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A Roadmap for Rebuilding Mental Health in Ukraine

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Foreword

This latest report follows in the footsteps of two seminal research reports from the New Lines Institute. The first, a legal analysis of the Russian Federation's breaches of Article II and Article III (c) of the Genocide Convention,[1] concluded that the war in Ukraine is genocidal in character and therefore creates obligations to prevent further genocide for all signatory states to the Genocide Convention. The second is the Multilateral Action Model on Reparations for the lawful use of Russian funds to finance the rebuilding of Ukraine's economy and society.[2]

With this context, we are in a unique position to expand our conception of damages to Ukraine beyond the question of bricks and mortar, beyond questions of infrastructure and even physical health, to include trauma and damage to mental health and well-being. In so doing, and by using insights from modern, holistic, strengths-based, and trauma-informed mental health work, we can provide a framework through which a more comprehensive rehabilitation of Ukraine can be undertaken.

Alysha Tagert, MSW, LICSW, is a mental health service provider, trauma expert, and consultant, with experience treating anxiety, depression, grief and loss, trauma, and Post-Traumatic Stress Disorder (PTSD). Tagert built the clinical and social services program for survivors of torture and trauma at the Torture Abolition & Survivor Support Coalition International in Washington, D.C., and she currently serves as the director of mental health and psychosocial support – U.S. Programs, World Relief.

This New Lines framework for building a mental health intervention program, while firmly rooted in the concrete macro realities of the work to rebuild Ukraine, is therefore designed with first-hand, on-the-ground experience of providing care to victims of trauma. If implemented, and the people of Ukraine are not neglected, inner strength and psychological resilience will form the foundations on which their country will be rebuilt.

Dr. Azeem Ibrahim OBE
Director, Special Initiatives
Chair, Reparations Study Group
New Lines Institute for Strategy and Policy.

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[1] An Independent Legal Analysis of the Russian Federation's Breaches of the Genocide Convention in Ukraine and the Duty to Prevent, New Lines Institute, May 2022.
[2] Multilateral Action Model on Reparations, New Lines Institute, October 2022.

Introduction and Aims

This report restates the case for positioning mental health and psychosocial support considerations at the center of decision-making concerning postwar reconstruction in Ukraine. This means having the conversation today, so that both Ukrainian mental health organizations and international stakeholders have the access and opportunity to design effective systems to ensure that the right help is delivered, in the right way, to the right people. Yet this report is not an academic piece aiming to strengthen knowledge to support a growing consensus calling for roadmaps that can be set in motion today, along the lines of the World Health Organization's (WHO's) Operational Roadmap.[3] Rather, it sets out to contribute insights and concrete, implementation-level proposals based on expertise designing and implementing clinical and social services programs from the grass roots upward, with dozens of practitioners. The hope is to inform experts from as wide a range of disciplines as possible of the importance of mental health and psychosocial support to a successful Ukrainian recovery.

The first section addresses the particular nature of the traumas faced by various groups within wider Ukrainian society, from soldiers in trenches, to civilians under artillery and drone threat, to socially isolated refugees in Poland and Western Europe. The second addresses the fundamental importance of the provision of mental health to the reconstruction effort. The third and fourth lay out the guiding principles for individual treatment, informed by best practices, and the design of a culturally sensitive, strengths-based, and holistic program of support that best implements it. The fifth and final section ties together these recommendations with policy proposals for how the mental health crisis can be best managed within the context of the ongoing full-scale war.

1   Ukraine's Capacity, Before and During the Invasion

Even before the invasion of Ukraine, the state of mental health in Ukraine was among the outliers in Europe, both in terms of the proportion of the population suffering and in the particularly low quality and quantity of mental healthcare provision.

Ukraine encountered a significant challenge with mental health issues, including a notably high occurrence of depression, alcohol use disorders, and suicide.[4] These mental health conditions ranked as the second-largest exacerbator of disability in the country, impacting as much as 30% of its population.[5] Seeking mental health treatment remained highly stigmatized, and thus treatment options were severely limited and failed to keep pace with best practices from abroad. Indeed, dark cultural and historical experiences particular to the people of Ukraine, including the misuse of psychiatry and institutionalization as a tool of control during Soviet rule, exacerbated some of the worst mental conditions in Europe, as reflected in very high alcohol abuse, depression, and suicide rates.[6] The ongoing Russian invasion has intensified already-existing challenges, such as insufficient medical supplies and staff, obsolete organizational structures, and

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[3] Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap, December 2022, https://reliefweb.int/report/ukraine/ukrainian-prioritized-multisectoral-mental-health-and-psychosocial-support-actions-during-and-after-war-operational-roadmap

[4] who-special-initiative-country-report---ukraine---2020.pdf

[5] World Bank Document, MENTAL HEALTH IN TRANSITION Assessment and Guidance for Strengthening Integration of Mental Health into Primary Health Care and Community-Based Service Platforms in Ukraine.

[6] Ukraine WHO Special Initiative for Mental Health Situational Assessment, February 2022, https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4

unequal access to healthcare. The physical destruction of medical establishments, noncompliance with preventive measures and treatment guidelines, and scarcity of healthcare professionals and resources are all obstructing the prompt provision of medical services to Ukraine's population (Goniewicz et al., 2023).[7]

The healthcare charity Médecins sans Frontières outlined its initiatives to deliver healthcare in these largely destroyed regions, which encompass the establishment of mobile healthcare units and psychological support services for those impacted by the unrest. They underscored the necessity for continuous global backing and the significance of maintaining the impartiality of healthcare professionals and establishments in areas of conflict.[8] Its mental health services additionally include treatment for tuberculosis, emergency surgery, treatment for sexual violence, and physiotherapy. The consequences of the war have had a profound and far-reaching psychosocial impact, touching individuals of all age groups and backgrounds. Many healthcare workers and first responders, who are consistently exposed to elevated levels of trauma and stress, have shared their experiences of feeling overwhelmed and grappling with burnout (Bouchard, Stiegler, and Padmanabhanunni, 2023).[9] This condition can significantly elevate the risk of developing mental health disorders among these individuals, further reducing capacity.

Indeed, the Ukrainian healthcare system is grappling with a substantial shortage of personnel being lost to many channels. A staggering figure of more than 30,000 medical professionals has either enlisted in the Ukrainian Armed Forces or chosen to volunteer their services. Simultaneously, over 2,500 have departed the country, and another 4,500 have been internally displaced.[10] Moreover, the lack of precise, up-to-date data regarding the current count of medical professionals makes planning and provision more difficult to coordinate.

However, there remain considerable resources with which to build a framework to support survivors of all kinds. International support has been instrumental in providing funding and resources, from machinery to prosthetics, as well as treatment options abroad.[11] Not only have new resources and expertise been entering the country from the West,[12] but Ukraine has also seen success reorganizing its latent healthcare resources; as of January 2023, about 45,000 medical staff of diverse expertise displaced from the most severely affected eastern regions of Ukraine have been reemployed further from the front line, including 2,000 physicians in particularly acute shortage.[13]

[7] Goniewicz, K.; Burkle, F.M.; Dzhus, M.; Khorram-Manesh, A. Ukraine's Healthcare Crisis: Sustainable Strategies for Navigating Conflict and Rebuilding for a Resilient Future. Sustainability 2023, 15, 11602. https://doi.org/10.3390/su151511602
[8] Medecins sans Frontieres, 2022. Ukraine: Medical care severely disrupted in war-torn areas | Doctors Without Borders - USA
[9] Bouchard, N; Stiegler, A; Padmanabhanunni, et. Al Psychotraumatology of the war in Ukraine: The question of the psychological care of victims who are refugees or who remain in Ukraine. In Annales Médico-Psychologiques, Revue Psychiatrique; Elsevier Masson: Amsterdam, 2023; Volume 181, pp. 12–15.
[10] Tsagkaris, C.; Ozturk, N.; Matiashova, L. Missile attacks in Ukraine are torpedoing global health. QJM Int. J. Med. 2022.
[11] Ministry of Health of Ukraine. https://moz.gov.ua/article/news/dvom-ukrainskim-zahisnikam-vstanovljat-suchasni-bionichni-protezi-ruk-hero-arms
[12] Malysh, O.; Grytsyk, Y. International humanitarian aid and medical assistance in armed conflicts. Ann. Acad. Med. Ukr. 2020, 20, 292–298.
[13] Novakivskyy, V.; Shurduk, R.; Grin, I.; Tkachenko, T.; Pavlenko, N.; Hrynevych, A.; Hymes, J.L.; Maddux, F.W.; Stuard, S. War in Ukraine and dialysis treatment: Human suffering and organizational challenges. Clin. Kidney J. 2023, 16, 676–683.

2 The Nature of the Trauma

With hundreds of thousands more estimated to be suffering from the traumas of war, including war crimes explored in the New Lines Institute's legal analysis,[14] addressing poor mental health represents an urgent humanitarian obligation, as well as being a prerequisite for the successful reconstruction of the country. Dr. Robert D. Macy – a pioneer in the field of psychological trauma, psychosocial recovery, and resiliency of children and adults in communities exposed to traumatic events and armed conflicts – defines trauma as an "overwhelming demand placed upon the physiological system that results in a profoundly felt sense of vulnerability and loss of control."

The damage to Ukrainian mental health and well-being has been well documented since early in the war. Two months after the revelation of the atrocities at Bucha, during which the Ukrainian Government estimates some 450 civilians were killed by Russian soldiers, workers at the newly founded Bucha Psychological Centre estimated that some 4,000 local residents were in need of urgent psychological care.

At the front line, soldiers are at particular risk of PTSD. Survivor's guilt, sleepless nights, flashbacks, and physical injury often function as triggers for the development of the condition, in addition to the acute trauma of violence and threat of injury. In the United States, some 12.9% of veterans of military conflict develop PTSD.[15] PTSD is a severe but normal reaction to an abnormal situation, which can be deeply damaging to an individual's well-being. The condition presents differently in different cases, with some survivors left less able to communicate their emotions to others, highlighting the personal and individual nature of PTSD. Ukraine's principal mental health rehabilitation center, located in the rural Kharkiv Oblast, reportedly takes in over 100 soldiers a week for PTSD-related care.

Those displaced and unsettled by the war in Ukraine have fled to the eastern part of the country, arriving in safer areas such as Kyiv and Lviv, as well as over 4.5 million individuals applying for temporary protection or similar national protection plans in Poland, Western Europe, and beyond. Refugees are at a heightened risk of developing a range of mental health complications (Porter & Haslam, 2005; Steel et al., 2009)[16]. Among Ukrainian refugee populations, higher rates of symptoms are found, including sleeplessness, anxiety, anger, guilt, dissociation, flashbacks, avoidance, hypervigilance, and depression. Many more are also with reporting loneliness, bereavement, and worry for relatives who are fighting or are unable to flee the danger of the Eastern oblasts.

Perhaps the best-documented trauma faced in Ukraine has been the ongoing threat and torment of artillery, missile, and drone attacks in civilian districts and residential areas. Since February 2022, 8,401 civilian deaths have been verified by the Office of the United Nations High Commissioner for Human Rights (OHCHR), with a further 14,000 injured, and with unverified figures substantially higher still. From 2014 to the eve of the full-scale invasion in 2022, a

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[14] An Independent Legal Analysis of the Russian Federation's Breaches of the Genocide Convention in Ukraine and the Duty to Prevent, New Lines Institute, May 2022.
[15] Risk factors associated with posttraumatic stress disorder in U.S. veterans: A cohort study, July 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5526531/
[16] Porter, M. and Haslam, N. (2005) Predisplacement and Postdisplacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons: A Meta-Analysis. Journal of the American Medical Association, 294, 602-612. http://dx.doi.org/10.1001/jama.294.5.602

further 14,200 were killed in the conflict in Donbas, with 37-39,000 injured.[17] The indiscriminate nature of the attacks, known as terror-bombing, is intentionally designed to mentally fatigue the Ukrainians, allowing them never to fully escape risks and so keep anxieties up for as long as possible. Indeed, an estimated 38,000 pieces of critical infrastructure – including roads, schools, water supplies, electric utilities, bridges, and hospitals – have been destroyed by Russian bombing. These attacks are further intended to minimize the amenities, well-being, and morale of Ukrainians, and place them under a heavier mental burden. Of these, 600 attacks focused on the country's healthcare facilities.

3   Not Just Bricks and Mortar

The war unleashed by Russia showed us horrors that we could not even imagine. The WHO is committed to protecting the most important human rights, the rights to health and life. Both of these rights are now being violated in Ukraine. Not a single Ukrainian – neither a child nor an adult – is sure that tomorrow they will simply wake up, that a rocket will not hit the house where this person lives. Doctors are not sure that ambulances will not be bombed on their way to patients.

<div align="right">– Olha Zelenska, First Lady of Ukraine</div>

It is clear that the number and range of extreme stressors is leading, and this has led to an unprecedented need for mental health systems to be designed and deployed.

As policymakers, advocates, and professionals, we need to consider the survivors' state of mind as being central to the postwar reconstruction process. The invisible wounds left by the trauma of war can be debilitating to a population that is attempting to rebuild.

The World Economic Forum estimates that 10 million Ukrainians have been at risk of chronic stress[18], anxiety, depression, or PTSD since suffering the trauma of the invasion. This is corroborated by the established literature, including Charlson and others (2019)[19], who find that 22.1% of conflict-affected populations develop depression, anxiety disorder, PTSD, bipolar disorder, and/or schizophrenia. Furthermore, their research suggests that in the 10-24 age group, mental health is the leading cause of disability and lower attainment in life. Research from the WHO suggests that 3.9 million of these cases would be classified as "moderate" or "severe." Based on U.S. and U.K. studies,[20] it is likely that this burden will cost Ukrainians more than 6% of gross domestic product on an ongoing basis, through lost productivity and lost labor force participation.

Beyond the significant economic costs, there are the personal and humanitarian costs of trauma. Trauma has a long-lasting impact on relational, biological, and neurological systems. It is bound

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[17] Conflict-related civilian casualties in Ukraine, OHCHR, January 2022, https://ukraine.un.org/sites/default/files/2022-02/Conflict-related%20civilian%20casualties%20as%20of%2031%20December%202021%20%28rev%2027%20January%202022%29%20corr%20EN_0.pdf

[18] https://www.reuters.com/business/healthcare-pharmaceuticals/one-four-ukrainians-risk-mental-disorder-due-conflict-who-2022-12-20/

[19] Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet. 2019 July

[20] The economic case for investing in the prevention of mental health conditions in the U.K., London School of Economics and Political Science, February 2022, https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Investing-in-Prevention-Full-Report.pdf

to leave enduring marks on individuals, group consciousness, and the entire Ukrainian culture, imprinting the memories of people and changing their future identities. The journey to healing for any survivor of trauma will require that listeners bear witness to what at times cannot be easily defined or neatly packaged. It is critical that, as advocates and international stakeholders, we are able to fully elucidate to decision-makers this inherent complexity and the breadth of impact that spans both individuals and the societies to which they belong. A fuller conception of the rebuilding of Ukraine requires that we consider survivors' well-being equally alongside the bricks and mortar.

One critical corollary of this understanding of trauma is that healing from trauma requires time, patience, and a secure environment. Through experience, the author has come to understand two basic realities of healing: first, that the survivors *themselves* are the experts on their own experience; and second, that every survivor has inner-strength and capacities within, which they use in the wider process of clinical treatment and healing. This understanding will form the bedrock of our exploration of the roadmap for a mental health intervention program.

Another corollary is that issues of mental health are irreducible to "good" and "bad"; however, mental health exists on a continuum that interacts in a multisectoral way with other issues facing a society. When we consider the rebuilding of Ukrainian society, and appreciate mental health within that broader context, we must consider individual, community, and government together. Treatment and healing do not take place behind a closed door – it's a whole society. Therefore, as we look beyond the bricks and mortar, we must also give due attention to the wider social structures, beyond the microsystems of individual and family, that hold the key to building inner strength and resilience on the individual level.

This approach is also validated by modern, rights-based social and advocacy work, as pioneered by Jane McPherson in her seminal work (McPherson, 2018)[21]; that the survivor must be seen as a rights-holder whose social and economic rights are being violated. Once we understand the full status of the survivor, we can conceive of the fuller scope of the social worker's role: to help our clients secure stable access to their rights. By engaging and partnering with communities delivering mental health and psychosocial support, we are, in so doing, engaging in rights-based work. There is the potential to transform survivors and their societies by respecting, validating, and giving expression to these rights and seeing the role of treatment as addressing the larger systems that produce these violations. On this view, rebuilding Ukraine includes rebuilding Ukrainians' self-conceptions as holders of inviolable rights and affirms the human dignity of each individual; and, by asserting them, Ukrainians can regain their voice, something crucial to the elevation of the survivor (Ife, 2008)[22]. Rights-based work is substantially complementary to trauma-informed work insofar as they both seek to elevate the survivor to an equal status as the social worker and understand that survivors are not "sick" but are instead in need of a voice, empowerment, and an opportunity to assert their human rights. This process seeks to maximally affirm the human dignity of each individual, which will require structural competency, an understanding of structural inequalities, and social determinants that mold individuals' experience.

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[21] McPherson, Jane. (2018). Exceptional and Necessary: Practicing Rights-Based Social Work in the USA. Journal of Human Rights and Social Work (2018) 3:89–98 https://doi.org/10.1007/s41134-018-0051-x

[22] Ife, Jim. Human Rights and Social Work: Towards Rights-Based Practice. ISBN 9780521719629

4 Treating the Individual

This holistic understanding of mental health and of its interactions within a culture and a society allows us to approach the treatment of survivors from a strengths-based, rights-based, and trauma-informed perspective. Yet it is also important that the treatment and the system that deliver it are culturally sensitive, following the work of Engstrom and Okamura (2004)[23], with community context and treatment environments central to the self-healing process.

A culturally sensitive roadmap cannot be effectively developed in Ukraine from a traditional Western mindset. Instead, survivors require "extensive supportive, adjunct, and basic life services that span long periods of time." These will need to include notions of "cultural humility" (Metzl & Hansen, 2014)[24], which include displaying attitudes such as "openness, self-awareness, egoless, supportive interactions, self-reflection and critique." Intuitively, it is impossible to treat a survivor in a way that (1) empowers her inner strength, and (2) respects her as the expert in her own experience while maintaining a paternalistic cultural attitude or maintaining a similar power dynamic over the survivor.

When assessing survivors in Ukraine, social workers must take care to holistically evaluate all aspects of a person's life (Isakson & Jurkovic, 2013)[25]. Their assessment must not be limited to the present or defined solely by the context of the trauma experienced during the war. We must not create support systems for Ukrainians, nor treat them individually, in ways which *reduce* survivors to the single event that brought them to seek help. For instance, in the case of a refugee from Ukraine, this involves an understanding of their preflight, flight, and resettlement risk factors.[26] Instead, social workers should aim to bear witness to the full pain and story of each individual and validate it, and see them in light of their skills, capacity, and vision. This gives the survivor an opportunity to recount their trauma and in so doing restore their own agency and dignity, by forming a "self-story" with purpose (O'Connor and others, 2021)[27]. An approach to treatment that allows the survivor space to explore their full histories also allows them to be given something to move toward healing, rather than simply having a trauma to escape (Ladd and Weaver, 2017)[28].

Dr. Daniel Siegal, a clinical psychologist, has coined the phrase "name it to tame it." This research-based technique helps calm negative thoughts or emotions that feel like chaos to make them seem smaller and manageable. Intense emotions such as fear, rage, or anxiety can feel too large to handle. When therapists help survivors *name* these emotions, they become more controllable, *tamer*. Helping individuals and communities understand their emotions helps manage frustration and builds the strength and resilience that are essential to recovery. Social workers can help survivors reconnect body and mind where trauma has severed the link.

[23] Engstrom, D. W., & Okamura, A. (2004). A Plague of Our Time: Torture, Human Rights, and Social Work. Families in Society, 85(3), 291-300. https://doi.org/10.1177/104438940408500303

[24] Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014 Feb

[25] Isakson, B. L., &. Jurkovic, G. (2013). Healing after torture: The role of moving on. Qualitative Health Research, 23, 749-761.

[26] Lustig, S., Kia-Keating, M., Knight, W.G., Geltman, P., Ellis, H., Kinzie, J.D., Keane, T. & Saxe, G.N. (2004). Review of child and adolescent refugee mental health. Journal of the American Academy of Child and Adolescent Psychiatry, 43(1), 24-36.

[27] O'Connor, R., Wetherall, K., Cleare, S., McClelland, H., Melson, A., Niedzwiedz, C., . . . Robb, K. (2021). Mental health and well-being during the COVID-19 pandemic: Longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. The British Journal of Psychiatry, 218(6), 326-333.

[28] Ladd, Sarah K., Neufeld Weaver, Laurel, Moving forward: Collaborative accompaniment of human trafficking survivors by using trauma-informed practices, Journal of Human Trafficking, 10.1080/23322705.2017.1346445, September, 2017

Community support itself, as well as being constitutive of the full conception of Ukrainian national rebuilding, is also a powerful tool for the treatment of the individual. We heal in the context of being connected to one another, drawing on shared experiences, camaraderie, and shared grief. Policies to promote this (i.e., cultural/community funding, sports, recreation) are crucial, and are explored in the next section. Loneliness and isolation from community can affect people of all ages and social strata, and within the context of the Ukraine war, refugees in Western Europe and those unable to flee the largely abandoned front lines are likely to be most at risk. Communicating with others has been shown to reduce the risk of PTSD.[29] The role of community is, of course, intrinsically linked to Siegal's technique of "naming and taming"; finding language to define emotions and a common reality is very important so people do not feel shame or become isolated.

Finally, the importance of timeliness for treatment of survivors of trauma is incredibly significant. There is substantial evidence in the literature for a "golden hours" period after trauma. This refers to a critical period in which action to support people's mental health can limit long-term damage, such as PTSD, anxiety, and depression. Psychological first aid principles follow the intuitive understanding that the earlier the treatment, the lower the likelihood of developing into a more complex or chronic condition, with important ramifications for the short-term roadmap for Ukraine.[30]

5   Roadmap and Policies for Ukraine

Policies for postwar mental health recovery, and policies for immediate implementation in Ukraine, must follow a roadmap. This is to ensure that

a) intersectoral coordination with the Ukrainian Government and international stakeholders can be made efficient.

b) groups and stakeholders, including local communities, can know their responsibilities in a "whole of society" approach.

c) planning can begin today for help and interventions in the years ahead to ensure that adequate preparations can be made.

Immediate Implementation

Policies and systems for immediate implementation have been suggested in light of the need for Ukraine to allocate scarce resources effectively during the war. The successful prosecution of the war and defense of the realm are a priority of the Government of Ukraine, the people of Ukraine, and their Western backers. Diverting resources to mental health systems comes, therefore, at a significant opportunity cost, and only the least burdensome will be able to be implemented before the end of the war:

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[29] Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis, 2003, https://pubmed.ncbi.nlm.nih.gov/12555794/
[30] A Rapid Realist Review of Group Psychological First Aid for Humanitarian Workers and Volunteers, 2021, https://www.mdpi.com/1660-4601/18/4/1452

1. An up-to-date representative mental health needs survey. Preparations must begin today to identify both the latent mental health needs in Ukraine and the needs arising from the ongoing trauma of the war. The survey will need to be international in nature, insofar as the postwar population of Ukraine will include refugees returning from overseas. The Government of Ukraine should therefore work with international stakeholders, such as the WHO and nations accommodating Ukrainian refugees, to ensure participation in the survey. This addresses concerns highlighted throughout the literature concerning information deficits on the state and capacity of Ukraine's healthcare system.[31]

2. Mental health coping toolboxes. These are containers filled with items that can help survivors soothe themselves in a time of panic or anxiety by engaging the senses. Items such as stress balls, fidget spinners, and sugar-free chewing gum are understood to promote self-awareness and mindfulness by focusing minds on particular actions; such as squeezing, chewing, or tasting. This helps turn the mind away from an intrusive memory, intense thought, or fear. Toolboxes are low-cost measures that can be promoted while the war continues and resources remain scarce. Promoting stress management and relaxation strategies at schools and the orientation of teachers helps in the identification of the onset of mental health conditions. These toolboxes additionally include psychological tools – for instance, techniques such as Cognitive Behavioral Therapy and other approaches recommended in the survivor-focused literature.[32]

3. Trusted adults. Adults without formal training in counseling or social work are still able to compassionately help children express their feelings, thus "naming and taming" their anxieties. In areas distanced from the front lines, where schools continue to operate, seminars for parents and guardians should be offered to raise awareness of such techniques to improve both their own emotional management and that of their dependents. These approaches follow best-practices and implementation techniques pioneered elsewhere, including by the charity YoungMinds.[33]

4. Community and recreational spaces. Having fun and playing with one another have been seen to be highly effective in treating trauma for both children and adults; yet schools, churches, sports facilities, and community art spaces have often been destroyed, shut down, or repurposed as emergency infrastructure. It is not feasible to dedicate significant resources to constructing such spaces until the end of the war; however, returns from mental health investment here are likely to be very high. The international voluntary sector, including charities and NGOs, have a significant role to play in financing such projects in the medium term. In practice, this will mean supporting existing community resilience networks and programs and using the influence of the Government of Ukraine to drive participation and encourage the expansion of such programs. Programs led by HealthRight since 2015 have reached 125,000 survivors, with programs integrated into community solutions being optimal for long-term recovery.[34]

5. The expansion of emergency rehabilitation centers for soldiers, following the model set by Colonel Oleksandr Vasylkivskiy in Kharkiv Oblast. Such emergency rehabilitation,

[31] Fontanarosa, P.B.; Flanagin, A.; Golub, R.M. Catastrophic health consequences of the war in Ukraine. JAMA 2022, 327, 1549–1550.
[32] Developing a Wellness Toolbox for Your Mental Health, https://online.hpu.edu/blog/wellness-toolbox
[33] YoungMinds, Someone to turn to: Being a trusted adult for young people, https://www.youngminds.org.uk/media/by3o0aru/someone-to-turn-to-report.pdf
[34] Lancet Psychology, Prioritising mental health and psychosocial services in relief and recovery efforts in Ukraine, Wei Shi, Peter NavarioBrian J Hall, https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00114-6/fulltext

by nature, follows psychological first aid principles[35] – which have been shown to reduce the likelihood of a trauma becoming debilitating in the long term. Such expansion is likely to pass cost-benefit analysis, as not only does it reduce the mental health attrition rate of the Armed Forces of Ukraine, preserving manpower for the war effort, but also begins work tackling what historically has been a substantial postwar task: helping the "shell-shocked" – those suffering from PTSD.

6. Provision of sufficient resources and facilities to ensure key mental health information for community leaders, individuals, and program leaders. This will also include the capacity to promote techniques such as "naming and taming" as well as coping toolboxes. First Lady Olha Zelenska has already had considerable success raising the profile of mental health issues across Ukraine and ensuring that the postwar mental health agenda will be in place.

7. Engagement of charities, NGOs, and international stakeholders in the emergency provision of mental and physical healthcare to meet the basic humanitarian and medical needs of the people of Ukraine. These have been crucial in delivering more than $30 million in funding and 9,000 pieces of crucial medical equipment.[36]

Postwar Implementation

These actions are needed for postwar implementation:

1. A survivor-focused organization for the provision of counseling and social work. According to the representative mental health needs survey, practitioners will be taught to provide holistic, strengths-based, trauma-informed, rights-based, and culturally sensitive support to survivors of trauma. This requires, first, that the survivors *themselves* are the experts on their own experiences and, second, that every survivor has strengths and capacities within, to both self-heal and heal in terms of their own inner strength. The organization must have competences decentralized to the oblast level, allowing maximal engagement with community organizations. This will facilitate a scalable intervention program so that the right level and intensity of support are available according to individual need. This organization should seek to implement improvements learned from experience at the Torture Abolition & Survivor Support Coalition International in Washington, D.C. Most importantly, it should follow an integrated model, which is interdisciplinary and "allows for coordination of care that addresses all aspects of a survivor's well-being – from community and social connection, to legal, advocacy, mental health, and medical support."[37]

2. Expanding the role of community organizations, including an expanded availability of community sports, meeting spaces, community gardens, community murals, and the like. Sports, in particular, are strongly associated with stress reduction, self-esteem, and the reduction of anxiety. This will require multisectoral involvement to ensure widespread provision of such projects to promote the group healing and support networks critical for

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[35] Gov.uk, PHE launches new Psychological First Aid training, https://www.gov.uk/government/news/phe-launches-new-psychological-first-aid-training
[36] Emergency in Ukraine: External Situation Reports #15, Published 16 June 2022: Reporting Period: 2–15 June 2022, https://www.who.int/publications/i/item/WHO-EURO-2022-5152-44915-65074
[37] TASSC International, https://www.tassc.org/integrated-model

individual and collective healing from trauma. Community-level initiatives that are evidence-based have also been the most effective in tackling issues such as substance abuse and alcoholism.

3. Permanent promotion of self-healing and stress management techniques, alongside social and emotional learning programs. These include but are not limited to the teaching of "naming and taming" and coping toolbox techniques and of mental health awareness in schools, universities, and workplaces. These must be complemented by an institutionalized understanding of mental health within schools and public services that treats survivors as equals, and streamlined referral mechanisms, from schools and universities to counseling services.

4. Veterans' and widows' support plans, including for housing and accommodation, health and social services, and education and employment. These programs are particularly important for establishing positive relationships and for the avoidance of loneliness and the feelings of underappreciation or futility experienced by many veterans.

5. Increase the number and capacity of social workers, counselors, and specialist providers of mental health support. Establish and subsidize a degree-level qualification for trainee occupational therapists.

About the Author

Alysha Tagert brings nearly 15 years of experience working with refugees, asylum seekers, and survivors of trauma and domestic abuse. She is skilled in nonprofit and charitable services organizations management, organizational development, and program conception and execution. Tagert has been a regular presenter, panelist, and interviewee for organizations such as the Consumer Choice Center, the New Lines Institute, Good Morning America, and USA Today. Tagert is a Licensed Independent Clinical Social Worker in the District of Columbia.

Roadmap for Rebuilding Mental Health in Ukraine

The Key Elements

- **Intersectional Coordination with Ukraine Government**
- **Whole of Society Approach**
- **Planning from Today**

Immediate Implementation

1. Up-to-date representative mental health needs survey

2. Mental health coping toolboxes

3. Trusted adults

4. Community and recreational spaces

5. Expansion of emergency rehabilitation centers for soldiers

6. Provision of sufficient resources and facilities for the provision of key mental health information to community leaders, individuals and program leaders.

7. Engagement of charities, NGOs and international stakeholders in the emergency provision of mental and physical healthcare to meet the basic humanitarian and medical needs.

Postwar Implementation

1. A survivor-focused organization for the provision of counseling and social work.

2. Expanding the role of community organizations, including expanded availability of community sports, meeting spaces, community gardens, community mural.

3. Permanent promotion of self-healing and stress management techniques alongside social and emotional learning (SEL) programs.

4. Veterans and widows support scheme, including housing and accommodation, health and social services, education and employment.

5. Increase the number and capacity of social workers, counselors and specialist providers of mental health support.