Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap

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“The battles will be over. Every displaced Ukrainian will return. Each family will be reunited, and the wounds will heal. Destroyed schools, orphanages and hospitals in Ukraine will be rebuilt. But the consequences of this war, unfortunately, will remain for years and decades. This must be understood now. So, one more task is the battle for the mental health of our people.”

- Olena Zelenska, First Lady of Ukraine
75th World Health Assembly, 23 May 2022

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Executive summary

The development of this Operational Roadmap has been driven by a growing consensus in Ukraine on the need to prioritize activities that are urgently required to address the mental health and psychosocial needs of the country's population and also the importance of basing the response on existing structures, resources and innovations introduced in reforms in past years. According to this consensus, new resources mobilized by and for Ukraine should complement existing ones, in line with the national vision and with best international standards, and should be planned in a way that further strengthens the country's mental health system.

The Government of Ukraine is committed to urgently addressing the mental health and psychosocial needs of the population, under the auspices of the First Lady of Ukraine and the leadership of the recently established Intersectoral Coordination Council for Mental Health and Psychological Assistance to Victims of the Armed Aggression of the Russian Federation against Ukraine (referred to in this document as the Intersectoral Coordination Council).

This Roadmap has been developed following a series of consultations with Ukrainian authorities and national and international agencies working in the area of mental health and psychosocial support (MHPSS) and engaged in emergency response in Ukraine. The consultation process was organized by the Ministry of Health of Ukraine (MOH) and supported by WHO Ukraine, under the auspices of the First Lady of Ukraine and in collaboration with the MHPSS Technical Working Group of Ukraine (MHPSS TWG Ukraine) and the IASC[1] MHPSS Reference Group (IASC MHPSS RG), and building on substantial advances in the mental health sector under existing programmes in the country.

The Roadmap is informed by international technical guidance and national policies and plans, including the IASC Guidelines on MHPSS in Emergency Settings, the Minimum Services Package for MHPSS in Emergencies (MHPSS MSP), the IASC Common Monitoring and Evaluation Framework, the World Health Organization (WHO)'s Comprehensive Mental Health Action Plan 2013–2030, the WHO European Framework for Action on Mental Health, the Concept for Development of Mental Health Care in Ukraine until 2030, the National Mental Health Action Plan for 2021–2023 and the National Recovery and Development Plan.

Informed by the overall goal of MHPSS assistance in Ukraine – to reduce suffering and improve the mental health and psychosocial well-being of the affected population – the Roadmap aims to provide a consolidated overview of envisioned MHPSS priorities, informed by the local context and the vision of the Government of Ukraine together with national and international partners, and with the best available evidence and resources, to all MHPSS stakeholders already engaged in or joining emergency response and recovery efforts in Ukraine.

As well as information on the context in Ukraine, the Roadmap includes:

- a list of evidence-based MHPSS interventions and services contextualized and introduced in Ukraine in recent years (described in Table 1) and
- a set of multisectoral actions to scale up MHPSS services in both the short and longer terms, informed by available evidence, international technical guidance and expert consensus (described in Table 2).

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1 .Created by United Nations General Assembly resolution 46/182 in 1991, the Inter-Agency Standing Committee (IASC) is the longest-standing and highest-level humanitarian coordination forum of the United Nations system. It brings together the executive heads of 18 organizations to formulate policy, set strategic priorities and mobilize resources in response to humanitarian crises.

Standard definitions and underlying principles

Mental health and psychosocial support (MHPSS): A composite term used in the Inter-Agency Standing Committee (IASC) Guidelines for MHPSS in Emergency Settings to describe "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder" (1). The global humanitarian system uses the term MHPSS to unite a broad range of actors responding to emergencies such as the war against Ukraine, including those working with biological approaches and sociocultural approaches in health, social, education and community settings, as well as to "underscore the need for diverse, complementary approaches in providing appropriate support" (1).

Mental health and psychosocial needs in emergencies are highly interconnected, yet may be predominantly social or psychological in nature. Significant problems of a predominantly social nature include:

- pre-existing (pre-emergency) social problems (e.g. poverty; unemployment; homelessness);
- emergency-induced social problems (e.g. family separation; increased gender-based violence (GBV)); and
- humanitarian aid-induced social problems (e.g. undermining of community structures; abuse).

Similarly, problems of a predominantly psychological nature include:

- pre-existing problems (e.g. severe mental health conditions; alcohol and drug use);
- emergency-induced problems (e.g. grief; depression; sleep problems; anxiety; post-traumatic stress disorder (PTSD)); and
- humanitarian aid-related problems (e.g. harmful practices used by humanitarian actors such as, for example, debriefing for stress-related conditions).

WHO and IASC experts recommend avoiding use of the word "trauma" when talking about the emotional and mental health impacts of distressing events in an emergency setting, as this is specifically clinical terminology. Instead use terms such as "very stressful events", "potentially traumatic events", "adversity" or "distress", and refer to people being "distressed" rather than "traumatized". Similarly, refer to people providing mental health and psychosocial support (MHPSS) as e.g. "mental health and psychosocial support experts", rather than "trauma experts". Do not refer to people having post-traumatic stress disorder (PTSD) unless this has been clinically diagnosed.

The core principles of the IASC Guidelines for MHPSS in Emergency Settings include: do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities, adopt multilayered interventions and work with integrated support systems (1).

Multilayered interventions: The IASC Guidelines for MHPSS in Emergency Settings recommend that multiple levels of intervention should be integrated within emergency response activities. These levels align with a wide spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions (Figure 1), which range from integrating MHPSS considerations into basic services to the provision of specialized support services, depending on the needs of communities and individuals and the severity of any mental health condition they may have.

Basic services and security, as well as community and family supports, should be available at the population-wide level. Focused (person-to-person) non-specialized supports, delivered by trained providers (e.g. general health care workers trained on the management of common mental health conditions or other non-specialist workers trained on scalable psychological interventions) will potentially be suitable for people experiencing mild to moderate mental health conditions; while specialized services, delivered by mental health specialists, aim to support people living with more severe mental health conditions, such as schizophrenia, bipolar disorder, severe depression or PTSD (2).

No one actor needs to provide services at every level; rather, coordination is essential to ensure that the various layers are covered and link well, and that functional referral systems are established. Similarly, not all actions fit neatly into specific layers of the intervention pyramid. For example, a person with a severe mental health condition may need access to specialized services; however, they will also need to have their basic services and security ensured, have access to community and family supports and may additionally benefit from some interventions at the focused non-specialized support level.

To provide these services across the pyramid, there is also a need to ensure that sustained training and supervision are put in place, both in the immediate term (in-service training) and in the longer term (pre-service training).

Psychological interventions are a key part of a mental health system and an efficient emergency response. Scalable psychological interventions are promising, as they can ensure greater service coverage. These interventions reduce reliance on specialists and allow more efficient use of specialist resources (e.g. for complex cases), work for multiple problems (e.g. depression, anxiety, substance use, stress-related conditions), may

not require traditional diagnostic assessment, usually require fewer sessions and focus on skills for self-management. A combination of interventions requiring lower or higher resource intensity and organized at an individual service level, at district level or at national level can be provided as a system of "stepped care", where a person may use guided self-help or other interventions provided by non-specialist workers and is "stepped up" to receive more specialized support if and when required.

There is a widely shared but false notion that all mental health interventions are complex and can only be delivered by highly specialized staff. Research in recent years has demonstrated the feasibility of delivering psychosocial and pharmacological interventions in non-specialized health care settings. Introducing scalable psychological interventions does not reduce the need for specialists, but rather may produce more referrals to specialists. Specialists often provide support in terms of implementation, training and supervision.

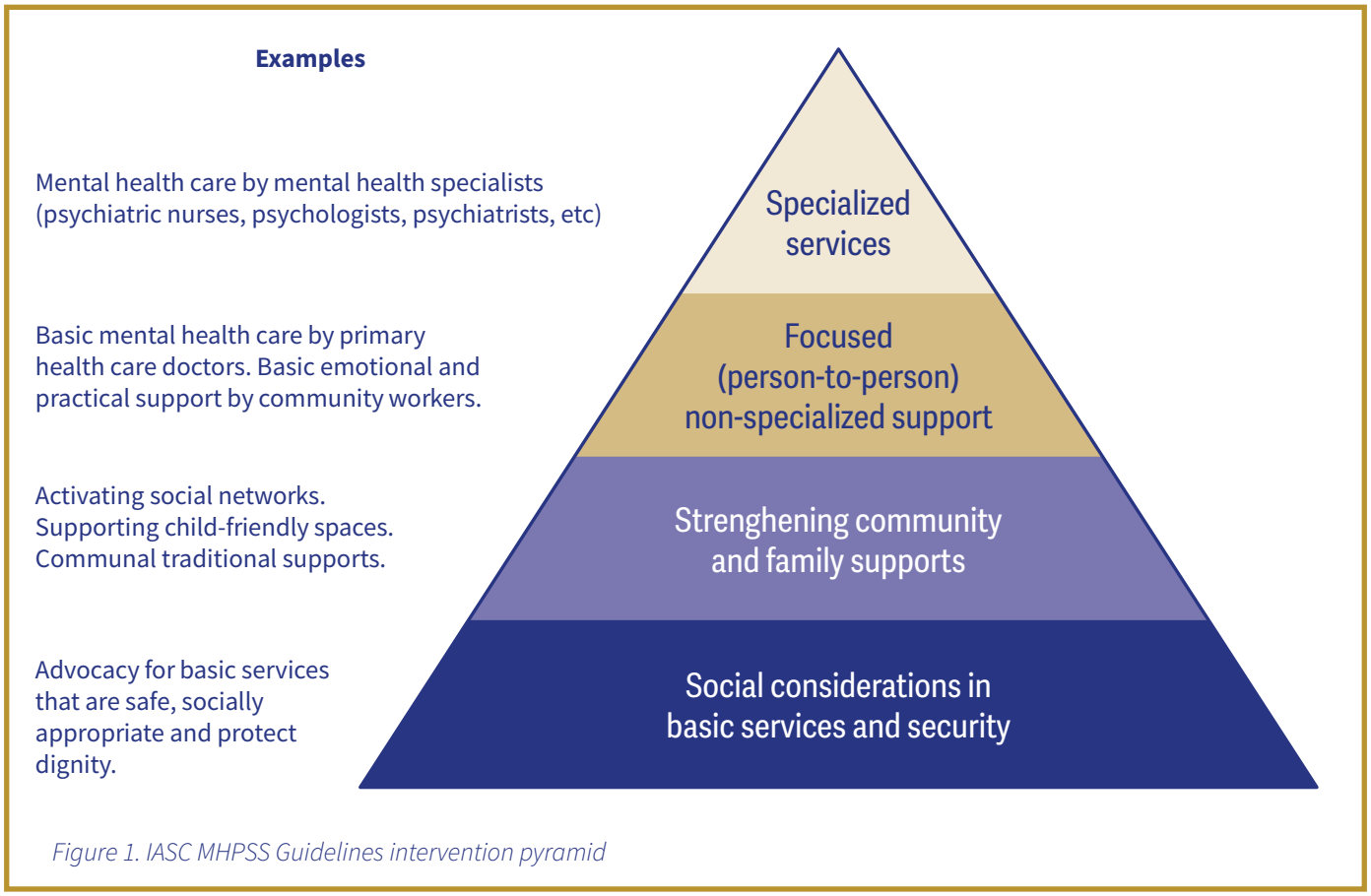


Figure 1. IASC MHPSS Guidelines intervention pyramid

Context

Since 24 February 2022, Ukraine has been facing one of the biggest emergencies in Europe since World War II (3). Months of aggression against the country by the Russian Federation have resulted in great loss of life, a huge number of injuries and mass civilian migration, both within Ukraine and across its borders. As of 21 November 2022, the Office of the UN High Commissioner for Human Rights (OHCHR) had recorded 16 784 civilian casualties, with 6 595 killed and 10 189 injured (4). Of Ukraine's 43.7 million people (5), the United Nations High Commissioner for Refugees (UNHCR) reports that 7.9 million have sought refuge in neighbouring countries (6), while the International Organization for Migration (IOM) reports that a further 6.5 million are internally displaced (7). The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates that 17.7 million people are in need of humanitarian support (8). The UN Human Rights Monitoring Mission in Ukraine (HRMMU) has documented over 600 cases of torture and ill-treatment of conflict-related detainees (9). The United Nations Children's Fund (UNICEF) reports that, as of 1 June, three million children inside Ukraine and over 2.2 million children in refugee-hosting countries were in need of humanitarian assistance. Almost two out of every three children have been displaced by fighting.

No girl, boy, woman or man in Ukraine will be left unaffected by the present crisis. The war has disrupted the country's agricultural and business sectors and

significantly damaged its economy. There has been large-scale destruction and damage to housing and other infrastructure, including to health care facilities. According to WHO's Surveillance System for Attacks on Health Care, 703 attacks on such facilities, resulting in 100 deaths and 129 injuries, were reported between 24 February and 24 November (10). Supply chains for basic needs including food, water and medicines have been compromised. Many families and communities have been separated, and usual support networks have broken down.

Since the beginning of the emergency situation, people in Ukraine, as well as Ukrainian refugees, have experienced a range of extreme stressors. These include sudden changes in everyday life and plans, exposure to violence, physical injuries and illness, relocation and separation from or loss of loved ones, loss of homes, belongings and income, disruption to education and in some locations lack of access to adequate food and water and to critical services such as health, social care, security and legal protection.

For children, adverse conditions in emergencies, such as being exposed to violence and displacement and losing their usual routines at home and at school, can disrupt cognitive, emotional, social and physical development.

People with pre-existing mental health conditions who depend on public mental health and social services and support networks are facing additional risks of being left without care due to health and social care workers relocating. Moreover, in addition to the continued stressful environment and traumatic events faced by the general population, shortages of psychotropic medications have been reported, which may lead to increased risk of relapse in people with chronic mental health conditions. Those living in residential facilities are especially vulnerable. Some of these facilities have been damaged or destroyed by shelling and people residing there have had to move to other institutions elsewhere in the country or abroad. The Ministry of Health (MOH) has been collecting information on the needs of such institutions within Ukraine, with support from WHO, and has found that some of them have been facing critical shortages of clean water, food and medicines and also of staff. National statistics show that, as of May 2022, there were almost 44 000 adults and children in Ukraine living in internats (long-term residential facilities) and up to 12 500 receiving inpatient care in psychiatric hospitals.

The MHPSS needs of people offering care and support to others must also be considered, including personnel such as social and health care workers, teachers and others (11). The median wage for psychologists employed in national services remains relatively low and is of concern, especially in a situation of rapidly increased needs and caseloads.

Prior to the war, the prevalence of most mental health conditions in Ukraine was similar to the Eastern Europe regional average, except for major depressive disorder (which has a 3.4% prevalence in Ukraine and 2.9% in the region as a whole) (12). The prevalence of alcohol use disorders is higher in Ukraine (6.0%) than globally (1.5%), especially amongst males (11.5%), and heavy episodic drinking is common amongst adolescents (13). In 2018–2020, 1.7% of the adult population was estimated to be injecting drugs, mostly opioids (14). Suicide accounts for 2.0% of all deaths in Ukraine, giving it a higher estimated suicide rate than both the Eastern Europe regional average and the global average (12).

Lessons learned from other emergencies indicate that the war against Ukraine will have both direct and indirect effects on the mental health and well-being of the population. According to WHO global estimates, one in five people (22%) living in an area affected by conflict at any time during the previous 10-year period is estimated to have some form of mental health condition, ranging from mild depression or anxiety to psychosis, and almost one in 10 (9%) is living with a moderate or severe mental health condition (2). Applying these estimates to the population of Ukraine (43.7 million) (8) would mean that 9.6 million people may have a mental health condition and 3.9 million may have conditions which are moderate or severe.

Apart from indicated projections for mental health conditions that reach the diagnostic criteria of disease, the majority of the population are likely to experience distress, with common presentations such as feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger and unexplained somatic symptoms (such as aches and pains). These are all normal reactions to an abnormal situation and for most people these symptoms will improve over time, especially if they can meet their basic needs and access social support. How people react to adverse situations depends on the nature of the situation, individual factors, their own resilience, pre-existing mental health conditions and the support they are receiving.

In the situation of ongoing war and related psychological exhaustion, people in Ukraine are still showing a good level of resilience. In general, Ukraine's citizens believe in a better future for the country and are supporting each other in various ways, including hosting internally displaced persons (IDPs), volunteering or donating funds to charities (15,16).

The mental health and well-being of the population are key for recovery in Ukraine and for long-term development, contributing to national output and productivity of the labour force. Mental health also has an important role to play in social cohesion and security. Anywhere in the world, wars harm communities emotionally, socially and spiritually. If the well-being needs and tensions that exist within and between people and communities are not attended to, violence may be aggravated, and achieving stability in the community becomes more of a challenge. Connecting MHPSS to recovery and rebuilding efforts can help to support well-being and sustain the aim of building back better.

Existing resources and structures

1. Coordination and technical support

MHPSS TECHNICAL WORKING GROUP OF UKRAINE

In emergency settings, it is essential that different actors and sectors, each responding to the same crisis with their own mandates, missions, interests and working languages, coordinate their efforts. This allows humanitarian assistance to be effective as it prevents confusion, reduces duplication and harmful gaps and supports the efficient use of scarce resources. The cluster approach facilitated by the United Nations, under the leadership of country government, is the current basis of the international humanitarian response coordination system, and is organized around thematic areas or clusters (e.g. Health, Nutrition, Protection, Education, etc.) and the humanitarian programme cycle. In addition to clusters, there are also technical areas of work, such as MHPSS and gender-based violence (GBV), which do not easily fit within a single area of humanitarian action and therefore are represented by cross-sectoral technical working groups (TWGs) (1,17–19).

The MHPSS TWG Ukraine has been operating since 2015 to address the needs of the populations affected by the conflict in Donetska and Luhanska oblasts and, since 2021, the COVID-19 pandemic (20).

Since 24 February 2022, the toll being exacted on the mental health and psychosocial well-being of the population has drawn more than 200 new organizations, including professional and voluntary groups, to Ukraine, in addition to 50 partners who have been operational in the country since 2014 (21). The massive needs of the population, the scattered capacities to respond and the arrival of so many new partners have called for extended coordination efforts. In the period April–June 2022, five regional-level subgroups were established under the umbrella of the MHPSS TWG Ukraine, to strengthen MHPSS response and coordination at a local level. These cover:

- Lvivska oblast (chaired by International Medical Corps (IMC) and with technical support from the Mental Health for Ukraine (MH4U) project team);
- Chernivetska oblast (chaired by Medicos del Mundo (MdM));
- Zakarpatska oblast (chaired by the NGO Proliska);
- South oblasts (covering Odeska and Mykolaivska) (chaired by IMC);

- East oblast hub (chaired by IOM and WHO).

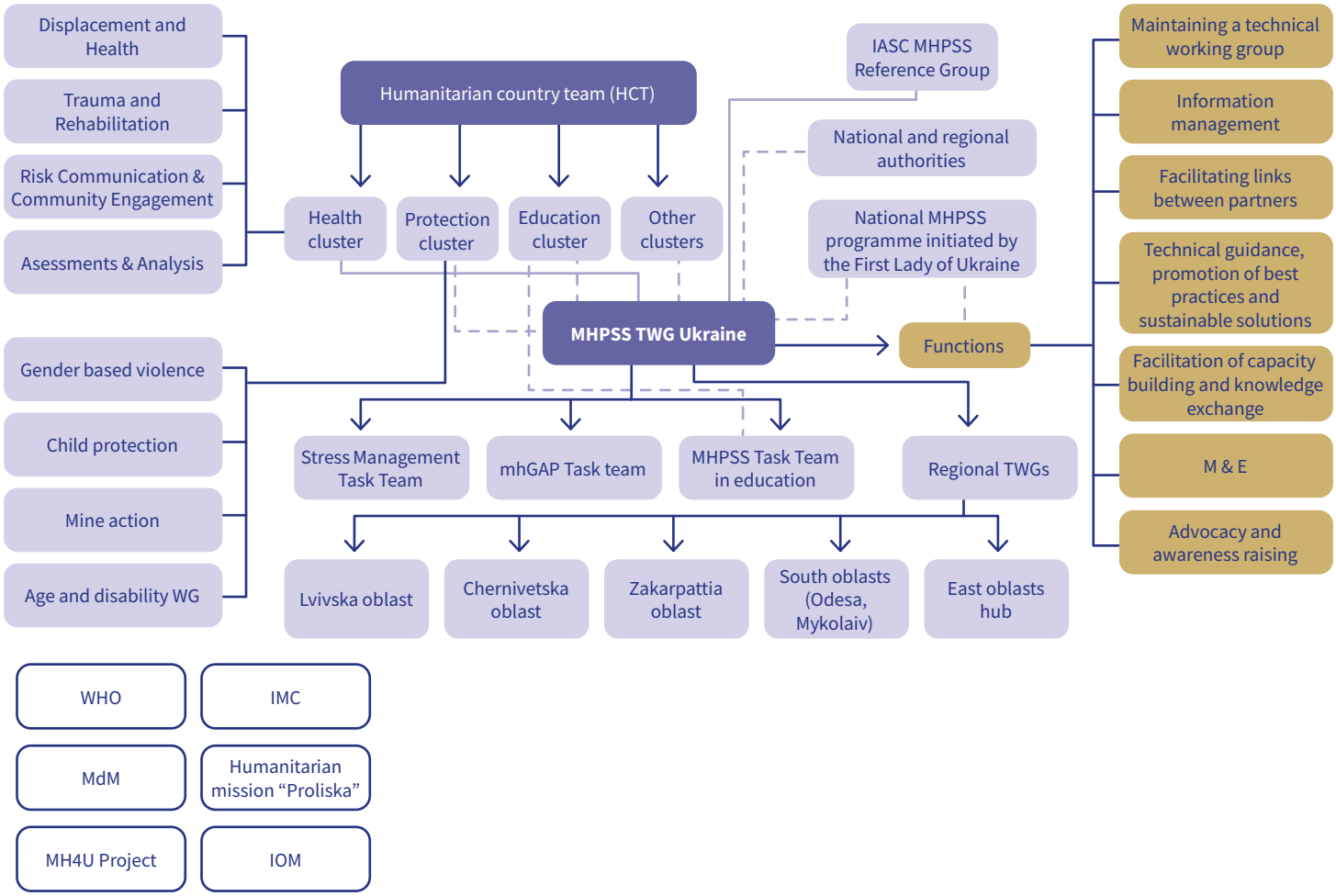
At a national level, the MHPSS TWG Ukraine is co-chaired by WHO and IMC.

The MHPSS TWG Ukraine coordinates its efforts with the Health, Education and Protection clusters, GBV and Child Protection sub-clusters and other TWGs (Figure 2). At a regional level, the group cooperates with the MHPSS TWGs of Poland, Hungary, Slovakia, Moldova, Czech Republic, Romania and Lithuania and is guided by the global IASC MHPSS Reference Group.

The group aligns its activities with the national strategies set by the Ukrainian government and serves as a key partner for the national MHPSS programme initiated by the First Lady of Ukraine (22) . Informed by the overall goal of MHPSS assistance in Ukraine – to reduce suffering and improve the mental health and psychosocial well-being of the affected population – and aiming to facilitate coordination of effective humanitarian assistance, the MHPSS TWG performs seven main functions:

- maintaining the technical working group (e.g. regular meetings at national and regional levels);
- information management (e.g. mapping, assessments);
- facilitating links between partners;
- technical guidance, promotion of best practices (e.g. the IASC Guidelines for MHPSS in Emergency Settings, MHPSS Minimum Service Package) and sustainable solutions which contribute to recovery and strengthening of the mental health system;
- facilitation of capacity-building and knowledge exchange;
- monitoring and evaluation (M&E);
- MHPSS advocacy and awareness-raising.

Figure 2. How the MHPSS TWG Ukraine sits within the overall humanitarian response structure, with links and functions



2. Recent innovations in the mental health system and services in Ukraine

Interest in the topic of mental health in Ukraine increased in 2014–2015 with new needs resulting from the armed conflict in the eastern part of the country. Since then, the first national mental health policy has been developed (approved in December 2017) (23). This was followed by approval of the national mental health action plan (in October 2021), which aims to increase awareness about mental health, address discrimination and human rights violations suffered by individuals with mental health problems, improve the accessibility of care through deinstitutionalization and development of community-based services, integrate mental health into general health care provision and strengthen the professional competencies of health care staff (12,24,25).

Since 2014–2015, more than 50 humanitarian and development partners have brought new resources and evidence-based practices to Ukraine, and these have contributed to awareness-raising on mental health, to the development of community-level and specialist mental health services and psychological interventions and to building the capacity of the national specialist and non-specialist mental health workforce.

Examples of recent developments and innovations in the field of mental health care in Ukraine include, but are not limited to, the following:

- An awareness-raising campaign run by the MH4U project (funded by the Swiss Agency for Development and Cooperation (SDC)) with attention to self-assessment, self-care and support to recognize symptoms which mean that a person should seek care.
- Since 2014, a number of international non-governmental organizations (INGOs) and volunteers from the Ukrainian Red Cross, Save the Children, People in Need, Caritas Ukraine, Polish Humanitarian Action and UNICEF have been building the capacity of local communities in Donetsk and Luhansk oblasts in terms of resilience, positive coping mechanisms, stress management, attitudes towards mental health and help-seeking behaviours.
- The national Mental Health Gap Action Programme (mhGAP) initiative, launched in 2019, aims to scale up management of common mental health conditions in primary health care (PHC); the initiative is led by the MOH and WHO and also involves the World Bank, the MH4U project, IMC, Médecins du Monde (MdM),

Médecins Sans Frontières (MSF) and Première Urgence Internationale (PUI). From May 2019 to January 2022, more than 400 PHC providers from across the country were trained through a joint partner initiative.

- USAID has supported the Common Elements Treatment Approach (CETA) (26,27) for IDPs, veterans and their families, which was introduced in Ukraine through implementation research conducted by the National University of Kyiv-Mohyla Academy and Johns Hopkins University. The research found CETA to be effective for anxiety, depression and symptoms of PTSD among conflict-affected adults in Ukraine (28). CETA is a modular, multiproblem, flexible and transdiagnostic approach, based on task-sharing by providers with minimal or no formal mental health training. In recent years more than 120 certified CETA counsellors and four fully qualified Ukrainian trainers have been prepared to scale up the intervention in Ukraine.
- Other scalable psychological interventions have been contextualized since 2014 by partners engaged in emergency response. Among these interventions are: WHO Problem Management Plus (PM+), introduced by MdM; Doing What Matters in Times of Stress (DWM), implemented as a guided self-help course by IMC and MdM; Skills for Psychological Recovery (SPR), introduced by the MH4U project; and low-intensity cognitive behavioural therapy (CBT) launched by the Ukrainian Institute of Cognitive Behavioral Therapy, which has also trained more that 600 certified CBT practitioners.
- Following a series of WHO pilot projects initiated in 2015, the MOH introduced an innovative model of Community Mental Health Teams (CMHTs) as an official mental health service under the Programme of State Medical Guarantees, starting in 2021. Each CMHT consists of a psychiatrist, psychologist, social worker and nurse and provides recovery-oriented care, supporting people with severe mental health conditions to live fulfilling lives in the community. Sixty-one CMHTs were set up in 23 oblasts of Ukraine in 2021, followed by 65 further CMHTs in 24 oblasts in 2022. WHO has been providing training and supervision to CMHTs since 2015.
- Ukraine's Ministry of Social Policy (MOSP) has developed standards for social services to be provided to people with mental health conditions.
- The National Strategy for Reforming the System of Institutional Care and Upbringing of Children for 2017–2026 was launched in 2017, with the aims of protecting children's rights and moving them from institutions back to families.
- A network of Inclusive Resource Centers (IRCs) has been created to realize the right of children with special educational needs aged 2–18 years to receive pre-school and secondary education.
- To realize the UN Convention on the Rights of Persons with Disabilities (CRPD), ratified in Ukraine in 2009, the government has introduced a "no barrier" philosophy, which is reflected in the National Strategy for the Development of a Barrier-Free Environment in Ukraine, launched in 2021. The strategy is based on consultation with government officials, civil society and experts

in this area and its aims are to remove barriers in all spheres of life, implement community-based solutions and ensure opportunities and equal rights for all Ukrainians.

- Community engagement and strengthening of local mental health leadership have been fostered by the MH4U project in Mariupol, Donetsk oblast, where a local intersectoral council for mental health has been established and a local mental health action plan developed.
- The WHO Special Initiative for Mental Health (SIMH) (29) was launched in Ukraine in 2019, bringing investment that has helped to strengthen the development and expansion of mental health services, with a significant scaling-up of the CMHT project and the rollout of mhGAP training for PHC workers. This global initiative aims to advance policies, advocacy and human rights along with the scale-up of quality interventions and affordable care for people with mental health conditions. It focuses on 12 priority countries, of which Ukraine is one.
- Since 2021 Ukraine has been one of the demonstration countries for the MHPSS Minimum Services Package (MSP) project, and the MHPSS MSP has been translated into Ukrainian (17). The package has been used to inspire government initiatives, including this Roadmap for priority MHPSS actions.
- In 2021, the WHO European Regional Office (WHO EURO) launched the Pan-European Mental Health Coalition. Ukraine joined the Coalition with other Member States, with the aim of mainstreaming mental health into its development agenda and humanitarian response. Both Ukraine's MOH and Ukrainian civil society organizations (CSOs) have joined the Coalition as an expression of interest in shaping regional dynamics. The Coalition's initiatives help countries to strengthen their mental health governance and leadership, as well as to reinforce the transformation of mental health systems and services. Currently, the MHPSS response in Ukraine is contributing to development of the Coalition's "Working Package 5: Integrating Mental Health in Emergency Preparedness, Response and Recovery" (30).

At the same time, it should be mentioned that some emergency response activities, such as reconstruction of large inpatient psychiatric institutions or short-term vertical projects (e.g. focused on PTSD only) have also been taking place, and lessons will be learned from these for further response.

While the context in Ukraine has moved from a humanitarian focus in 2014 to one of development, and then since 24 February 2022 back again to humanitarian, work on recovery and building forward better has already started, with initiatives under way to adapt and extend pre-existing investments to contribute to meeting the growing needs that the country is facing. In summer 2022, the government prepared a plan to restore Ukraine, including its health care system, from the effects of the war over the period 2023–2032. The substantial achievements made in the country in recent years provide a basis for smoother emergency response and further recovery efforts.

An overview of MHPSS intervention packages contextualized and introduced in Ukraine between 2014 and February 2022

Table 1. Intervention packages and practices contextualized and introduced in Ukraine during the period 2014–2022, structured to reflect the intervention pyramid of the IASC Guidelines for MHPSS in Emergency Settings

Interventions / actions	Beneficiaries	Implementers
4Ws (Who is Doing What, Where and When) mapping of MHPSS services provided by partners to facilitate coordination and referral pathways	Affected population (adults, children and people of older age); MHPSS service providers; national- and oblast-level authorities planning and implementing emergency response activities	MHPSS TWG Ukraine, national- and oblast-level authorities, Health, Education and Protection Clusters
Basic services and security & community and family supports		
Trainings and support using psychological first aid (PFA) and psychosocial support skills	Affected population (adults, children and older adults), frontline responders	MHPSS TWG Ukraine partners, partners of Health, Education and Protection Clusters
Tracking and provision of basic needs (e.g. water, food, protective equipment, first aid supplies, blankets, clothing) and medications for psychiatric and social care facilities, with evacuation of residents where indicated	Affected population (adults, children and people of older age), including those living with severe mental health conditions and those residing in long-stay psychiatric/social care facilities	MHPSS TWG Ukraine partners, specialized agencies (e.g. World Food Programme (WFP), Health and Protection Clusters, national- and oblast-level authorities
Other basic services and security interventions (e.g. provision of information; inclusion of communities in emergency response planning, implementation, M&E; monitoring of human rights for people living with mental health conditions)	Affected population (adults, children and people of older age)	MHPSS TWG Ukraine partners, clusters, Organization for Security and Co-operation in Europe (OSCE), Office of the United Nations High Commissioner for Human Rights (OHCHR), UN Human Rights Monitoring Mission, Ombudsman of Ukraine, national- and oblast-level authorities
Community and family supports		
Promotion and implementation of safe spaces	Women, caregivers and their infants, children, youth and people of older age	MHPSS TWG Ukraine partners, Health, Education and Protection Clusters, national- and oblast-level authorities
Self-help stress management for individuals: Doing What Matters in Times of Stress (DWM) guide, delivered with support from a helper or without guidance	Entire population, and especially health and social care staff, adolescents (16+), adults, Ministry of Defence, veterans	WHO, NGOs, ICRC, MoH, Ministry of Veterans Affairs, Ministry of Social Policy, PHC, secondary and tertiary health-care facilities
Self-help stress management for groups: Self-Help Plus (SH+), which includes DWM as a core tool) for groups of up to 30 individuals Translation of the SH+ package is ongoing, with TOT and implementation planned	Affected population experiencing stress (adults, youth and people of older age), frontline responders	WHO

Skills for Psychological Recovery (SPR)	Affected population (adults, children and people of older age), frontline responders	MH4U
iSupport for Dementia (31) for carers of people with dementia (translation of the package has been initiated)	People living with dementia	WHO
Focused (person-to-person) non-specialized support		
mhGAP training (with a blend of mhGAP-IG and mhGAP-HIG) for primary health care workers for identification and management of common (including stress-related) mental health conditions	Affected population (adults, children and people of older age) experiencing common mental health conditions	MOH, National Health Service of Ukraine (NHSU), WHO, World Bank, MdM, MSF, IMC, PUI, MH4U, Academy of Family Medicine of Ukraine, Proliska, Deloitte project, national universities and research institutions Trained and supervised: > 400 PHC providers
Stress management for individuals using DWM guide, delivered with support from a facilitator	Affected population experiencing stress (adults, youth and people of older age), frontline responders	WHO, Ukrainian Red Cross, IMC, Proliska and other MHPSS TWG Ukraine partners Trained and supervised: > 50 trainers and facilitators
Self-Help Plus for group intervention Translation of the SH+ package is ongoing; TOT and implementation are planned	Affected population experiencing stress (adults, youth and people of older age), frontline responders	WHO
Problem Management Plus (PM+) for individual psychological help for adults impaired by distress in communities exposed to adversity	Affected population (adults and people of older age) experiencing depression, anxiety and stress, whether or not exposure to adversity has caused these problems	MDM, WHO Trained and supervised: 54 counsellors (32)
Common Elements Treatment Approach (CETA) – a modular, multiproblem, flexible, transdiagnostic approach, based on task-sharing by providers with minimal or no formal mental health training	IDPs, veterans and their families experiencing anxiety, depression and post-traumatic stress symptoms	National University of Kyiv-Mohyla Academy and Johns Hopkins University, Ministry of Veterans Affairs (MOVA), MOH, MHPSS TWG Ukraine partners Trained and supervised: 120 counsellors and four trainers
Thinking Healthy to reduce prenatal depression The package has been translated; implementation is planned		NGO Територія творчості, MDM, MH4U, WHO
Acute Stress Syndrome Stabilization Treatment (ASSYST) as an early psychological intervention (to be applied during the first three months after a traumatic event), aimed at reducing/ preventing PTSD symptoms and improving quality of life (33,34).	Affected population (adults, children and people of older age) who have experienced traumatic events in the past three months	Ukrainian EMDR association, MHPSS TWG partners Trained: > 2000 providers of ASSYST for adults (including 390 psychologists from the internal affairs sector) 800 providers have been trained in ASSYST for children

Brief CBT interventions	Affected population (adults, children and people of older age) experiencing stress, depression, anxiety, sleep problems, symptoms of PTSD, problems with functioning and other mental health conditions	Ukrainian Institute of Cognitive Behavioral Therapy Trained and/or supervised: > 1700 providers
Universal Prevention Curriculum (UPC) and Universal Treatment Curriculum (UTC) to be used by treatment professionals to reduce the significant health, social and economic problems associated with substance use disorders	Affected populations (adults, children and people of older age) with substance use conditions receiving services in clinical settings	International Society of Substance Use Professionals (ISSUP), Institute of Psychiatry of Taras Shevchenko National University of Kyiv
Specialist services		
Also listed as an intervention for basic services and security: Tracking and provision of basic needs (e.g. water, food, protective equipment, first aid supplies, blankets, clothing) and medications for psychiatric and social care facilities and evacuation of residents where indicated	Affected population (children, adolescents, adults) living with severe mental health conditions and people of older age with dementia/cognitive impairment and residing in long-stay psychiatric/social care facilities, including internats	MHPSS TWG partners, specialized agencies (e.g. WFP, Health and Protection Clusters, national- and oblast-level authorities
Following a series of pilot projects led by WHO in 2015–2021, the Community Mental Health Team (CMHT) service was introduced by the MOH as part of the State Programme of Medical Guarantees, and has been reimbursed by the NHSU since July 2021 Each CMHT includes a psychiatrist, a psychologist, a social worker and a nurse. CMHTs provide outreach and long-term care to people with severe mental health conditions in the community and support them to achieve recovery 87 CMHTs operated across Ukraine in 2022	People with severe mental health conditions (adults and people of older age) and their families	MOH, NHSU, MOSP, WHO Trained and supervised: > 21 CMHTs (> 100 staff members)
Caregiver Skills Training for children aged 2–9 years with developmental delays and disabilities and their caregivers	Affected families with children experiencing developmental delays and disabilities	MH4U, WHO, MOH, MOSP Trained and supervised: six trainers/providers
Eye Movement Desensitization and Reprocessing (EMDR) therapy by specialist providers for people experiencing PTSD and comorbid conditions	Affected population experiencing PTSD (adults, children and people of older age)	Ukrainian EMDR association, MHPSS TWG partners, national mental health workforce in health and social care sectors Trained and supervised: > 400 psychologists (200 are members of EMDR Ukraine and have participated in specialization seminars and supervision)
Cognitive behavioural therapy and its modifications (including trauma-focused CBT) provided by trained therapists for adults and children experiencing depression, anxiety, phobias, sleep disorders, PTSD, developmental problems and other mental health conditions	Affected population (adults, children and people of older age) experiencing a wide range of mental health conditions and psychological and developmental problems	Ukrainian Institute of Cognitive Behavioral Therapy, "Коло Сім'ї", other private service providers Trained and supervised: > 600 therapists

Call for immediate action

The development of this Roadmap has been driven by a growing in-country consensus on the need to prioritize activities that are urgently needed to address the mental health and psychosocial needs of the population of Ukraine and the importance of basing the response on existing structures, resources and innovations introduced in Ukraine in recent years. New resources mobilized by and for Ukraine should complement existing ones, in line with the national vision and with best international standards, and should be planned in a way that further strengthens the country's mental health system and development.

Based on this consensus, in May 2022 the Cabinet of Ministers of Ukraine approved the establishment of the Intersectoral Coordination Council for Mental Health and Psychological Assistance to Victims of the Armed Aggression of the Russian Federation against Ukraine (hereinafter the Intersectoral Coordination Council) (35). This advisory body to the Cabinet of Ministers is responsible for supporting and participating in the planning, coordination, implementation and monitoring of the MHPSS response, as well as the drafting of related regulations.

This effort has been followed by the commitment expressed by the First Lady of Ukraine and the country's delegation at the 75th World Health Assembly on 23 May 2022 on addressing the mental health needs of people in Ukraine during the war and recovery (36); the Ukraine Recovery Conference (URC 2022), held in Lugano, Switzerland on 4–5 July 2022; and a series of bilateral communications with other countries to mobilize efforts to address the crisis in Ukraine.

On 3 June 2022, during its first meeting, the Intersectoral Coordination Council, chaired by the Prime Minister of Ukraine, and with the presence of the First Lady of Ukraine, launched the National Programme on Mental Health and Psychosocial Support to address the needs the population affected by the armed aggression of the Russian Federation against Ukraine (22). The Ministry of Health of Ukraine was defined as a main coordinator of the programme, with the Office of the President of Ukraine responsible for supporting international cooperation, under the auspices of the First Lady of Ukraine.

WHO and the IASC Reference Group on Mental Health and Psychosocial Support (IASC MHPSS RG) were requested to provide technical guidance to support the process of planning and implementing the programme. The MHPSS Technical Working Group of Ukraine (MHPSS TWG Ukraine) was defined as a key partner of the programme, providing relevant expertise, resources and connections.

The Government of Ukraine, under the leadership of the MOH and the auspices of the First Lady of Ukraine, is calling for immediate cross-sectoral and interagency efforts to (37):

- analyse current needs and resources for response and identify remaining gaps;
- prioritize actions to be taken immediately, to be based on existing structures, resources and innovations introduced in Ukraine in recent years;
- mobilize resources to fill identified gaps;
- scale up the MHPSS response with support from international partners and engagement with the best global expertise;
- plan for and link with medium- and long-term goals for strengthening the country's mental health system; and
- address the needs of different groups such as children and their caregivers, war veterans and their families, people with disabilities and older adults.

This Roadmap aims to provide a consolidated overview of envisioned MHPSS priorities, informed by the local context and the vision of the Government of Ukraine and its national and international partners, using the best global evidence and resources available, for all MHPSS stakeholders already engaged in or joining emergency response and recovery efforts in Ukraine.

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Stakeholder consultation process

1. Collecting and compiling information on existing resources

The information on evidence-based interventions and services contextualized and introduced in Ukraine in recent years by the Ukrainian government with support from international and national humanitarian and development partners was collected via the MHPSS TWG Ukraine.

2. Priority-setting exercise

a) The urgent needs of residents of psychiatric and psychoneurological long-term care facilities (internats) were discussed with the Office of the President on 22 April 2022 (38). The meeting was hosted by the MHPSS TWG Ukraine and was attended by officials of the MOH and the MOSP and partners. The discussion focused on the challenges currently faced by such facilities, including the evacuation of residents, continuity of care and access to medicines. The meeting highlighted the need for urgent safe evacuation of residents and the need to build the humanitarian response capacity of facility staff, while also using the opportunity presented by the crisis to reform residential care towards community-based and human rights-oriented services.

b) Under the auspices of the First Lady of Ukraine, WHO and the MHPSS TWG Ukraine organized a multisectoral technical consultation with MHPSS stakeholders in May 2022. The consultation comprised two parts. The first was conducted with representatives of the Office of the First Lady and the Office of the President, officials from the MOH, MOSP, the Ministry of Education and Science (MOES) and the Ministry of Veterans Affairs (MOVA) and representatives of local authorities.

c) The second meeting was attended by over 60 national and international stakeholders, primarily representatives of UN agencies and NGOs that are members of the MHPSS TWG Ukraine. Discussions focused on identifying priorities for MHPSS action and different vulnerable groups.

3. Compiling the Roadmap

Compilation of the Roadmap, based on inputs collected through the consultation process, was undertaken by WHO, in consultation with the MOH and the MHPSS project office of the First Lady of Ukraine. Further development of the Roadmap was informed by international technical guidance, including the IASC Guidelines on MHPSS in Emergency Settings, the Minimum Services Package for MHPSS in Emergencies (MHPSS MSP), the IASC Common Monitoring and Evaluation Framework, WHO's Comprehensive Mental Health Action Plan 2013–2030 and the WHO European Framework for Action on Mental Health, the Concept for Development of Mental Health Care in Ukraine until 2030, the National Mental Health Action Plan for 2021–2023 and the National Recovery and Development Plan.

The discussions and the information shared during the consultation process have shaped the structure of the current Roadmap, which along with information on the context includes:

- a list of evidence-based MHPSS interventions and services, contextualized and introduced in Ukraine in recent years (described in Table 1) and
- a set of multisectoral actions to scale up MHPSS services in both the short and longer terms, informed by available evidence, international technical guidance and expert consensus (described in Table 2).

4. Follow-up consultations with stakeholders and integration of feedback

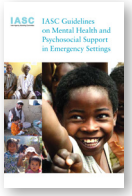
Following the consultations and compilation of the draft Roadmap, a review process and subsequent integration of feedback provided by MHPSS stakeholders was organized. The Roadmap has been reviewed by many stakeholders, including national authorities, UN agencies, national and international NGOs that are part of the MHPSS TWG Ukraine, national experts from professional associations and academia and other stakeholders, to ensure that the multisectoral actions defined in the document reflect the priorities identified by the government, meet the mental health and psychosocial needs of the people of Ukraine, build on recent achievements and ongoing developments and are in line with global evidence, guidelines and expert consensus on MHPSS in emergency settings. The review process included a technical consultation on MHPSS actions in Ukraine and neighbouring countries held in Copenhagen, Denmark on 26-27 September 2022 with 32 participants representing WHO (HQ, EURO and Country Offices of Ukraine, Poland, Hungary, Czechia, Moldova,

Slovakia and Romania), IOM, UNHCR, UNICEF, United Nations Population Fund (UNFPA), and the International Federation of Red Cross and Red Crescent Societies (IFRC). The review process was followed by incorporation of the findings of three multi-stakeholder strategic workshops conducted as part of the National Mental Health and Psychosocial Support Programme initiated by the First Lady of Ukraine:

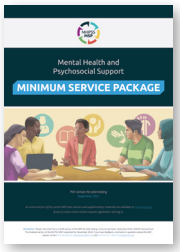
- Strategic workshop on scalable psychological interventions in Ukraine (11 July 2022);
- Strategic session on priority groups for MHPSS response in Ukraine (18 August 2022);
- Strategic session on MHPSS for veterans and their families, supported by UNDP (18 October 2022);
- Strategic session on MHPSS for children, supported by UNICEF (28 October 2022).

Guiding tools and documents

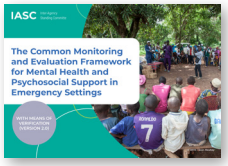
The following global and national frameworks have been used to inform "Ukrainian Prioritized Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap".



The **IASC Guidelines on MHPSS in Emergency Settings** (1) reflect the insights of practitioners from different geographic regions, disciplines and sectors and a consensus on good practice. The purpose of the guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multisectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency.



The **MHPSS Minimum Services Package** (MHPSS MSP) (17) outlines a set of minimum activities that are considered to be of the highest priority in meeting the immediate critical needs of emergency-affected populations, based on existing guidelines, available evidence and expert consensus. The MHPSS MSP provides an intersectoral costed package to operationalize these guidelines and standards. The activities outlined in it are multisectoral and cut across sectors such as health, protection and education and specific programme areas such as Nutrition, Camp Coordination and Camp Management (CCCM), WASH, Shelter, Mine Action, Early Childhood Development (ECD) and Livelihoods. The MHPSS MSP aims to support better-coordinated and more predictable and equitable responses that make effective use of limited resources and thus improve the scale and quality of programming.



The **IASC Common Monitoring and Evaluation Framework for MHPSS: With means of verification (Version 2.0)** (39) provides guidance on the assessment, research, design, implementation and monitoring and evaluation (M&E) of MHPSS programmes in emergency settings. Although it is designed specifically for emergency contexts (including protracted crises), the framework may also be applicable for the transition phases from emergency to development.

The **Comprehensive Mental Health Action Plan 2013–2030** (CMHAP) (40) sets out clear actions for WHO Member States, the WHO Secretariat and international, regional and national partners to promote mental health and well-being for all, to prevent the development of mental health conditions for those at risk and to achieve universal coverage for mental health services. The updated action plan builds on a predecessor plan (2013–2020) and includes new and updated indicators and options for implementation.

The **WHO European Framework for Action on Mental Health** (EFAMH) (41), covering the period 2021–2025, sets out a response to current mental health challenges arising from the negative impacts that the COVID-19 pandemic has had on populations' mental health and well-being. The EFAMH provides a coherent basis for intensified efforts to mainstream, promote and safeguard mental well-being as an integral element of COVID-19 response and recovery; to counter the stigma and discrimination associated with mental health conditions; and to advocate for and promote investment in accessible and quality mental health services. Implementation and monitoring of the EFAMH will be powered by the Pan-European Mental Health Coalition, a flagship initiative of the European Programme of Work 2020–2025 (30).

The **Concept for Development of Mental Health Care in Ukraine until 2030** (42), approved by the Cabinet of Ministers of Ukraine in December 2017, and the **National Mental Health Action Plan for 2021–2023** (43) highlight the need to increase awareness about mental health, address discrimination and human rights violations of individuals with mental health problems, improve the accessibility of care through deinstitutionalization and development of community-based services, integrate mental health into general health care provision and strengthen the professional competencies of health care staff.

The **National Recovery and Development Plan** (44) is an overarching framework guiding the recovery process for Ukraine; it was presented at the Ukraine Recovery Conference (URC 2022) held in Lugano on 4–5 July 2022.

Overarching principles for MHPSS response in Ukraine

The following principles should be used to guide all MHPSS emergency response actions in Ukraine. These principles are based on the IASC Guidelines (1), the MHPSS MSP (17), experience accumulated from previous emergencies (45,46) and the specific context of Ukraine. In addition to overarching principles, recommendations on what to do and what not to do when implementing MHPSS activities are provided in Annex 3.

Coordination

Continued coordination of intersectoral and interagency MHPSS response, led by the Government of Ukraine and OCHA through the Intersectoral Coordination Council and the MHPSS TWG Ukraine. MHPSS activities should be planned in consultation with national and local authorities and the MHPSS TWG Ukraine.

Human rights and equity

Human rights and equity for all affected persons and protection of those at heightened risk of human rights violations (e.g. people with disabilities living in residential institutions, IDPs, children who have lost their parents).

Community participation

Participation of local communities in the planning, implementation and evaluation of humanitarian response activities, with an active role in decision-making processes. Foster resilience of the affected populations and their engagement in relief and recovery efforts. Firm emphasis needs to be placed on the strength and resourcefulness of communities rather than focusing on weaknesses and vulnerabilities.

Do no harm

In relation to physical, social, emotional, mental and spiritual well-being and be mindful to ensure that actions respond to assessed needs, are committed to evaluation and scrutiny, support culturally appropriate responses and acknowledge the assorted power relations between groups participating in emergency responses. Use evidence-based interventions. Do not use recruiting practices that weaken national and local structures and induce leakage of personnel, but rather work to strengthen their capacities. Do not plan activities (even if evidence-based) which are not relevant in the Ukrainian context and have no prospect of sustainability.

"Whole of society" approach

While there is a need for focused interventions for specific mental health conditions and target groups, the MHPSS needs of the entire affected population, regardless of age, gender, race/ethnicity, vocation or affiliation, should be addressed. Consider prevention activities, fostering self-help strategies and protective environments, along with scaling up basic psychosocial support skills among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first-line responders, for the well-being of the entire population.

Intersectoral action

MHPSS action has relevance to health, protection, shelter, education, justice, labour and other domains of government and the emergency coordination architecture. All relevant sectors and ministries within government need to be engaged in the MHPSS response. Build the capacity of a multi-cadre mental health workforce across sectors. At a service level, multidisciplinary teams should be considered in order to address the diverse MHPSS needs of the population.

Integrated support

Integrate MHPSS programmes as far as possible into wider emergency response measures or systems (e.g. existing community support mechanisms, formal/non-formal school systems, primary health care services, social services, etc.). Sensitize the workforce in health facilities and the community to consider the psychosocial well-being of caregivers while providing services for children (e.g. for immunization).

Multilayered support

A wide spectrum of the mental health and psychosocial

needs of people in Ukraine should be addressed through multilayered interventions (Figure 1) which range from basic psychosocial support to the provision of specialized services. These services should be implemented concurrently across all layers, but will not necessarily be implemented by the same organization.

Building on existing services and capacities

Map existing MHPSS expertise and services in each oblast of Ukraine, including both public and private services.

Align emergency activities with available services, human resources and their capacities and innovations (practices, interventions, trainings and services) introduced by Ukrainian authorities and partners in past years (Table 1). Consider complementing and scaling up existing services and capacities. Introduce new services only in consultation with national authorities and the MHPSS TWG Ukraine.

Build the capacity of existing services and frontline responders in Ukraine in the provision of MHPSS services in the context of the war.

Enhance interagency and intersectoral referral pathways to ensure that people (especially children, older adults and those with dementia) can access the services they need promptly.

Ensure that people with mental health and substance use conditions can continue to access medication and support, in both the community and in institutions.

Ensure that the right to informed consent is always respected throughout treatment for people with mental health conditions, on an equal basis with all other people.

Monitor funding gaps in the state procurement of social and health services and mobilize resources for budget support to ensure the sustainable provision of mental health and social services and the payment of salaries.

Contribution to continued development of Ukraine's mental health care system

Plan MHPSS activities in a way that contributes to the longer-term development of Ukraine's mental health care system and to an optimal mix of services (47) (Annex 2), as envisioned in the Concept for Development of Mental Health Care in Ukraine until 2030, the National Mental Health Action Plan for 2021–2023 and the National Recovery and Development Plan.

Consideration of the wider context

The MHPSS approach needs to consider and respond to the urgent needs of all vulnerable groups in a life course approach.

Alongside the mental health impacts of the war, the humanitarian MHPSS response must continue to address pre-existing and ongoing psychological and social needs. As such, it must include programming that addresses all relevant mental health conditions, both those that are directly related to stress (e.g. acute stress, grief, PTSD) and those that are not (e.g. depression, psychosis, substance use disorders) (1).

The MHPSS approach needs to evolve and adapt to the needs of the affected population, at different times both during and after the war.

All phases of the MHPSS approach need to be grounded in the community, including assessments, planning, implementation and M&E (48).

Enabling protective environments

The MHPSS response must seek to create safe and protected environments for care and make use of existing resources and strengths (e.g. using the Safe and Child-Friendly School model of the MOES[2] (49); allow caregivers and newborn infants to stay together; support breastfeeding and adequate nutrition; and train community workers to set up and manage safe spaces for children and their caregivers to play and communicate with each other, using local resources.

Services providing safe spaces must respect the privacy of both service users and staff, including confidentiality in terms of identification, documentation and locations. Such information should not be shared without express informed consent.

Special consideration should be given to ensuring the protection of vulnerable groups, including children, people with disabilities, older adults, people with substance use disorders and ethnic/cultural groups who are being targeted with stigma and discrimination.

The mental health of the mental health workforce and frontline responders needs to be prioritized and protected via targeted programmes, trainings, protective environments in the workplace and financial protection.

Strengthen information systems, evidence and research

Integrate standardized MHPSS indicators into routine information systems across all types of services and providers. Identify, collate, routinely report and use core mental health data disaggregated by sex and age to improve service delivery and promotion and prevention strategies. Analyse and publish data collected on service availability and evaluation to improve services and population-based interventions.

Improve research capacity and academic collaboration on national priorities for research in mental health and psychosocial support, particularly operational research with direct relevance to service development and implementation. Establish centres of excellence to consolidate and share knowledge and experience gained during emergency response and recovery efforts in Ukraine and contribute to global exchange of knowledge.

2 . The model integrates four standards: a safe physical school environment, a safe psychosocial school environment, competency-based teaching and participatory and inclusive school governance.

Priority MHPSS multisectoral actions

Table 2. Prioritized multisectoral actions to scale up MHPSS in the short and medium terms

Note: The content of Table 2 is based on the discussions that took place during the consultation process described above, and is informed by the IASC MHPSS Matrix of Interventions (1), the MHPSS Minimum Service Package (17), the IASC Common Monitoring and Evaluation Framework (39), the UNICEF Operational Guidelines on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings (50), the IMC Toolkit for the Integration of Mental Health into General Healthcare in Humanitarian Settings (51), the IMC Guidelines for Remote MHPSS Programming in Humanitarian Settings (52), the IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement (56) and other international guidance (see References section), adapted to the Ukrainian context.

The following checkboxes are available to track progress on each prioritized action:

☐ Achieved ☐ In progress ☐ To be initiated

The domains included in the table follow a life course approach and are each separate by a blue row.

Priority Set of Actions		
Coordination		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
MHPSS TWG Ukraine with 50 members drawn from actors working in humanitarian and development contexts. Plan for establishing an intergovernmental and intersectoral coordination board as part of the Mental Health Action Plan. Cooperation and coordination between different ministries and departments at oblast level where MHPSS services required strengthening.	Activation and endorsement of a National Intergovernmental Mental Health Steering Coordination Board, with a focal point representing the MHPSS TWG Ukraine. ☐ ☐ ☐ Continue strengthening mental health leadership and coordination capacities of national- and oblast-level authorities in emergency response, in partnership with the MHPSS TWG Ukraine. ☐ ☐ ☐ Share information about the MHPSS TWG Ukraine with new partners (including state/government authorities and NGOs, from all sectors and disciplines including health, protection, education, adolescence, ageing, substance use, disability, GBV, veterans and their families) involved in planning or implementing MHPSS services and facilitate them joining the group for coordination. ☐ ☐ ☐ The MHPSS TWG Ukraine in cooperation with oblast-level authorities to establish oblast-level groups (where there are more than 10 MHPSS actors). ☐ ☐ ☐	Gradual merging of the MHPSS TWGs at national and regional levels to national- and oblast-level networks. ☐ ☐ ☐ Establish a decentralized system with oblast-level intersectoral mental health steering groups. ☐ ☐ ☐

Coordination (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
	The MHPSS TWG Ukraine to establish a steering committee to support partners in planning MHPSS activities based on the findings of the MHPSS mapping exercise (e.g. on gaps in the availability of services) and available evidence, with a focal point from the project office implementing the National MHPSS Programme initiated by the First Lady of Ukraine and the engagement of respective local authorities and MHPSS groups. ☐ ☐ ☐ Provide orientation on the "Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap" to partners across all sectors at oblast, national and regional levels. ☐ ☐ ☐ The MHPSS TWG Ukraine to ensure regular communication and information exchange with the project office implementing the National MHPSS Programme initiated by the First Lady of Ukraine and oblast-level authorities, to facilitate the MHPSS response. ☐ ☐ ☐	
Community engagement and information dissemination (46)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
In 2014 reform aimed at decentralization began in Ukraine, with the adoption of the Concept of Reform of Local Self-Government and Territorial Organization of Power in Ukraine, the Laws "On Cooperation of Territorial Communities" and "On Voluntary Association of Territorial Communities" and amendments to the Budget and Tax Codes for financial decentralization, in line with the European Charter of Local Self-Government. United Territorial Communities (UTCs) were introduced as institutions of self-government at local level. Since then, almost 1500 UTCs have been formed in Ukraine and have been given power and resources.	Initiate oblast-level and UTC-level dialogues on MHPSS needs and response, engaging community leaders (both formal and informal), representatives of different population groups (e.g. veterans and their families, families of missing people, IDPs, people of older age, people with disabilities, survivors of GBV, children and adolescents, caregivers of children with developmental disorders and disabilities, people living in newly regained areas and other groups), stakeholders from government agencies (health, social, education, employment, infrastructure and other sectors), non-profit organizations, the private sector, NGOs, CSOs, professional, labour and political organizations, business leaders, donors and grassroots actors who are not allied with a national or international NGO or with other agencies. ☐ ☐ ☐	Through continued dialogue with local stakeholders, develop/update community-/UTC-/raion-/oblast-level MHPSS plans covering the recovery period. Depending on local context and needs, define the population groups to be prioritized in the plans. ☐ ☐ ☐ Build capacity and strengthen leadership of community actors (e.g. local authorities, religious, sports and public figures, NGOs) in MHPSS (56). ☐ ☐ ☐ Engage community members and leaders in the rollout of self-help stress management interventions and tools for different population groups, for their resilience and recovery. ☐ ☐ ☐

Community engagement and information dissemination (46) (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
Mental health awareness in communities is still relatively low despite community awareness campaigns run by humanitarian and development agencies (e.g. mental health awareness-raising and anti-stigma campaigns were launched by the MH4U project, UNICEF and youth organization Teenergizer; a number of local awareness-raising activities were conducted by humanitarian agencies in Donetsk and Luhansk oblasts). Research has shown that people demonstrate high levels of empathy towards people with mental health conditions and agree that high-quality care should be accessible (53). However, mental health is commonly not prioritized by local authorities, including in terms of investment from local budgets. There was limited awareness in the community, leading to low levels of demand for services (54) and slow progress in the development of community-based mental health services. Partners of the MHPSS TWG introduced a range of MHPSS community engagement activities, starting in 2014. These included community mobilization through facilitated communal spaces/meetings, strengthening community and family support through recreational activities and structured social activities (e.g. women's or men's groups, children's or youth clubs), empowerment of persons of older age and persons with disabilities, capacity-building for strengthening parenting skills, safe spaces for children, support for obtaining new skills/knowledge for employment, and others.	Support narrative and other processes of collective healing and social cohesion. In work on healing the wounds of war, recognize the power of peer supports, acknowledge people's suffering and support cultural modes of healing (55).  Assess community readiness and map resources, initiatives and activities run by and in communities, which can constitute a basis for or be engaged for MHPSS response.  Facilitate development of community-/UTC-/raion-/oblast-level MHPSS response plans, with priority activities aimed at the community as a whole and targeting different community groups, linking with the MHPSS TWG partners at oblast level (where subgroups are available).  Informed by the national vision for MHPSS response and the best available evidence, adapt activities to the local context and needs and ensure that local developments and findings in turn inform the national vision.  Adapt and disseminate key MHPSS messages for the general population and for different priority groups (17), using tools such as discussion sessions, posters, information leaflets, radio messaging, social media campaigns and online events. Mobilize local media.  Adapt and disseminate evidence-based self-help and stress management tools (e.g. WHO's Doing What Matters in Times of Stress (DWM)) for use by all relevant population groups, using both community-based groups (Self-Help Plus (SH+)) and innovative IT methods (DWM app).  Disseminate information to enable people to access credible telephone helplines and online platforms offering MHPSS support. Link telephone and Internet helplines to locally available mental health services.  Integrate MHPSS into existing community activities (e.g. sports or recreational activities) to prevent stigma that may be caused by standalone interventions (48,50). 	Implement harm reduction services for people using psychoactive substances and implement evidence-based interventions for primary prevention of alcohol and drug use at community level.  Define the role and place of scalable psychological interventions and their providers in community settings. Develop implementation plans for interventions and begin their introduction and build capacity in a coordinated manner, involving all interested stakeholders. Ensure that MHPSS services provided through the community have links with formal services and that a referral system is in place. 

Community engagement and information dissemination (46) (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
In a few oblasts, local mental health coordination councils were established and local mental health action plans were drafted (e.g. in Mariupol, Donetsk oblast, with support from the MH4U project). PFA training (versions for both adults and children, including online versions) was widely scaled up by humanitarian agencies in community settings as a part of emergency response (both to conflict and COVID-19). CETA counsellors (non-specialists) were trained to provide psychological intervention to people with anxiety, depression and post-traumatic stress symptoms in community settings, under supervision.	Reinforce existing community-led programmes and build their capacities to support community connectedness, strengthen resilience and encourage a spirit of community self-help, engaging different community groups (56). ☐ ☐ ☐ Establish safe and sufficient spaces to support planning discussions and the dissemination of information (1). Recognizing that diverse views have value, create spaces in which people can share their views. Help people to reflect on the past and the present, as well as on how they would like their future to be (55). Safe spaces can also be used for protecting and supporting children, for learning activities and for communicating key information to community members. ☐ ☐ ☐ Support family reunification and parenting programmes, promote breastfeeding and prevent family violence and intimate partner violence. ☐ ☐ ☐ Support infrastructure initiatives to rebuild social areas of healing and enjoyment, such as planting gardens or painting school walls (55). ☐ ☐ ☐ Engage adolescents and youth in the planning, provision and M&E of mental health activities and supports. ☐ ☐ ☐	
Social services		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
State policy in the field of social work envisions the creation of favourable conditions for the development of a market in social services and engagement by NGOs and charitable and religious organizations.	Engage NGOs and CSOs in the provision of social services to people with mental health conditions, in line with the best global practice and the established state standards of social care, to complement services available from the formal social sector. Use the platforms of the Protection Cluster, the Age and Disability TWG, the GBV Sub-Cluster, Child Protection Sub-Cluster and the MHPSS TWG for coordination. ☐ ☐ ☐ Ensure that each protection and social case management team includes at least one person trained on the recognition of early signs of mental health conditions, the provision of basic psychosocial support and referral. ☐ ☐ ☐	Reinforce local NGOs and CSOs to apply to provide social services to people with mental health conditions in line with state standards to develop further networks of social services that meet the needs of the population in the defined area. ☐ ☐ ☐ Monitor funding gaps in state procurement of social services and mobilize resources (including from international partners) for budget support at national/local level, to ensure sustainable provision of social services and the payment of salaries. ☐ ☐ ☐

Social services (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
The Law of Ukraine on Social Services (2019) updated the list of social services (e.g. social support, care at home and day care, supported accommodation, adaptation and integration, support for employment, legal assistance, counselling, support for foster families, sheltering, mediation, care and upbringing of children in conditions similar to a family environment, respite care, support during inclusive education, transportation services), procedures of state social procurement (apart from state and communal providers, non-state providers can also apply to provide services and be reimbursed from the state budget) and supervision of social care providers. State standards for social services and a roster of social service providers were developed following adoption of the law. 645 territorial centres for social care provision. 205 centres for the provision of social services. 562 centres for social services (for families, children and youth). 158 psychoneurological internats (increased from 149 in 2019) and 36 for children, adolescents and youth. The National Strategy for Reforming the System of Institutional Care and Upbringing of Children for 2017–2026 was launched in 2017, to protect children's rights and move them from institutions back to families. This had begun to be implemented gradually, but progress varied across different oblasts	For activities related to capacity-building, see also **Human resources**.  For activities related to people with cognitive, intellectual and psychosocial disabilities, see also **Addressing needs of people with disabilities**.  For activities related to community engagement, see also **Community engagement and information dissemination**. 	Based on experience from rolling out scalable psychological interventions as part of emergency response in recent years, define the role and place of such interventions in social services (by social workers and psychologists). Develop implementation plans for prioritized scalable psychological interventions and begin to put them into action and build capacity in coordination with all interested stakeholders. Consider a combination of lower- and higher-intensity interventions to organize the required level of care for individuals and ensure that the whole range of needs is covered across the social protection, health and education sectors and in community settings.  For activities related to capacity-building, see also **Human resources**.  For activities related to people with cognitive, intellectual and psychosocial disabilities, see also **Addressing needs of people with disabilities**. 

Education		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
The National Strategy for Building a Safe and Healthy Educational Environment in Ukrainian schools was adopted by the government in 2020. Psychological services in educational institutions are provided by psychologists and social pedagogues (23 315 staff in total), but 35% of institutions do not have enough psychologists. The professional competencies and functions of practical psychologists in educational institutions are determined by professional standards. Practical psychologists graduate from pedagogical universities and do not have a medical background. Schools run anti-bullying programmes and programmes for children with special educational needs (12). Special schools for children with intellectual disabilities are in the process of deinstitutionalization (including integration into communities and mainstream schools) (12). The network of Inclusive Resource Centers (IRCs) was created to realize the right of children with special educational needs aged 2–18 years to receive preschool and secondary education. Evidence-based mental health interventions and tools, to be used by teachers and psychologists, are not commonly available and referral pathways are not clearly set. Standards of psychological services, their quality criteria and evaluation mechanisms are not set. Staff of educational institutions are not commonly aware of existing referral options or services provided by other sectors. The well-being of staff needs to be protected.	Orient teachers and other school staff on distress in children and adolescents, basic psychosocial support and prevention of substance use in schools (57), and provide safe and functional referral pathways to health, mental health and child protection services. Promote safe and protective environments in kindergartens, schools and tertiary education institutions and develop standard operating procedures for air raid situations and for staying in shelter, as well as remote learning, which are sensitive to mental health (e.g. linked with relaxation techniques or recreational activities). Promote safe Internet use and protect children and adolescents online. Introduce stress management and relaxation strategies for adolescents in schools and in tertiary education. Engage adolescents and youth in the planning, provision and M&E of MHPSS interventions. Identify challenges faced by adolescents in accessing information and services for mental health. Protect children and adolescents who have experienced domestic violence, have suffered from bullying, have been displaced, have been separated from or have lost their parents or caregivers or have experienced other adversities or distressing events and ensure access to a range of MHPSS services, as needed. Support uninterrupted education for children, including children with developmental disabilities. Refer children and adolescents with high levels of trauma exposure to individual or group trauma-focused CBT or CETA, if available. Use the platforms of educational institutions to increase mental health awareness among parents and caregivers, and promote self-care. 	Implement social and emotional learning (SEL) programmes in schools, covering emotional regulation, problem-solving, interpersonal skills, mindfulness, assertiveness and stress management (58,59). Based on experience gained during early emergency response, introduce programmes promoting well-being and a protective environment in kindergartens, schools and tertiary education institutions. Promote healthy recreational activities for adolescents and youth. Evaluate the effects of remote learning and other innovative approaches introduced as a response to the war on children's well-being, to inform further development of the education sector. Engage children, adolescents and youth in the design, provision and M&E of mental health activities and supports. Protect children and adolescents at risk of developing mental health conditions and those who have experienced domestic violence, bullying, adversities or traumatic events related to the war, and ensure access to a range of MHPSS services. Based on experience gained during early emergency response, define the role and place of psychological interventions in the education sector (e.g. by school psychologists and other staff). Consider introducing psychosocial interventions and tools for students, including the Helping Adolescents Thrive Toolkit (60), I Support my Friends (61), the Adolescent Kit for Expression and Innovation (62) and Early Adolescent Skills for Emotions (EASE) (63). Introduce standards for psychological services defined for the educational sector in national regulation documents. Strengthen referral pathways between schools, social services and health and mental health care.

Education (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
An Education MHPSS Task Team was established under the Education Cluster, chaired by UNICEF and the MHPSS TWG Ukraine and with the engagement of the MOES, to address MHPSS needs specific to education settings.	Ensure that every teacher receives at least one standardized orientation session on teacher self-care (11). ☐ ☐ ☐	Introduce a system of professional supervision for practical psychologists working in educational institutions. ☐ ☐ ☐ Develop programmes to support teachers' well-being: adapt evidence-based self-help and stress management tools for use by teachers and ensure that they have access to more specialist mental health services as needed. ☐ ☐ ☐ Use the platforms of educational institutions to increase the mental health awareness and well-being of parents and caregivers. ☐ ☐ ☐ For activities related to capacity-building of educational staff, see also **Human resources**. ☐ ☐ ☐
Health services		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
Ukraine initiated health care reforms in 2017 when it adopted the Law on State Financial Guarantees in Health Care, which guarantees packages of essential health care services to be covered from the state budget through the National Health Service of Ukraine (NHSU). In 2017, the Concept of Mental Health Development in Ukraine for 2018–2030 was adopted, highlighting the need for promotion and prevention strategies, addressing human rights violations against individuals with mental health conditions and improving the accessibility of care through deinstitutionalization and development of community-based services.	Document attacks on mental health facilities and report them to relevant international bodies and protection forums (e.g. WHO's Surveillance System for Attacks on Health Care (SSA), International Committee of the Red Cross (ICRC)'s Health Care in Danger) (10,65). ☐ ☐ ☐ Fulfil the basic humanitarian and medical needs of people receiving care in psychiatric facilities, including the procurement of medications, based on regular assessment. Coordinate procurement planned by international organizations through national and local health authorities to avoid duplication and unmet needs. ☐ ☐ ☐ Introduce/advance modalities of remote support in health care using appropriate methods of communication (e.g. video calls, voice calls, text messaging, emails) (66) in hard-to-reach areas. ☐ ☐ ☐ Ensure that every emergency medical team is trained on the management of priority mental health and substance use conditions and on stress management (67,68). ☐ ☐ ☐	Scale up capacity-building for PHC workers in the management of common mental health and substance use conditions using mhGAP tools and the national mhGAP implementation framework (51), also introducing alternative learning modalities (e.g. online learning, self-paced learning) to increase the accessibility of trainings for PHC workers. ☐ ☐ ☐ Introduce a minimum set of mental health services to be provided in PHC in Ukraine, and reflect this in educational curricula in medical universities. Raise awareness of the population on the new services introduced. ☐ ☐ ☐ Integrate mental health into general health promotion and prevention strategies (e.g. introducing a culture of responsible attitudes to health, which includes adherence to healthy lifestyles and avoiding risky habits and behaviours e.g. substance use, sedentary behaviour), defined by the MOH, to be implemented in primary health care. Link these efforts with relevant communication campaigns for raising mental health awareness and encourage help-seeking behaviour, introducing self-help tools and digital solutions as early interventions. ☐ ☐ ☐

Health services (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
Until 2021, the mental health care system comprised mainly specialist outpatient, inpatient and day services, often provided as a mix in a single facility, complemented by a network of offices of district psychiatrists and narcologists: 22 mental health outpatient facilities attached to hospitals 704 other outpatient facilities (e.g. mental health day-care or treatment facilities) (64) 62 psychiatric hospitals 23 psychiatric units in general hospitals Two inpatient psychiatric facilities specifically for children and adolescents. Since 2021, a new community-based form of specialized care has been introduced by the MOH – Community Mental Health Teams (CMHTs). As of January 2022, 87 CMHTs were operating across Ukraine, providing outreach care to people with severe mental health conditions. Since 2019, as part of health care reform and strengthening of PHC capacities, the MOH and partners have introduced the mhGAP programme and have trained > 400 PHC workers in clinical management of common mental health conditions (using the WHO mhGAP Intervention Guide (mhGAP-IG) and mhGAP Humanitarian Intervention Guide (mhGAP-HIG)), with the aim of further scaling up the training programme to > 2,000 PHC centres across the country. An mhGAP Task Team was established under the MHPSS TWG Ukraine, led by the MOH, to coordinate and support partners' efforts in scaling up mhGAP training.	Accelerate joint partner efforts to build PHC capacity in the management of common mental health and substance use conditions, using WHO's mhGAP-IG and mhGAP-HIG, in line with the national mhGAP implementation framework (51). [3] Expand the capacity of specialized mental health care providers (outpatient and inpatient psychiatric services, outreach CMHTs, private clinics and practitioners providing psychiatric, psychotherapeutic or psychological care) in the management of conditions specifically related to stress and traumatic events (e.g. acute stress, PTSD, grief). Continue the development of CMHT services to contribute to both national deinstitutionalization efforts and the emergency response, as they relate to the needs of people with moderate to severe mental health conditions. Roll out stress management capacity-building for health care providers. Train non-specialized (in terms of mental health) health care workers, employed by state services or humanitarian NGOs, in screening, brief interventions and referrals for people with substance use conditions, including for the management of acute conditions (intoxication, withdrawal, overdose) related to substance use (57). Ensure uninterrupted harm reduction services at community level for people with substance use disorders. Engage humanitarian NGOs to fill critical gaps in health service provision, in line with evidence-based practice and protocols.	Based on the experience of rolling out scalable psychological interventions (Table 1) as part of emergency response in past years, define the role and place of such interventions in health care provision in PHC and other non-specialist services. Develop implementation plans for prioritized interventions (e.g. stress management) and begin to introduce them and build capacity in coordination with all interested stakeholders. Consider a combination of lower-intensity (e.g. stress management) and higher-intensity (e.g. CETA) interventions, to ensure that the whole range of needs is covered, across the health, social protection and education sectors and in community settings. Train and supervise health workers in screening, brief evidence-based interventions and referral or (for specialists) management of substance use disorders. Based on experience of remote MHPSS provided as part of emergency response, continue the development of telemedicine services for people with mental health conditions. Based on experience of CMHT services introduced as part of emergency response, develop further community-based specialist mental health services (e.g. mental health centres, psychiatric beds integrated into general hospitals, outreach crisis teams (70)), linking these with social services, support for employment and education and other supports available in the community. While developing community-based services and preparing the ground for deinstitutionalization, improve staff attitudes and human rights conditions in existing psychiatric institutions, using resources from the WHO QualityRights service transformation package. Build capacity and foster leadership by people with lived experience of mental health conditions to play a prominent role in the planning and implementation of service transformation and in M&E, given them a role in service provision as experts with real-life experience.

3 . WHO Ukraine and the MHPSS TWG Ukraine recommend a blended approach to mhGAP-IG and mhGAP-HIG, including rolling out mhGAP-IG together with selected modules of mhGAP-HIG (e.g. grief, acute stress, PTSD).

Health services (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
A Health Cluster was launched in 2015 to coordinate the health sector response and to link the efforts of humanitarian agencies and national authorities. Apart from the health sector, health services are also integrated into the justice, penitentiary, defence, emergency and other sectors in Ukraine.	Strengthen referral pathways between health and social sectors, as well as other relevant sectors and providers in the community, based on service maps available from these sectors, as well as the results of 4Ws mapping (69) conducted by the MHPSS TWG, including links to support and services that address alcohol and drug use and also suicide. ☐ ☐ ☐ Use the platform of the Health Cluster and its TWGs for the coordination of emergency response in the health sector. ☐ ☐ ☐ Ensure that every person providing a witness/victim statement that might be used as evidence in trials for crimes related to international humanitarian law and international human rights law is provided with MHPSS support before, during and after offering a witness account and/or testifying before the court. ☐ ☐ ☐ Update health care regulation to enable specialists with non-medical education (e.g. psychologists who have graduated from pedagogical universities) to provide psychological and psychotherapeutic care in health care facilities. ☐ ☐ ☐ Initiate amendments to the Law on Psychiatric Care to expand the concept of mental health and mental health care (addressing mental health problems along a continuum from mild, time-limited distress to chronic, progressive and severely disabling conditions, and so not limited by psychiatric care) and expand the roles of mental health care providers to enable task-sharing, in line with available evidence and human rights principles. ☐ ☐ ☐ For activities related to capacity-building, see also **Human resources**. ☐ ☐ ☐	Ensure that every pharmacist receives at least one standardized orientation session on MHPSS. ☐ ☐ ☐ As a part of implementing the mhGAP programme, provide PHC workers with tools to monitor children's development and knowledge of when and where to refer children who have behavioural difficulties that they cannot manage. ☐ ☐ ☐ Strengthen referral pathways between the health and social sectors, and other relevant sectors and providers in the community, based on service maps available from these sectors as well as the results of 4Ws mapping (69) conducted by the MHPSS TWG, including links to supports and services that address alcohol and drug use and also suicide. ☐ ☐ ☐ Strengthen coordination between health, social and criminal justice services to promote treatment and ethical standards of care for people with drug use disorders (57), and ensure continuity of care. ☐ ☐ ☐ Collect, document and share lessons learned and innovative practices introduced while addressing mental health needs in the context of the war against Ukraine through monitoring, evaluation and research. ☐ ☐ ☐ Continue the engagement of specialists with non-medical education (e.g. psychologists who have graduated from pedagogical universities) in the provision of psychological and psychotherapeutic care in health care facilities. ☐ ☐ ☐ Amend the Law on Psychiatric Care and other related legislation to expand the concept of mental health and mental health care (addressing mental health problems along a continuum from mild, time-limited distress to chronic, progressive and severely disabling conditions, and so not limited by psychiatric care) and expand the roles of mental health care providers to enable task-sharing, in line with available evidence and human rights principles. ☐ ☐ ☐ Monitor funding gaps for the state procurement of mental health services and mobilize resources (including from international partners) for budget support at national and local levels, to ensure sustainable provision of mental health services and the payment of salaries. ☐ ☐ ☐

Health services (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
		For activities related to capacity-building, see also **Human resources**. ☐ ☐ ☐ For activities related to people with cognitive, intellectual and psychosocial disabilities, see also **Addressing needs of people with disabilities**. ☐ ☐ ☐

Addressing needs of people with disabilities		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
According to 2020 data, an estimated 5.6% of the population are living with a disability (71). The government has introduced a "no barrier" philosophy which is reflected in the National Strategy for the Development of a Barrier-Free Environment in Ukraine, launched in 2021. This aims to remove barriers in all spheres of life, implement community-based solutions and ensure opportunities and equal rights for all Ukrainians. WHO's International Classification of Functioning, Disability and Health (ICF) was introduced in Ukraine in 2022 for the measurement of health and disability at both individual and population levels. There is no national strategy on rehabilitation, and this area continues to be fragmented and viewed primarily as a disability service rather than being recognized as a fundamental part of the health care continuum. The MOH and MOSP both have dedicated expert groups on rehabilitation, and MOVA and other ministries also have a role in rehabilitation, but there is no established structure within which rehabilitation topics can be shared and discussed.	Adapt all MHPSS messages in inclusive formats (e.g. Braille, sign language and easy-to-read Ukrainian). ☐ ☐ ☐ Introduce MHPSS services into the work of general rehabilitation services and multidisciplinary teams. ☐ ☐ ☐ Build the capacity of the general rehabilitation workforce in MHPSS. Build the capacity of organizations of persons with disabilities on MHPSS provision to ensure their full participation in humanitarian efforts. ☐ ☐ ☐ *For people with mental health conditions (including people with cognitive, intellectual and psychosocial disabilities):* Strengthen national capacities for relocation, accommodation and care for adults and children currently living in long-term facilities run by the MOH and MOSP in territories directly affected by the war in other oblasts and communities of Ukraine. If local capacities are not sufficient to address their health needs, evacuate affected people to other countries, in order to save lives (74). ☐ ☐ ☐ Fulfil the basic humanitarian and medical needs of people living in long-term facilities, including the procurement of medications, based on regular assessment. ☐ ☐ ☐ Roll out QualityRights e-training to promote the rights of people with cognitive, intellectual and psychosocial disabilities during emergency response and early recovery (75). ☐ ☐ ☐	Ensure that all MHPSS activities and services are inclusive of people with disabilities. ☐ ☐ ☐ Integrate MHPSS into national rehabilitation policies, regulation and development of services. ☐ ☐ ☐ Build the capacity of existing rehabilitation teams in psychosocial support and introduce more specialized staff (e.g. psychologists) as needed. ☐ ☐ ☐ Strengthen referral pathways between services provided by health, social and other relevant sectors for people with disabilities. ☐ ☐ ☐ *For people with mental health conditions (including people with cognitive, intellectual and psychosocial disabilities):* Include people with mental health conditions in mainstream disability programmes, including community-based rehabilitation programmes. ☐ ☐ ☐ Extend rollout of the barrier-free environment to also address the needs of people with cognitive, intellectual and psychosocial disabilities. ☐ ☐ ☐ Use WHO's ICF and related tools (e.g. Disability Assessment Schedule (WHODAS 2.0)) as a basis for improving rehabilitation services for people with cognitive, intellectual and psychosocial disabilities. ☐ ☐ ☐

Addressing needs of people with disabilities (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
An Age and Disability Technical Working Group has been created under the Protection Cluster. Service standards and legal frameworks that encompass rehabilitation have been developed but there is a lack of licensing. Continuing education requirements are still in place. Since 1994, an estimated 80,000 people have been trained in rehabilitation-related fields. MOH rehabilitation services include three specialties: physical and rehabilitation medicine, physical therapy and occupational therapy. Rehabilitation was included in many service packages under the Programme of Medical Guarantees at the secondary level of care. The Community Mental Health Teams (CMHTs) introduced by the MOH in 2021 provide recovery- and human rights-oriented care (rehabilitation) to people with severe mental health conditions and disability. No rehabilitation services exist at PHC level (71). Almost 44 000 adults and children with cognitive, intellectual and psychosocial disabilities still live in internats, which are associated with human rights violations (72). A number of NGOs and CSOs advocated for and promoted inclusive services for people with disabilities. A WHO QualityRights assessment of mental health facilities was conducted in 2018, and recommended a transformation towards human-rights oriented and community-based services (73). The QualityRights Toolkit for the transformation of mental health services and QualityRights e-training resources have been translated into Ukrainian.	Build capacity on the WHO QualityRights package for the assessment and transformation of mental health services, adapting to the current emergency phase, needs and available resources. ☐ ☐ ☐ Coordinate the efforts of government and non-government, national and international actors in addressing the needs of adults and children living in institutions in a way that fits with the national deinstitutionalization policy and provides a basis for further development of community-based and human rights-oriented services. ☐ ☐ ☐	Based on initial steps made and experience gained as part of emergency response, as well as best global practices available (e.g. WHO Guidance on Community Mental Health Services, WHO QualityRights technical package), continue to develop innovative human rights- and recovery-oriented services for adults and children which promote community inclusion and autonomy and cover the full spectrum of needs of people with cognitive, intellectual and psychosocial disabilities, ranging from supported housing and accommodation to health and social services, education and employment. Link new services with the MOH's CMHTs, which are providing recovery-oriented care (rehabilitation) to people with severe mental health conditions and disabilities in the community. ☐ ☐ ☐ For those already institutionalized, develop transitional solutions (e.g. supported housing models) to support their return and reintegration into the community and the phasing out of custodial care in long-term institutions. ☐ ☐ ☐ Reflect innovations planned/introduced in graduate and postgraduate educational programmes for care providers. ☐ ☐ ☐ Foster the capacities and leadership of national NGOs and CSOs to contribute to the development of inclusive services for people with disabilities. ☐ ☐ ☐ Establish a master's-level programme for the profession of occupational therapist and update qualification requirements. ☐ ☐ ☐ Continue to roll out full QualityRights e-training to all staff working in mental health and social care institutions. ☐ ☐ ☐

Human resources		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
Health Staff involved in psychiatric care in Ukraine: • *Psychiatrists – 2,033* • *Children's psychiatrists – 255* • *Narcologists – 716* • *Doctors: psychotherapists – 120* • *Doctors: psychologists – 144* • *Doctors: sexopathologists – 26* • *Nurses – 9,355* • *Social workers – 84* Postgraduate education offered by medical universities provides a range of courses focused on clinical management of different mental health conditions. From 2016 to 2022, CMHT staff received continued training, supervision and technical guidance from WHO. Primary health care staff: • *Family doctors – 14,268* • *General practitioners – 6,282* • *Paediatricians – 6,005* • *Nurses at the PHC level – 24,928* In 855 health care facilities: • *Psychologists – 430* • *Psychotherapists – 326* PHC staff (doctors and nurses) have received mhGAP training from WHO and partners since 2019. Only psychologists with higher medical education are legally allowed to provide psychotherapeutic and psychological interventions in health care services. At the same time, a majority of psychologists who are members of psychological associations and practise different forms of psychotherapy (CBT, positive psychotherapy, psychoanalysis, art therapy, EMDR and others) do not have medical education but have graduated from pedagogical universities.	Build the capacity of MHPSS providers and emergency responders in the basics of MHPSS in emergencies (e.g. through the OpenWHO MHPSS training course). Through the MHPSS TWG Ukraine, coordinate the additional human resource capacity deployed by international and national NGOs to bridge gaps by delivering services in collaboration with the MOH, MOSP and MOES. Build the capacities of frontline workers (e.g. health, social and education staff, emergency services workers, railway staff and workforces in other sectors) in basic psychosocial skills (foundational helping skills[4], in line with Ensuring Quality in Psychological Support (EQUIP)[5] (76)), including on practices for communities and families affected by war and on referral systems. Orient first-line humanitarian responders, including civil defence, legal aid and law enforcement personnel, and volunteer groups on PFA and stabilization techniques (e.g. EMDR-based ASSYST protocol). Build the capacities of frontline workers in evidence-based self-help and stress management interventions, to be applied in their work with affected populations and for their own well-being. Include topics that discuss alcohol and drug use in capacity-building for staff well-being. Roll out supervision for providers of psychological interventions in all sectors in regulatory documents and initiate a process of online supervision, as well as competency assessments to support effective supervision and to build the skills of helpers.	Introduce foundational helping skills, as an essential and universal prerequisite for the delivery of any effective psychosocial or psychological care, into formal undergraduate education curricula for different mental health cadres and postgraduate trainings provided by national universities and international agencies. Regulate the provision of psychological and psychotherapeutic services in health care settings by specialists with non-medical education (e.g. psychologists who have graduated from pedagogical universities). Initiate a national policy dialogue among stakeholders on a certification, licensing and accreditation system for psychologists, aligned with EQUIP (76). Develop professional standards for mental health specialists (77). Introduce supervision for mental health care providers in regulation, learning processes and service delivery (77). Develop a database of human resources in mental health in Ukraine, disaggregated by geographical location, cadres, skills, knowledge and capacities (such as providers, trainers, supervisors). Introduce programmes on mental health in the workplace in all sectors, with a particular focus on the needs of veterans. Continue the rollout of evidence-based self-help stress management interventions among care providers in all sectors.

4 . These are competencies that providers need in order to build a warm and trusting relationship with a client. Examples include effective verbal and non-verbal communication, demonstrating empathy, building rapport and promoting hope and expectancy of change. Foundational helping skills are identified as core competencies required for all health workers in the WHO Global Competency Framework for Universal Health Coverage (2022). See https://apps.who.int/iris/rest/bitstreams/1415843/retrieve.

5 . Ensuring Quality in Psychological Support (EQUIP) is a platform that makes freely available a workforce package to support governments, academic institutions and NGOs (in both humanitarian and development settings) in training and supervising the workforce to deliver effective support for adults and children. EQUIP aims to improve the competencies of helpers and the consistency and quality of training and service delivery. It is funded by USAID.

Human resources (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
Pharmacies: • *Pharmacists – 26,992* • *Provisors – 21,208* **Social sector** • *Specialists in social work – 1,104* • *Specialists in social support at home – 583* • *Social workers – 2,479* • *Junior social workers – 28,530* • *Staff working in social services centres for families, children and youth – 4,739 (including 2,379 specialists in social work)* • *Psychologists/practical psychologists (in social services centres) – 289* Social sector staff are not commonly trained to recognize mental health conditions or provide basic psychosocial support or referral. **Education** • *Practical psychologists – 15,282* • *Social pedagogues – 7,548* • *Methodologists – 485* Psychologists employed in schools are focused on diagnostics and their capacities are stretched to provide psychological support and brief interventions for all children in need. **Internal affairs** • *National Guard of Ukraine – 186 psychologists* • *Institutions of higher education – 47 positions for psychologists introduced* • *Psychological service of the State Emergency Service – 150 people* **MOVA** • *Practical psychologists – 13* • *Specialists in social work – 6* **Defence** • *Military psychologists* **Community** National and international NGOs have built the capacity of volunteers in the community in a range of basic psychosocial skills. Supported by USAID, the CETA project has trained > 120 certified CETA counsellors and four fully qualified Ukrainian trainers (27).		Accelerate the capacity of specialist and non-specialist providers in the management of mental health conditions in children and adolescents (e.g. using the mhGAP module "Child and adolescent mental and behavioural disorders", the CETA child model, WHO Caregiver Skills Training and other psychological interventions). ☐ ☐ ☐ Coordinate national efforts and support from international agencies to build the capacities of the specialized and non-specialized mental health workforce, fostering mental health leadership among service users and local communities and addressing actual learning/training needs to enable the transformation of mental health systems in Ukraine. ☐ ☐ ☐ Update educational curricula for different mental health cadres in line with global and national mental health trends and innovations. ☐ ☐ ☐ Engage with and build the capacity of people with lived experience in planning, service provision, M&E and training. ☐ ☐ ☐ Build the capacity of social sector staff to recognize mental health conditions and provide basic psychosocial support and referral. ☐ ☐ ☐ Introduce peer support counsellors in the provision of mental health services. ☐ ☐ ☐ Introduce the profession of occupational therapist into the provision of mental health services. ☐ ☐ ☐ Introduce further multidisciplinary approaches and task-sharing in the provision of mental health care (e.g. reinforce the role of psychiatric nurses in multidisciplinary teams, train school teachers and social workers to recognize early signs of mental health conditions and provide basic psychosocial support, train PHC workers in the management of common mental health conditions, engage people with lived experience to provide peer support). ☐ ☐ ☐

Monitoring, evaluation and assessment

Situation prior to the war	Immediate response ("best buys")	Recovery and rebuilding phase ("building forward better")
Mental health data are included in MOH Annual Statistical Reports, though the health information system would benefit from improved organization of such data (12). Regular service mapping conducted by the MHPSS TWG Ukraine. Ukraine data included in WHO's Mental Health Atlas. Comprehensive assessments completed by humanitarian actors between 2014 and 2021 (54).	Continue the MOH's current regular assessments of the needs of psychiatric hospitals in the humanitarian context and document support provided through humanitarian actors. Assess MHPSS needs of different population groups in different areas, as the situation requires (e.g. newly accessible areas). Monitor and evaluate existing MHPSS services and activities undertaken by national and international partners and identify gaps in service provision to be filled. Build the capacity of all MHPSS actors (MHPSS TWGs and Board) on the IASC Common Monitoring and Evaluation Framework for MHPSS (39) and the MHPSS MSP (17). Develop a cultural and contextual primer to be used to inform international partners providing MHPSS services to Ukrainians both inside and outside the country. This should include needs, specific aspects of culture, help-seeking behaviour, context and approaches (78–80). Ensure that MHPSS data (including data related to substance use and substance use disorders and causes of mental health conditions) are collected and used for decision-making as part of the humanitarian response. Ensure synergy in data collection mechanisms between the MHPSS TWG, Clusters, Sub-Clusters and national services (e.g. NHSU and national health statistics service).	Complete the rollout of a common MHPSS M&E system in all sectors and across all oblasts, and use it for the improvement of services, decision-making and sharing of lessons learned. Develop a database of common MHPSS M&E indicators and means of verification (MoV) for use across sectors (39). Establish and strengthen focal points for monitoring MHPSS research initiatives to ensure that research is ethical and practical, is disseminated broadly to support best practice and that it informs operational aspects of MHPSS (81,82).

Specific settings and groups

Services for IDPs

Situation prior to the war	Immediate response ("best buys")	Recovery and rebuilding phase ("building forward better")
Assessments of needs of IDPs were conducted (83,84).	Provide orientation on MHPSS to managers and staff of shelters and host communities (56,83,84).	Integrate information dissemination on available MHPSS services in communities across the country.

Services for IDPs (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
MHPSS TWG partners provided a range of MHPSS services to IDPs across Ukraine (e.g. safe spaces for children, problem management intervention, CETA intervention, outreach specialized mental health care provided by CMHTs). National specialized mental health services were engaged to provide support for more severe mental health conditions in IDP centres and for IDPs hosted and integrated in local communities.	Ensure that at least one health care worker in every health centre attached to a shelter is trained on the management of priority mental health conditions. Create safe spaces for caregivers and children to play and for children to learn in these settings. Facilitate the integration of IDPs through dialogue with host communities, reduce conflict between IDPs and host communities and make sure that host communities are not forgotten in the emergency response and have equal access to services and supports.	Establish and strengthen referral pathways for various needs. Support the sustained integration of early childhood development activities and considerations across sectors (e.g. maternal, newborn and child health, nutrition, health, education, social care, protection) (85).
Gender-based violence (GBV)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
GBV Sub-Cluster established in 2015. Ukraine had made substantive gains in the area of women's rights in recent years, with a developing state-level "gender machinery". These reforms were successful in contributing to the establishment of GBV response services, with an investment of UAH 200 million from the government committed for the opening of shelters and crisis rooms and the creation of mobile psychosocial support teams for GBV in 2021. Ukraine ratified the Council of Europe's Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the Istanbul Convention, in June 2022, setting minimum standards for prevention, protection and prosecution of violence against women and domestic violence. A network of specialized services exists, including day-care units, a national toll-free hotline and mobile psychosocial support teams (86).	Ensure that at least one person is trained and a system is in place to provide MHPSS services at each existing and newly established safe space for women and girls in Ukraine. Integrate an MHPSS module into all trainings for GBV responders in all sectors. Provide MHPSS services in every health facility providing reproductive health services for survivors of GBV. Coordinate efforts of national and international health, protection and human rights actors and MHPSS TWG and GBV Sub-Cluster partners to ensure that victims of GBV receive the full package of services needed. Ensure continuous support for mobile psychosocial health teams, staffed by 48 trained psychologists and social workers, deployed to 12 regions in Ukraine (87).	Build the capacity of general health and mental health workers and of social care workers on specialized interventions tailored for survivors of GBV, including trainings on the clinical management of rape and intimate partner violence (88). Establish regulatory procedures and provide and strengthen referral pathways between protection, mental health, reproductive health, education and legal services.

Gender-based violence (GBV) (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
In 2020, the UNFPA established an online career hub for women, which included free specialized psychological support for applicants (86). UNICEF supported prevention and response to violence, including GBV, against children at home, at school, in the community and online through access to PFA and follow-up services for affected women and children, building the capacity of professionals working with children and families and raising awareness among caregivers of positive and non-violent parenting.		
Mine Action		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
The National Mine Action Authority (NMAA) and State Emergency Service of Ukraine (SESU) are key institutions leading mine action response. The Secretariat is working to improve the regulatory and legal framework, including updating national standards on mine action (89). Twelve Mine Action Active Implementing Partners are engaged within the Mine Action Sub-Cluster for demining, information dissemination, capacity-building and assistance to survivors of mines. MOH rehabilitation services include three specialties: physical and rehabilitation medicine, physical therapy and occupational therapy. Orthotics and prosthetics fall under the responsibility of the MOSP (71). No rehabilitation services are available at primary or community level (71). Assistive devices are provided by the social sector.	Build the capacity of all professionals and volunteers providing services for survivors of mines on basic psychosocial skills (such as PFA) (90,91). ☐ ☐ ☐	Include or train an MHPSS officer in each rehabilitation team providing services to survivors of mines. ☐ ☐ ☐ Establish and strengthen referral pathways between support and services for survivors of mines to the health and social sectors and other relevant sectors, including access to trauma-focused interventions (e.g. counselling or brief psychological interventions). ☐ ☐ ☐

Veterans and their families		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
Ukraine had more than one million veterans, of whom more than 450 000 were engaged in military actions in Donbas in 2014–2022 (71). An estimated 18 000 veterans from Donbas required MHPSS services (71). As of October 2018, under the MOH there were 30 hospitals (more than 6500 beds) for veterans, providing medical, physical and psychological rehabilitation (92). In 2020, the MOVA approved a programme that included plans for the provision of treatment in sanatoriums, psychological rehabilitation and recovery of physical and mental health for 70 000 military veterans (93). The Advisory Council on Ensuring the Rights and Freedoms of Defenders of Ukraine was created in March 2021 under the President of Ukraine (94). The Cabinet of Ministers of Ukraine approved changes to the law "On the Basics of Internal and Foreign Policy", establishing a system to help veterans transition from a military career to civilian life. The law will be supplemented with new paragraphs on providing affordable housing and support for sports and rehabilitation. A hospital for war veterans, the Lisova Poliana Veterans Mental Health and Rehabilitation Center, was established by the MOH to provide rehabilitation services and to act as a national scientific and methodological hub. CETA counsellors have been trained and supervised to improve functioning for veterans of the Ukrainian military, IDPs and their family members (26,27).	Address basic needs of veterans and their families in livelihoods, social benefits, legal assistance, employment, education, accessible social and health services and other basic services. Consider approaches that improve the well-being of veterans and their families, such as organizing social and recreational opportunities (e.g. sports and music) and self-help approaches (e.g. peer-to-peer groups). Build the capacity of veterans and their families in self-awareness and self-regulation, stress and problem management, conflict resolution and developing positive relationships. Ensure that MHPSS services are provided for survivors of torture and their family members and the families of fallen or missing soldiers. Learn from and support grassroots, bottom-up initiatives of veteran communities and their families. Ensure that all staff at health and social facilities for veterans participate in at least one training on basic psychosocial support skills (90,91). Train health care workers engaged in providing services to veterans in the management of common mental health conditions. Train staff engaged in providing services for veterans (including employment reintegration) in screening, brief interventions and referrals for substance use conditions, including for management of acute conditions (intoxication, withdrawal, overdose) related to substance use (57) and ensure access to harm reduction services.	Support further community networks to foster cohesion and connectedness. Integrate MHPSS into basic services and activities (e.g. social supports, health care, education, employment, others) for veterans and their families. Introduce MHPSS in each facility providing services to veterans (e.g. veterans' hospitals and sanitoriums). Facilitate national policy and workplace-level developments for decent work opportunities for veterans and their families, to ensure livelihoods, together with a sense of confidence, opportunities for positive relationships and inclusion in the community and a platform for structured routines (95). Ensure safe and healthy working environments to minimize tension and conflicts at work and improve staff retention and work productivity. Ensure effective structures and support for people with mental health conditions. Design and set up recreational activities for veterans and their families to maintain their well-being and connectedness and a healthy lifestyle. Support men's emotional sensitivity and empathy, the development of non-toxic masculinity and non-violent, gender-equitable identities (55) and reduce intimate partner violence. Provide inclusive and gender-sensitive training on parenting styles, relational dynamics and conflict resolution (55). Ensure access to evidence-based interventions for veterans with substance use conditions, integrated across all available entry points (e.g. community supports, employment, social services, primary and specialist health care).

Veterans and their families (continued)		
Situation prior to the war	**Immediate response ("best buys")**	**Recovery and rebuilding phase ("building forward better")**
		Based on experience from the provision of psychological interventions to veterans and their families in past years (e.g. through the CETA project), define the role, settings and providers of scalable psychological interventions in the overall provision of mental health care to veterans and their families. Develop implementation plans for interventions and begin to introduce them and build capacity in a coordinated manner with all interested stakeholders. ☐ ☐ ☐ Strengthen referral pathways between different services for veterans. ☐ ☐ ☐ Include adaptations of care for specific needs of veterans and their families in all trainings for health and social care workers. ☐ ☐ ☐ Engage veterans and their families in the planning, provision and M&E of all activities aimed at supporting them. ☐ ☐ ☐

Outcomes and outcome indicators for priority MHPSS multisectoral actions

To avoid overwhelming the information system with the collection of data, this document provides check boxes (Table 2) and tracer indicators (below) as tools to monitor the initiation and progress of each activity. Indicators are based on the IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings (Version 2.0) (39).

Informed by the overall goal of the National MHPSS Programme in Ukraine – **to reduce suffering and improve the mental health and psychosocial well-being of all people in Ukraine** – and aiming to consolidate priority MHPSS actions as a part of the emergency response and recovery in the country, the Roadmap includes the following indicators.

Goal impact indicators:

- People receiving support for mental health conditions experience reduced distress and/or reduced presence of mental health conditions or symptoms thereof.
- Ability of people with mental health and psychosocial needs to cope with problems and manage stress.

Outcome 1: The ongoing emergency response is coordinated, does not cause harm and is dignified, participatory and owned by Ukraine, and it adapts international best practices to the Ukraine context.

Indicators:

- Percentage of workers who are trained in MHPSS interventions and are following guidance (e.g. the IASC Guidelines) on how to avoid harm.
- Percentage of target oblasts where MHPSS actors, including people affected by the war, have been enabled to design, organize and implement emergency responses themselves.

Outcome 2: Most vulnerable people during and following the war against Ukraine are safe and protected, and human rights violations are addressed.

Indicators:

- Percentage of affected psychiatric hospitals and social care residential facilities receiving essential supplies during the war.
- Number of survivors of GBV using safe spaces.
- Percentage of affected care facilities for children with formal or informal mechanisms that engage in protection, monitoring and reporting of safety risks.
- Number of protection mechanisms (such as social services or community protection networks).

Outcome 3: Family, community and governmental structures in Ukraine promote the mental health and psychosocial well-being and development of all their members during and following the war.

Indicators:

- Percentage of target communities (such as villages or neighbourhoods) where steps have been taken to identify, activate or strengthen local resources that support psychosocial well-being and development.
- Number of children with opportunities for early learning, including in safe and secure environments.
- Number of parents/caregivers of young children receiving MHPSS.
- Number of parents/caregivers who engage in MHPSS activities that promote their own well-being, build support networks and support parenting skills.
- Percentage of schools in affected areas that include specific mental health and psychosocial activities or supports.

Outcome 4: Communities and families support people with mental health and psychosocial problems.

Indicators:

- Number of people with mental health and psychosocial problems engaged in stress management programmes promoting self-care, disaggregated by geographical location, gender and age range.
- Number of community-led programmes in place to support community-level well-being and connectedness.
- Number of peer support programmes in place for youth in the community.
- Percentages of medical facilities, social services facilities and community programmes that have staff trained to identify mental health conditions and to support people with mental health and psychosocial problems.
- Number of oblasts with functioning Community Mental Health Teams (CMHTs).
- Number of women, men, girls and boys who receive focused psychosocial and psychological care (such as psychological first aid, linking people with psychosocial problems to resources and services, case management, psychological counselling, psychotherapy or other psychological interventions).
- Number of women, men, girls and boys who receive clinical management of mental, neurological and substance use (MNS) disorders through medical services (primary, secondary or tertiary health care).
- Number of people who received specialised mental health care in the community (CMHTs, psychotherapy etc.)

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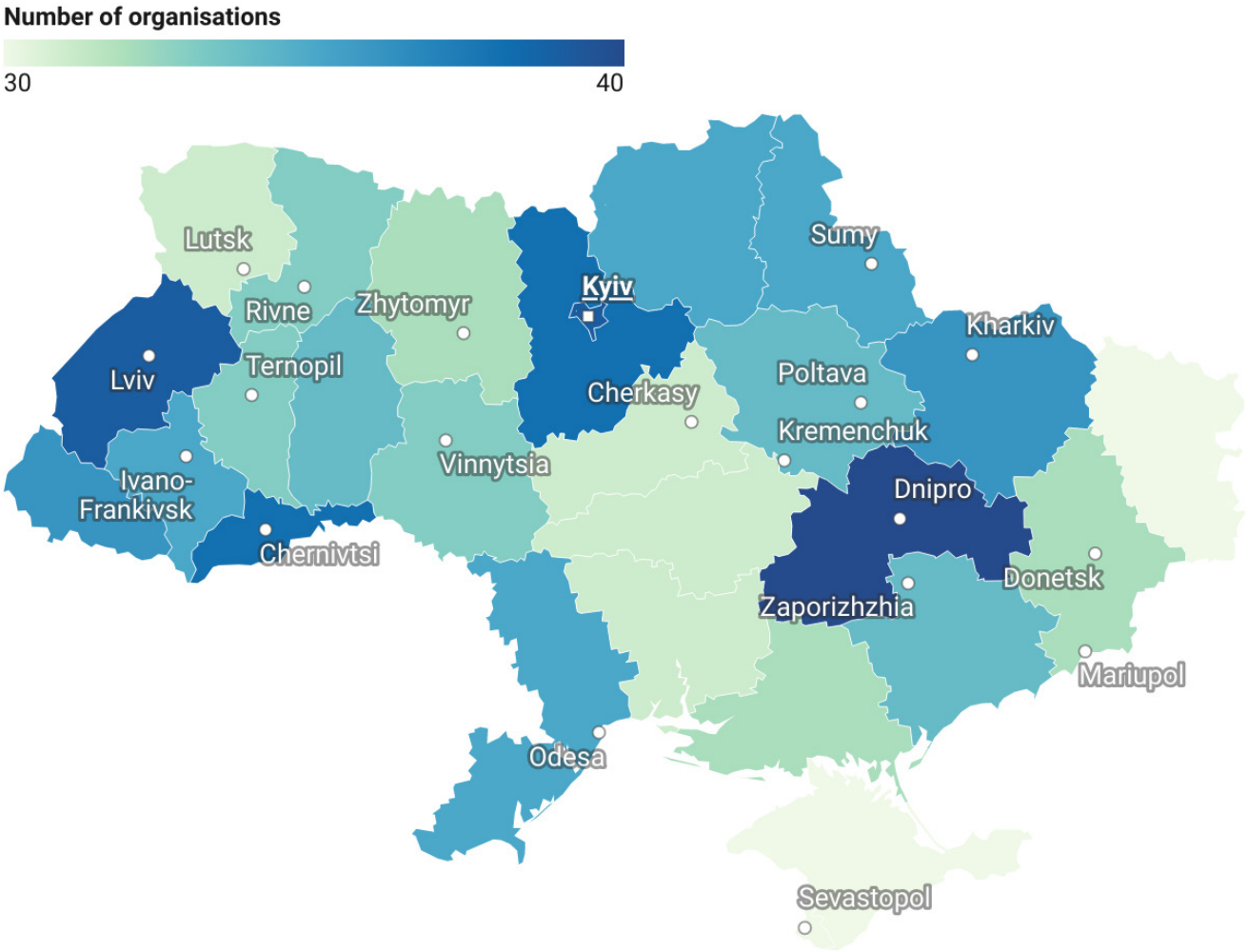
96. WHO. World Mental Health Report: Transforming Mental Health for all. Geneva: WHO; 2022. https://www.who.int/publications/i/item/9789240049338.

97. IASC. Advocacy Package: IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC; 2011.

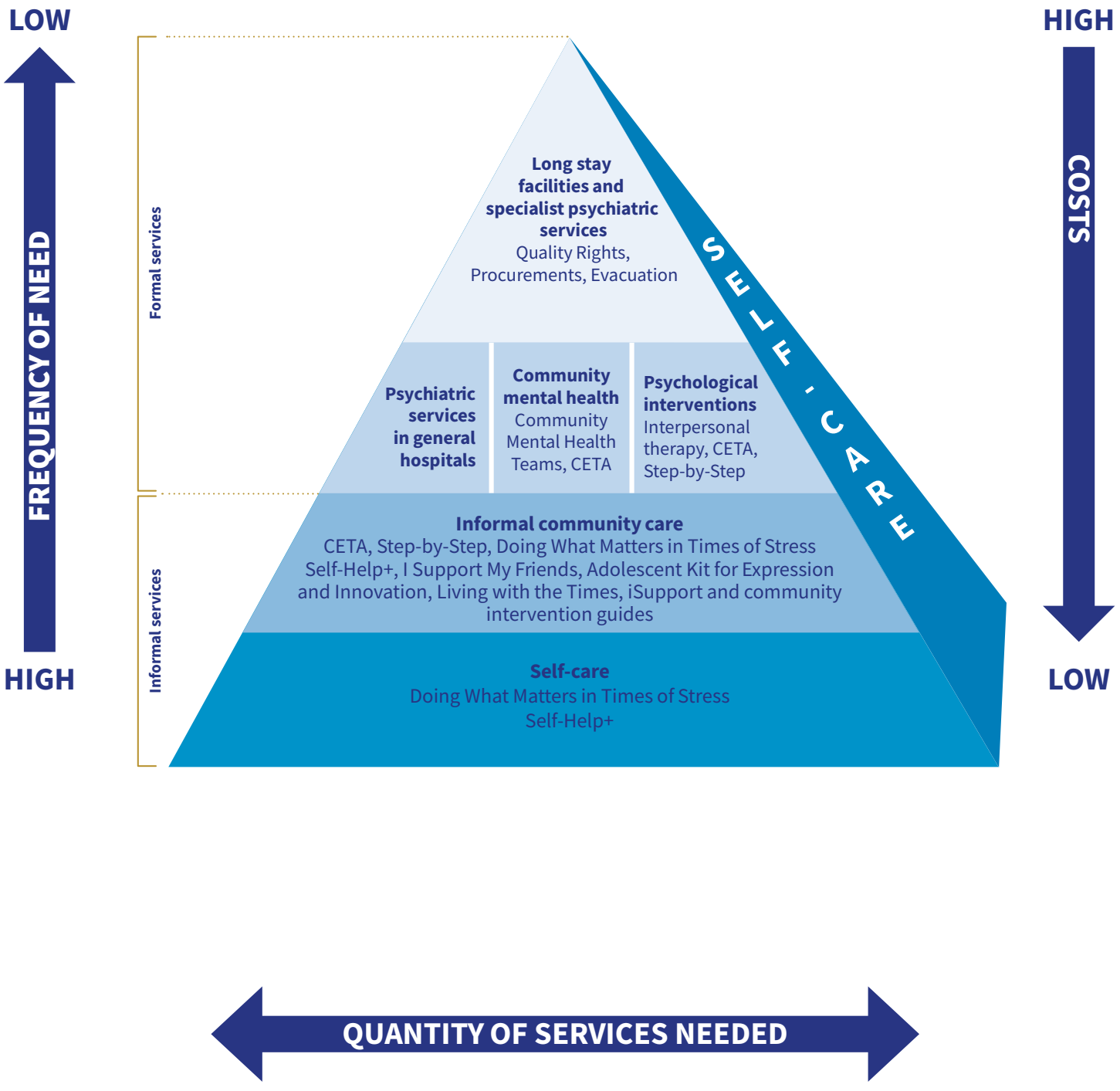
Annex 1. Map of MHPSS services provided by partners (as of October 2022)



UPDATED 16 NOVEMBER 2022

Map: MHPSS TWG Ukraine • Created with Datawrapper

Annex 2. WHO service organization pyramid for an optimal mix of services for mental health



Examples of services supported to improve the mental health and psychosocial well-being of people in Ukraine, based on the WHO service organization pyramid for an optimal mix of services for mental health (35).

Annex 3. "Do" and "Don't" of MHPSS interventions

The following table offers guidance on how to plan and implement MHPSS interventions during the war against Ukraine. This table has been adapted from the IASC Guidelines on MHPSS in Emergency Settings (1).

Do	Don't
Engage with and strengthen collaborations with the existing MHPSS Technical Working Groups (TWGs) in Ukraine (including regional subgroups), to support the coordination of MHPSS stakeholders.	Do not create separate groups on mental health or on psychosocial support that do not talk or coordinate with one another.
Support a coordinated response in collaboration with the MHPSS TWG Ukraine and government bodies, participating in coordination meetings and adding value by complementing the work of others.	Do not work in isolation or without thinking about how your own work fits with that of others.
Collect and analyse information to determine whether a response is needed and, if so, what kind of response. Promote coordination of assessments to reduce the burden on the affected population and to use assessment resources efficiently.	Do not conduct duplicate assessments or accept preliminary data in an uncritical manner. Do not conduct large-scale epidemiological prevalence studies in an emergency context.
For security purposes, consider how information is shared and to what level of detail.	Do not openly publish information about individuals or organizations that might put anyone's safety at risk.
Tailor assessment tools to the Ukrainian context, including consideration for all vulnerable groups in a life course approach (including veterans, people who are displaced, people with disabilities, survivors of GBV). Ensure that non-diagnostic approaches, such as measures of subjective well-being, functioning and connectedness, are prioritized.	Do not use assessment tools that are not validated in the local, emergency-affected context.
While all people living in Ukraine have been impacted by the war, recognize that people are affected by emergencies in different ways. Some people may function well, whereas others may be severely affected and may need specialized supports.	Do not assume that all/the majority of people living in Ukraine are severely affected by what they have experienced, cannot cope and need specialist support. Conversely, do not assume that people who appear resilient need no support.
Research in recent years has demonstrated the feasibility of delivering psychosocial and pharmacological interventions in non-specialized health care settings. People who are not mental health professionals and who do not have previous training in mental health care can effectively deliver low-intensity versions of cognitive behavioural therapy (CBT) and interpersonal therapy (IPT), and general health practitioners can prescribe pharmacological treatment, as long as they are trained and supervised. Also, people experiencing severe mental health conditions can benefit from low-intensity interventions. According to the WHO World Mental Health Report, non-specialists may range from community workers, volunteers and peers with as little as 10 years of education to people with a university degree but without specialist mental health training (96).	Do not assume that mental health interventions can only be provided by specialized mental health staff.

Ask questions in local languages and in a safe, supportive manner that respects confidentiality.	Do not ask questions about mental health without preparing options for follow-up support. Do not use leading questions that promise follow-up support if it is not available.
Pay attention to gender differences. Many women and children have been displaced to other countries and other parts of Ukraine, while many men have enlisted to fight in the military. Be sensitive to and respectful of people's gender and sexual orientation. Recognize that women and men, girls and boys, and people who identify as LGBTQIA+ may face different exposures to violence, diverse kinds of discrimination, different situations with regard to social stigma and social cohesion and different needs in regard to mental health and psychosocial well-being. Appreciate that across these lines of difference, people have significant potential to enable mental health and psychosocial well-being (55).	Do not assume that the conflict is affecting men and women (or boys and girls) in exactly the same way, or that programmes designed for men will be of equal help or be equally accessible to women.
Check references when recruiting staff and volunteers and build the capacity of new personnel from the local and/or affected community.	Do not use recruiting practices that severely weaken existing local structures. Prior to the war, Ukraine already had an established and developing mental health system. Consider partnering with pre-existing services, rather than recruiting staff from the health system.
After MHPSS trainings, provide follow-up supervision and monitoring to ensure that interventions are implemented correctly.	Do not use one-off, stand-alone trainings or very short trainings without follow-up if preparing people to perform psychological interventions.
Facilitate the development of community-owned, managed and run programmes. Promote and support the activities of Ukraine's active civil society groups.	Do not use a charity model that treats people in the community mainly as beneficiaries of services.
Build local capacities, supporting self-help and strengthening the resources already present. Include local services (health, social, education) and local leaders and NGOs when building local capacities. Collaborate with local authorities across all sectors to identify needs, requirements and resources, engage them in monitoring and evaluation and offer ongoing support and supervision.	Do not organize supports that undermine or ignore local responsibilities and capacities.
Learn about and, where appropriate, use local cultural practices to support local people.	Do not assume that all local cultural practices are helpful or that all local people are supportive of particular practices.
Build government capacities and integrate mental health care for people affected by the conflict into general health services and community social services, with consideration for all vulnerable groups, in a life course approach.	Do not create parallel mental health services for specific subpopulations (e.g. services dealing only with rape survivors or only with people with a specific diagnosis, such as PTSD).
Organize access to a range of supports, starting from PFA, in collaboration with local agencies, leaders and NGOs, for people in acute distress after exposure to an extreme stressor.	Do not provide one-off, single-session psychological debriefings for people in the general population as an early intervention after exposure to an extreme stressor.

Train and supervise primary/general health care workers in good prescription practices and in basic psychological support (e.g. mhGAP).	Do not provide psychotropic medications or psychological support without training and supervision.
Use generic medications that are on the essential drug list in Ukraine. If shortages of generic medications occur, coordinate with neighbouring countries to ensure that access to medications continues. Establish effective systems for referring and supporting severely affected people. Consider that general practitioners might be overwhelmed by an influx of IDPs in the local area; an MHPSS referral system will help to improve access to care while alleviating additional pressures on practitioners.	Do not introduce new, branded medications in contexts where such medications are not widely used. Do not establish screening for people with mental health conditions without having in place appropriate and accessible services to care for identified persons.
Develop locally appropriate care solutions for people at risk of being institutionalized. Where psychiatric hospitals and social care facilities are no longer available, support community care for people living with mental health conditions.	Do not institutionalize people (unless an institution is temporarily an indisputable last resort for basic care and protection). Do not invest simply in rebuilding damaged institutions that previously were associated with bad practices and human rights violations and which national/local authorities were planning to transform as a part of deinstitutionalization, but rather consider smarter community-based solutions in consultation with the MOH, MOSP, local authorities and the MHPSS TWG.
Seek to integrate psychosocial considerations, as relevant, into all sectors of humanitarian assistance, including shelter, education and GBV. For example, recognize that early childhood settings, schools and other learning environments, including digital learning platforms, have the potential to promote the mental health of students and facilitate access to mental health services when needed.	Do not focus solely on clinical activities in the absence of a multisectoral response.
Use understandable terminology that normalizes distress in difficult situations. Use terms such as “very stressful events”, “potentially traumatic events”, “adversity” or “distress”. Refer to people being distressed rather than traumatized. Similarly, refer to people providing MHPSS services as mental health and psychosocial support experts, rather than trauma experts. Use words that reflect and reinforce the ability of people to deal with and overcome difficult situations (97). Use the term PTSD only if post-traumatic stress disorder has been clinically diagnosed.	Avoid using the words “trauma” and “traumatized” to describe the experience of people and their communities. Care must be taken to avoid words that could lead to disempowerment and stigmatization of people in distress.

Annex 4. MHPSS TWG Ukraine partners (as of 28 November 2022)

	Name of organization
1	AAR Japan
2	ABT Associates Australia
3	ACF
4	Action Against Hunger
5	ADRA Canada
6	ADRA Germany
7	ADRA Ukraine
8	Alice Salomon Hochschule
9	Alliance for Public Health
10	AMA Ukraine (USA)
11	Americares
12	Anomaly
13	Arbeiter-Samariter-Bund Deutschland e.V.
14	ARQ International
15	ARQ National Psychotrauma Centre
16	ARW
17	Association of Psychological Assistance Specialists
18	Association for Solidarity with Asylum Seekers and Migrants
19	BarrierFree
20	Baylor College of Medicine
21	BBTRS
22	Bethany
23	Blue bird
24	Boston University School of Medicine, Boston Medical Center, Massachusetts General Hospital
25	Buddhist Tzu Chi Charity Foundation
26	Canadian Red Cross
27	Cardiff University
28	CARE

29	Caritas
30	Caritas Canada
31	Caritas Severodonetsk
32	Caritas Switzerland
33	Caritas Ukraine
34	Carpathian Horizons
35	Center for Mental Health and Psychosocial Support of National University Kyiv-Mohyla Academy
36	Center for Mental Health and Trauma Therapy "Integration"
37	Center for Mental Health, MOH of Ukraine
38	Center of Social and Psychological Support “Resurs”
39	Cesvi
40	CETA
41	CF Ecosystem
42	CF Right for Protection
43	CF Slavic Heart
44	CF Zaporuka
45	Charity Fund Posmishka UA
46	Child Smile
47	Children of the rainbow
48	Children of Ukraine. Worldwide Orphans Ukraine
49	Christian Aid UK
50	Clowns without Borders
51	CO CF "Angely Spasenia"
52	CO CF «Za Majbutne Ukrainy», Rehab centre
53	Columbia School of social work
54	Community Self-Help, NGO (Ukraine)
55	Comprehensive psychological assistance
56	Coral
57	Corus International
58	Crown Agents International Development
59	CUAMM

60	Danish Red Cross
61	Danish Refugee Council
62	DESPRO
64	Development Foundation NGO
65	DHO
66	Doctors Without Borders - Spain
67	Doctors Without Borders Switzerland
68	Dorcas Ukraine
69	DRC
70	ECHO
71	Ecosystem Charitable Foundation
72	Education for All Coalition
73	EIPHP
74	EMDR Europe Association
75	Equilibrium
76	Estonian Refugee Council
77	European Commission – DG ECHO
78	Faculty of School of Social Work at the National University of Kyiv-Mohyla Academy
79	FADV Onlus
80	FCA
81	FHI 360
82	Finn Church Aid
83	Finnish Red Cross
84	Fondation Humanitaire Internationale AICM Ukraine
85	Forpost
86	French Red Cross
87	GBV Sub-Cluster
88	German Doctors
89	GIZ
90	Global Communities

91	Global Initiative for Stress and Trauma Treatment
92	GO Mental Health Service
93	HALO Trust
94	Handicap International Federation
95	Heal Ukraine Trauma
96	Health Cluster
97	HealthRight International and ICF UFPH
98	HEKS-EPRP
99	HelpAge International
100	HIA-Hungary
101	HIAS
102	HOPE Worldwide
103	HRW
104	Humanitarian & Stabilisation Operations Team
105	Humanitarian Response Team
106	Humanity and Inclusion
107	Hungarian Interchurch Aid
108	IASC
109	ICAR Foundation
110	IFRC PS Centre
111	Immigrant Council of Ireland
112	Institute of Psychiatry of Taras Shevchenko National University of Kyiv
113	Institute of Psychosomatic and Trauma Therapy
114	International Committee of the Red Cross
115	International Leadership and Development Centre
116	IMC
117	International Platform on Mental Health
118	Interpeace
119	Intersos
120	IOM
121	IRC

122	IsraAID
123	Israeli Trauma Coalition
124	IVY
125	JERU (WHH-Concern-Cesvi)
126	Johanniter International Assistance
127	Johns Hopkins University
128	KNP Perechynsk hospital
129	Krisenchat Ukrainian
130	Kyiv Regional Center of Social and Psychological Assistance
131	Kyrgyzstan Red Crescent
132	LHSS
133	LLC AMA Ukraine
134	Luhansk Regional Center for Social and Psychological Assistance
135	Lutheran World Federation
136	Malteser International German Humanitarian Assistance/ Norwegian Health Ministry, Ministry for Foreign Affairs
137	Malteser Relief Service project
138	MdM – Medicos del Mundo/Médecins du Monde
139	Medair
140	Médecins Sans Frontières (MSF)
141	Medica Mondiale
142	Medical Psychologists Association of Kenya
143	Medical Teams International
144	MEDU – Medici per i Diritti Umani
145	Mennonite Central Committee
146	Mental Health Service
147	"Mental Health Support - Association of Specialists in the Field of Mental Health" Center for Psychosocial Support
148	Metta
149	MH4U Project
150	MHPSS.net
151	MI
152	Mirne Nebo Peaceful Heaven of Kharkiv

153	MOH
154	Mondo
155	MSF-Belgium
156	MSYD-ASRA
157	National University of Kyiv-Mohyla Academy
158	NATO Representation to Ukraine, Military Career Transition Programme
159	NAUKMA Center for Mental Health and Psychosocial support, CETA Project
160	NGOC
161	NGORC
162	Nichyk
163	NKVTS
164	Norwegian Church Aid
165	NPA
166	OCHA
167	OHCHR
168	OneUkraine
169	Optima
170	OSCE
171	Our Help
172	Overcome
173	PAH
174	People in Need
175	People in Need Slovakia
176	PEPFAR/Office of Policy Planning Innovation
177	Petagna
178	Plan International
179	Plan International Global Hub
180	PMF
181	Polish Humanitarian Action
182	Posmishka UA
183	Première Urgence Internationale

184	Project "Public Health System Recovery & Resilience"
185	Project HOPE
186	Proliska
187	Psicólogos sin fronteras
188	Public Health Wales
189	Rayduga
190	Samaritans Purse
191	Save the Children
192	SCI Ukraine Country office
193	SDD
194	SGDD-ASAM
195	Sign of Hope
196	Soleterre
197	Solidar Suisse
198	SOS Children's Villages
199	STEP-IN
200	Stichting Vluchteling Dutch Refugee Foundation
201	Street Child
202	Survivors' Truths
203	Swiss Development Cooperation
204	Swiss Red Cross
205	TAOMI Therapeutic Art of Movement Institute
206	Teach for Ukraine
208	Terre des Hommes Foundation in Ukraine
209	The CARe Network
210	The Department of Psychological Support of the National Medical Center of the State Medical University in the Luhansk region
211	The Red Pencil
212	The Resilience Resource
213	Triangle Génération Humanitaire
214	UA Mental Help

215	UK Foreign, Commonwealth and Development Office FCDO
216	UK-Med
217	Ukraine Children's Action Project
218	Ukraine NGO Coordination Network
219	Ukrainian Psychosomatic Medicine Association
220	Ukraine Public Health Systems Recovery & Resilience project
221	Ukrainian Red Cross Society
222	UN Global Compact Network Ukraine
223	UN Human Rights Monitoring Mission
224	UN RPP
225	UN Women
226	UNESCO
227	UNFPA
228	UNHCR
229	UNICEF
230	University of California, Berkeley
231	University of Geneva
232	UNODC
233	UPMA
234	URCS
235	USAID
236	USAID – DART
237	USAID BHA
238	USAID Economic Resilience Activity
239	Vitol Foundation
240	Voices of Children Charitable Foundation
241	Vsimdim
242	Vyhid Ye
243	War Child

244	WeWorld
245	WNUSP World Network of Users and Survivors of Psychiatry, ENUSP European Network of Users, Ex-Users and Survivors of Psychiatry
246	Women Veteran Movement
247	World Bank
248	WHO
249	World Jewish Relief
250	World Psychiatric Association
251	World Vision International
252	Worldwide Orphans
253	Yale Translational Brain Imaging Program

This is a document that is open for feedback.
Feedback will be incorporated into the next revision of the document.

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