Living conditions and quality of life

The Ukraine crisis: The mental health toll of the war

Social impact of migration: Addressing the challenges of receiving and integrating Ukrainian refugees

Disclaimer: This working paper has not been subject to the full Eurofound evaluation, editorial and publication process.
The Ukraine crisis: The mental health toll of the war

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Introduction

Background to the issue
Since February 2022, millions of people from Ukraine (mainly women and children) were forced to flee their country due to the Russian invasion and occupation of parts of Ukraine as a major escalation of the Russian-Ukraine war which started in 2014.

Geographic and cultural proximity have contributed to the large influx of Ukrainians into the EU due to the ongoing war. As of December 2023, Poland and Germany host the largest contingency of displaced Ukrainians (respectively 956,635 and 1,125,850) (UNHCR, 2023). Czechia is the third receiving country with the highest number of displaced Ukrainians (375,590)\(^1\).

When looking back at other past refugee crises, EU Member States have been more welcoming to Ukrainians than to other displaced people from the Middle East and Africa. In dealing with the Ukraine emergency, the EU has swiftly activated an emergency mechanism for exceptional circumstances of mass influx for the first time. The scheme is foreseen under the Temporary Protection Directive (TPD) (2001/55/EC), which was adopted following the conflicts in former Yugoslavia. It provides displaced people with several entitlements in host countries in the EU, including a residence permit, access to the labour market, housing, education for children and social and medical services. As of March 2023, over 4 million people from Ukraine benefited from the temporary protection scheme in the EU (European Commission, 2023b).

Irrespective of the country of origin, exposure to war is one of the most traumatic life experiences, putting individuals to greater risk of a range of physical and psychological impairments, chronic conditions, and long-term disability. The World Health Organisation (WHO) warns that ‘Ukraine is facing a large-scale mental health crisis, with a quarter of the population at risk of developing a mental health condition as a result of the war ’(WHO, 2022). From the perspective of the receiving countries, the large influx of Ukrainians may also pose additional challenges to national healthcare systems, which had already come under increasing strain during the pandemic.

There is a large body of research on mental health among different refugee and asylum-seeking populations that report the deleterious psychological and physical effects of being exposed to stressful and traumatic events experienced during the conflict. People fleeing the war also encounter several stressors arising at different stages of the displacement process, which contribute to intensifying their psychological distress. Example of such stressors are the abrupt separation from family and support network, harsh conditions and difficulties encountered in transit countries, and further challenges to access basic services and material security in the settlement country. Even when arrived at a safe destination, displaced people may have it difficult to move on and escape the memories of the war. Being reminded of the war through exposure to news and social media may further heighten the sense of distress they have experienced more directly in a war-torn country and in their forced displacement. Negative public attitudes towards refugees in the host countries - especially if perceived by the host communities as culturally dissimilar – also make it more difficult for refugees to integrate, settle and leave behind the psychological and physical burden of the war.

\(^1\) Czechia is also the country with the highest number of displaced Ukrainians per capita.
Studies also report on the beneficial effects on refugees’ mental health of policies and interventions in receiving countries that foster their integration and settlement in the host communities and provide them with both material security (for example through access to social welfare, affordable housing, schooling, and childcare, etc.) and psychological support.

It is crucial to document the nature of mental health problems of displaced Ukrainians and identify pre- and post- migration stressors that exacerbate their vulnerabilities as well as factors that alleviate the psychological burden of the war and facilitate their integration in the host communities. The design of effective settlement and integration policies in EU Member States is a priority in the context of an increasing influx of forcibly displaced individuals as the Ukraine-Russian conflict drags on.

Scope of the working paper

This working paper delves into the issue of mental health of refugees, zooming in on mental health problems and needs of forcibly displaced people from Ukraine, the type of mental health and psychological support provided to them in Member States, and main obstacles to access such help.

The working paper is intended to complement Eurofound comparative analysis on (Eurofound, 2024 Social impact of migration: Addressing the challenges of receiving and integrating Ukrainian refugees, which is based on national contributions of Eurofound’s Network of European Correspondents (NEC). This paper partly feeds off information derived from national data sources and other information collected from the NEC as part of the broad mapping exercise on social and labour market integration of Ukrainians in EU Member States done for the above-mentioned comparative analysis, published as a separate output.

The working paper is organised into two main chapters.

- The first chapter reviews survey-based studies documenting most prevalent mental health problems reported by displaced Ukrainians in either transit or host countries. As the Ukraine war is recent, the body of research on this specific population is still limited, albeit steadily expanding. The review therefore extends the scope of the analysis to studies on mental health among different refugee populations with a view to gaining further insight on the psychological consequences of exposure to war. As children make up half of all displaced population fleeing the war, the chapter also briefly reports on available research on displaced minors. This is a particularly vulnerable population more susceptible to the negative effects of displacement which can have long-term consequences for mental health into adulthood. The chapter also points to stressors that may heighten the vulnerabilities of displaced Ukrainians (as well as other refugees) and sheds light on the protective factors that may buffer the deleterious effects of war trauma. Post migration stressors – related to labour and social integration of displaced Ukrainians in hosting societies – are explored in greater depth in the above mentioned Eurofound comparative analytical report (Eurofound, 2024) to which this working paper is linked.

- The second chapter reports on the availability and the level of utilisation of mental health services among Ukrainians resettled in EU countries and provides insight on the main barriers to access to such services. It also reviews the type and range of mental health and psychological support measures put in place in Member States to help those fleeing the war.
A note on the terminology
In the context of the Ukraine crisis, Ukrainian nationals availing of temporary protection under the EU Temporary Protection Directive (TPD) are not required to apply for refugee status in the EU and can register directly for temporary protection in any EU country. This lasted initially one year with the possibility to extend it further depending on the ongoing situation in Ukraine. In mid-November 2023, the European Council officially extended the protection regime until at least 4 March 2025, with EU Member States subsequently incorporating the extension into their domestic laws. The temporary protected status gives automatic right to stay and work in any EU Member State. It is however a different legal category from refugee status. As the term ‘temporary protection’ suggests, it is a discretionary and temporary form of protection provided by host countries for the duration of the emergency.

The terms ‘refugee’ and ‘asylum seeker’ are often used interchangeably. Several empirical studies do not differentiate between the two groups in the analysis. There are nonetheless important differences between the two terms which refer to the different stages of the asylum application status. Asylum seekers are those who have fled their country due to war, violence, conflict or persecution and applied for international protection in another country, but they have not yet been granted refugee status. According to the Dublin II regulation (Council Regulation No 343/2003), asylum applications can be only made at the first point of entry to the EU.

Under the 1951 United Nations Convention Relating to the Status of Refugees (Article 1), a refugee is a person who ‘owing to a well-founded fear of being persecuted, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country’. Refugees start as asylum seekers; once granted refugee status, they have a right to residence in the country in which they have submitted their application and are entitled to social welfare payments and access to employment, housing, healthcare, education, and other social services in that country. In contrast to temporary protection status, refugee status implies a more enduring separation from home countries torn by conflicts.

With this differentiation in mind, this working paper refers to Ukrainians fleeing the war and resettling in EU countries as ‘displaced Ukrainians’ or ‘Ukrainians under temporary protection status’, rather than ‘Ukrainian refugees’.

Another recurrent term is ‘internally displaced persons’ or IDPs, which refers to those forced to leave their homes for the same reasons mentioned above, but who have not crossed an international border. This working paper reports on surveys of Ukrainian IDPs only marginally as there is limited research on this population. In some surveys, this category of displaced people is included in broader samples also covering people who fled their homeland and sought protection in other countries. This paper touches on the issue of mental health of IDPs to underscore the importance of recognizing internal displacement as a significant dimension of the Ukrainian crisis. Continued exposure to the war and close proximity to conflict zones may further deepen the mental distress of displaced persons. Neglecting the plight of IDPs can lead to gaps in assistance and leave vulnerable populations without adequate support.
Mental health problems and needs of refugees and displaced Ukrainians

Prevalence of mental health problems among different refugee populations

There is a large body of research reporting on the prevalence of mental health problems in different refugee (and asylum-seeking) populations; the findings provide insights on the most common mental health problems afflicting those who are forced to flee their country because of persecution, war, or violence.

Several meta-analyses and systematic reviews conducted in the last two decades have documented and compared prevalence rates of mental health problems among refugees and asylum seekers from survey-based studies. These systematic reviews and meta-analyses show however large variation of prevalence rates for different mental disorders across existing studies, owing to different factors. These include differences in the country of origin of the sampled population, sample size, sampling method, and diagnostic tools used. Many studies use self-reported measures, which tend to result in overestimations, compared to clinical diagnostic measures that generally yield more conservative estimates.

Furthermore, many past studies examined in meta-analyses and systematic reviews have largely focused on depression and symptoms of post-traumatic stress disorder (PTSD). PTSD refers to a psychiatric disorder occurring in individuals who have experienced or witnessed a traumatic and threatening event. It is associated with specific symptoms which are severe enough to interfere with daily life. Evidence drawing from 26 World Mental Health Surveys shows that cross-national lifetime prevalence of PTSD is 3.9% and world-wide prevalence rate for major depressive disorder (MDD) is 4.4% (Koenen et al, 2017). A meta-analysis of clinical studies on refugees' mental health disorders points to higher prevalence rates among refugee and asylum-seeking population (Patanè et al, 2020). The research found MDD to be seven times more likely in refugees and PTSD to be four to five times more prevalent among refugees and asylum seekers than in the general population. Subgroup analysis also revealed higher prevalence rates of MDD in studies conducted in low-middle income countries (47%) than high-income countries (28%). Drawing from a systematic review of 20 surveys of adult refugees (for a total sample of 6,743) from seven countries, Fazel and colleagues (2005) suggest that refugees resettled in western countries could be even higher, that is about ten times more likely to suffer from PTSD than age-matched general populations in those countries.

The available empirical evidence also suggests that the psychological effects of exposure to war can be enduring and long lasting. For example, a longitudinal study among Bosnian refugees found persistence of psychological symptoms among both refugees returning to their home country and those remaining in the host country, suggesting chronicity of mental health problems for both groups (Lie, 2004). There are also studies pointing to changes to the brain structure in war survivors

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2 The World Mental Health Surveys (WMHS) are a series of comprehensive, standardized surveys conducted globally to assess and gather data on mental health and mental disorders. These surveys aim to provide a cross-national perspective on the prevalence, distribution, and impact of mental health issues. The surveys are typically carried out in collaboration with the World Health Organization (WHO) and other international partners.

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consistent with exposure to extreme stress (Fnaskova et al, 2021). Similarly, previous neuroimaging studies suggest that exposure to traumatic events may result in permanent changes to neural brain connectivity (Nutt and Malizia, 2004).

Table 1 provides an overview of available systematic reviews and meta-analyses of studies among different refugee and asylum-seeking populations and shows the pooled estimates and/or range of prevalence rates for different mental disorders across the examined studies. Two of the identified meta-analyses (i.e. Blackmore et al, 2020; Patanè et al, 2020) narrowed the selection of eligible studies to those employing clinical diagnostic tools. Several studies report higher prevalence rates for mental health problems among refugee women than their male counterparts. Furthermore, apart from the Fazel et al’s study (2005) - which included five surveys of refugee children from three countries – the other systematic reviews and meta-analyses listed in table 1 focused exclusively on adult populations.

Table 1: Reported prevalence rates of mental disorders among adult refugee and asylum-seeking populations in systematic reviews and meta-analysis

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of studies examined</th>
<th>Total sample size*</th>
<th>Prevalence rates**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>PTSD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anxiety disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other serious mental disorders</td>
</tr>
<tr>
<td>Fazel et al, 2005</td>
<td>20 (1966-2002)</td>
<td>6,743</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2% (psychotic illness)</td>
</tr>
<tr>
<td>Lindert et al, 2009</td>
<td>35 (1990-2007)</td>
<td>24,051 (total sample also included labour migrants)</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>21% among labour migrants vs. 40% among refugee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Steel et al, 2009</td>
<td>181 (1980-2009)</td>
<td>81,866</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Bogic et al, 2015</td>
<td>29 (1997-2010)</td>
<td>16,010</td>
<td>4–86% (range)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2–80 % (range)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>20–88% (range)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Charlson et al, 2019</td>
<td>129 (1980-2017)</td>
<td>Total sample size not indicated.</td>
<td>22% (PTSD, depression, anxiety, bipolar disorder, and schizophrenia)</td>
</tr>
<tr>
<td>Blackmore et al, 2020</td>
<td>26 (2003-2020)</td>
<td>5,143</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.5% (psychosis)</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Source</th>
<th>Number of studies examined</th>
<th>Total sample size*</th>
<th>PTSD</th>
<th>Depression</th>
<th>Anxiety disorders</th>
<th>Other serious mental disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patanè et al, 2020</td>
<td>40 (2001-2020)</td>
<td>11,053</td>
<td>31%</td>
<td>32% (MDD)</td>
<td>NA</td>
<td>1% (psychosis); 5% (BPD)</td>
</tr>
<tr>
<td>Peconga and Hogh Thogersen, 2020</td>
<td>15</td>
<td>8,176 (Syrians)</td>
<td>43%</td>
<td>40% (range 20–44%)</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>De Silva et al, 2021</td>
<td>15 (2005-2020)</td>
<td>3,876</td>
<td>16%-38% in 10 studies examining treatment-seeking samples 2%-9% in four studies using population samples with one study reporting a prevalence rate of 50.9%</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Mesa-Vieira et al, 2022</td>
<td>34 (1994-2021)</td>
<td>15,549</td>
<td>31%</td>
<td>25%</td>
<td>14%</td>
<td>NA</td>
</tr>
</tbody>
</table>

Source: Author’s elaboration

Note: *samples often include both refugees and asylum seekers without an indication of sample size for each and therefore the estimates refer to both groups. The sample size for each source refers to aggregate observation counts across the studies covered. ** prevalence rate refers to either the pooled mean across studies or range. Where both figures are indicated, these are reported in the table.

Early evidence on mental health problems and needs of displaced Ukrainians

To date, only a handful of cross-sectional studies have investigated mental health problems of adult Ukrainian refugees (or under temporary protection or other statuses) but the body of evidence is steadily expanding. Most studies on mental health among displaced Ukrainians draw from surveys conducted online among non-representative samples. Despite the data limitations, such studies provide valuable first knowledge on the impact of the war on the mental health of Ukrainians fleeing their homeland.

A broad overview of the experience of displaced Ukrainians arriving and settling in the EU is offered by the EU Agency for Fundamental Rights ‘survey conducted online among 14,685 displaced Ukrainians in 10 EU Member States – i.e. Bulgaria, Czechia, Estonia, Germany, Hungary, Italy, Poland,

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Romania, Slovakia and Spain. According to the survey, almost two out of three respondents — who had experienced any of the listed traumatic incidents since the start of the war - reported depression, anxiety, or panic attacks (62%), difficulty sleeping and/or concentrating (61%), and a loss of self-confidence or feeling vulnerable (61%) (FRA, 2023). These problems where more prevalent among women than men. Another multi-country survey among over 9,523 displaced Ukrainians found that the majority of respondents (95%) reported feeling nervous, anxious or on edge, with on average 46% feeling this way every day during the two weeks prior to completing the survey (Head et al, 2022). Furthermore, poor sleep quality – a strong predictor of poor mental health - was reported by one in three respondents.

The issue of mental health among displaced Ukrainians is also explored in Multi-Sectoral Needs Assessment (MSNA) surveys carried out in the frame of the UNHCR’s Regional Refugee Response for the Ukraine situation in refugee-receiving countries. These (household-based) surveys were conducted at different times and using similar instruments with data collected through face-to-face interviews. Each interview is typically carried out with the head of the household or any other adult responding on behalf of the household. The key findings of the latest MSNA surveys are presented in Table 2, as they adhere to a comparable methodology.

Table 2: Key findings from Multi-Sectoral Needs Assessment (MSNA) surveys in Ukraine’s neighbouring countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Total sample*</th>
<th>Fieldwork period</th>
<th>Key findings</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>1,311 Ukrainian refugee households</td>
<td>December 2022-January 2023</td>
<td>More than half of household respondents reported anxiety and stress for themselves or their family members.</td>
<td>UNHCR-Global Metrics, 2023</td>
</tr>
<tr>
<td>Hungary</td>
<td>512 Ukrainian refugee households (in collective centres or CCs and outside CCs)</td>
<td>September 2022</td>
<td>41% of household respondents reported themselves or other household members experiencing some form of psychological issues at the time of the interview, including anxiety, stress, sleeping difficulties, and depression</td>
<td>IOM-UNHCR, 2022</td>
</tr>
</tbody>
</table>

3 The data collection was ongoing at the time of reporting. The reporting is mostly focused on 12 countries, including Ukraine. EU countries covered in the reporting were Bulgaria, Czechia, France, Germany, Hungary, Poland, Romania, Slovakia and Spain.

4 The MSNA surveys are intended to identify the most pressing needs of a specific population in various areas including physical and mental health, with a view to gaining insight for the planning and implementation of tailored interventions to address the identified needs.
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<table>
<thead>
<tr>
<th>Country</th>
<th>Total sample*</th>
<th>Fieldwork period</th>
<th>Key findings</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poland</td>
<td>1,252 Ukrainian refugee households (in collective centres or CCs and outside CCs)</td>
<td>August and September 2022</td>
<td>14% of household members reported having mental health needs in the 30 days prior to the data collection</td>
<td>REACH-UNHCR, 2023</td>
</tr>
<tr>
<td>Romania</td>
<td>716 Ukrainian refugee households (in collective centres or CCs and outside CCs)</td>
<td>October 2022</td>
<td>14% of household respondents believed that there was at least one member in their household with mental healthcare concerns which affected their daily functioning</td>
<td>REACH-UNHCR, 2022</td>
</tr>
<tr>
<td>Slovakia</td>
<td>724 Ukrainian refugee households (in collective centres or CCs and outside CCs)</td>
<td>June- August 2022</td>
<td>27% of household respondents in CCs and 31% living outside CCs reported having mental health needs in the last 30 days. Among them, 33% in CC (46% outside of CC) reported being in need of professional counselling and psychosocial support.</td>
<td>REACH-UNHCR, 2022</td>
</tr>
</tbody>
</table>

Source: Author’s elaboration.

Note: *the total sample refers to ‘Ukrainian refugee households’ as this is the term used in the original sources.

Other national surveys point to the high mental health burden for displaced Ukrainians from the experience of the war and trauma of fleeing their homes. For example, a 2022 survey conducted in Czechia among 1,347 displaced Ukrainians found symptoms of depression and anxiety affecting 45% of the sample population (Kavanová et al, 2022). In another survey conducted in 2023 by the Ukrainian Professional Support Center (UPSC) in Sweden among 1,419 displaced Ukrainians who had fled the war, 27% of respondents reported feeling mentally unwell and in need of help (Ukrainian Professional Support Center, 2023).

High prevalence of mental health problems among displaced Ukrainians are consistently reported also in smaller scale national studies. Drawing from an online survey carried out among 304 Ukrainians resettled to Germany, Buchcik et al (2023) found that 40% of respondents reported severe psychological distress and another 20% reported severe depressive symptoms and anxiety. The study also found that psychological distress, depressive symptoms, and anxiety were associated with decreased quality of life. High estimates were reported in another survey-based study among a sample of 737 Ukrainians resettled to Poland (Długosz, 2023). In this survey, 73% of respondents reported depression, anxiety disorders and PTSD. Yet another survey among displaced Ukrainians in Poland (n=216) and Polish citizens (n= 553, of whom 56% involved in helping Ukrainians) found high scores for war anxiety in both samples, and these were positively correlated with symptoms of PTSD, depression, and fear about the possibility of nuclear war (Surzykiewicz et al, 2022). Among the Polish...
respondents, those helping Ukrainian displaced people reported higher levels of anxiety and persistent thinking about the war.

As part of an intervention aimed at providing psychological support to displaced Ukrainians, Rizzi et al (2023) conducted a study drawing from qualitative and quantitative information on mental health (through face-to-face interviews and mental health assessments) among 352 Ukrainians in transit in Poland (in the centre in Przemysl) and 271 Ukrainian IDPs in the city of Lviv. The results showed that most of respondents in both samples reported high to very high levels of anger (40.5% in Przemysl sample and 26.4% in the Lviv sample), anxiety (53.8% in Przemysl sample and 28.9% in Lviv sample), depression, (57.3% in Przemysl sample and 58.8% in Lviv sample) and sleep disturbances (15.2% in Przemysl sample and 17.1% in Lviv sample). These mental health outcomes were found to be positively correlated with the number of days spent in the centre and the number of days since the last contact with family members.

Despite the methodological caveats (related to sampling method, survey mode, sample size, etc.) in the available studies, the reported estimates demonstrate the heavy mental health burden of the war among displaced Ukrainians. According to Annu Lehtinen, Executive Director of Finnish Refugee Aid, all Ukrainians bear war trauma in some way (Yle, 2022). War trauma has a wide range of possible effects on a person’s ability to function and may manifest in different ways. Beyond PTSD and depression, affected individuals might suffer from many other disturbances including insomnia, inability to concentrate, forgetfulness, difficulties in remembering, traumatic flashbacks, and learning difficulties.

### Studies on mental health issues in the Ukrainian civilian population

There is another, yet more limited, body of research that explores mental health issues of internally displaced persons (IDPs) in Ukraine. IDPs and displaced Ukrainians under temporary protection status in the EU face different challenges due to differences in legal contexts, access to resources and services, trauma and displacement experiences, cultural and social factors, and community dynamics. Recognising these distinctions is essential for tailoring effective mental health interventions that address the unique circumstances and stressors faced by this population.

A handful of surveys on mental health were conducted a few months after the Russian invasion of Ukraine in 2022 among the civilian population remaining in Ukraine. One survey among 801 adult Ukrainians found high prevalence of self-reported psychological distress (53%), anxiety (54%) and depression (47%) (Xu et al, 2023). Two other studies were conducted online among Ukrainian university populations. The sample population of a first study consisted of university students and personnel (n=589) who remained in Ukraine at the time of the survey (Kurapov et al, 2022). The study found that most survey respondents (98%) experienced a deterioration of their psycho-emotional wellbeing, in particular depression (84%), exhaustion (87%), loneliness (52%), nervousness (84%), and anger (77%). Elevated levels of fear and reduced resilience to stressful situations was also found in another online survey-based study conducted among 623 female university students and personnel (Pavlenko et al, 2022). Over half of the sample population included respondents who remained in their home location despite the imminent danger, while the remainder were internally displaced or left the country.

Drawing from a survey among 706 Ukrainians (including individuals who did not leave their home location, individuals who were internally displaced and others who left the country), another study
found that 70% of respondents had symptoms of stress (of whom 11% with severe stress symptoms), 35% had anxiety symptoms (of whom 13% with symptoms of severe anxiety) and 42% had symptoms of depression (of whom 16% with symptoms of severe depression) (Kurapov et al, 2023).

Some earlier studies drawing from the Internally Displaced Persons Mental Health Survey in Ukraine carried out in 2016 (n=2,203) provide further evidence of the mental health burden for those fleeing conflict-affected areas (before the full-scale military invasion of the country) and highlight the need for scaling up the provision of mental healthcare to IDPs in Ukraine. Using this data, Roberts and colleagues (2019) found prevalence rates of 32% for PSTD (22% men, 36% women), 22% for depression (16% men, 25% women) and 17% for anxiety (13% men, 20% women) (Roberts et al, 2019). Using the same data source, a follow up study found a high level of somatisation in this population, with over half of respondents (55%) being at risk of somatic distress (Cheung et al, 2019). The authors argue in favour of expanding the provision of mental health and psychosocial support for IDPs in Ukraine, in conjunction with broader efforts to strengthen the healthcare system.

Psychological distress due to the war among minors

Minors make up half of the displaced population fleeing Ukraine due to the war. According to UNICEF, as of March 2022, two million children left the country and another 2.5 million were internally displaced (UNICEF, 2022). This is a particularly vulnerable population with unique mental health needs, necessitating age-appropriate interventions and support.

While there is scant evidence documenting the psychological distress experienced by children and adolescents internally displaced in Ukraine or resettled to other countries, there is a sufficient body of research demonstrating the damaging, long-lasting and wide ranging effects of (direct or indirect) exposure to war on the mental health of young refugees from other conflict affected areas (Catani, 2018; Müller et al, 2019; Dangmann et al, 2022). There remains wide variability in the estimates due to methodological differences across available empirical studies. A systematic review of 47 studies on mental disorders in young refugees found prevalence rates ranging from 19% to 53% for PTSD, 10% to 33% for depression, 9% to 32% for anxiety, and 20% and 35% for emotional and behavioural problems (Kien et al, 2019). Another meta-analysis narrowing the analysis to studies using clinical diagnostic tools found that the most common psychological disorders among child and adolescent refugees and asylum seekers are PTSD (22%) and depression (14%) (Blackmore et al, 2020).

Studies have also explored intergenerational transmission of distress and war trauma and shown that parental anxiety represents a risk factor for depression in their children (Lai et al, 2014; Dashorst et al, 2019; Edward et al, 2020). The available evidence points to the importance of tailored therapeutic (and age-appropriate) interventions for children whose parents report psychological distress due to exposure to war and war-related traumatic events.

Scholars have also drawn attention to the impact of the Russian-Ukraine conflict on the mental health of Ukrainian children and adolescents, both internally displaced and hosted in other countries (Gonçalves Júnior et al, 2022). Of the few studies available among displaced young Ukrainians, a recent study tested the feasibility of a classroom-based mental health screening procedure among a convenience sample of 42 Ukrainian adolescents in Germany (Catani et al, 2023). A high share of participants in the screening scored above the cut-off values for mental health disorders: the percentages were 45% for PTSD, 57% for emotional distress, 23% for depressive symptoms and 33%
for anxiety symptoms. The scores were consistently higher for girls than boys across all four mental health disorders.

Another study among a representative sample of 1,347 Ukrainians resettled in Czechia, including children, found a lower median Quality of Life (QoL) index score for Ukrainian children (68) compared to the median score (75) for Czech children; the QoL score was strongly influenced by the mental wellbeing of family members (Kavanová et al, 2022). Broadening the geographic focus to 10 EU countries, the already mentioned survey conducted by the European Union Agency for Fundamental Rights found that a high proportion of young children (aged 12-15 years) reported having trouble sleeping and/or concentrating (49%), loss of self-confidence or feeling vulnerable (47%), depression, anxiety, or panic attacks (40%) (FRA, 2023).

Mental health problems in displaced children and adolescents can significantly impact education, social integration, and overall development, influencing successful integration into new communities. The psychological distress is further heightened in unaccompanied children, or those accompanied by distant relatives or non-related persons, thus separated from their nuclear family. Drawing from surveys in 24 European countries and consultations with children, adolescents, caregivers, and child service providers, a report published in 2023 by NGO Save the Children documents the toll on wellbeing for displaced children due to the forced displacement and separation from loved ones (Save the Children, 2023). This emphasizes the importance of early interventions for long-term well-being targeting this particularly vulnerable group. Such interventions are equally beneficial for their caregivers as their emotional and psychological state is often closely linked to the well-being of the children and adolescents they care for.

**Pre- and post-migration stressors**

Exposure to war is one of the most traumatic life experiences putting individuals at greater risk of a range of physical and psychological impairment and chronic illness. An empirical study drawing from a sample of 688 refugees and asylum seekers in a Dutch centre for diagnosis and treatment of complex psychological trauma found that accumulation of traumatic events – namely, human rights abuse, lack of necessities, traumatic loss, and separation from others - were strong predictors of symptom severity of PTSD and depression in the sample population (Knipscheer et al, 2015). Refugees and displaced individuals encounter several other stressors arising at different stages of the displacement process – i.e. pre-migration, migration and post-migration resettlement – each intensifying exposure to mental health problems and disorders. For example, a meta-analysis of 56 published studies (from 1959 to 2002) found worse mental health outcomes among refugees originating from countries where the conflict was still ongoing, living in institutional and temporary accommodation, and experiencing restricted access to employment in the host country (Porter and Haslam, 2005). There is also evidence that refugees’ mental health is aggravated by several other post-resettlement factors including concerns about family members and loss of social ties, exposure to racism and discrimination, lack of language proficiency, status loss and difficulties in adaptation to the receiving society, and socio and economic strain (laban et al, 2005; Lindencrona et al, 2008; Carswell et al, 2011; Szafarski and Bauldry, 2019; Chen et al, 2017; Kirmayer et al, 2021;).

A study conducted in Czechia among a representative sample of displaced Ukrainians suggests links between incidence of psychological problems and several post-migration stressors including material deprivation, not working (or not going to school for children) or working below one’s own level of

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qualifications and skills, lack of competency in the host country’s language and living in inadequate accommodation (Kavanová et al, 2022). According to a Rapid Needs Assessment (RNA) carried out among displaced Ukrainians in the Netherlands, mental health complaints often related to traumatic experiences due to the war and living in uncertainty or in large-scale shelters (GGD-GHOR, 2023). Another study explored predictors of PTSD among civilians in Ukraine during the conflict (Fel et al, 2022). These were, for example, the loss of a loved one and place of residence, the inability to continue education, and lack of health insurance. In their research, Fel et al (2022) drew attention to the cumulative effect of stressful circumstances as predictors of mental health issues. These stressors add to other stressors encountered in the migration journey, increasing the risk exposure to mental health problems. Past research also suggests that long waiting lists to access mental healthcare may further exacerbate refugees’ mental health problems (Schneider et al, 2017).

Discrimination and hostile attitudes towards refugees in resettled countries is another important post-migration stressor that impede social adaptation in resettled countries and was found to be associated with mental health problems (Montgomery and Foldspang, 2008; Graef-Calliess et al, 2023). However, compared to other refugees from Middle East and Africa, displaced Ukrainians have experienced more welcoming and positive attitudes in EU Member States. In this regard, some observers have pointed to differential treatment between different refugee populations on grounds such as race, nationality, religion, or other status and called for equal treatment respecting international and national anti-discrimination laws (Prantl and Kysel, undated; Esposito, 2022; Kienast et al, 2022; Rudi, 2022; Gibney, 2022).

Box 1: A glance at public attitudes towards displaced Ukrainians in the EU

According to a 2022 Flash Eurobarometer survey (n=26,066), most respondents (88%) reported being in favour of welcoming people fleeing the Ukraine war (European Commission, 2022a). Similarly, another survey (n= 24,509) conducted in the same year by Gallup International in 24 EU countries and 2 non-EU countries (Serbia and Switzerland) found high level of support for Ukrainians with over 90% of EU respondents in favour of taking in displaced Ukrainians (Gallup International, 2022). Solidarity and welcoming attitudes towards displaced Ukrainians were also reported in Poland and Hungary in a public opinion survey carried out in Visegrad countries on a sample of 1,000 respondents per country (Globsec, 2023). Over 80% of respondents in Poland and Hungary considered hosting displaced Ukrainians in their country as a positive development. Less positive views in this regard were reported in Czechia (73%) and Slovakia (41%).

There is however evidence that the initial wholehearted welcome of Ukrainians has over time somehow subsided, due to different factors including housing shortages in many countries compounded by higher costs arising as a result of the energy crisis. A Flash Eurobarometer survey carried out in 2023 showed that support for welcoming Ukrainians, albeit still high, declined to 77% (of a total sample of 26,514 respondents) (European Commission, 2023a). There are however...
country variations behind the EU average, with percentages ranging from 55% in Czechia and Slovakia to 90% in Finland and 93% in Portugal.

Based on the screening of national sources identified by Eurofound's National European Correspondents, positive attitudes towards Ukrainians were reported in other public opinion surveys in several countries including Belgium, Czechia, Denmark, Estonia, France, Germany, Ireland, Italy, Latvia, the Netherlands, Norway, Poland, and Spain (Eurofound, 2024). In some countries, such as in Italy and Spain, opinion surveys point to differences in public attitudes towards Ukrainians visible along political lines with liberal and left-wing voters more open and welcoming towards Ukrainians compared to right-wing voters (Affari Internazionali, 2022; Sigma Dos, 2022). In some other countries, such as Romania, public attitudes towards Ukrainian refugees present some level of divergence along socio-economic lines, with tensions associated with perceived competition for available resources and jobs (ARPS-UNICEF Romania, 2023).

Mirroring the results from the most recent Flash Eurobarometer (European Commission, 2023), opinion poll surveys in some countries also point to changes in public opinion as the war drags on. For example, in Ireland and Czechia, recent opinion polls suggest that people are less accepting of more Ukrainians coming to their countries (Amărach, 2022; AVCR, 2023). Even in Poland, where people have been overwhelmingly in favour of receiving refugees from Ukraine from the beginning, recent opinion polls show a slight decline in positive perceptions of Ukrainians among the general public (Zdanowska, 2023). In the latest of five polls conducted by Ipsos in June 2023, 62% of Poles agreed it would be ‘good for Poland if Ukrainian refugees were to stay for many years’. The share of respondents holding this view was 67% in the first poll conducted in May 2022 (NFP, 2023).

Source: Eurofound, 2024

Some scholars warn from generalising a unified profile for a Ukrainian ‘refugee’ or displaced Ukrainian as the conflict led to ‘a fragmentation of personal experiences’ for those fleeing the war, making it difficult to discern individual backgrounds (Fedyuk and Riabchuk, forthcoming). Distinctions based on social class, education, or income came to mean very little in the face of the war, challenging the differentiation between the ‘poor’ and the ‘rich’. Some individuals lost everything they possessed, while others carried their belongings along on their displacement journey.

Yet, research suggests that there are socio-demographic factors – for example being a woman, a child or elderly - that heightens the risk of exposure to psychological distress after living in a war environment (Alpak et al, 2015). In line with findings from past studies on mental health among refugee populations, available studies of displaced Ukrainians consistently highlight the greater vulnerability of women to mental health problems (Fel et al, 2022; Kurapov et al, 2022; Buchcik et al, 2023; Długosz, 2023; Kender, 2023; Kurapov et al, 2023; REACH-UNHCR, 2023; UNHCR-Global Metrics, 2023). The vulnerability of women to mental health issues may increase further due to exposure to different forms of violence in conflict affected areas (United Nations Population Fund, 2018; Capasso et al, 2022; Kulick, 2022). Violence against women in Ukraine has reportedly increased because of the war (Lyubchenko, 2022) but abuse is often not reported partly because victims do not expect an effective response from the authorities (RFE/RL's Ukrainian Service, 2020). According to Amnesty International (2020), women in the conflict-affected areas in eastern parts of
Ukraine are at ‘heightened risk of various forms of gender-based violence’ (p.11). The psychological burden from the violence experienced during the war does not just disappear when fleeing the country but it adds to the trauma and existing vulnerabilities.

Some observers also draw attention to the mental health burden faced by Ukrainian women in forced single motherhood as they flee the war and settle in other countries (Dutchack, 2023). The most common strategy is to escape the war alongside friends and relatives. This approach aims to relocate parts of their existing support networks across the border. Network transfer is however not always feasible and women in forced single motherhood have no other choice than build new support networks from the ground up. The lack of support and the challenges in spinning a new care network in the host country can take a heavy mental toll for such women and even lead to the decision to return to Ukraine in spite of the war (Dutchack, 2023).

Other scholars point to the acute vulnerabilities of refugee women who are pregnant or have recently given birth, hence the need to raise awareness about the importance of protecting and promoting the mental health of this particularly vulnerable group (Rodríguez-Muñoz et al, 2023). A systematic review shows that asylum seeking and refugee women are more likely to experience negative pregnancy-related healthcare and are at greater risk of mental health problems, maternal mortality and preterm birth than non-refugee women in host countries (Heslehurst et al, 2018). Available research on mental health of displaced Ukrainians also suggests that tailored interventions that meet specific gender needs may yield more positive effect on mental health outcomes (Buckcik et al, 2023).

Apart from the strain on people’s mental health from the war, research points to the burden of mental illness in Ukraine from before the warfare. According to WHO sources, Ukraine has a higher prevalence of alcohol use disorders (6%) and rate of suicide (29.6 deaths per 100,000 population) than the global average (1.5% for alcohol use disorders and estimated suicide rate of 10.4 deaths per 100,000 population) (WHO, 2021). Research by the World Bank Group also suggests that mental health disorders affect up to 30% of people in Ukraine in their lifetime, and states that ‘poor mental health in Ukraine is tightly interconnected with poverty, unemployment, and feelings of insecurity ’ (World Bank Group, 2017). Existing mental health and socio-economic issues may be exacerbated by exposure to war trauma and stress of forced displacement. Pre-war mental health burden carried by displaced individuals should be also adequately considered in the provision of health assistance to Ukrainians in receiving countries (Marchese et al, 2022).

Scholars argue that migration-related stressors should be adequately taken into account when designing clinical and policy interventions targeting refugees in receiving countries (Kirmayer et al, 2021, Alpak et al, 2015). Mental health interventions should be also culturally informed, in the sense that consideration should be given to mental health beliefs, and, more generally, understanding and awareness about mental health issues in the targeted refugee population. For example, studies report some reluctance among Ukrainians to disclose mental health issues and to seek help (World Bank Group, 2017). This is attributed to lingering stigma around mental health issues and lack of trust in the mental healthcare system in Ukraine. This reluctance and mistrust are deep rooted in the Soviet past when mental health treatment and psychiatry were used as a form of political repression. Against this background, it is essential to raise awareness about the mental health toll of the war and the displacement of Ukrainians, and particularly target refugee women in such efforts, as they appear to be a higher risk of developing mental health issues due to exposure to the war and violence experienced before and during their displacement journey.
Reflecting on pre-existing socio-economic patterns in Ukraine and host countries before the war provides an alternative perspective for the investigation of mental health issues among displaced Ukrainians. According to Lyubchenko (2022), the militarisation of Ukraine since 2014 coupled with neoliberal reforms have accelerated rising inequalities, with 67% of Ukrainian households in 2021 identifying themselves as ‘poor’. Past research has consistently demonstrated that poverty correlates with depressive and anxiety disorders, and more generally poor mental health (Ridley et al, 2020). Furthermore, before the war, Ukrainians coming to Europe typically found employment in ethnicized and gendered sectors, characterized by poor working conditions, with women being predominantly employed in agriculture in crop times, domestic and care work, and various low-skilled jobs for example in factories and warehouses (Fedyuk et al, 2023; Fedyuk and Riabchuk, forthcoming). The war has not changed these patterns and Ukrainian women continue being offered employment in low paid occupations far below their level of skills and qualifications (Fedyuk and Riabchuk, forthcoming). Being compelled to accept degrading job offers out of necessity adds to the mental health toll of the war.

Finally, studies exploring mental health interventions targeting refugees and other forcibly displaced people do not often consider drop-out rates, cultural aptness, and cost-effectiveness of such interventions (Uphoff et al, 2020). This information is useful to assess the efficacy of interventions for mental health promotion, prevention, and treatment.

**Protective factors**

Past studies have investigated protective factors that can promote mental wellbeing and resilience among refugees and asylum seekers. Drawing from a systematic review of qualitative and quantitative studies, Posselt et al (2019) propose incorporating multiple enablers of psychological well-being into psychosocial support interventions for refugees and asylum seekers. They suggest directing interventions that create opportunities for social connections, foster participation in education, training, and employment, and strengthen adaptive cognitive strategies that help people coming to term with their experience and current situation.

In an investigation on the mental health consequences of the war among displaced Ukrainians, Rizzi et al (2023) also found that proximity to family members or being able to stay in contact with them as well as having a network of support can boost resilience and influence positively the mental health of those forcibly displaced. This finding is in line with previous studies pointing to the positive influence of social networks and connectedness on mental health of refugees and asylum seekers (Anjum et al, 2023). In the context of the Ukraine emergency, other scholars emphasise the important role of existing communities of Ukrainian labour migrants, that formed in the receiving countries long before the war. Such informal networks have facilitated the settlement of newly arriving Ukrainians and offering them support, including psychological help (Fedyuk and Riabchuk, forthcoming). In some instances, they also exerted some political influence, contributing to shaping both local and national responses by EU Member States to the conflict in Ukraine (Fedyuk, 2023).

Based on a review of past studies, Anjum et al (2023) identified other protective factors that can reduce the distress experienced by displaced Ukrainians of living in ‘a state of limbo’ (or waiting) caused by the Ukraine war. At the institutional level, the authors argue that integration policies in receiving countries are particularly beneficial in promoting refugees’ mental health, including access to employment, education, social services, and affordable and stable housing. Equally useful are
practices and initiatives that promote empowerment, political advocacy, and re-establishment of social networks to prevent social marginalisation and increase the sense of belonging and connectedness in the host communities.

As fear of stigmatisation – combined with lack of information and language difficulties – are identified as recurrent barriers to access mental health support services among displaced Ukrainians (as well as other refugees), culturally informed outreach campaigns are instrumental in encouraging help-seeking behaviours in refugee populations. Drawing from a randomised controlled experiment, researchers affiliated to different research institutes are currently exploring the effectiveness of interventions aimed at displaced Ukrainians in Germany that address information gaps and stigma with regard to mental health (Avdeenko et al, 2023). The research is intended to inform policy interventions that encourage the engagement with mental health services for those in need of psychological support and changes in attitudes on mental health.

With a focus on Ukrainian youth refugees, Catani et al (2023) – who tested a classroom-based mental health screening procedure among Ukraine adolescents resettled to Germany - proposed psychological screenings in schools to identify any potential mental health disorders in newly arriving adolescent refugees as early as possible. They argued that this is helpful to overcome barriers and facilitate access to mental health services for this particularly vulnerable group. Furthermore, mental health challenges experienced during childhood and adolescence can have lasting effects into adulthood; this underscores the significance of early interventions for long-term well-being.

Summary points to chapter 1

- Despite large variability in estimates from different studies, there is evidence of refugees being at higher risk of developing mental health problems and disorders compared to the general population. Most studies measure the incidence of PTSD, depression, and anxiety among refugee populations. This also applies to recent studies on mental health of displaced Ukrainians due to the ongoing conflict. The available studies consistently report high levels of psychological distress among the displaced Ukrainian population. The reported estimates may however represent only the tip of the iceberg as mental health problems among refugees are likely to remain underdiagnosed (and therefore unaddressed).

- Past research on mental health of different refugee populations has consistently shown that refugee women display higher levels of psychological distress (compared to their male counterparts) and are at greater risk of developing PTSD symptoms and other mental health problems. This is in line with findings from recent survey-based studies exploring mental health problems and needs of Ukrainian refugees or displaced individuals. Besides female refugees, another vulnerable group of refugees is represented by minors. To date, there is however scant research documenting mental health problems and needs of Ukrainian minors resettled to EU countries.

- Available studies suggest that mental health issues among refugees stem from a cumulative effect of multiple factors or stressors encountered at different stages of the displacement process. The many stressors at play should be considered when designing interventions to minimise the negative impacts of war trauma and facilitate the integration process of Ukrainians (and other refugees) in host societies. Research also points to the many benefits
of incorporating protective factors – which promote better mental health and wellbeing of refugees - into integration policies, interventions, and practices in receiving countries.
Mental healthcare for displaced Ukrainians in the EU

Mental health is a universal human right and is foundational to people’s wellbeing and overall health (United Nations, 2018). The WHO (2023a) defines mental health not purely as the absence of mental health disorders but a positive state of mental and emotional well-being. Furthermore, the WHO considers the right to mental health as encompassing ‘the right to be protected from mental health risks, the right to available, accessible, acceptable, and good quality care, and the right to liberty, independence and inclusion in the community’ (WHO, 2023a).

Another important framework linking to the right to mental health is Article 35 of the Charter of the Fundamental Rights of the European Union, stipulating that ‘everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices’. Also, according to article 13 of the TPD, EU Member States must provide the beneficiaries with the necessary assistance to access healthcare, at least emergency care, and essential treatment. They must also grant the necessary medical assistance or other assistance to beneficiaries with special needs (such as unaccompanied children, victims of violence, etc.).

Recognising the impact on mental health and psychosocial issues of displaced people from Ukraine in the EU, in 2022, the European Commission announced several initiatives to address mental health issues. One such initiative was the setting up of a network of Ukrainian-speaking mental health professionals as well as support to the sharing of best practices on mental health and well-being as part of the EU4Health programme (European Commission, 2022b). With a funding of over 4.6 million for Ukraine (Ministry of Health of Ukraine, undated), EU4Health has already funded a number of projects intended to implement innovative approaches, tools and interventions on mental healthcare with a particular focus on people from Ukraine (European Commission, 2023b).

Availability and type of mental health services

Public mental healthcare provision

Based on the screening of national sources, in all EU Member States, beneficiaries of temporary protection have access to healthcare, including mental healthcare, equivalent to nationals and permanent residents. In some instances, legal frameworks have undergone some changes to deal with the Ukraine humanitarian emergency and arising health needs of Ukrainians fleeing the war. For example, in Luxembourg, the government amended the Social Security Code facilitating the affiliation of displaced Ukrainians to the National Health Fund as soon as they receive temporary protection status7. In Latvia, regulations for the practice of psychology were also relaxed to allow Ukrainian therapists to provide psychological counselling to their nationals who have fled the war (EMN, 2022). Also, in Poland a new law was introduced in 2022 to speed up the process for

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Ukrainian health professionals to have their qualifications recognised and simplify the procedure to apply for a licence to practice (Wądołowska, 2022).

In some countries, such as Czechia, Luxembourg, Lithuania and Spain, reception facilities have on-site mental health professionals (often Ukrainian speaking) or partnerships with local mental health providers to address the mental health needs of newly arrived displaced Ukrainians. However, routine health checks at the time of entry to the host country often do not include mental health assessments or screenings.

Some EU Member States such as Finland, France and Sweden have a strong emphasis on mental health and well-being in their healthcare systems and typically offer mental health services and support to refugees (not only displaced Ukrainians) as part of their healthcare systems. In France, the Emergency Medical-Psychological Unit (Cellule d’Urgence Médico-Psychologique, CUMP), which is typically mobilised in response to domestic emergencies and disasters occurring within the country, was activated to provide psychological support to displaced Ukrainian upon their arrival to the country. The support includes early screenings and mental health assessments.

Germany has also a robust healthcare system with strong emphasis on the provision of mental health services. Over the years, resources have been invested in outreach campaigns aimed at promoting help-seeking behaviours for those in need of mental health support and removing the stigma of mental illness in society (McLean, 2021). Since the start of the Ukraine emergency, public mental health services in Germany were readily made available to Ukrainians fleeing the war8.

Faced with the sudden influx of displaced Ukrainians, some EU Member States have established focused health services targeting temporary protection beneficiaries. For instance, in Ireland, the International Protection Support Services, developed a health service for displaced Ukrainians in conjunction with the Health Services Executive (HSE), which runs the national health service. This includes health screening, the provision of medical cards and specialised services for those who have experienced torture or war trauma. Besides the statutory healthcare provision to Ukrainians registered under temporary protection status, the Department of Health established some additional support in the form of free of charge counselling and psychotherapy services provided online, via telephone or in-person (‘My Mind’ services). Work is ongoing to further develop regional psychosocial support and ensure that all mental health services are delivered in a culturally competent manner. In addition, in December 2022, the Irish Government established the ‘Healthy Ireland Ukrainian Resilience Fund’ with a €1 million one-off funding to support projects developed by Local Authority Community Response Forums. These have been established in every local authority area to coordinate local responses to the Ukraine crisis. This is part of the government overall ‘Healthy Ireland’ programme aimed at improving wellness and mental health in the population.

In other EU Member States, public authorities have established helplines for displaced Ukrainians in need of psychological support. This is for example the case in Estonia where telephone counselling is offered through round-the-clock crisis helplines in Russian and English. A psychosocial support helpline was also established in Greece for the benefit of displaced Ukrainians upon the initiative of

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8 Information is available on the health portal for refugees and persons entering the country of the Federal Ministry of Health (at https://www.migration-gesundheit.bund.de/de/startseite).
the Ministry of Health with the participation of several organisations and institutions active in mental healthcare.

Difficulties in the provision of mental health services reported in EU Member States often relate to the shortage of mental health specialists, which makes it difficult to provide adequate support to those in need of psychological assistance. In Finland, there is a general worry that mental health services will not be able to support an increasing number of refugees in need of help. This is partly due to the limited capacity to treat demanding war trauma patients, especially in the long run; this may lead to the trauma not being properly treated and thus potentially turning into a long-term disability (Yle, 2022). In Estonia, besides staffing shortages, healthcare professionals also express concerns about insufficient budget allocated for providing mental health support to displaced Ukrainians (Eesti Päevaleht, 2022). A shortage of mental healthcare professionals – and consequently limited treatment capacity for refugees in need of psychological support - is also reported in Portugal, Germany, and Greece. Other reported challenges to the provision of mental healthcare include bureaucratic difficulties or bottlenecks, such as delays in the provision of temporary health insurance and non-coverage of language and cultural mediation necessary for diagnosis and psychotherapeutic treatment. These pose further barriers to accessing timely and continued mental health care. Such barriers also apply to access to healthcare more generally (Eurofound, 2024).

**Mental healthcare provision through a range of organisations**

Mental health services are not exclusively provided by public healthcare providers. A broad range of organisations, including humanitarian or non-governmental organisations (NGOs), private providers and other professional specialists on a voluntary basis, play an important role in the provision of mental health services to displaced Ukrainians, often in partnership with public authorities. As part of the humanitarian response to the Ukraine emergency (and in collaboration with UNHCR, UNICEF multiple NGOs and national services), ‘blue dots’ or hubs were established in locations like border crossing points and train stations in Poland, Romania, Hungary, Slovakia, and other countries (UNHCR, 2022). These are designated safe spaces where professionals offer essential services, including psychological first aid and targeted mental health support, to children, families, and individuals with specific needs who are seeking refuge from the conflict.

In the Netherlands, the Dutch cabinet appointed the alliance Empatia and Loket Ontheemden Oekraïne PSH (LOOP) to assist in the deployment of Ukrainian psychologists - prior to the recognition of their diploma - in municipal health service (GGD) or social organisations for the provision of culturally informed preventive and curative care for displaced Ukrainians experiencing psychological or psychosocial problems (Government of the Netherlands, 2023). This also helps relieving shortages of mental health professionals in the country.

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9 Empatia is an alliance between the Dutch Council for Refugees, the OPORA Foundation and PsyGlobal, assisting mental health professionals in the process of diploma valuation by the Netherlands Organisation for International Cooperation in Higher Education (Nuffic) and linking them to Ukrainians in need of care.

10 LOOP is the regional information, referral, and advice centre for professionals providing psychosocial support to displaced persons from Ukraine.

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In Germany, the federal government set up the so-called Federal Contact Point (Bundeskontaktstelle, BKS). The initial concept was drafted by the Federal Ministry for Labour and Social Affairs (BMAS) and the Federal Ministry of Health (BMG) and targets displaced Ukrainians with disabilities and/or care needs. Run by the German Red Cross, the BKS serves as a first contact point as regards information on healthcare in Germany and helps to identify support needs of newly arriving refugees, with a view to preparing suitable offers in inpatient care or providing integration assistance. In other EU countries, the Red Cross, in partnership with public authorities, provides specialised mental health and psychosocial support to displaced Ukrainians experiencing the stress of displacement.

The breadth of mental health support - through a range of providers and for various groups - typically varies between EU Member States. In some countries, as in Latvia, the offer of psychological support for displaced Ukrainians is reportedly quite wide and provided by several institutions with particular attention to youth’s mental health needs. In Latvia, psychological support is for example available to Ukrainian children in branches of the Children and Adolescent Resource Centre (part of the Riga Stradiņš University) as well as the State Inspectorate for the Protection of Children’s Rights. The mental health needs of Ukrainian families with young children are also in focus in charitable initiatives in Germany. For example, the National Centre for Early Help (NZFH), in cooperation with some universities, provide online consultation to mental health professionals and volunteers on the psychosocial effects of the war and appropriate counselling and therapy approaches when treating Ukrainian families with young children. In Lithuania, several NGOs were housed together in one refugee centre in Vilnius, where most displaced Ukrainian were initially hosted. Psychologists were deployed in the centre to provide mental health support and tailored therapy for Ukrainian children to improve their psychological state and morale (ADC, 2023). To facilitate the integration of young Ukrainians in schools, in Czechia some schools have been hiring Ukrainians as assistant teachers. A similar practice has been also followed in some schools in Italy (ADC, 2023). Complementing the provision of psychological support offered to Ukrainian children in schools in Greece, UNICEF country office launched a new programme aimed at enhancing the mental health of newly arrived Ukrainian women and children through group psychotherapy sessions, structured psychosocial activities and one to one counselling sessions (UNICEF, 2023).

Multilingual access to free of charge counselling is also available in Hungary by phone, online or in person by mental health professionals on a voluntary basis and mainly through private initiatives. It should be noted that such support does not necessarily equate to psychotherapy or psychiatric care, but rather counselling, guidance and helping. Also, in Poland, alongside the many initiatives promoted by humanitarian and civil society organisations, there are several bottom-up self-organised initiatives, involving private providers that offer therapy and counselling to displaced Ukrainians (FEPS, 2023).

NGOs have been particularly active in several EU Member States as regards the provision of psychological support to displaced Ukrainians by establishing crisis helplines, linking up displaced Ukrainians with various mental health providers, or offering training or advice to mental health professionals on appropriate therapies to deal with mental health needs of displaced Ukrainians.

11 The main financial donor of this programme was shipping company Star Bulk.
For example, in Denmark, the national refugee council set up a helpline with Ukrainian-speaking professionals trained to assist displaced individuals with issues ranging from more practical questions to dealing with stress, war trauma as well as distress from being in a new, unknown country (DRC, 2022). To date, callers have been primarily women struggling to find a foothold as single mothers in a new country, feeling lonely and powerless and navigating the trauma of war and displacement (DRC, 2023).

In Slovenia, the humanitarian organisation Slovene Philanthropy connects displaced Ukrainians in Slovenia with organisations that offer pro bono psychotherapist services (in Ukrainian language). In Slovakia, non-governmental organisation IPčko (in cooperation with the International Migration Organisation) operates a free of charge and round the clock crisis helpline providing counselling and psychological support (also in Ukrainian) to people who fled the war in Ukraine. While, in Malta, NGO SOS Malta launched a Facebook community to provide online professional support to displaced Ukrainians (in their language), in Luxembourg, NGO Lukraine designed a digital platform on ‘doctena.lu’ to help psychologists and psychotherapists to manage their interactions with Ukrainian patients. Some NGOs also facilitate intercultural psychotherapy for newly arrived Ukrainians in the country - as in the case of NGO Zebra in Austria – whereby psychological support is provided by Ukrainian speaking psychotherapists or assisted by trained Russian or Ukrainian interpreters.

Furthermore, in refugee-receiving countries neighbouring with Ukraine, such as Bulgaria, Hungary, Poland, Romania and Slovakia, mental health and psychological support services (MHPSS) are provided as part of the humanitarian response to the Ukrainian refugee emergency (WHO, 2023b) under the coordination of UN refugee agency UNHCR. Some neighbouring countries with Ukraine, such as Poland, have set up an unprecedented aid operation to provide emergency assistance to Ukrainians fleeing the war and this included mental health support. In Czechia, the UNHCR office has committed to supporting the efforts of the Ministry of Labour and Social Affairs in integrating displaced Ukrainians into Czech society, prioritising the protection of vulnerable groups and mental health support (UNHCR, 2023). Other – non neighbouring countries with Ukraine – have also mobilised resources as part of humanitarian aid programmes. For example, upon the initiative of the Dutch Ministry of Foreign Affairs, the Dutch Surge Support for Mental Health and Psychosocial Support (DSS MHPSS) programme was set up for the deployment of mental health experts to areas affected by large refugee influx for the provision of emergency psychological support as needed. Started in 2020, the programme is carried out by the Netherlands Enterprise Agency (RVO) in collaboration with the UN Refugee Agency, UNHCR.

Access to and use of mental healthcare services

The provision of mental health services to displaced Ukrainians in the EU varies from country to country; where such services are available, the collected evidence suggests that a low share of Ukrainians avail of them. An important source of information about the level of utilisation of mental health services and psychological support among displaced Ukrainians is the survey conducted in 2022 in 10 EU countries by the European Union Agency for Fundamental Rights (total sample:

More information available at [https://ukrainians.lu/psychological-assistance-project/](https://ukrainians.lu/psychological-assistance-project/)

The term MHPSS refers to ‘any type of local or outside support that aims to protect or promote psychological well-being and/or prevent or treat mental disorder’ (IASC, 2007).

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According to the survey only about one third of respondents (30%) – of those who experienced any of the incidents that the survey listed - across all 10 surveyed EU Member States had sought psychological support since arriving in the host country and a quarter of them did not receive it. Noticeable differences between countries were however observed, with the largest share of respondents seeking psychological support and not receiving it in Czechia (11%) and Spain (12%). On average, two thirds of respondents (67%) across the surveyed countries reported not having sought any assistance. Furthermore, 33% of respondents in the sample reported not being aware of the availability of such services (FRA, 2023).

Figure 1. Respondents who have sought medical or psychological support and who have received it since arriving in the host country, by country (%)

Source: FRA, 2023

Note: respondents aged 16+ who have experienced any incident (listed in the survey) since the conflict in Ukraine started (n = 11,184); weighted results. The incidents listed in the survey included experiencing or being under threat of shooting, bombing or missile attacks, hiding in cellars and air-raid shelters, severe hardship during the journey, threat of physical assault, humiliation or intimidation, violent death of person/people close to them, robbery, theft or fraud, corruption or blackmailing, physical attack, invitations to work without pay in exchange for housing imprisonment or detention, forced labour, torture, rape or attempted rape.

The availability of data on the level of utilisation of mental health services among displaced Ukrainians is limited to just 10 countries and mostly originates from non-representative surveys (see table below).

Table 3. Data from national surveys on availability and utilisation of mental health services

<table>
<thead>
<tr>
<th>Country</th>
<th>Key findings</th>
<th>Sample size</th>
<th>Fieldwork</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>36% reported wishing for more mental health support.</td>
<td>833 displaced Ukrainians (aged 18-55 years)</td>
<td>March 2022</td>
<td>ÖIF, Austrian Integration Fund (Österreichischen</td>
</tr>
</tbody>
</table>

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</tr>
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<tbody>
<tr>
<td><strong>Bulgaria</strong></td>
<td>Most respondents reporting mental health problems for themselves, or family members have not received professional support for their psychological well-being – i.e. 78% respondents whose children are enrolled in Bulgarian schools; 67% accommodated under state programme; 65% accommodated in private homes; 53% beneficiaries of Blue Dot hubs’ services.</td>
<td>1,311 Ukrainian households</td>
<td>December 2022-January 2023</td>
<td>UNHCR-Global Metrics, 2023</td>
</tr>
<tr>
<td><strong>Czechia</strong></td>
<td>Only 3% reported having sought care or professional help and 38% have considered seeking care.</td>
<td>1,347 displaced Ukrainians (aged 18-64 years)</td>
<td>September 2022</td>
<td>Kavanová et al, 2022</td>
</tr>
<tr>
<td><strong>Finland</strong></td>
<td>16% mentioned a need for psychological help. 10% had availed of ‘emotional and psychological support’ services at help centres.</td>
<td>2,136 displaced Ukrainians (aged 10-66+)</td>
<td>June-July 2022</td>
<td>Ministry of the Interior, 2022</td>
</tr>
<tr>
<td><strong>Hungary</strong></td>
<td>Of the households reporting mental health issues and requiring mental health support, 60% indicated not being able to access such support because they did not know where to look for help.</td>
<td>512 Ukrainian households</td>
<td>September 2022</td>
<td>IOM-UNHCR, 2022</td>
</tr>
</tbody>
</table>
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<thead>
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</thead>
<tbody>
<tr>
<td>Norway</td>
<td>Over half of respondents felt they needed psychological support after arriving in Norway in November 2022, but only 30% of them received access to mental healthcare. More than 70% did not know where to seek help for mental healthcare needs.</td>
<td>91 displaced Ukrainians (aged 18+)</td>
<td>2023</td>
<td>Michelsen et al, 2023</td>
</tr>
<tr>
<td>Poland</td>
<td>Of the 14% household members reporting mental health needs in the 30 days prior to data collection, 50% needed professional mental health support. Of these 11% were not able to obtain it when they felt they needed it.</td>
<td>1,252 Ukrainian households</td>
<td>September 2022</td>
<td>REACH-UNHCR, 2023</td>
</tr>
<tr>
<td>Romania</td>
<td>Of the 4% of respondents reporting having a person in their household in need of mental health and psychological support, only 38% were able to access such services. Less than half of interviewed households were aware of psychosocial support services available to them.</td>
<td>716 refugee households</td>
<td>October-November 2022</td>
<td>REACH-UNHCR, 2023</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Among households who needed and sought professional counselling and psychosocial support, 31% living in Collective Centres and 52% outside Collective Centres were not able to obtain any when they felt they needed it.</td>
<td>724 refugee households</td>
<td>June-August 2022</td>
<td>REACH-UNHCR, 2022</td>
</tr>
</tbody>
</table>

Source: Eurofound’s European Network of Correspondents (NEC), 2023.

The available studies point to recurrent barriers that prevent displaced Ukrainians from seeking help for mental health problems and accessing mental healthcare services in host countries (REACH-
UNHCR, 2022; Anjum et al, 2023; Catani et al, 2023; FRA, 2023; GGD-GHOR, 2023). Such barriers include limited or no competency in the host country’s language, fear of stigmatisation, lack of awareness and knowledge about mental health problems, and type of support they need or can avail of, compounded by unfamiliarity with the healthcare system in the hosting country. Language difficulties were the most prominent barrier to access healthcare as reported in the survey conducted by the European Union Agency for Fundamental Rights, as well as other surveys of displaced Ukrainians.

Similar findings were identified in past research on access to healthcare in different refugee populations. A systematic review found that language and knowledge or information barriers were the most prominent barriers in access to healthcare services in different refugee populations in high income countries (Nowak et al, 2022). According to some studies covered in the systematic review, psychologically distressed refugees found it particularly difficult to access mental health services. Other studies focusing on mental health issues of refugees suggest that beyond language difficulties, important barriers to seeking psychotherapeutic care are fear of exclusion, stigmatisation, and feeling of shame (Clement et al, 2015; Kantor et al, 2017). The unmet mental health needs may lead to chronic illness or disabilities, which are more difficult to treat down the line and may translate into a greater financial burden for national health systems.

Summary points to chapter 2

- In all EU Member States, Ukrainians under temporary protection status have access to public healthcare, including mental healthcare, in the same way as nationals and permanent residents. The provision of mental health services however varies in breadth and scope between countries. Primary health checks (at the time of entry to the host country) do not often include mental health assessments. Some EU Member States offer tailored mental health services to Ukrainians fleeing the war. These are typically provided in the form of counselling, therapy or supporting conversation in various ways for example online, in person or, more often through dedicated telephone helplines. More resources are needed in reception facilities and more generally as part of public mental health provision to meet the needs of displaced populations. Early referral to targeted diagnostic or treatment services upon arrival in the host country is essential to prevent the development or deterioration of mental disorders and ensure continued care where necessary.

- Survey-based studies suggest that a low share of displaced Ukrainians seek psychological support even if they report mental health problems or needs for themselves or their family members. This may be due to various factors, including lack of proficiency in the language of the host country, fear of stigmatisation, lack of awareness and knowledge about mental health issues, type of support they need or can avail of. Frequently cited barriers in existing studies include language difficulties, underscoring the need to offer information and mental health support in the Ukrainian language. Efforts to address this issue can involve mobilising Ukrainian psychologists who have fled the war, a practice observed in countries such as Poland and the Netherlands.

- In most EU Member States, NGOs and humanitarian agencies play a crucial role in the provision of mental health support to displaced Ukrainians, often in cooperation with public authorities. In countries neighbouring with Ukraine, mental health and psychological support
services are being provided as part of the humanitarian response to the Ukrainian emergency.

- Additional research is essential to comprehensively understand the mental health problems and needs of displaced Ukrainians, providing insights to enhance national health systems and services. This knowledge aims to prevent the exacerbation of symptoms, mitigate long-term disabilities, and foster positive contributions of Ukrainians, as well as other refugees, to host societies.
Conclusions

Exposure to war may put individuals at a higher risk for a spectrum of mental health conditions. The available research suggests that displaced Ukrainians suffer from a range of mental health problems, including PTSD, depression, and anxiety disorders – in much the same way as other refugee populations fleeing armed conflicts. Previous research on different refugee populations shows that refugees are more likely to experience mental health problems in their lifetime than host populations. Beyond the trauma of the war and separation from loved ones, there is also the trauma of displacement and resettlement in a foreign environment. This heavy mental health burden prevents them from contributing positively to the host societies and may lead to chronic conditions or long-term disability.

Unlike other refugees who go through a lengthy asylum-seeking process before being granted refugee status (a further stressor exacerbating war trauma), displaced Ukrainians are granted temporary protection status in the EU and have immediate access to the labour market, social welfare income support, education, accommodation, and other state support. While this may have eased some of the strain from fleeing the homeland and given them a sense of safety, the available evidence suggests that the mental health burden of the war for Ukrainians remains high and addressing their mental health needs is an ongoing challenge. This may require a commitment to a more holistic approach which recognises the interplay between mental health and multiple stressors encountered in the displacement journey as well as individual characteristics and unique experiences of those fleeing the war. Vital components of a successful integration process include continuous monitoring of the situation, regular assessment and adjustment of policies in response to the evolving needs of the displaced population.

Research also shows that refugee women and children are particularly vulnerable to mental health problems due to exposure to the war, and tailored interventions should be devised to address their mental health needs. These would also include early screenings and mental health assessments as part of routine health checks upon arrival in the host country. An important consideration is also that the well-being of children and adolescents is closely linked to the emotional and psychological state of their parents or caregivers. Mental health interventions that simultaneously address the needs of children and their caregivers or parents play a crucial role in fostering family wellbeing and resilience. One approach is for example to develop family-centred and trauma-informed interventions that recognise the interconnectedness of the mental health of children and their caregivers, and the potential trauma experienced during displacement.

Some EU Member States – often in partnership with humanitarian and Non-Governmental Organisations - have mobilised resources to provide more tailored mental health services for displaced Ukrainians. Efforts have also been made to strengthen the provision of mental health and psychological support in reception facilities particularly in Ukraine’s neighbouring countries as part of humanitarian aid programmes (under the coordination of the UN Refugee Agency, UNHCR in collaboration with several other organisations). The available evidence suggests however that the level of utilisation of mental health services among displaced Ukrainians in EU countries tends to be low, including among those reporting mental health problems and needs.

Barriers to access to mental health services can vary depending on the host country and individual circumstances. The most common barriers cited in available studies include language difficulties,
stigma surrounding mental health issues, lack of awareness of the availability of mental health services and knowledge on how to access them. This suggests that one way forward is to provide culturally informed and linguistically appropriate services, for example by employing Ukrainian speaking professionals and training healthcare providers in cultural competency and trauma-informed care. Some EU Member States are in the process of recognising Ukrainian medical qualifications to relieve shortages of mental health professionals in their healthcare systems while at the same time providing employment to Ukrainians under temporary protection status. To further overcome cultural and linguistic barriers, an important step is to make information, guidance, and resources culturally and linguistically accessible to newly arriving Ukrainians in host countries.

It is also crucial to raise awareness about the availability of mental health support for refugees and involve community organisations and NGOs in these information and outreach efforts. Such efforts can be also instrumental in addressing mental health associated stigma, which often prevents individuals from seeking help. Such measures could be prioritised in EU Member States to help better meet the mental health needs of displaced Ukrainians as well as other refugee populations, so that they can contribute in a positive way to the communities that host them.
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All Eurofound publications are available at www.eurofound.europa.eu


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