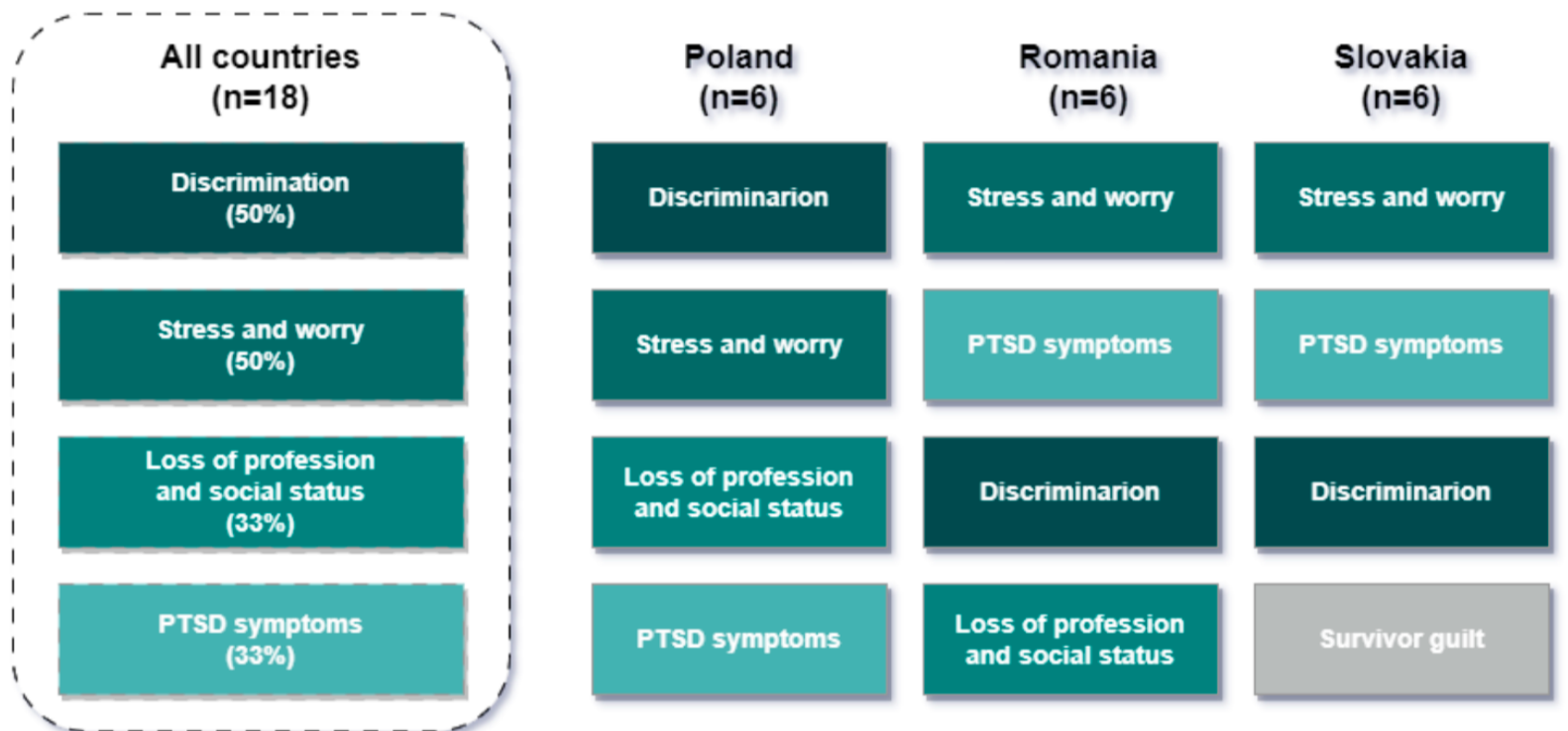
All countries (n=18)	Poland (n=6)	Romania (n=6)	Slovakia (n=6)
Language barriers (44%)	Language barriers	Language barriers	Trust barriers
Trust barriers (39%)	Financial barriers	Stigma	Cultural differences
Financial barriers (39%)	Long waiting hours	Financial barriers	Language barriers
Stigma (33%)	Stigma	Trust barriers	Financial barriers

STUDY RESULTS

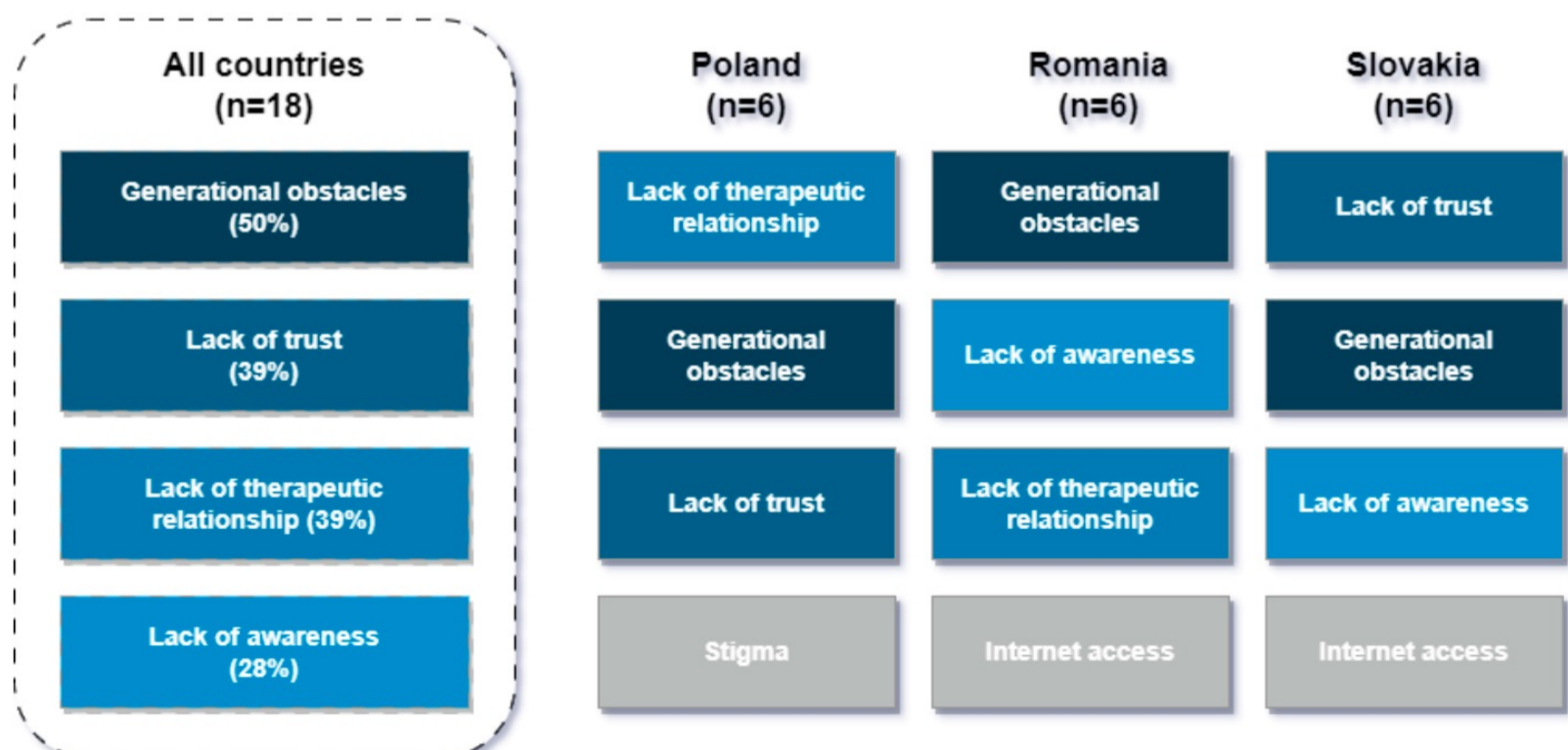- For the face-to-face interventions, additional barriers are listed by local service providers: **mental health illiteracy, lack of MHPSS professionals and infrastructure**.

All countries (n=18)
- Stigma (78%)
- Mental health illiteracy (56%)
- Language barriers (50%)
- Lack of MHPSS professionals and infrastructure (44%)
- Financial barriers (44%)
- Trust barriers (44%)

Poland (n=6)
- Stigma
- Lack of MHPSS professionals and infrastructure
- Financial barriers
- Mental health illiteracy

Romania (n=6)
- Language barriers
- Stigma
- Financial barriers
- Trust barriers

Slovakia (n=6)
- Stigma
- Mental health illiteracy
- Lack of MHPSS professionals and infrastructure
- Trust barriers

- Accessibility to digital interventions is undermined by such barriers as **generational obstacles, lack of trust and therapeutic relationships, and lack of awareness**.

All countries (n=18)
- Generational obstacles (50%)
- Lack of trust (39%)
- Lack of therapeutic relationship (39%)
- Lack of awareness (28%)

Poland (n=6)
- Lack of therapeutic relationship
- Generational obstacles
- Lack of trust
- Stigma

Romania (n=6)
- Generational obstacles
- Lack of awareness
- Lack of therapeutic relationship
- Internet access

Slovakia (n=6)
- Lack of trust
- Generational obstacles
- Lack of awareness
- Internet access

EXTENDED RECOMMENDATIONS

KEY RECOMMENDATION 1:

To overcome **stigma** it is recommended to provide community-based psychosocial activities, run psychoeducation activities and family-based programs for developing parenting skills. It is important to train the MHPSS professionals to overcome stigma and train key community figures in psychosocial competencies. Among the economic and public policy measures, it is important to develop a state-level policy for organising MHPSS response to support the MHPSS activities via a financial public health approach.

KEY RECOMMENDATION 2:

To overcome the **language** barrier, it is recommended to incorporate Ukrainian specialists in organisations and projects providing MHPSS and into the mental healthcare system of the host country. Creating simplified procedures for the recognition of academic studies and certificates of Ukrainian MHPSS workers. Engaging Ukrainian MHPSS specialists in translation activities. Engaging interpreters in MHPSS activities. It will be useful to offer free language courses for Ukrainian refugees and encourage Ukrainians to learn the local language. Also, MHPSS intervention might be delivered in group format and as joint community activities where Ukrainians and host populations can interact, like community-based recreational activities.

KEY RECOMMENDATION 3:

To overcome the **lack of MHPSS professionals and infrastructure**, it is recommended to strenghten the collaboration between NGOs to maximise human resources and between government entities, NGOs, social workers, and mental health specialists; establish clear referral pathways between organisations and specialists; create training for organisations to organise large-scale MHPSS efficiently. Also, it is important to provide formal accredited training programs for MHPSS helpers and lay workers, engage the volunteers in mental health initiatives, and deliver online MHPSS. At the level of public policy, creating a comprehensive national plan that outlines guidelines for crisis intervention at the national, regional, and local levels will be an asset.

EXTENDED RECOMMENDATIONS

KEY RECOMMENDATION 4:

To overcome the **financial barriers**, there are already a number of actions performed by Ukrainian and local professionals: mental health specialists offering their services pro bono; attracting donor support; Ukrainian mental health specialists contributing their services to the community, serving as volunteers, interpreters, or counsellors; engaging volunteers in mental health initiatives. However, additional actions are needed: advocacy for enabling Ukrainian mental health professionals to serve their own community in the host country; mobilisation of financial resources through donor support; encouraging organisations to apply for EU funds; creation of training and support for organisations and NGOs to efficiently access and manage funds; developing national-level scaling up strategies and providing state-reimbursed MHPSS services (public health approach).

KEY RECOMMENDATION 5:

To overcome **the lack of trust**, it is important to provide community-based, non-institution-based psychosocial activities; conduct needs assessment at different stages of the conflict; raise awareness about mental health problems and services; ensure social media presence and relevant content; extend the psychosocial intervention length; support MHPSS specialists through training, intervision and supervision; delivering online MHPSS; ensure the state takes consistent and reliable actions for the predictability.

KEY RECOMMENDATION 6:

To overcome the **generational obstacles in access to digital interventions,** it will be important to provide education on utilising digital interventions and supplying personal technical support to facilitate the adoption of devices, engage family members to increase technical literacy and ensure access to appropriate technology for the elderly to engage with digital interventions. Also, it will be useful to promote awareness about the benefits and usage of digital tools and introduce digital interventions gradually, starting with in-person MHPSS.

EXTENDED RECOMMENDATIONS

KEY RECOMMENDATION 7:

To overcome the **lack of therapeutic relationship, lack of trust, and lack of awareness in the digital context**, it is recommended to build credibility by conducting and disseminating efficacy research; test acceptability and quality by means of focus groups and field testing; train MHPSS workers in providing digital interventions; create awareness by endorsement by trusted members of the community, advertising by Ukrainian refugees, advocacy by NGOs and MHPSS professionals; incorporate the digital interventions into usual practice by integration of digital tools in in-person therapy, gradually introducing digital interventions into MHPSS; use the marketing strategies like ethical marketing, marketed as a tool for helping loved ones and building reliance and promote digital interventions in locations where Ukrainian refugees frequently congregate; and finally, develop a comprehensive national plan for the seamless integration of digital interventions into mental health services.

"I`m a refugee myself, and in Slovakia, I try to continue my serving as a psychologist, supporting Ukrainians. This work became something like psychotherapy for myself, it helped me survive and adapt to the new country as I didn`t plan to move, had no plans to leave my country, and my life was settled and structured there. My work is my passion, it gives meaning to my life"

(PM+ Training participant, Slovakia)

Throughout the first year of U-RISE, synergies were built with other HADEA-funded projects in support of Ukrainian displaced persons in the EU: Peace of Mind (Poland, Germany, Lithuania, Belgium, and France), Well-U (Italy, Greece, Hungary and Romania) and MESUR (Poland, Germany, Hungary, Bulgaria, Greece and Estonia): *https://hadea.ec.europa.eu/news/eu4health-projects-provide-mental-health-support-ukrainian-refugees-2022-12-21_en*

We participated in two events organised by the EU to identify synergies and stimulate collaborations across the projects. On May 22nd 2023, the European Commission's Directorate-General for Health and Food Safety (DG SANTE), in cooperation with HaDEA, organised an online meeting with four projects funded under the EU4Health programme and the International Federation of Red Cross and Red Crescent Societies (IFRC) to further identify synergies. Representatives from each project presented the aims of their respective project, the target population, the type of intervention and planned activities.

On October 9th 2023 a hybrid event was held in Brussels on "Synergies between EU-funded projects on Mental Health managed by HaDEA". Dr. Iryna Frankova was part of a panel discussion on promoting the mental health of refugees and displaced people from Ukraine, together with representatives from the other 3 EU4H-funded projects. This meeting created an opportunity to exchange challenges and solutions across the different projects.

From all projects, most synergies have been identified with the Well U project coordinated by SOS Children's Villages Italy. Both Well U and U-RISE build capacity and implement Problem Management Plus (PM+) in multiple European countries. The coordinating teams of U-RISE and Well U have held 6-weekly meetings to discuss various topics such as ongoing challenges, best practices and sustainability. Mental health professionals from SOS Children's Villages have been trained in PM+ training organised within U-RISE to optimise the capacity-building process. The ongoing collaboration between Well U and U-RISE has culminated in a joint proposal to implement the WHO EASE intervention in vulnerable adolescents (call EU4H-2023-PJ-03).

About U-RISE

U-RISE stands for **Ukraine's** *displaced people in the EU: **R**each out, **I**mplement, **S**cale-up and **E**valuate 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

More information: https://research.vu.nl/en/projects/ukraines-displaced-people-in-the-eu-reach-out-implement-scale-up-

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