

# FROM DISTRESS TO SYSTEMIC RESILIENCE: STRENGTHENING MHPSS IN CONFLICT SETTINGS – INSIGHTS FROM UKRAINE

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## Abstract

**Introduction:** The full-scale war in Ukraine has significantly increased the need for coordinated and accessible mental health and psychosocial support (MHPSS) services. However, there remains limited empirical evidence on how civilians experience psychosocial distress during conflict and how institutions are responding to these needs across different service sectors.

**Purpose:** This study assesses the psychosocial well-being of civilians and the institutional capacity to deliver MHPSS in conflict-affected such as the Kharkiv region. The research seeks to inform both national and international actors on existing gaps and opportunities for strengthening support systems in wartime contexts.

**Methodology:** A cross-sectional survey was conducted in July 2023 across Kharkiv oblast. Data were collected from 13,343 service recipients and 3,183 service providers working in the healthcare, education, social protection, and NGO sectors. Quantitative analysis focused on indicators of emotional well-being, coping strategies, service satisfaction, institutional capacity, staff well-being, and information trust.

**Results:** Findings revealed high levels of psychological distress among civilians, including symptoms of panic, apathy, and hopelessness. Service satisfaction varied by sector, with non-governmental organizations receiving higher ratings. While basic MHPSS services were moderately available, primary and specialized care remained limited. Institutional staff reported significantly increased workloads and limited access to psychological support or supervision. Most respondents trusted official government sources and professionals for mental health information.

**Conclusion:** The results indicate an urgent need to expand low-threshold, community-based psychosocial services and to improve institutional readiness across sectors. Strengthening workforce well-being, integrating MHPSS into sector-specific practices, and aligning communication strategies with trusted channels are key to building a sustainable response. The proposed conceptual framework offers a multilevel roadmap for MHPSS system development in conflict-affected settings.

## Keywords

Mental Health, Psychosocial Support, War-affected Populations, Institutional Capacity, Ukraine, Humanitarian Response

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## Introduction

Armed conflicts have well-documented, severe, and enduring impacts on the mental health of affected populations, frequently resulting in elevated prevalence rates of conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety (Miller, & Rasmussen, 2017). Studies have consistently demonstrated that exposure to war-related stressors violence, displacement, and loss exacerbates psychological distress across diverse settings (Murthy & Lakshminarayana, 2006; Steel et al., 2009). The war in Ukraine, which escalated markedly in February 2022 following Russia's full-scale invasion, has imposed profound psychological burdens on its population. Kharkiv Oblast, a northeastern region bordering Russia, has been particularly affected due to its proximity to active combat zones. As of July 2023, when the survey informing this study was conducted, Kharkiv Oblast had endured over a year of sustained military activity, including shelling, occupation, and widespread displacement, contributing to a significant mental health crisis among its residents (United Nations, 2023).

The Kharkiv region exemplifies a setting of sustained exposure to shelling, mass displacement and infrastructural damage. Civilian populations there oscillate between frontline insecurity and influxes of IDPs from neighbouring oblasts, aggravating demand for health, education and social-protection services. Yet sector-specific data on both user satisfaction and provider capacity remain sparse. Without such granularity, humanitarian actors and local authorities risk misallocating scarce resources or overlooking systemic bottlenecks especially within primary health care, schools and social-welfare institutions that constitute the first line of psychosocial assistance (UNHCR, 2023; World Health Organization & UNHCR, 2015). International guidelines, including the IASC MHPSS framework, emphasise that situational analyses should integrate recipients' perceived needs, functional coping mechanisms and barriers faced by service providers in order to inform layered, context-appropriate interventions (Kang et al, 2024).

In conflict-affected environments, Mental Health and Psychosocial Support (MHPSS) services are vital for addressing the psychological toll of war and fostering resilience among individuals and communities. MHPSS encompasses a broad spectrum of interventions, ranging from community-based psychosocial support to specialized clinical care, designed to protect and promote mental health and psychosocial well-being (IASC, 2007). The effectiveness of

these services hinges on their accessibility, quality, and responsiveness to the specific needs of the population, particularly in crisis settings where resources are often strained (Kang et al., 2025; Matiashova et al, 2022).

Beyond the Ukrainian context, these challenges resonate with broader global humanitarian experiences. Evidence from Syria, Afghanistan, and Sub-Saharan Africa demonstrates that conflict-exposed populations face similar patterns of psychosocial distress, service fragmentation, and uneven institutional readiness (Charlson et al., 2019; Hassan et al., 2016). This alignment underscores the global dimension of MHPSS as both a health and human rights priority. The World Health Organization, the Inter-Agency Standing Committee, and other international actors have repeatedly emphasized that sustainable MHPSS integration is not limited to local or national benefit, but is critical for advancing global mental health equity in crises. Situating Ukraine within this continuum allows for comparative insights: the case of Kharkiv Oblast becomes not only a study of one region under siege, but also a reference point for developing resilient psychosocial systems in conflict-affected settings worldwide.

## Purpose

This study seeks to comprehensively evaluate the state of MHPSS services in Kharkiv Oblast, drawing on perspectives from both service recipients and providers. Conducted in July 2023, the research is based on a large-scale survey involving 13,509 service recipients and 3,208 service providers across multiple sectors, including healthcare, education, social protection, and non-governmental organizations (NGOs). The study examines several critical dimensions: recipient satisfaction with MHPSS services, the mental health needs and coping mechanisms of the population, and the workload and resource capacity of service providers. By integrating these dual perspectives, the research aims to provide a holistic understanding of the MHPSS landscape in a conflict-affected region. The significance of this study lies in its potential to inform policy and practice in humanitarian settings where mental health is often overshadowed by immediate physical and survival needs. A robust MHPSS system is essential for supporting population well-being, enhancing resilience, and facilitating long-term recovery in crisis contexts.

While the study is rooted in Kharkiv Oblast, its implications extend far beyond Ukraine. The war has placed the country at the forefront of global humanitarian concern, making it a unique living laboratory for understanding the intersection of

armed conflict, public mental health, and institutional resilience. By analyzing local needs and systemic bottlenecks, the findings contribute to international debates on how to operationalize MHPSS frameworks in fragile contexts. This positions the Ukrainian case as part of a broader dialogue on strengthening global humanitarian health architecture, offering transferable lessons for other conflict-affected populations worldwide.

## Methodology

### Study Design and Objectives

This study employed a cross-sectional, descriptive design using structured survey instruments to assess both the psychosocial well-being of service recipients and the resource capacity of service providers in the context of the ongoing war in Ukraine. The overarching aim was to identify sector-specific needs, coping strategies, and institutional preparedness for delivering mental health and psychosocial support (MHPSS) services in one of the most conflict-affected regions Kharkiv oblast.

### Setting and Participants

The data were collected in July 2023 in Kharkiv oblast, a frontline region that has experienced continuous hostilities, population displacement, and infrastructural disruptions since February 2022. Two distinct participant groups were surveyed:

Service recipients (n = 13,509) across four sectors:

- Healthcare (n = 2,767)
- Education (n = 7,733)
- Social protection (n = 1,503)
- Non-governmental and community organizations (n = 1,506)

Service providers (n = 3,208), representing:

- Healthcare professionals (n = 440)
- Educators (n = 1,783)
- Social workers (n = 853)
- NGO staff and other sectoral personnel (n = 132)

Participants were recruited through institutional distribution channels, including schools, clinics, social protection offices, and community-based organizations. Participation was voluntary and anonymous.

### Survey Instrument and Structure

The survey was developed in accordance with principles outlined in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) and adapted for local application in line with Ukraine's National MHPSS Programme (2022–2030). The instrument consisted of both quantitative and qualitative

components, and was divided into two primary modules:

For Service Recipients:

- Service Satisfaction: Assessed using a 5-point Likert scale (1 = completely dissatisfied, 5 = fully satisfied).
- Mental Health Indicators: Frequency of symptoms related to panic, anhedonia, and hopelessness over the preceding two weeks.
- Coping Mechanisms: Multiple-choice list of strategies used to manage stress.
- Preferred Sources of Support: Preferences for discussing mental health concerns (e.g., psychologist, family, doctor).
- Key Concerns: Open-ended responses to elicit pressing psychosocial questions (e.g., "When will the war end?", "How to plan the future?").

For Service Providers:

- Changes in Workload: Self-rated scale from 1 (no change) to 5 (significant increase) since February 2022.
- Perceived Institutional Capacity: For three tiers of MHPSS:
  - Basic psychosocial support
  - Primary-level psychological care (e.g., mhGAP-trained general practitioners)
  - Specialized care (e.g., psychotherapy, psychiatry)
- Training History: Whether staff had received training on mental health or stress management.
- External Support: Whether psychologists or mental health specialists had visited their facility during or prior to the war.

### Data Analysis

Quantitative data were analyzed descriptively using Microsoft Excel and SPSS v26. Frequency distributions, means, and percentages were computed to assess central tendencies and variability across sectors. Where appropriate, cross-tabulations were performed to compare satisfaction ratings and capacity indicators among different service sectors.

Open-ended responses were subjected to thematic coding using qualitative content analysis to identify common psychosocial concerns and information needs. Responses were grouped into key thematic categories for interpretation and triangulation with quantitative findings

## Ethical considerations

This study was conducted in accordance with ethical principles for research in humanitarian settings, as outlined by the World Health Organization and the Declaration of Helsinki. Ethical approval was obtained from the Ethics

Committee of the Faculty of Psychology, V. N. Karazin Kharkiv National University (Protocol No. 7, May 28, 2023). Participation in the survey was voluntary and anonymous. Informed consent was embedded in the preamble of the survey, and no personally identifiable information was collected. For respondents under the age of 18, consent was obtained from parents or legal guardians. Given the non-interventional nature of the study and its focus on service satisfaction and institutional capacity, risks to participants were minimal, and appropriate safeguards were implemented to ensure confidentiality and respect for dignity.

## Results

### Overview

The results are presented in two main subsections: (1) Service Recipients and (2) Service Providers. For each group, we provide tabulated data followed by interpretation. The findings are based on the responses of 13,509 recipients and 3,208 providers of services across health care, education, social protection, and non-governmental sectors in Kharkiv Oblast, July 2023.

To evaluate how individuals perceived the quality and accessibility of services during wartime, respondents were asked to rate their level of satisfaction with the support received across key sectors. Table 1 presents the mean satisfaction scores, offering a comparative view of service delivery performance as perceived by recipients in healthcare, education, social protection, and NGO sectors.

**Table 1.** Satisfaction with Services Received

Sector	Mean Satisfaction Score (out of 5)
Health care	3.9
Education	4.1
Social protection	4.2
NGOs and other sectors	3.7
Overall average	4.1

Despite the challenging wartime conditions, service satisfaction remained relatively high across sectors. Social protection services received the highest average rating (4.2), likely reflecting increased support targeting displaced and vulnerable populations. NGOs, often under-resourced, showed slightly lower satisfaction levels (3.7).

As part of the mental health self-assessment, individuals reported how frequently they experienced symptoms of acute anxiety or panic within the previous two weeks. Table 2 summarizes these findings and provides insight

into the immediate emotional reactivity of the population under sustained conflict conditions.

**Table 2.** Frequency of Panic in the Last 2 Weeks

Response Option	% of Respondents
1 – Never	51.0%
2	19.4%
3	18.0%
4	7.0%
5 – Constantly	4.6%

While over half of respondents (51%) did not experience panic, a combined 29.6% reported moderate to frequent symptoms, indicating widespread psychological activation and the need for stress management interventions.

Participants were also asked to report on their levels of interest and engagement with previously enjoyable activities an important marker for depressive states and psychological disengagement. Table 3 presents the distribution of responses, indicating the degree to which emotional blunting or anhedonia was present in the sample.

**Table 3.** Feelings of Apathy/Anhedonia

Response Option	% of Respondents
1 – Never	40.2%
2	22.3%
3	22.6%
4	9.3%
5 – Constantly	5.6%

Nearly one-third (31.9%) of respondents experienced some degree of emotional numbness or disengagement, which is consistent with clinical profiles of chronic stress, depression, or trauma-related conditions (Kazlauskas et al., 2022; Schäfer et al., 2018).

Beyond symptoms of anxiety and apathy, the study examined deeper existential concerns by asking participants whether they had experienced persistent hopelessness or thoughts about the lack of future meaning. Table 4 highlights the frequency of such responses, offering a glimpse into the population’s perceived loss of agency and orientation.

**Table 4.** Existential Despair/Hopelessness

Response Option	% of Respondents
1 – Never	45.0%
2	19.3%
3	18.5%
4	9.4%
5 – Constantly	7.8%

About 35.7% of respondents report at least moderate levels of despair, with 7.8% experiencing persistent hopelessness. These indicators underscore the psychological burden

of long-term insecurity and displacement (Morina et al., 2017).

In an effort to understand how civilians manage stress in the absence or limitation of formal support, the survey collected qualitative data on commonly used coping strategies. Table 5 outlines these mechanisms, ranked by their reported frequency, and captures a broad spectrum of behavioral responses from adaptive self-care to less constructive or avoidant practices.

**Table 5.** Coping Mechanisms

Coping Strategy	Prevalence (Qualitative, ranked by frequency)
Walks, rest	High
Prayer, meditation, breathing	High
Social connection (friends, family, hugs)	High
Sports and physical activity	Moderate
Medications, alcohol, stimulants (coffee, etc.)	Moderate
Music, art, hobbies	Moderate
Household work	Moderate
Animals	Moderate
Reading, watching films	Moderate
Sleep	High
Helping others, donations	Noted by many
Isolation ("being alone")	Mentioned but less frequent

Coping behaviors were diverse, ranging from adaptive (exercise, prayer, social bonding) to potentially harmful (alcohol, medication without supervision). The inclusion of altruism ("helping others") highlights community solidarity as a resilience factor.

Recognizing the importance of trust and accessibility in seeking mental health assistance, the study explored whom individuals would most prefer to approach when coping with stress. Table 6 displays the ranking of preferred support figures, indicating public inclination toward psychological services and informal support networks.

**Table 6.** Preferred Sources of Psychosocial Support

Preferred Person to Talk To	Rank
Psychologist	1
Family/friends	2
Family doctor	3

The preference for psychologists reflects high mental health awareness and growing destigmatization, particularly in urban and conflict-affected settings (Roberts et al., 2019).

Service providers were asked to assess the degree of change in their work demands since the onset of full-scale war. Table 7 presents the average self-reported increase in workload by sector, reflecting the pressures placed on frontline personnel responding to growing psychosocial needs under resource-constrained conditions.

**Table 7.** Perceived Increase in Workload (1 = No change; 5 = Major increase)

Sector	Mean Score
Health care	3.6
Education	3.0
Social protection	3.7
NGOs and other sectors	3.5
Overall average	3.3

Service providers, particularly in social protection and health sectors, reported a substantial increase in workload, largely due to the growing number of internally displaced persons (IDPs), staff shortages, and increased psychosocial needs.

To evaluate institutional readiness to deliver mental health and psychosocial support, providers were asked to assess their organization's capacity across three levels of intervention: basic psychosocial support, primary-level care, and specialized services. Table 8 captures these self-assessments and highlights capacity disparities across sectors.

**Table 8.** Institutional Capacity for MHPSS

Service Level	% with Full Capacity (5/5)
Basic psychosocial support	19.1% – 33.8% (sector-dependent)
Primary-level support (e.g., mhGAP-trained)	25.8% – 36.8%
Specialized care (e.g., psychotherapy)	19.7% – 25.3%

While basic and primary-level MHPSS services are present in some institutions, less than one-third of facilities are equipped to deliver specialized care. This mirrors broader challenges in scaling psychological and psychiatric services during protracted emergencies (Charlson et al., 2019). The survey further examined whether institutions had equipped their staff with appropriate training and whether external mental health professionals had visited their facilities to provide additional support. Table 9 summarizes provider responses to these questions, shedding light on the operational reinforcement of MHPSS capacity during wartime.

Despite growing awareness, training gaps persist, particularly among education and healthcare staff. Only about half of institutions

had external psychological support during or before the war.

**Table 9.** Training and Specialist Support Access

Indicator	% of Providers Reporting 'Yes'
Staff received training in MHPSS	54.5% – 71.7% (by sector)
Received visits from mental health specialists	36.1% – 57.3% (by sector)

In addition to assessing emotional well-being and service satisfaction, the study explored the informational landscape surrounding mental health in wartime conditions. Understanding which communication channels are perceived as credible is critical for shaping effective awareness campaigns and public health interventions particularly in contexts of mass displacement, digital misinformation, and reduced access to in-person services. To this end, respondents were asked to identify the sources of mental health information they trusted most. The responses, summarized in Table 10, reveal a dual reliance on official governmental sources and trusted professionals, with comparatively lower confidence in social media platforms. These patterns provide actionable insights for targeting MHPSS messaging through platforms already viewed as legitimate by affected populations.

**Table 10.** Trusted Information Sources on Mental Health

Source	% Trusting This Source Most
Government websites (national/local)	34.4%
Known professionals (psychologists, etc.)	34.0%
Telegram channels	14.9%
Instagram	7.3%
Facebook	5.3%

Trust in official and professional sources significantly outweighs reliance on social media. However, the popularity of Telegram suggests it could be a viable channel for delivering evidence-based mental health content.

## Discussion

The findings of this study offer a multidimensional snapshot of mental health and psychosocial needs, service satisfaction, and institutional capacity in the Kharkiv region amid the ongoing war in Ukraine. By integrating perspectives from both service recipients and providers across multiple sectors, the study contributes to a growing body of evidence on the realities of delivering MHPSS during protracted conflict. The results confirm both the magnitude of psychological distress in civilian populations and the uneven preparedness of institutional systems to meet this demand.

Consistent with prior research on conflict-affected populations, a significant portion of respondents reported experiencing symptoms of panic, anhedonia, and hopelessness hallmarks of psychological trauma and chronic stress (Charlson et al., 2019; Morina et al., 2017). While 51% of respondents did not report panic episodes, nearly one in three experienced these symptoms to some degree. Similarly, approximately 36% reported persistent feelings of emotional detachment or despair. These patterns mirror other findings from Ukraine in 2022–2023, including a national survey that identified probable PTSD in 14% of adults and depressive symptoms in over 40% of adolescents in frontline areas (Lushchak et al., 2023; Zavalevskyi, Berezna, & Blashkova, 2025).

Importantly, emotional hardship was not restricted to passive suffering; many respondents articulated active concerns about the future, including existential questions (“What will happen to us?”) and practical challenges (“How to plan life during war?”). These findings align with calls from the Inter-Agency Standing Committee (IASC) to treat hope, meaning-making, and future orientation as core elements of psychosocial programming (IASC, 2007).

The diversity of coping mechanisms reported reflects a mix of adaptive (e.g., exercise, prayer, hobbies) and maladaptive (e.g., alcohol, medication without supervision) behaviors. The prominence of sleep, rest, social bonding, and spirituality as preferred strategies resonates with findings from other humanitarian settings, where culturally resonant and low-threshold practices are often the most accessible and protective (Hassan et al., 2016). However, the presence of pharmacological or substance-based coping also highlights the risk of self-medication, particularly in areas where access to formal psychological care is limited.

Encouragingly, many respondents identified helping others through donations or social support as a meaningful way to manage stress.

Such prosocial behavior has been recognized as a protective factor for psychological well-being in disaster contexts and should be harnessed in community-based MHPSS interventions (Hobfoll et al., 2007).

One of the most important findings is the gap between high civilian demand for psychological support and the limited capacity of institutions to meet these needs. Although psychologists were the preferred source of support, fewer than one-third of providers reported full readiness to offer even basic psychosocial care, and fewer still had the capacity for specialized interventions (e.g., psychotherapy or psychiatric care). This shortfall is especially acute in the education and NGO sectors, despite their pivotal role in frontline MHPSS delivery.

The disparity between sectors is also evident in reported workload increases. Workers in the social protection and healthcare sectors experienced the steepest surges, with nearly 35% of social protection staff noting a significant rise. These findings underscore the dual burden faced by providers: while delivering essential services under extreme conditions, they are themselves exposed to chronic stress and potential burnout.

Although over half of institutions had conducted training on psychological health, the lack of consistent professional supervision or specialist visits further compounds the risk of inadequate or unsustainable care. These trends echo broader critiques of humanitarian MHPSS systems, which often prioritize training over structural support or long-term integration (Tol et al., 2011).

The study also reveals that information trust plays a key role in shaping MHPSS access and engagement. Official government websites and personal contacts with mental health professionals were the two most trusted sources, far outpacing social media. However, platforms like Telegram, with 14.9% trust, still present viable opportunities for disseminating validated self-help resources, psychoeducation, and referral pathways. As misinformation remains a significant barrier to mental health service uptake, designing evidence-informed campaigns through trusted digital channels is an urgent priority (World Health Organization, 2022).

## Implications

The present study highlights several critical considerations for the future development and implementation of mental health and psychosocial support (MHPSS) systems in conflict-affected regions of Ukraine (Matishova et al., 2022). The data reveal not only a high prevalence of distress among service recipients

but also substantial variation in institutional readiness to meet this demand. These results point to a necessary shift from fragmented interventions to integrated, multi-level strategies that respond both to individual psychological needs and systemic service gaps.

The widespread symptoms of anxiety, apathy, and hopelessness suggest that the civilian population is experiencing chronic psychological strain with limited opportunities for professional support. In this context, the expansion of community-based psychosocial services emerges as an essential priority. Interventions grounded in WHO's mhGAP framework, such as psychological first aid and structured group-based self-help, offer practical pathways for scaling care through trained non-specialists. These models are particularly relevant in rural or under-resourced settings where access to professional mental health care remains limited.

Equally important is the need to address the psychosocial well-being of service providers. The increase in workload across all sectors, especially in health and social protection, places personnel at risk of burnout and vicarious trauma. While many institutions have offered some form of training, few have formal mechanisms for psychological supervision, peer support, or stress mitigation. Incorporating structured staff care including supervision, reflective practice, and referral access should be considered a core element of institutional resilience.

The study also documents sectoral disparities in MHPSS capacity. Health care institutions reported relatively higher preparedness to deliver both basic and primary-level services, yet education and NGO sectors remained under-resourced despite their central role in reaching vulnerable populations. This highlights the necessity of sector-specific adaptation of MHPSS tools and integration into routine service delivery for example, through school-based psychosocial education or NGO-coordinated peer support networks.

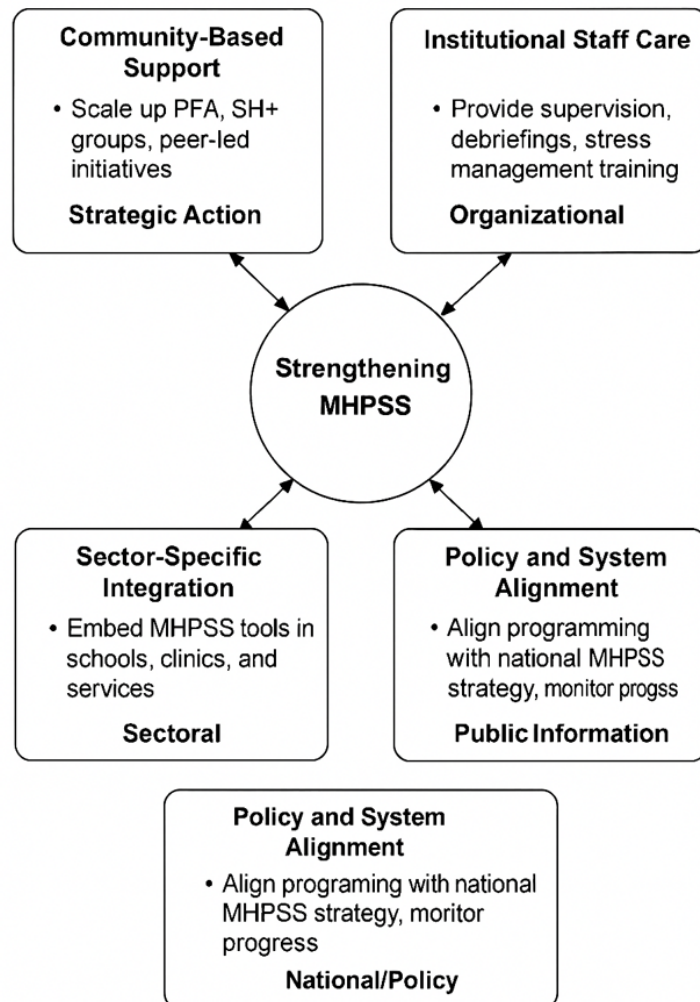
Another significant implication concerns the dissemination of mental health information. The strong trust in official governmental sources and personal contacts with mental health professionals provides a strategic foundation for public education campaigns. Efforts to counter misinformation and improve health literacy should prioritize these channels while simultaneously extending outreach through moderated digital platforms such as Telegram and Facebook.

Ultimately, the effectiveness of any MHPSS response depends on its integration into long-term recovery frameworks. Ukraine's National MHPSS Programme offers a valuable structural

basis, but its success will require consistent intersectoral coordination, adequate funding, and robust monitoring mechanisms. This is especially pertinent for regions like Kharkiv, where frontline conditions persist and humanitarian aid remains central to service delivery.

To operationalize these findings, we propose a conceptual framework for integrated MHPSS strengthening in conflict-affected regions, as outlined in Fig. 1.

**Fig.1.** Conceptual Framework for Strengthening MHPSS in Conflict-Affected Regions



This model emphasizes that effective MHPSS is not the responsibility of mental health professionals alone. Rather, it requires coordinated investment across sectors and levels from community engagement to policy alignment. The integration of these efforts is crucial for ensuring both immediate psychological support and the foundation for long-term psychosocial recovery.

**Limitations**

Several limitations should be acknowledged. First, the study employed a cross-sectional design, which restricts causal inference and limits the ability to track changes in psychosocial well-being over time. Second, although the survey included a large sample size across multiple sectors, responses relied on self-report measures,

which may be subject to recall bias, social desirability bias, and differences in interpretation of psychosocial concepts. Third, the study was limited to Kharkiv Oblast, a region experiencing intense conflict; findings may not be fully generalizable to less-affected regions of Ukraine or other conflict settings. Finally, despite efforts to include diverse institutions, some groups (particularly smaller NGOs and rural facilities) may be underrepresented.

**Practical and Social Value**

This research carries significant practical and social value for both Ukraine and the global humanitarian community. At the national level, it provides data-driven evidence to inform the implementation of Ukraine’s National MHPSS Programme (2022–2030), supporting more

effective resource allocation across healthcare, education, social protection, and NGO sectors. At the institutional level, the findings highlight urgent needs for workforce support, training, and supervision, emphasizing that provider well-being is essential for sustainable service delivery. At the community level, the identification of coping strategies and trusted information channels offers actionable insights for designing culturally appropriate interventions and awareness campaigns.

Globally, the study contributes to the understanding of how MHPSS systems function under conditions of protracted armed conflict, offering lessons relevant to other humanitarian crises. The proposed multilevel framework illustrates how community, institutional, sectoral, and policy interventions can be coordinated to address both immediate distress and long-term resilience. By documenting both gaps and protective factors, this study underscores the necessity of embedding psychosocial support as a core component of humanitarian response and recovery strategies, ensuring that mental health is not marginalized but recognized as central to global health and human security.

## Conclusions

This study offers a comprehensive assessment of the mental health and psychosocial support (MHPSS) landscape in one of Ukraine's most heavily affected regions Kharkiv oblast amid protracted armed conflict. Through the integration of data from over 13,000 service recipients and more than 3,000 service providers across healthcare, education, social protection, and non-governmental sectors, the analysis reveals both the scale of psychological need and the systemic limitations in service delivery.

The findings confirm that psychological distress is widespread and persistent. A substantial proportion of respondents reported symptoms consistent with anxiety, emotional numbness, and existential despair patterns that mirror those found in other conflict-affected populations. At the same time, the population demonstrates diverse coping mechanisms, including both adaptive (e.g., physical activity, spirituality, helping others) and potentially harmful strategies (e.g., self-medication, withdrawal). The desire to speak with a psychologist, ranked highest among preferred support options, underscores the growing recognition of mental health as a vital component of well-being, even in contexts historically marked by stigma and limited access.

Equally significant are the insights from service providers, who report heightened workloads, insufficient resources, and uneven institutional

capacity to respond to increasing MHPSS demands. While there are encouraging signs such as the availability of basic support and training in some sectors specialized services remain scarce, and support for frontline workers is inconsistent. These structural vulnerabilities pose risks not only to individual care but also to the sustainability of broader support systems.

The study contributes to the emerging body of evidence on war-related mental health in Ukraine by highlighting the need for coordinated, scalable, and context-sensitive interventions. The proposed conceptual framework for integrated MHPSS delivery provides a strategic outline for addressing current gaps across community, institutional, sectoral, and policy levels. Implementing this model requires a multi-actor response, supported by national leadership, international partnerships, and local engagement.

In light of ongoing hostilities and long-term recovery planning, MHPSS must be regarded not as a secondary or auxiliary service, but as a foundational element of Ukraine's humanitarian, health, and educational response. The capacity to provide psychological care is inseparable from the country's ability to rebuild human capital, restore institutional trust, and foster resilience at both the individual and societal levels.

Further research should focus on longitudinal outcomes, the effectiveness of specific MHPSS modalities, and the role of digital interventions in increasing access to care. As Ukraine continues to navigate the overlapping challenges of conflict and reform, a data-driven, human-centered approach to psychosocial support will be critical to ensuring that no one is left behind.

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## References

- Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: A

- systematic review and meta-analysis. *The Lancet*, 394(10194), 240–248. [https://doi.org/10.1016/S0140-6736\(19\)30934-1](https://doi.org/10.1016/S0140-6736(19)30934-1)
- Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 25(2), 129–141. <https://doi.org/10.1017/S2045796016000044>
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... & Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283–315. <https://doi.org/10.1521/psyc.2007.70.4.283>
- Inter-Agency Standing Committee [IASC]. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC. <https://interagencystandingcommittee.org/i-asc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental>
- Kang, H., Fischer, I., Esterlis, I., Kolyshkina, A., Ponomarenko, L., Chobanian, A., Vus, V., Pietrzak, R. (2024). Helping the helpers: Mental health challenges of psychosocial support workers during the Russian-Ukrainian war. *Disaster Medicine and Public Health Preparedness*, 18(e95), 1–4. <https://doi.org/10.1017/dmp.2024.68>
- Kazlauskas, E., Jovarauskaite, L., Abe, K., Brewin, C. R., Cloitre, M., Daniunaite, I., Haramaki, Y., Hihara, S., Kairyte, A., Kamite, Y., Sugimura, K., Thoresen, S., Zelviene, P., & Truskauskaitė-Kuneviciene, I. (2022). Trauma exposure and factors associated with ICD-11 PTSD and complex PTSD in adolescence: a cross-cultural study in Japan and Lithuania. *Epidemiology and Psychiatric Sciences*, 31, e49. <https://doi.org/10.1017/S2045796022000336>
- Lushchak, O., Velykodna, M., Bolman, S., Strilbytska, O., Berezovskyi, V., & Storey, K. B. (2023). Prevalence of stress, anxiety, and symptoms of post-traumatic stress disorder among Ukrainians after the first year of Russian invasion: a nationwide cross-sectional study. *The Lancet regional health. Europe*, 36, 100773. <https://doi.org/10.1016/j.lanepe.2023.100773>
- Matiashova, L., Tsagkaris, C., Essar, M. Y., Romash, I. B., & Vus, V. I. (2022). Achilles in Ukraine: Concerns and priorities over the long-term implications of trauma. *The International Journal of Health Planning and Management*, 37(5), 2414–2419. <https://doi.org/10.1002/hpm.3562>
- Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*, 26(2), 129–138. <https://doi.org/10.1017/S2045796016000172>
- Morina, N., Malek, M., Nickerson, A., & Bryant, R. A. (2017). Psychological interventions for post-traumatic stress disorder and depression in young survivors of mass violence in low- and middle-income countries: Meta-analysis. *British Journal of Psychiatry*, 210(4), 247–254. doi:10.1192/bjp.bp.115.180265
- Murthy, R. S., & Lakshminarayana, R. (2006). *Mental health consequences of war: A brief review of research findings*. *World Psychiatry*, 5(1), 25–30.
- National Mental Health and Psychosocial Support Program. (2022). *Technical manual: Mental health and psychosocial support in Ukraine*. [https://howareu.com/static-objects/howareu/media/Posibnuki/TM\\_MHPS\\_S\\_UKRAINE\\_ENGLISH%20VERSION\\_upd.pdf](https://howareu.com/static-objects/howareu/media/Posibnuki/TM_MHPS_S_UKRAINE_ENGLISH%20VERSION_upd.pdf)
- Roberts, B., Makhashvili, N., Javakhishvili, J., Karachevskyy, A., Kharchenko, N., Shpiker, M., & Richardson, E. (2019). Mental health care utilisation among internally displaced persons in Ukraine: results from a nationwide survey. *Epidemiology and psychiatric sciences*, 28(1), 100–111. <https://doi.org/10.1017/S2045796017000385>
- Schäfer, I., Hopchet, M., Vandamme, N., Ajdukovic, D., El-Hage, W., EgretEAU, L., ... Murphy, D. (2018). Trauma and trauma care in Europe. *European Journal of Psychotraumatology*, 9(1). <https://doi.org/10.1080/20008198.2018.1556553>
- Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *JAMA*, 302(5), 537–549.
- United Nations. (2023). *Humanitarian Response Plan: Ukraine*. <https://reliefweb.int/report/ukraine/ukraine->

- humanitarian-response-plan-february-2023-enuk.
- Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., ... & van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: Linking practice and research. *The Lancet*, 378(9802), 1581–1591. [https://doi.org/10.1016/S0140-6736\(11\)61094-5](https://doi.org/10.1016/S0140-6736(11)61094-5)
- UNHCR. (2023). *Ukraine Situation: UNHCR Operational Update*. United Nations High Commissioner for Refugees. <https://data.unhcr.org/en/situations/ukraine>
- World Health Organization & UNHCR. (2015). *mhGAP humanitarian intervention guide (mhGAP-HIG): clinical management of mental, neurological and substance use conditions in humanitarian emergencies*. World Health Organization. <https://iris.who.int/handle/10665/162960>
- World Health Organization. (2022). *Mental health and COVID-19: Early evidence of the pandemic's impact*. Geneva: WHO. [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-Mental\\_health-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1)
- Zavalevskyi, Y., Berezhna, T., & Blashkova, O. (2025). Psychological health of Ukrainian youth in the conditions of martial law. *Current Issues of Humanities*, 85(1), 311–318. <https://doi.org/10.24919/2308-4863/85-1-47>
- Ventriglio, A., Baldessarini, R. J., Iuso, S., La Torre, A., D'Onghia, A., La Salandra, M., Mazza, M., & Bellomo, A. (2014). Language proficiency among hospitalized immigrant psychiatric patients in Italy. *The International Journal of Social Psychiatry*, 60(3), 299–303. <https://doi.org/10.1177/0020764013487653>
- Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. *Journal of Natural Science, Biology, and Medicine*, 5(2), 233–239. <https://doi.org/10.4103/0976-9668.136141>
- Winklbaur, B., Ebner, N., Sachs, G., Thau, K., & Fischer, G. (2006). Substance abuse in patients with schizophrenia. *Dialogues in Clinical Neuroscience*, 8(1), 37–43. <https://doi.org/10.31887/DCNS.2006.8.1/b.winklbaur>
- Yakhnich, L. (2008). Immigration as a multiple-stressor situation: Stress and coping among immigrants from the former Soviet Union in Israel. *International Journal of Stress Management*, 15(3), 252–268. <https://doi.org/10.1037/a0013002>