

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SYSTEM OF UKRAINE

A TARGET MODEL 2.0



PREFACE

The full-scale war and the ensuing challenges every Ukrainian has to go through is a potentially traumatic experience.

As a society, we are going through something that professionals call “collective trauma.” This is not the first time this is happening to Ukrainians. The Holodomor, the repression in the Soviet Union, World War II, and the Chornobyl tragedy. This inscrutable marathon of suffering has continued for generations.

What response did the Ukrainians choose? Resilience. Every time, Ukrainians made the choice to go through trials, protecting humanity, cohesion, and their future.

Right now, we also need resilience to endure. To save ourselves. To maintain mental health that is the invisible engine and basis for resilience. This is the focus of the All-Ukrainian Mental Health Program that is being implemented on my initiative.

We should not wait until we win the war; a system of mental health services is being established now. It is prevention-focused, because it is important not only to be ready to give a helping hand, when necessary, but also to prevent problems. To build a new culture attributing an equal value to mental and physical health, making taking care of one's mental health a daily habit.

The vision of the system is highly estimated by the expert environment. It also exemplifies the change that is happening in Ukraine, and how valuable our experience is to the international professional community.

The vision for the system will serve as a guide to prevent resource dispersion, duplication of processes, and lack of focus on the most crucial part—the person and their mental well-being.

Let's restore the person, and the person will restore everything.



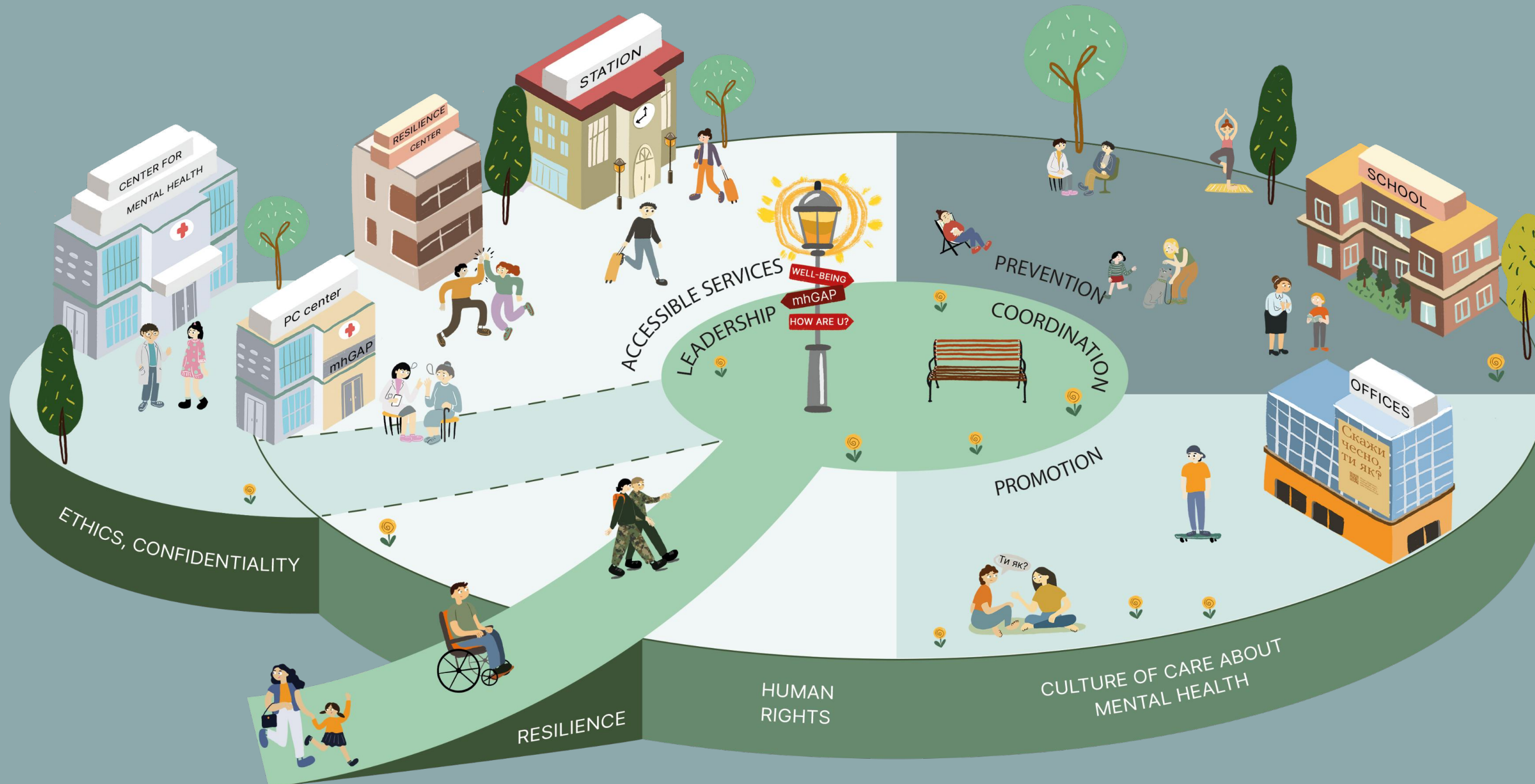
Olena Zelenska
First Lady of Ukraine

Initiator of the All-Ukrainian Mental Health Program "How Are U?"

HOW ARE U?

Ukrainian mental health program
initiated by Olena Zelenska

A system that creates conditions for the
formation and development of psychological
stability of a person, support for people with
mental disorders



Coordination Center
for Mental Health
of the Cabinet of Ministers of Ukraine



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ABBREVIATIONS

AFU	Armed Forces of Ukraine
ASC	Administrative Service Center
AUMHP	All-Ukrainian Mental Health Program
CBEP	Central Bodies of Executive Power
CCMH	Coordination Center for Mental Health
CPH	Center for Public Health of Ukraine
CSI	Civil Society Institutions
EU	European Union
GBV	Gender-Based Violence
ICC	Interagency Coordination Council on Mental Health Protection and Provision of Psychological Assistance to Victims of the Armed Aggression of the Russian Federation
IDP	Internally Displaced Person
IECM	Institute of Education Content Modernization of the of the Ministry of Education and Science of Ukraine
IGSE	Institutions of General Secondary Education
IHE	Institutions of Higher Education
IPE	Institutions of Preschool education
IRC	Inclusive Resource Center
LSGB	Local self-government body
MCIP	Ministry of Culture and Information Policy of Ukraine
MES	Ministry of Education and Science of Ukraine
MHCF	Mental health care facility
mhGAP	Mental Health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MHPSS Network	The Mental Health & Psychosocial Support Network
MIA	Ministry of Internal Affairs of Ukraine

MOD	Ministry of Defence of Ukraine
MOH	Ministry of Health of Ukraine
MSP	Ministry of Social Policy
NGO	Non-Governmental Organization
NHSU	National Health Service of Ukraine
OECD	Organization for Economic Cooperation and Development
ODA	Oblast State Administration
OMA	Oblast Military Administration
PAS	Psychoactive Substances
PSS	Psychosocial Support
RSA	Rayon State Administration
SDS	Security and Defense Sector
SEL	Social and Emotional Learning
SESU	State Emergency Service of Ukraine
IASC	Inter-Agency Standing Committee
SAMHSA	Substance Abuse and Mental Health Services Administration
UIED	Ukrainian Institute for the Development of Education
UN	United Nations Organization
WEF	World Economic Forum
WHO	World Health Organization

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HOW ARE U?

Ukrainian mental health program
initiated by Olena Zelenska

**Let's restore the person,
and the person will restore everything!**

The All-Ukrainian Mental Health Program is an ecosystem centered around the person who is the customer of the service, and includes central executive bodies as policy makers, regional authorities as managers at the regional level, communities as managers of services in the field, businesses as large employers, international partners as providers of expertise and financial support, non-governmental organizations as service providers, and the community of experts and scientists as leaders of innovation.



The path to a complete ecosystem lies through 8 main transformational blocks: analysis and processing of international experience, development of government policy, national and regional coordination networks, cooperation and interaction with Ukrainian and international partners, training a broad range of specialists, piloting projects with international partners, psychological education through the All-Ukrainian communication campaign "How Are U?" and, shaping the rules of the game in cooperation with the professional environment.

The All-Ukrainian mental health program "How Are You?" initiated by Olena Zelenska is developed and implemented by the Mental Health Coordination Center of the Cabinet of Ministers of Ukraine with the expert partnership and support of the WHO. The Interagency Coordination Council (ICC) serves as a decision-making platform.

SUMMARY

The COVID-19 pandemic and the full-scale war in Ukraine have significantly affected the mental condition of the Ukrainian population (over 70 percent of Ukrainians felt stressed or very concerned in the summer of 2022) and conduced to defining mental health and psychosocial support— an integral part of both personal health and public health—as a government priority. In May 2022, First Lady Olena Zelenska launched the **All-Ukrainian Mental Health Program**; it was then that the **Interagency Coordination Council on Mental Health Protection and Psychological Assistance to Victims of the Armed Aggression of the Russian Federation** started its operation.

The creation of this target model was intended to define a long-term approach and a unified vision for changes in government policy: adoption of the law on mental health engaging a broad range of ministries; updating the roles of ministries in the regulations governing the operation of the government; supporting measures and programs on mental health based on understanding of their impact on the economy and sustainability of the country.

For these reasons, the **Mental Health Coordination Center of the Cabinet of Ministers of Ukraine** started working on the Target Model for the System of Mental Health and Psychosocial Support in Ukraine:

1.	Completed a Needs Assessment Audit: determination of target groups and their needs for mental health and psychosocial support services.	September – December 2022
2.	Completed an Analysis of International Experience: basic principles of systems for the provision of mental health services and best practices in responding to the population needs in developed countries.	September – December 2022
3.	Completed a Resource Audit of the Mental Health and Psychosocial Support Service.	September – December 2022
4.	Developed a conceptual draft of the Target Model. Version 1.0.	January – February 2023
5.	A working version of the Target Model was developed and presented at the ICC meeting.	June – September 2023
6.	A consolidated version of the Target Model 2.0 was developed after a series of consultations with ministries, experts from the WHO Office in Ukraine and Ukrainian experts.	October 2023 – March 2024

The Target Model 2.0 synthesizes:

- Research of effective approaches to the organization of mental health and psychosocial support services.
- The latest national and international mental health strategies, research, principles, standards and recommendations.
- Contextual information about potential future mental health needs.

The present **Model is based on a broad understanding of mental health**, in which changes in the state of mental health can be both a consequence and a cause of physical illness, financial difficulties, and social isolation. Therefore, rather than seeing mental health exclusively as a concern of the health sector, the target model proposes a vision for the integration of the mental health issues into decision-making processes in all areas of public policy, including education, employment, social services, etc. It defines **the key idea: mental health in all sectors and all policies**, and sets out the main postulates of the system:

- Physical health is impossible without mental health.
- Mental health is not merely the absence of disorders. A mentally healthy person is a person who can function effectively in multiple aspects of life, maintain a sense of independence, productivity, and social activity.
- Effective resolution of mental health problems requires a holistic, comprehensive multi-level and multi-sectoral approach that goes beyond health care alone.
- The level of psychosocial well-being has an impact on the general health condition, stability of the individual, family, community, and on the economic recovery and well-being of the country.
- The community and the government need to work together.

The Target Model defines four strategic areas of change in state policy that are necessary for effective support of the population mental health, fostering psychological stability of each individual and society as a whole, and sets out the main requirements for the system resources:

1. **Leadership and coordination** create conditions for the implementation of sectoral legislation on mental health and effective distribution and spending of resources during the organization of service provision in communities, through the establishment of separate structures for mental health in ministries, establishment of inter-sectoral cooperation and regional coordination.
2. **Accessible services for the population:** access to qualified help in a timely manner, including free, anonymous, referral and, at a minimum, prevention against deterioration of one's condition.
3. **Prevention of mental disorders and problems** for the whole population, for people in at-risk groups, and for those who already have signs of mental disorders, to prevent further development of mental disorders or deterioration of the condition.
4. **Promotion of mental health:** a nationwide communication campaign for the entire population, for children and adults— creation of a safe environment in education, at work, in the community.
5. **System resources are standardized to ensure the same quality of service for everyone, regardless of place of residence and income level** (standards for service provision and evaluation, professional and educational standards), they can attract the necessary number of specialists to meet the need, ensure differentiated financing of services (targeted, vouchering, etc.).

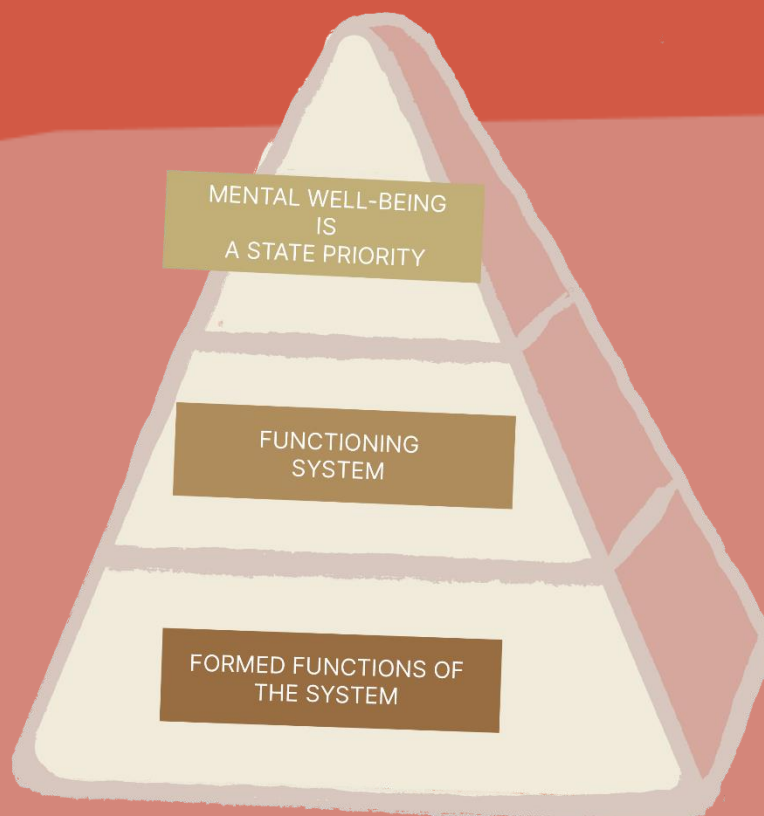
Although investments in mental health may require large upfront costs, their returns in the form of improved quality of life and economic development will make the investment very beneficial for the society as a whole.

GENERAL PROVISIONS

1.1. Context and Relevance

1.2. Aims of the System

1.3. The Purpose for Creating a Target Model



1. GENERAL PROVISIONS

1.1. Context and Relevance

The COVID-19 pandemic and the full-scale war in Ukraine significantly affected the mental state of the Ukrainian population and highlighted the importance of paying attention to mental health and psychosocial support in a broad societal context.

According to the estimates of the World Health Organization (WHO), one in five persons— about 22%¹ of the entire population of Ukraine (about 10 million people) are at risk of developing mental health disorders. Given the lack of comprehensive data on the prevalence of mental health problems due to stigma, lack of professionals and limited access to mental health services and psychosocial support, these indicators are not final and are likely to increase. Not only does the war affect mental health, but it also worsens social and economic conditions, which in turn are determinants of mental health.

In Ukraine, the structure and expressiveness of social groups and the level of their need for support are currently changing, in particular:

- There are more than 6 million IDPs. 37% of them² are in need of medication or medical services, approximately one in four IDP respondents (24%)³ reports that their main source of income is the monthly cash allowance.
- As of August 2023, 908,800 war veterans are registered in Ukraine, of which more than 20% report that they need psychological support³.
- In the conditions of the active phase of hostilities, the total number of personnel in the security and defense forces keeps changing. The personnel and their family members need psychological assistance at various stages of combat missions; concurrently, military psychologists need professional support and professional competence improvement.
- Young people recognize mental health as one of the key challenges of today. At the same time, a significant share of young people avoids talking about it with specialists because it is "shameful" (44%), "will affect family relationships" (38%), "will affect reputation at work" (33%)⁴, and thus the problems are silenced and accumulated.

The health care system is further pressurized by repeated hostile attacks on medical, educational, and social infrastructure. According to WHO data, as of October 2023, over 1,250 attacks⁵ on medical infrastructure, staff, and patients were documented. As of October 30, 2023, 3,793 educational institutions were bombed or shelled, of which 3,428 educational institutions were damaged, and 365 were completely destroyed.⁶ According to the Kyiv School of Economics, as of January 2023, 154 social welfare institutions were damaged or destroyed. The most frequently affected ones were health resorts (46), social centers (43), and boarding schools (31).⁷

¹World Health Organization, "Scaling-up mental health and psychosocial services in war-affected regions: best practices from Ukraine, 2022. [Source](#)

²International Organization for Migration (IOM), "Ukraine: A Report on Internal Displacement in Ukraine—General Population Survey, Round 12, January 16-23, 2023." [Source](#)

³Ukrainian Veterans Fund, "Needs of Veterans 2023", January – April 2023. [Source](#)

⁴ According to a survey conducted in 11 countries by the Alligator company for the Summit of First Ladies and Gentlemen. [Джерело](#)

⁵World Health Organization, "Surveillance System for Attacks on Health Care" (SSA), 2023. [Source](#)

⁶ MoES, <https://saveschools.in.ua/> website. [Source](#)

⁷ Report on direct damage to infrastructure caused by Russia's military aggression against Ukraine in the year since the beginning of the full-scale invasion [Source](#)

The situation is further complicated by general problems of the social sector: shortage of qualified staff; low salaries compared to other sectors; lack of proper recognition, encouragement and support for specialists, which hinders the development of innovative solutions or improvement of services in their communities; insufficiently developed social infrastructure and lack of basic social services in communities, which entails inequality in access to important resources and opportunities.

At the same time, a significant number of mental health support programs and projects are operating in Ukraine (some of which are provided as international technical assistance, and some are implemented as part of humanitarian response under the umbrella of the UN cluster system with the expert support of the MHPSS Technical Working Group⁸); new programs and services are being launched in order to respond to challenges related to associated with the full-scale war in a timely manner:

- The launch of multidisciplinary mobile teams (about 87 teams⁹ in 18 regions of Ukraine¹⁰);
- The launch of combat stress control groups, development of materials for combat commanders¹¹ regarding overcoming combat stress in military units, ensuring a mobilization reserve of psychologists, modernization, logistics, material support and staffing of psychological services in the security and defense forces of Ukraine;
- The launch of SpivDiia,¹² a system for psychological assistance provided through youth centers, spaces, and other organizations;
- The introduction of digital case management¹³ in the work of social service providers;
- The introduction of new complex social services to ensure vitality and provide psychosocial support to servicemen and their family members in military units of the Armed Forces, approval of the State standard for social services for social adaptation of veterans;
- The training of specialists in the social sector under the programs "Self-Help Plus", "Psychological First Aid", etc.;
- The training of primary care specialists under the mhGAP program¹⁴;
- The launch and development of online services and psychological help hotlines¹⁵;
- The training for specialists of the first line of contact¹⁶;
- The launch of "Safe Space" projects¹⁷ and "Psychological Care Ecosystem"¹⁸ in the field of education (schools, kindergartens);
- The current reform of the system for psychological support of the SDF personnel, which is being separated into an independent professional vertical. Measures are being taken to achieve interdepartmental compatibility of psychological services, both between the different forces of the SDF of Ukraine, and with colleagues from partner countries.

⁸ Site Mental Health and Psychosocial Support Technical Working Group [Source](#)

⁹ Government courier, "The Order "On Approval of the Procedure for Providing Mental Care by Mobile Multidisciplinary Teams" has entered into force", 2022. [Source](#)

¹⁰ Order of the Ministry of Health of Ukraine No. 1600 of September 6, 2022 "On Approval of the Procedure for Providing Mental Care by Mobile Multidisciplinary Teams." [Source](#)

¹¹ Territorial Defense Forces of the Ukrainian Armed Forces, "Overcoming Combat Stress in Military Units." [Source](#)

¹² Charitable Foundation "SpivDiia." [Source](#)

¹³ Ministry of Social Policy of Ukraine, "UNICEF and the Ministry of Social Policy launch a program of comprehensive support for social workers", 2022. [Source](#)

¹⁴ Ukrainian medical journal, "Primary physicians continue getting tr under the mhGAP program", 2022. [Source](#)

¹⁵ The All-Ukrainian Mental Health Program "How Are U?" [Source](#)

¹⁶ Mental Health for Ukraine, "Universal Mental Health Training for Specialists of the First Line", 2021. [Source](#)

¹⁷ Mental Health Center, "Safe Space" project. [Source](#)

¹⁸ Psychological Help Ecosystem Project. [Source](#)

However, the implementation of any specific programs and projects is only the first step to creating a comprehensive mental health and psychosocial support system. With the leadership of the government, projects that have proven effective in Ukraine should gradually become part of all-Ukrainian state and local programs, which will guarantee access to quality services for all citizens.

The analysis of the resources of the public mental health and psychosocial support system, which was completed in early 2023¹⁹, found that there was no comprehensive system capable of providing an adequate response to the current challenges in Ukraine:

- There are no formalized goals and objectives regarding mental health as a part of public health and a factor of influence on the country's human capital, in the laws of Ukraine, resolutions of ministries, or any other regulations;
- Consequently, there are no units or specialists to implement the full cycle of government policy (problem definition, agenda development, policy selection, planning, implementation, evaluation, and review).

1.2. Aims of the System

The system of mental health care and psychosocial support of the population aims to strengthen mental health and psychosocial well-being as an important part of the general health of the population, and is designed to perform the following key tasks:

- Leadership and coordination;
- Available services for the public;
- Prevention of mental disorders and problems;
- Promotion of mental health.

1.3. The purpose for creating a target model

MHPSS is essentially a new area of public policy that has influence on human capital and the country's economy. The purpose for creating a target model is to describe a new mental health support system, create legislation on mental health in a broad sense, going beyond health care, and introduce relevant changes in every sphere of social life.

These changes should define new roles, mechanisms for interaction and coordination, and resources that are necessary for mental health and psychosocial support of the population. In the target model, some of the CBEP, given their expertise, resources, and ability to support specific populations, play a critical, leadership role in reducing stigma, increasing access to services, and improving the overall mental health and well-being of the society. Concurrently, the supporting role of other bodies, which have additional capabilities and ways of supporting certain population groups, is equally important.

Mental health is interconnected with many aspects of people's lives, so addressing mental health issues will have a positive impact on social, economic, and societal outcomes. Therefore, in an ideal scenario, all the central bodies of executive power should consider and integrate mental health and psychosocial support into their policies, programs, and services to promote the holistic well-being of the entire population.

¹⁹ Analysis of the Capacities and Resources That Each Ministry Has, the Way They Are Used, and What the Gaps Are, CCMH, 2023. [Source](#)

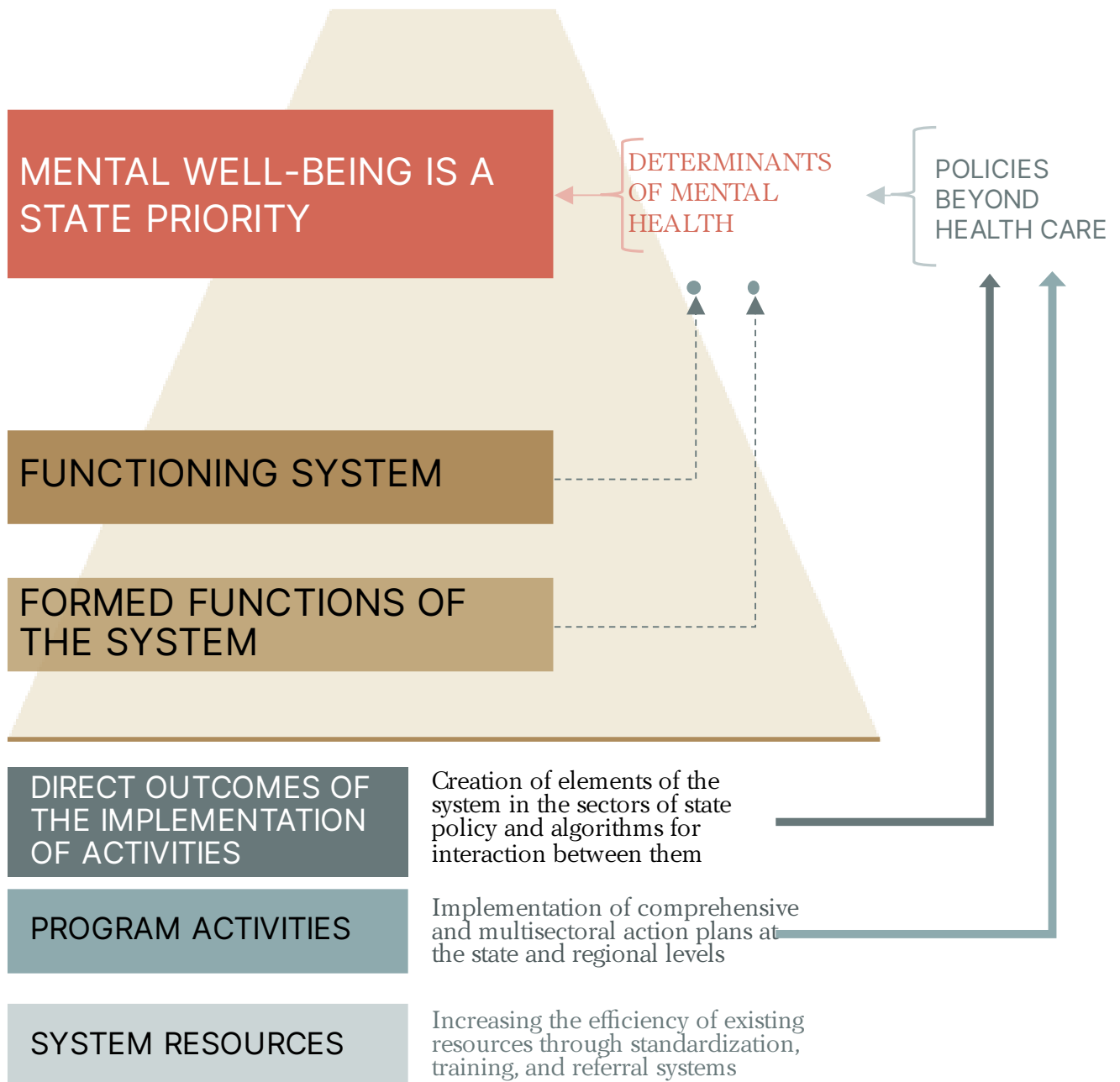


Fig. 1. The goal of the target system model

The primary target audience of this document:

- Members of the Government of Ukraine, members of the Interagency Coordination Council on Mental Health Protection and Provision of Psychological Assistance to Victims of the Armed Aggression of the Russian Federation Against Ukraine;²⁰
- Experts of the relevant ministries and other CBEPs, heads of psychological services of the components of the SDF of Ukraine that are involved in the development and implementation of the government policy in the field of mental health and psychosocial support in Ukraine;
- Specialists of the OSA, LSGBs, institutions and organizations engaged in development and implementation of state policy in the field of mental health and psychosocial support in Ukraine;

²⁰Resolution of the Cabinet of Ministers of Ukraine dated May 7, 2022 No. 539 "On the establishment of the Interagency Coordination Council on Mental Health Protection and Provision of Psychological Assistance to Victims of the Armed Aggression of the Russian Federation Against Ukraine." [Source](#)

- Specialized committees of the Verkhovna Rada of Ukraine (VRU), in particular the Committees of the VRU on national health, medical care and medical insurance, on social policy and protection of veterans' rights, on education, science and innovation, and others.

Since it is impossible to address the issues of the mental health support system only within the limits of the government authorities and local self-government bodies, the target audience also includes:

- International NGOs, NGOs taking care of the rights of persons with disabilities, including persons with mental disorders, provision of psychosocial support services to IDPs, veterans and their family members, etc.;
- UN agencies, countries' cooperation and development agencies, and other partners engaged in the humanitarian response, recovery efforts and reforms in Ukraine;
- Employees of enterprises, institutions, and organizations providing mental health and psychosocial support, and social services;
- Professionals, practitioners, researchers, and policy-makers with specialist knowledge, skills, and experience related to mental health and psychosocial well-being;
- Non-governmental (civil society) organizations aimed at supporting family and alternative forms of upbringing, survivors of domestic violence, gender-based violence, including those facilitating the establishment of mobile teams providing psychosocial support to survivors.

REGULATIONS IN THE FIELD OF MHPSS

2.1. International Strategic Documents

2.2. Government Policy in the Field of Mental Health in Ukraine

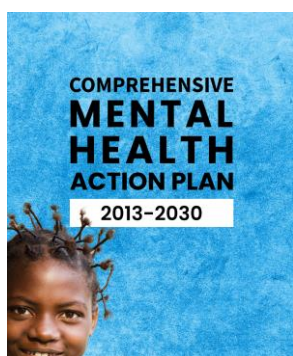


2. REGULATIONS IN THE FIELD OF MHPSS

2.1. International Strategic Documents

Models of the system for supporting the psychological well-being of the population differ in different countries. They contain numerous similar components borrowed from guiding documents developed by such international organizations as the United Nations Organization (UN), the World Health Organization (WHO), the European Union (EU), the Organization for Economic Cooperation and Development (OECD), and the World Economic Forum (WEF). These organizations shape the global agenda, recognizing mental health as one of the priorities; they have access to enormous experience, managerial and scientific potential in implementing initiatives. Therefore, the key goals, objectives and principles of the guiding documents presented below were taken into account in the Target Model of the Mental Health and Psychosocial Support System of Ukraine.

❖ The Comprehensive Mental Health Care Action Plan 2013–2030



WHO's Mental Health Action Plan 2013-2030²¹ (hereinafter referred to as “Action Plan”) recognizes the important role of mental health in supporting the lives of all people and defines a set of goals, objectives and strategies to promote mental health, prevent mental disorders, and ensure access to quality mental health services throughout the world. The Action Plan was adopted by the 66th World Health Assembly in 2013, and provides guidance for Member States and other stakeholders to improve mental health outcomes.

The main goals of the Comprehensive Mental Health Action Plan are:

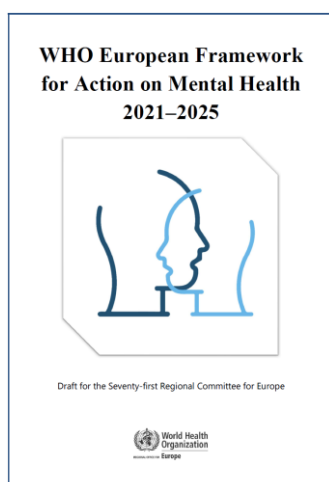
- Strengthening effective leadership and management of the mental health system at all levels to increase political commitment and resources for mental health, and to promote advocacy and awareness to reduce stigma and discrimination against people with mental disorders, which implies multi-stakeholder engagement, promotion of cross-sectoral collaboration, and integration of mental health into broader health and development programs;
- Provision of comprehensive, integrated and appropriate services in the field of mental health and psychosocial care at the community level, which implies ensuring the availability and accessibility of mental health services and their integration into primary health care and local institutions, promoting evidence-based interventions and strengthening the capacity of mental health staff;
- Implementation of strategies for strengthening mental health and prevention of mental health issues, which implies the elimination of negative impact on mental health of a number of social and economic determinants, including the level of income, employment status, level of education, financial situation, physical health condition, family cohesion, discrimination, violation of human rights, and the impact of adverse life circumstances;
- Optimization of information systems, evidence-based medicine and the improvement of the field of mental health research, which involves data collection and analysis, research on mental health problems, and the use of evidence to inform policy and practice.

The Action Plan emphasizes a human rights-focused approach, cultural sensitivity, and engagement of people with mental health disorders and their families in decision-making processes. This stimulates cooperation between authorities, CSIs and international partners to implement the developed strategies.

²¹ World Health Organization, “Comprehensive Mental Health Action Plan 2013–2030.” [Source](#)

The Comprehensive Mental Health Action Plan 2013–2030 provides a basis for countries to develop and implement their own mental health policies and programs adapted to their specific conditions and needs. Taking a comprehensive and integrated approach, the Action Plan aims to improve mental health outcomes, reduce the treatment gap, and promote the well-being and rights of people with mental disorders worldwide.

❖ WHO's European Framework for Action on Mental Health



WHO's European Framework for Action on Mental Health (EFAMH)²² covers the period from 2021 to 2025 and identifies measures to respond to the current mental health challenges arising from the negative impact of the COVID-19 pandemic on the mental health and well-being of the population. EFAMH provides a coherent framework for strengthening efforts to integrate, promote, and protect mental health as an integral part of the COVID-19 response and recovery; to fight against stigma and discrimination associated with mental disorders; to promote and facilitate investment in accessible and high-quality mental health services. The implementation and monitoring of this European Framework for Action is carried out by the Pan-European Mental Health Coalition, a leading initiative of the The European Programme of Work, 2020–2025, which is an umbrella for a region-wide inter-agency review of lessons learned and future prospects for the development and implementation of a mental health policy.

❖ World Mental Health Report: Transforming Mental Health for All



In 2022, WHO published the World Mental Health Report: Transforming Mental Health for All²³ (hereinafter referred to as “Report”). The purpose of this Report is to spread information about the importance of mental health promotion and encourage action for the mental health of every person. Based on the latest evidence, this Report showcases best practices from around the world, and voices people's life experiences, explaining why and where transformation is most needed, and how best to deliver it. WHO calls on all stakeholders to join forces to strengthen the importance of mental health in society and increase public interest in these issues, change the environment affecting mental health, and strengthen systems providing mental health care.

One of the key points of the Report is the statement that, in many ways, strengthening the health care system provides the basis for transformation in the field of mental health, because it ensures reorganization and expansion of services and support. The main areas in which the relevant action needs to be taken are strategic management and leadership; finances; public communication; strengthening professionalism and qualifications in the field of mental health care. In general, transformations in the field of mental health care require a multi-sectoral approach to health promotion and disease prevention for the entire society.

²² WHO's European Framework for Action on Mental Health, 2021–2025. [Source](#)

²³ World Health Organization, “World Mental Health Report: Transforming Mental Health for All”, 2022. [Source](#)

❖ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a Comprehensive Approach to Mental Health²⁴



The initiative announced by Ursula von der Leyen, the President of the European Commission, in her address on the state of the European Union in 2022²⁵, in continuation of the Conference on the Future of Europe, resulted in the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a Comprehensive Approach to Mental Health dated July 6, 2023²⁶. This document is in fact the European Commission's commitment to address mental health issues in all policy areas, to ensure the integration of mental health into the internal policy and external activities of the EU.

Under this approach, concrete actions will cover a broad policy area and include efforts to:

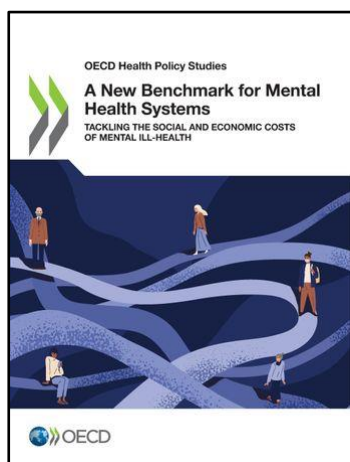
- Promote good mental health through prevention and early detection via the European depression and suicide prevention initiative, the European Code for Mental Health, and advanced research on brain health.
- Invest in training and capacity building reinforcing mental health across policies and improving access to treatment and care. Actions will include training and exchange programs for professionals and technical support for mental health reforms at the national level.
- Ensure good mental health at work by means of raising awareness of employers and employees, and strengthening measures to prevent mental disorders. This will be done for instance through EU-wide awareness raising campaigns by the European Agency for Safety and Health at Work (EU-OSHA) and a possible future EU initiative on psycho-social risks at work.
- Protection of children and the young in their most vulnerable formative years in a context of increasing pressures and challenges. The measures include the child and youth mental health network, a prevention toolkit for children addressing the key health determinants of mental and physical health, and better protection online and on social media.
- Address vulnerable groups by providing targeted support to those most in need, such as the elderly, people in difficult economic or social situations, and migrant/refugee populations. There is a special focus on conflict-affected populations, notably people (in particular children) displaced from Ukraine and children in Ukraine subject to the trauma of war.

²⁴ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a Comprehensive Approach to Mental Health. [Source](#)

²⁵ European Commission, “State of the Union”, 2022. [Source](#)

²⁶ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions [Source](#)

❖ New Guidelines for Mental Health Care Systems: Overcoming Social and Economic Losses Associated with Mental Disorders and Problems²⁷



In 2018, the OECD convened more than 40 mental health experts from across OECD countries, constituting a diverse group of stakeholders with a wide range of experiences and perspectives. These policy makers, experts-by-experience, thought leaders, academics, business and union representatives, clinicians and civil society advocates came together to answer the question “when it comes to mental health, what matters?” They determined six key principles of mental health performance.

These principles lay the foundation of the OECD Mental Health Performance Framework. A high performing mental health sector:

- Focuses on the individual who is experiencing mental ill-health;
- Has accessible, high-quality mental health services;
- Takes an integrated, multi-sectoral approach to mental health;
- Prevents mental illness and promotes mental wellbeing;
- Has strong leadership and good governance;
- Is future-focused and innovative.

❖ Global Governance Toolkit for Digital Mental Health²⁸



The primary purpose of this toolkit is to provide governments, regulators and independent assurance bodies with the tools to develop, adopt and engage standards and policies addressing major ethical concerns regarding the use of disruptive technology in mental health. It seeks to improve the accessibility, quality and safety of services enabling all members of society to meet their intended emotional, social and psychological potential.

The document helps to:

- Understand the potential for digital mental health services in improving the mental and behavioral health of all people;
- Develop principles and standards for the safe, ethical and strategic implementation of digital mental health services;
- Improve access, effectiveness, quality, and safety of digital mental health solutions by adopting better practices and standards;
- Make strategic investment and incentivizing decisions in the global digital mental health ecosystems to encourage its growth;
- Make informed decisions to incorporate digital mental health tools into a health system.

²⁷ Organisation for Economic Co-operation and Development, “A New Benchmark for Mental Health Systems”, 2021. [Source](#)

²⁸ World Economic Forum, Global Governance Toolkit for Digital Mental Health, 2021. [Source](#)

❖ International Documents Ratified by Ukraine

Some other important legal acts regulating the mental health system:

- The Universal Declaration of Human Rights adopted and proclaimed by resolution 217 A (III) of the UN General Assembly on December 10, 1948.²⁹
- European Convention on Human Rights of 1950³⁰ ratified by the Law of Ukraine dated July 17, 1997. No. 475/97-VR³¹;
- Convention on the Rights of the Child³² ratified by the resolution of the Verkhovna Rada of the Ukrainian SSR dated February 27, 1991 No. 789-XII³³;
- Convention on the Rights of Persons with Disabilities³⁴ ratified by the Law of Ukraine dated December 16, 2009. No. 1767-VI³⁵;
- The European Social Charter³⁶ (revised), ratified by the Law of Ukraine dated September 14, 2006 No. 137-V.³⁷

²⁹ Universal Declaration of Human Rights [Source](#)

³⁰ European Convention on Human Rights. Source in the [English](#) and [Ukrainian](#) languages

³¹ Law of Ukraine "On the Ratification of the 1950 Convention on the Protection of Human Rights and Fundamental Freedoms". [Source](#)

³² UNICEF, Convention on the Rights of the Child. [Source](#)

³³ Resolution of the Verkhovna Rada of the Ukrainian SSR "On Ratification of the Convention on the Rights of the Child". [Source](#)

³⁴ Convention on the Rights of Persons with Disabilities. [Source](#)

³⁵ Law of Ukraine "On Ratification of the Convention on the Rights of Persons with Disabilities". [Source](#)

³⁶ Council of Europe, "European Social Charter". [Source](#)

³⁷ Law of Ukraine "On Ratification of the European Social Charter (Revised)". [Source](#)

2.2. Government Policy in the Field of Mental Health in Ukraine

The main document regarding the protection of human life and health in Ukraine is the Constitution of Ukraine. The Constitution of Ukraine enshrines everyone's right to health care and health insurance. According to it, "Health protection is ensured through state funding of the relevant socio-economic, medical and sanitary, health improvement, and prophylactic programs. The State creates conditions for effective medical service accessible to all citizens. State and communal health protection institutions provide medical care free of charge; the existing network of such institutions shall not be reduced. The State promotes the development of medical institutions of all forms of ownership. The State provides for the development of physical culture and sports, and ensures sanitary-epidemic welfare." (Art. 49 of the Constitution of Ukraine³⁸).

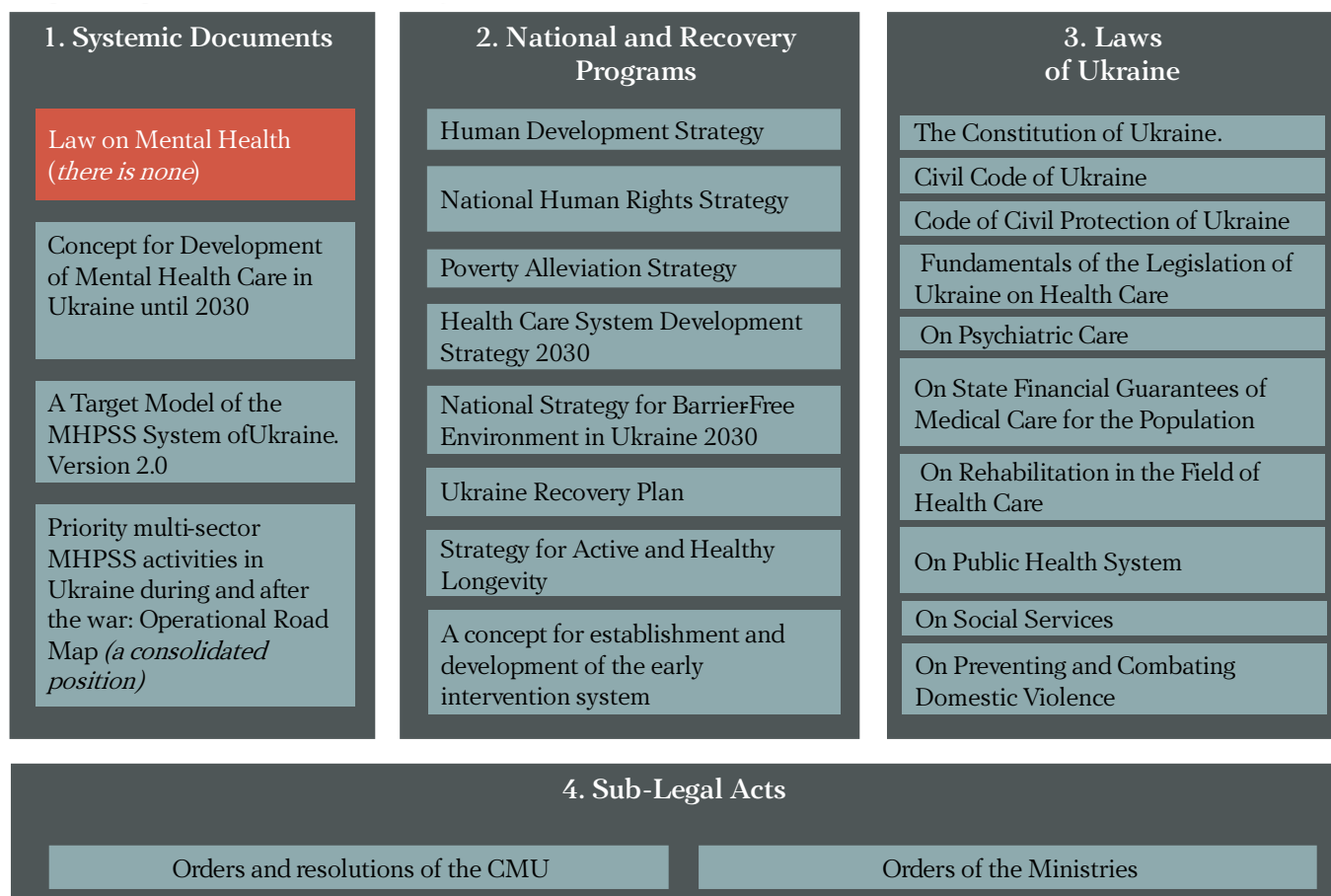


Fig. 2. Regulation of the MHPSS System

As far back as in mid-20th century, Dr Brock Chisholm, a Canadian psychiatrist and the first director-general of the World Health Organization, famously stated that "without mental health there can be no true physical health"³⁹. However, the solution to the task of supporting the mental health of the population is possible only under the condition of a multi-level and inter-sectoral approach, whereby the public policy in this field extends not only to the health care sector, but also to government bodies regulating other areas of life (welfare, education, employment, emergency response, etc.).

³⁸ The Constitution of Ukraine. [Source](#)

³⁹ Dr Brock Chisholm, "No physical health without mental health: lessons unlearned?". [Source](#)

The documents that lay the regulatory framework for the MHPSS sector can be combined into the following groups (see Fig. 2.2.1.):

- Systemic documents that set out the vision and general MHPSS development concept;
- National strategies that determine the strategy for achieving sustainable growth and development of human capital in Ukraine, and therefore are also related to mental health;
- Laws of Ukraine related to the field of mental health that constitute a crucial component of management of the MHPSS system, as they regulate the key relations between stakeholders by means of establishing universally binding rules. Legislative provisions must be consistent with the main principles, values and goals of the State policy;
- Sub-legal regulations are orders and resolutions of the CMU, orders of ministries adopted for the implementation of mechanisms enshrined in the laws of Ukraine (see Appendix 2).

2.2.1. Systemic Documents

1. The Need to Adopt a Law of Ukraine on Mental Health

For most sectors of the government policy of Ukraine, throughout the years of independence, sectoral laws were developed to define the main concepts, describe the limits of responsibility of authorities, and regulate the key areas of the population's life. However, a comprehensive, systemic law regulating relations in the field of mental health has not yet been developed and adopted.

Therefore, the legal regulation of these relations is unsystematic and does not cover a number of elements of the MHPSS system (for example, there are no requirements for the professional competencies of specialists and regulation of services in this field). The primary rationale for the unification of the rules of interaction is to ensure safety and quality of services for persons seeking help.

The law of Ukraine on mental health should define:

1. The uniform conceptual apparatus for legislation in this sector;
2. Legal, organizational, economic foundations, and uniform requirements for the accessibility and quality of mental health care;
3. Rights and obligations of citizens (natural persons) and specific populations in the field of mental health;
4. Status of mental health specialists;
5. The main areas of the State policy of Ukraine in the field of mental health;
6. Powers of State authorities and local self-government bodies in the field of mental health;
7. Rights and obligations of persons entitled to provide psychosocial / psychological / psychotherapeutic / psychiatric care;
8. Separation of competencies of psychological, psychotherapeutic and psychiatric care;
9. Control, supervision and responsibility in mental health.

2. Concept for Development of Mental Health Care

In the absence of a specific law on mental health, currently the key strategic documents shaping policy in this area are the Concept for Development of Mental Health Care⁴⁰ in Ukraine until 2030 (hereinafter referred to as “Concept”) approved by the order of the Cabinet of Ministers of Ukraine dated December 27, 2017 No. 1018-p, and the 2021-2023 Action Plan for the implementation of the Concept for Development of Mental Health Care in Ukraine until 2030⁴¹ approved by the order of the Cabinet of Ministers of Ukraine dated October 6, 2021 No. 1215-r.

The purpose of the Concept is to create a complete and effective mental health care system that functions in a single interdepartmental space, ensures improvement of the quality of life and respect for human rights and freedoms. The implementation period of the Concept is 2018-2030.

The concept contains the definition of mental health (in line with the WHO definition), as well as the fundamental principles of mental health care. The document reflects the key elements of system transformation from an institutionalized model of mental health care to a community-based service delivery model with a significant expansion of prevention and promotion measures.

The action plan for the implementation of the Concept envisages:

- Increasing mental health awareness in the society;
- Reducing discrimination and violations of rights of people with mental health problems;
- Ensuring regulation of mental health care services;
- Improvement of the system of development and maintenance of professional competencies of specialists;
- Ensuring the implementation of industry standards;
- Improving accessibility of care;
- Development of the psychological and social care system at the level of territorial communities;
- Implementation of technologies, methods and procedures for mental health assessment in the primary health care;
- Strengthening the differentiation of mental health care;
- Increasing the efficiency of administration and inter-sectoral cooperation.

3. Operational Roadmap: Priority Inter-Agency Measures for Mental Health and Psychosocial Support in Ukraine during and after the War



On December 8, 2022, the Operational Road Map was presented at the Inter-Agency Coordination Council meeting. It was developed after a series of consultations with the Ukrainian authorities, national and international organizations working in the field of MHPSS and involved in emergency response measures in Ukraine.

The consultation process was organized by the Ministry of Health of Ukraine (MOH) with the support of the WHO under the auspices of the First Lady of Ukraine and in cooperation with the Technical Working Group on MHPSS in Ukraine and the Reference Group of the Inter-Agency Standing Committee of the ICC on MHPSS.

⁴⁰ Order of the Cabinet of Ministers of Ukraine dated December 27, 2017 No. 1018-r "On the approval of the Concept for Development of Mental Health Care in Ukraine until 2030". [Source](#)

⁴¹ Order of the Cabinet of Ministers of Ukraine dated October 6, 2021 No. 1215-r "On the approval of the 2021-2023 Action Plan for the implementation of the Concept for Development of Mental Health Care in Ukraine until 2030". [Source](#)

The purpose of the document under the title "Priority Multi-Sectoral Measures for Mental Health and Psychosocial Support in Ukraine during and after the War: An Operational Road Map" is to provide a consolidated overview of the envisaged priorities in the field of MHPSS, taking into account the local context and the vision of the Government of Ukraine, jointly with national and international partners, based on the best available evidence and resources, for all stakeholders in the field of MHPSS already involved or joining the emergency response and recovery efforts in Ukraine.

2.2.2. National Strategies

1. **Poverty Reduction Strategy**⁴² approved by the order of the Cabinet of Ministers of Ukraine dated March 16, 2016 No. 161-r prioritized psychological support measures for the most vulnerable populations in order to increase their integration in the labor market through the provision of information, consultation, career guidance services, and social rehabilitation, as well as the establishment of social support for families with children in difficult life circumstances, supervision and control over the living conditions, moral, mental, and physical condition of children in such families.
2. **National Strategy on Reform of the Institutional Care System 2017-2026 and the action plan** to support its 1st stage approved by order of the Cabinet of Ministers of Ukraine dated August 9, 2017 No. 526⁴³ aimed to protect the best interests of the child by reforming the system of institutional child care into a system ensuring child care and upbringing in families or family-like environments. In particular, this implies:
 - Improvement of legislation to ensure the reform of the system of institutional care and upbringing of children; establishing a system for early detection of families with children at the early stages of family vulnerability, early intervention, and support for the child's biological family;
 - Network development and provision of educational, cultural, medical, social, and rehabilitation services (including early intervention, inclusive education) at the territorial community level, taking into account the financial capabilities of the territorial community and the needs of its residents;
 - Availability of services for children with special educational needs, in particular with disabilities, at their place of residence;
 - Improving the quality of educational services in special institutions of general secondary education or special classes (groups) in educational institutions ensuring conditions for students with special educational needs to receive education in an educational environment close to their place of residence;
 - High-quality inclusive education, individualization of the educational process for persons with special educational needs, in particular by means of providing additional services;
 - Providing support services for children with disabilities and their families taking into account the special needs associated with the child's disability;
 - Development of support services for families with children in difficult circumstances with the aim of preserving the family for the child.
3. The **National Human Rights Strategy**⁴⁴ approved by the Decree of the President of Ukraine dated March 24, 2021 No. 119/2021, among other things, sets the task of introducing a procedure for judicial control over the grounds for deprivation of liberty, in particular when applying compulsory hospitalization in

⁴² Order of the Cabinet of Ministers of Ukraine dated Wednesday, March 16, 2016 No. 161-r "On the approval of the Poverty Reduction Strategy." [Source](#)

⁴³ Order of the Cabinet of Ministers of Ukraine dated August 9, 2017 No. 526-r "National Strategy on Reform of the Institutional Care System 2017-2026 and the action plan to support its 1st stage" [Source](#)

⁴⁴ Decree of the President of Ukraine No. 119/2021 "On the National Strategy on Human Rights". [Source](#)

mental health care institutions; creating conditions for maintaining mental health of the population, introducing mental health services in territorial communities; implementing programs on the foundations of children's mental health in educational institutions; ensuring implementation of the principles of non-violent behavior and non-discrimination in the instruction process in educational institutions, children's health and recreation facilities, developing values and skills of tolerant behavior, communication and interaction in everyone involved, and the improvement of the school psychological service; ensuring comprehensive measures for the medical, psychological, and social rehabilitation of war veterans; creating an effective system of social rehabilitation and psychological rehabilitation of persons who have been deprived of their liberty because of the Russian military aggression of Ukraine and the temporary partial occupation of the territory of Ukraine, and for members of their families.

4. National Strategy for Barrier-Free Environment in Ukraine until 2030 approved by the order of the Cabinet of Ministers of Ukraine dated April 14, 2021 No. 366-r, and the 2023-2024 Action Plan for the implementation of the National Strategy for Barrier-Free Environment in Ukraine until 2030 approved by the Decree of the Cabinet of Ministers of Ukraine dated April 25, 2023 No. 372-r, among the tasks aimed at achieving strategic goals, list the following measures:

- Introduction of new inclusion requirements and standards for specialized institutions (places of detention, boarding schools, geriatric boarding houses, psychoneurological clinics, etc.) and updating the existing requirements and standards with regard to the relevant features and security requirements;
- Regulating the procedure for providing accessibly formatted information on the court case for persons with sight and hearing impairments and persons with impaired intellectual development, during and outside their participation in court hearings;
- amendments to the Electoral Code of Ukraine to make sure that persons with intellectual disabilities have access to information;
- Introduction of notification and signaling standards in emergency situations in any premises or public places, taking into account the needs of persons with hearing and vision impairments and persons with intellectual disabilities;
- Ensuring the accessibility of calling emergency services (112) and the operation of hotlines and helplines taking into account the communication needs and capabilities of persons with impaired hearing, vision, speech, and persons with impaired intellectual development;
- Ensuring the improvement of the quality of educational services in special institutions of general secondary education or special classes (groups) of educational institutions with the creation of conditions for students with special educational needs to receive education in an educational environment close to their place of residence;
- Development and support of a network of inclusive resource centers in accordance with existing regulations;
- Conducting training and dissemination of existing materials for lecturers, teachers, educators, and psychological teams regarding the satisfaction of special educational needs;
- Providing conditions and tools for educational institutions to adapt all informational materials for persons with visual and hearing impairments and persons with intellectual disabilities;
- Creating conditions for the development of student support centers that provide counseling and methodological support regarding the accessibility, relevance, and acceptability of educational programs for all participants of the educational process; ensuring and monitoring of accessibility during admission and passing exams using all necessary technical means; informational accessibility of educational and organizational materials; additional services for the integration of beneficiaries and additional training in financial, digital literacy, sexual, and civic education, navigation techniques; social and psychological support;

- Implementation of information campaigns to promote employment and entrepreneurship among populations that are vulnerable on the labor market to overcome the lack of confidence and psychological barriers when choosing a profession or a job.
5. **The Human Development Strategy**⁴⁵ approved by the Decree of the President of Ukraine dated June 2, 2021 No. 225/2021 lists the priorities related to the creation of conditions for the comprehensive lifelong development of every person, empowerment for self-realization and personal freedom, and civic activity with a view to create a cohesive community of citizens capable of active creative participation in a harmonious, balanced and sustainable development of the state; there are also priorities specifically related to mental health and psychosocial support, namely:
- Implementation of modern innovative technologies for improvement and development of emergency medical care, transplantation, oncological, palliative care, mental health care, rehabilitation;
 - Ensuring psychological support for children in a new educational environment after internal displacement;
 - Building an effective system of comprehensive psychological care for war veterans and their family members, as well as family members of deceased war veterans;
 - Establishing a system for monitoring the needs of war veterans, persons who have special merits to the Motherland, the injured participants of the Revolution of Dignity, their family members, family members of deceased war veterans for medical, psychological, and social services;
 - Improving the quality of psychological services provided to war veterans and their family members by standardizing, monitoring, and evaluating the quality of the services provided;
 - Research on the impact of gender stereotypes on the psycho-emotional well-being of women and men, and providing appropriate support, in particular, psychological support, to representatives of both genders.
6. In February 2023, the Board of the Ministry of Health approved **the Strategy for the Development of the Health Care System until 2030**⁴⁶ to implement the Decree of the President of Ukraine dated August 18, 2021 No. 369/2021, the purpose of which is to ensure the functioning of the health care system ensuring all the necessary conditions for every person to be able to take care of and maintain their health, and enjoy the highest available standard of medical care regardless of the circumstances.

The main tasks in the field of mental health as defined by the Strategy are to:

- Ensure the development of mental health services that are close to the person and the community, and are designed taking into account the needs of the community, in particular during the war and the recovery period;
 - Review approaches to the functioning of inpatient psychiatric care facilities and residential facilities, the conditions of stay in them, and ensure their compliance;
 - Develop a model for financing and procurement of integrated services that require coordination of health and social services, including long-term care, child protection, and mental health support services.
7. **Ukraine Recovery Plan**⁴⁷ envisages the implementation of the National Program No. 13 "Modernization of the Health Care System to Strengthen Human Capital", under which the Mental Health Program for the war and post-war periods should be implemented with a view to support the

⁴⁵ Decree of the President of Ukraine No. 225/2021 "On the decision of the National Security and Defense Council of Ukraine dated May 14, 2021 "On the Human Development Strategy"". [Source](#)

⁴⁶ Draft Decree of the Cabinet of Ministers of Ukraine "On the approval of the Strategy for Development of Health Care System until 2030 and the approval of the Operational Plan for its implementation in 2023." [Source](#)

⁴⁷ "Ukraine Recovery Plan" Project. [Source](#)

needs of people affected by the war, the development of rehabilitation services, and the integration of psychological health support in the field of health services (including primary health care).

8. The Ministry of Education and Science **drafted the National strategy for the Development of Inclusive Education for 2023-2030**⁴⁸ with the aim of introducing a unified system and mechanisms for effective government policy for the acquisition of quality education by each person in accordance with their needs, improving the existing model of inclusive education, and taking into account the needs of a wide range of persons, in particular persons with special educational needs, persons belonging to the vulnerable populations, internally displaced persons, refugees, representatives of national minorities, academically gifted persons, etc. In particular, to achieve the planned goals, it is planned to: improve the legal framework in the field of inclusive and special education; improve the system to monitor the development of inclusive education; provide educational institutions with the necessary additional financial, human, and material resources at the community level in accordance with the powers of local self-government bodies; introduce an effective system for interdepartmental interaction and coordination between central and local authorities; implement a nationwide information campaign with international and Ukrainian non-governmental organizations; develop and implement a program for in-service training of educators; ensure the use of the human resources of special education for the development of inclusive education in Ukraine; ensure a high-quality needs assessment of students regarding additional services.
9. **The Strategy for Active and Healthy Longevity** approved by the order of the Cabinet of Ministers of Ukraine dated January 11, 2018 No. 10-r defines the priority areas for countering demographic changes, provides comprehensive measures to support the elderly citizens, ensure their active participation in social development, improve their quality of life, and protect their rights.
10. **The concept for the establishment and development of the early intervention system** approved by the order of the Cabinet of Ministers of Ukraine dated May 26, 2021 No. 517-r aims to ensure the establishment and development of the early intervention system in Ukraine and ensuring the right of children with developmental disorders or the risk of such disorders and families with such children to receive early intervention services aimed at the healthy development of the child in the family and their successful socialization.

⁴⁸ Draft National Strategy for the Development of Inclusive Education for 2023-2030 [Source](#)

2.2.3. Laws

The provision of services in the MHPSS system in Ukraine is regulated by legal acts related to health care, social policy, education, and other sectors. The key laws of Ukraine regarding MHPSS are listed in Table 1. However, it should be noted that the legislative regulation of mental health is fragmentary and non-systematic. The regulation of specialist services is decentralized. To an extent, the current legislation is inconsistent, in particular in terms of definitions. The laws must be terminologically interconnected and contain impeccable, uniform, end-to-end definitions for the entire sector of legislation.

In Ukraine, there is no comprehensive sectoral law in the field of mental health that would be in line with the best international practices, taking into account the commitments made to protect human rights (in particular reflected in the Convention on the Rights of Persons with Disabilities) and provide a comprehensive vision of the field of mental health. The existing law "On Psychiatric Care" does not fulfill this function, as it only covers the provision of certain services in the field of health care.

Also, there are some other gaps in the field of mental health:

- There are no mechanisms for inter-agency cooperation and integration of psychosocial support services into the primary medical care system and the general health care system.
- Insufficient development of prevention mechanisms—programs for strengthening mental health, prevention and early intervention in educational institutions, workplaces, and communities. As a result, a major part of the population needs more comprehensive treatment in the health care system.
- There is a lack of information campaigns, educational programs, and other mental health awareness tools aimed at reducing stigma and promoting positive mental health practices.
- The funding for the mental health sector is insufficient; in particular, it does not cover a wide range of projects and initiatives promoting psychosocial well-being and reducing stress outside the system of specialized psychiatric services.
- The legislation does not establish any standards for qualification and competencies of mental health specialists; there are no requirements concerning mental health training for medical and pedagogical staff, personnel of the security and defense sector of Ukraine, and other first contact professionals in the related structures.
- There is no mechanism for comprehensive monitoring and assessment of the quality and effectiveness of measures in the field of MHPSS and their impact on public mental health.
- There is no institutionalization of the psychological units of the security and defense sector of Ukraine in the different forces and agencies; there is no coordination for the joint operation of such units during joint service and combat tasks; there are no unified standards or protocols for the provision of psychological services to family members of personnel; there are no earmarked allocations in the government budget.

The sub-laws adopted by competent government authorities or other entities authorized by the government on the basis of the law in accordance with the law and the procedure for its implementation are listed in Appendix 2.

Table 1. The Key Laws of Ukraine Relevant to the Field of MHPSS

Type of Law	Laws of Ukraine
Supreme law	<ul style="list-style-type: none"> • Constitution of Ukraine (1996)
Codes	<ul style="list-style-type: none"> • Civil Code of Ukraine (2003) • Code of Civil Protection of Ukraine (2012)
Laws regulating health care	<ul style="list-style-type: none"> • On Fundamental Principles of the Ukrainian Health Legislation (1992) • On Psychiatric Care (2000) • On State Financial Guarantees of Medical Care for the Population (2017) • On Rehabilitation in the Field of Health Care (2020) • On the Public Health System (2022) • On Measures to Counter the Illegal Circulation and Abuse of Narcotic Drugs, Psychotropic Substances, and Their Precursors (1995)
Laws regulating the social sphere	<ul style="list-style-type: none"> • On the Fundamentals of Social Security of Persons with Disabilities in Ukraine (1991) • On Social and Legal Protection of Servicemen and Their Families (1992) • On State Social Assistance to Persons with Disabilities from Childhood and Children with Disabilities (2000) • On Rehabilitation of Persons with Disabilities in Ukraine (2005) • On Social Work with Families, Children, and Youth (2001) • On Preventing and Combating Domestic Violence (2018) • On Combating Trafficking in Human Beings (2015) • On Social Services (2019) • On Childhood Protection (2001) • On Ensuring Organizational and Legal Conditions for Social Protection of Orphans and Children Deprived of Parental Care (2005) • On Social and Legal Protection of Servicemen and Their Families (1991) • On the Status and Social Protection of People Who Suffered as a Result of the Chornobyl Disaster (1991) • On the Social and Legal Protection of Persons Deprived of Personal Liberty as a Result of Armed Aggression against Ukraine, and Their Family Members (2022) • On the Status of War Veterans, and Guarantees of Their Social Protection (1993) • On Ensuring the Rights and Freedoms of Internally Displaced Persons (2015) • On the Social Adaptation of Persons Serving or Having Served a Sentence of Restriction of Liberty or Deprivation of Liberty for a Certain Period (2011) • On the Fundamentals of Social Protection of the Homeless Persons and Street Children (2005)
Laws regulating education	<ul style="list-style-type: none"> • On Education (2017) • On Preschool Education (2001) • On Complete General Secondary Education (2020) • On Extracurricular Education (2000) • On Higher Education (2014) • On Vocational Education (2019) • On Vocational (Vocational and Technical) Education (1998)
Other laws	<ul style="list-style-type: none"> • On the Main Principles of Youth Policy (2021) • On Forensic Examination (1994) • On the State Criminal Enforcement Service of Ukraine (2005)

TARGET GROUPS OF THE SYSTEM



3. TARGET GROUPS OF THE SYSTEM

Since February 24, 2022, Ukraine is facing one of the largest emergency situations in Europe since World War II. The 19 months-long (as of September 2023) aggression of the country by the Russian Federation has caused numerous human casualties and injuries, as well as mass migration of the civilian population both within Ukraine and across its borders.

As of September 19, 2023, the Office of the United Nations High Commissioner for Human Rights (OHCHR) recorded 27,149 civilian casualties, 9,614 killed and 17,535 injured; these figures are not exhaustive as we do not have data on the number of dead and wounded in the temporarily occupied territories.

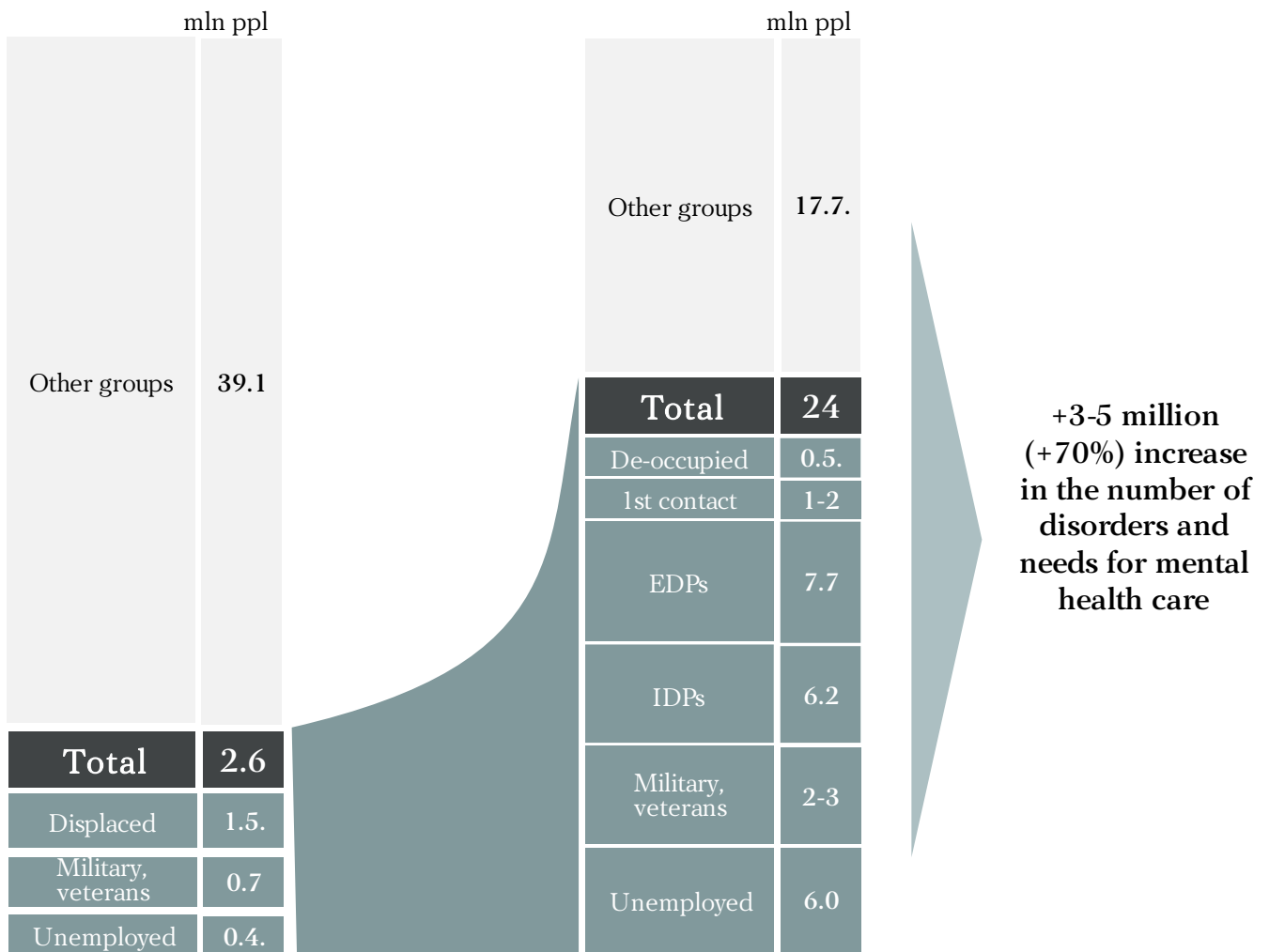


Fig. 3. The growing numbers⁴⁹ of social groups at risk due to the past experience and the influence of social and economic factors⁵⁰

⁴⁹ World Health Organization & United Nations High Commissioner for Refugees, “Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings”, 2012. [Source](#)

⁵⁰“The needs of the population in mental health services and the best practices of service provision in developed countries.” [Source](#)

Of Ukraine's 43.7 million people, the Office of the United Nations High Commissioner for Refugees (UNHCR) reports of 12.0 million who are seeking asylum in neighboring countries, while the International Organization for Migration (IOM) reports of 5.9 million of internally displaced persons. The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that 17.6 million people are in need of humanitarian assistance.

According to the Office of the Prosecutor General, more than 1,628 children were injured in Ukraine as a result of the full-scale armed aggression of the Russian Federation. As of the morning of September 23, 2023, according to the official juvenile prosecutors' data, 504 children had died, and more than 1,125 got injuries of various degrees of severity. These numbers are not final.

Thus, it is clear that the target audience of the system is the entire population of Ukraine: adults and children with disabilities (including those suffering from mental disorders), children, teenagers and parents, elderly people, defenders of Ukraine (veterans, military) and their family members, family members of the deceased, persons who are at risk or have had potentially traumatic experience (occupation, evacuation, captivity and torture, loss of loved ones, etc.);

Professionals in the first line of contact: police officers, rescue workers, military personnel, health workers, teachers, social workers, social workers, railway workers, local government staff, and staff of other agencies often facing significant stress and potentially traumatic events in the course of their duties.

The key target groups, their needs, as well as opportunities for their engagement in service provision and system development as ambassadors, peer-to-peer consultants are detailed in the table below.

Table 2. Priority target groups for the MHPSS system

Target group	Need	Possibilities of engagement in the provision of services						
		Service engineering, quality assessment	Ambassadors for their groups	Exchange of life experience, social adaptation	Peer-to-peer	Support for loved ones	First psychological aid	Psychoeducation, dissemination of self-help techniques
PERSONS SUFFERING FROM MENTAL DISORDERS Individuals diagnosed with mental health disorders such as depression, anxiety, bipolar disorder, schizophrenia, etc.	The main recipients of clinical and therapeutic services in the MHPSS system, in need of mental health assessment, treatment, and support	✓	✓	✓	✓			
CHILDREN AND ADOLESCENTS May have mental health or developmental issues, or the effects of exposure to potentially traumatic events; for them, preventive measures are a priority	Receive age-appropriate MHPSS services tailored to their developmental needs, such as counselling, play therapy and educational support, social-emotional learning. Early intervention and support are critical	✓	✓		✓			

Continuation of table 2. Priority target groups for the MHPSS system

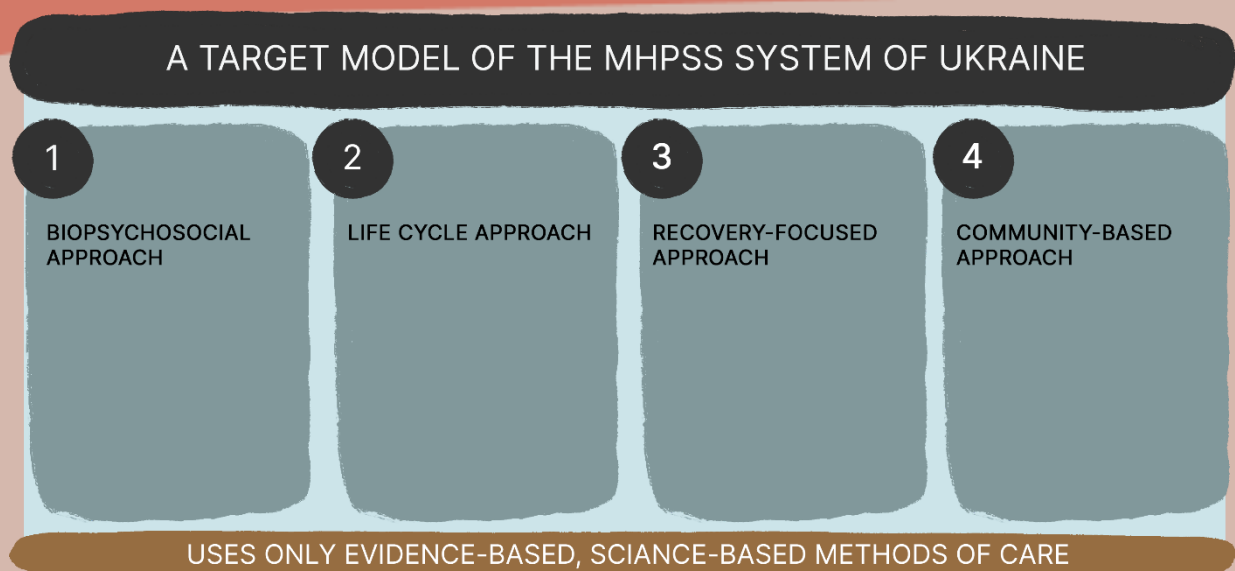
Target group	Need	Possibilities of engagement in the provision of services						
		Service engineering, quality assessment	Ambassadors for their groups	Exchange of life experience, social adaptation	Peer-to-peer	Support for loved ones	First psychological aid	Psychoeducation, dissemination of self-help techniques
FAMILIES AND GUARDIANS of people with mental illness play a vital role in providing support. They may also experience stress and need psychosocial support and training	Play a critical role in supporting their loved ones with mental health disorders by providing emotional support and helping to maintain adherence to treatment	✓				✓		
PROFESSIONALS OF THE FIRST LINE OF CONTACT Medical professionals, rescue officers, police officers, volunteers who have experienced potentially traumatic situations may need support	May seek counseling and support services to address issues related to the psychological impact of their work	✓	✓		✓		✓	✓
ELDERLY May have mental health problems, including depression and cognitive impairment	Access psychiatric and social services addressing mental health issues in old age. The system must meet their unique psychosocial needs and promote healthy aging	✓	✓			✓		✓
VULNERABLE GROUPS IDPs, migrants, people with disabilities may face increased stress and discrimination	Primary recipients of clinical and therapeutic services in need of mental health assessment, treatment, and support. The system must be inclusive	✓	✓	✓		✓		✓
VETERANS AND MILITARY OFFICERS May have mental health issues related to their service	Access specialist mental health services tailored to their experience. MHPSS programs for this group are aimed at providing specialized care and support	✓	✓	✓	✓	✓	✓	✓
SUBSTANCE ABUSE GROUPS Often also have mental health problems.	The integrated MHPSS services can address both substance abuse and mental health issues	✓		✓	✓	✓		

Continuation of table 2. Priority target groups for the MHPSS system

Target group	Need	Possibilities of engagement in the provision of services						
		Service engineering, quality assessment	Ambassadors for their groups	Exchange of life experience, social adaptation	Peer-to-peer	Support for loved ones	First psychological aid	Psychoeducation, dissemination of self-help techniques
WORKING TEAMS may experience work-related stress, which will reduce productivity and increase stress	Employees benefit from workplace mental health programs aimed at improving employee well-being and productivity	✓			✓		✓	✓
AFFECTED COMMUNITIES In particular, the population of the frontline and de-occupied territories constitutes a significant target group.	Have access to psychosocial support services and programs to increase cohesion and build resilience to cope with the effects of trauma	✓	✓	✓	✓			✓
THE GENERAL POPULATION The MHPSS system also targets the general population, promotes mental health awareness, builds resilience and ensures the prevention of mental health disorders and problems	The general population benefits from mental health advocacy campaigns and early intervention programs	✓						✓

APPROACHES TO THE DEVELOPMENT OF THE MHPSS SYSTEM

- 4.1. Biopsychosocial Approach
- 4.2. Life Course Approach
- 4.3. Recovery Approach
- 4.4. Community-Based Approach



4. APPROACHES TO THE DEVELOPMENT OF THE MHPSS SYSTEM

The field of mental health has several approaches to problem analysis, solution design, and further development; therefore the target model must take into account the available experience relevant to Ukraine, focusing on evidence-based, scientifically proven methods of care.

The scientific progress enabled development of the **biopsychosocial approach**, when experience made it clear that understanding of human condition depended on psychological and social factors along with biological ones. This approach expands the field of "mental health" beyond health care to social protection, safe workplace, etc.

Similarly, the life-cycle approach requires the sector to take into account the age-specific features of a person at any stage of life.

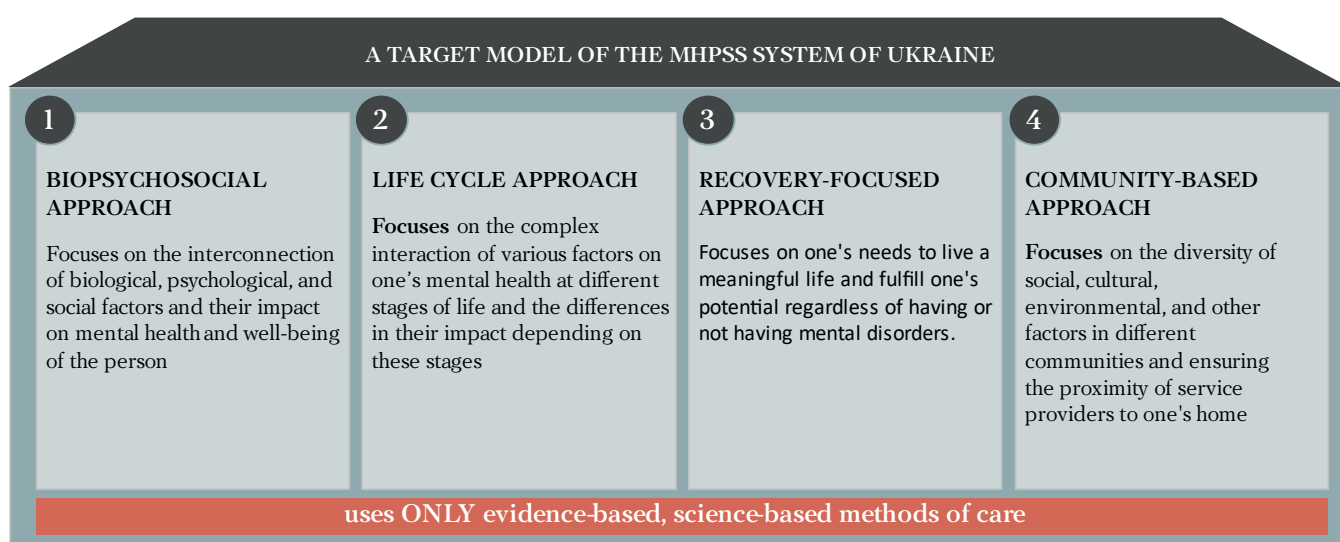


Fig. 4. Key approaches to the design and development of the MHPSS system

The **recovery-focused approach** was introduced as a response to the growing influence of social groups with mental problems and disorders on the socio-economic condition of countries. The main goal of this approach is to assist people with mental disorders and psychosocial disabilities in striving for their own aspirations and achieving their own goals.

Bringing services closer to a person's place of residence is one of the principles of universal design and the basis of the **community-based approach**. Service provision with regard to the available resources, the culture of the region, and other features of the community is the most effective approach.

The key theoretical and methodological approaches are described in more detail in sections 4.1 – 4.4.

4.1. Biopsychosocial Approach

The biopsychosocial model approach in mental health is based on a holistic understanding of the interconnections between biological, psychological, and social factors, as well as their impact on mental health and well-being. The biological component includes genetic, neurochemical, and physiological factors that help in the diagnosis and treatment of mental disorders. Psychological factors such as the person's thinking, emotions, behavior, spirituality, religious beliefs and practices play a significant role in the development, maintenance, and treatment of mental disorders because they influence the person's perception and response to situational contexts, stressors, and life events. Social factors, including environment, relationships, and socioeconomic status, also have a significant impact on mental health. According to this view on human health, the causes of diseases and the provision of care depends on the specific features and condition of each of the listed factors.

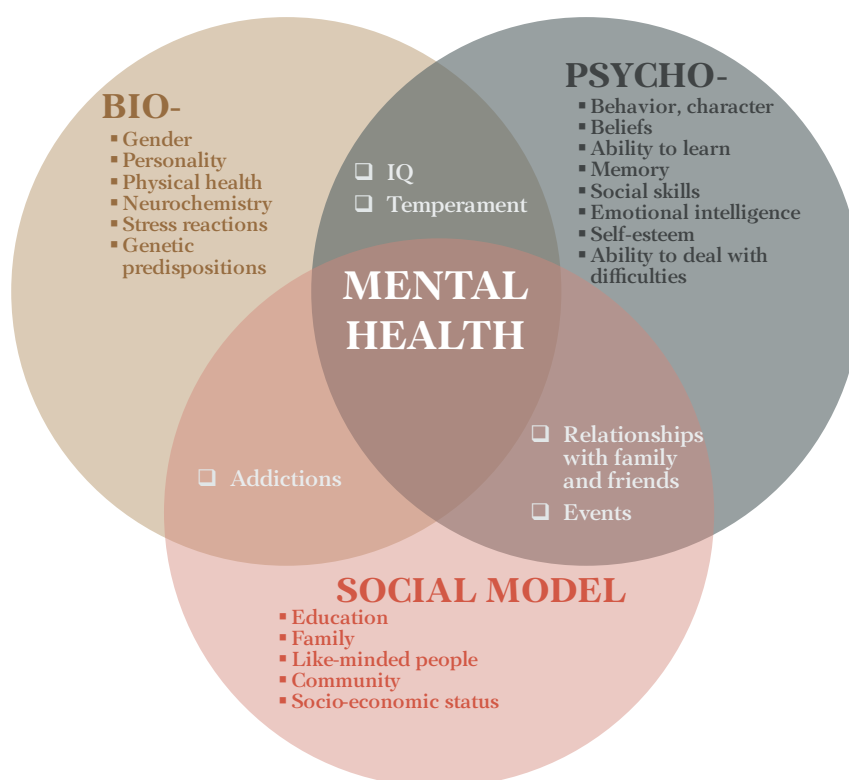


Fig. 5. Biopsychosocial model

Biopsychosocial model (see Fig. 5⁵¹) was adopted by the WHO as the basis for the International Classification of Functioning, Disability and Health (ICF)⁵². It also underlies the UN Convention on the Rights of Persons with Disabilities. Ukraine ratified this convention in 2009⁵³. However, the legislative adaptation and implementation of the biopsychosocial model continues⁵⁴.

⁵¹ Mental Health for Ukraine, "Not by diagnosis alone, or what does the biopsychosocial model of care mean for Ukrainians?" [Source](#)

⁵² WHO, "International Classification of Functioning, Disability and Health" [Source](#)

⁵³ Convention on the Rights of Persons with Disabilities [Source](#)

⁵⁴ Suspilne News: "The Ministry of Health (MOH) has prepared a draft law to change the methodology for disability assessment and proposes assessment of functioning instead" [Source](#)

4.2. Life Course Approach

The life course approach in MHPSS focuses on the interaction of social and biological factors in the occurrence of mental illnesses at various postnatal periods (periods of life) from birth to old age (see Fig. 6).

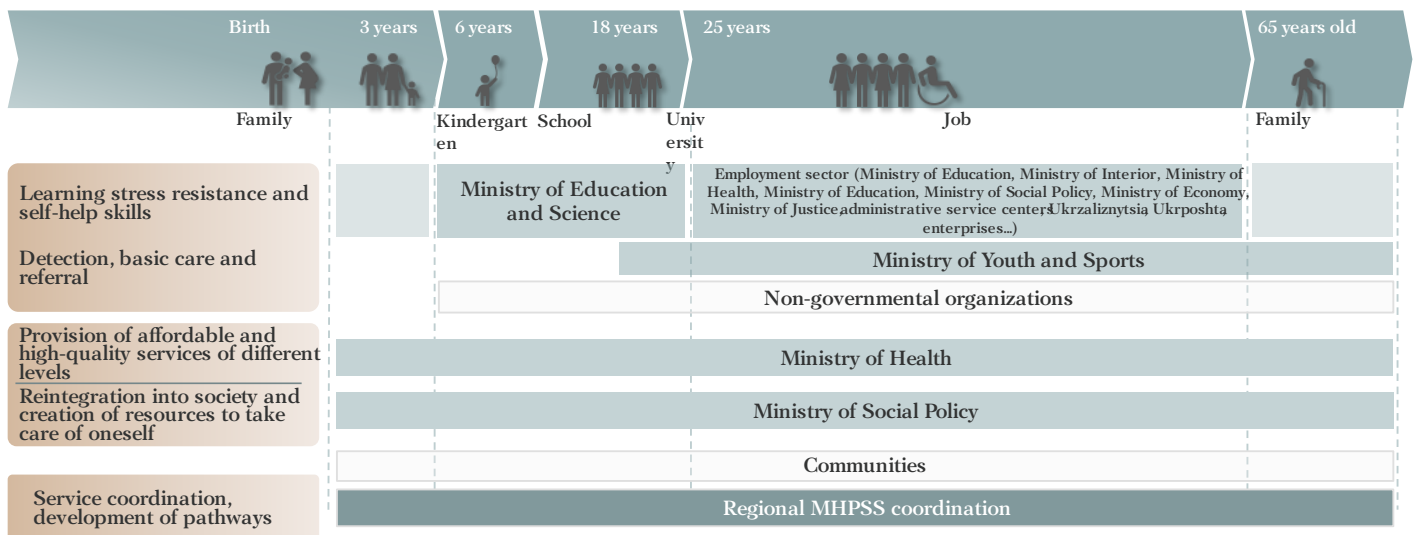


Fig. 6. MHPSS service providers at different stages of a person's life

Key aspects of the life course approach in MHPSS:

- **Development perspective.** The life course approach recognizes that mental health is influenced by developmental stages and the different stages of one's life. It considers how early childhood experiences, adolescence, adulthood, and aging can influence mental health outcomes.
- **Early intervention.** Recognizing that early experiences and interventions can have a profound and lasting impact on mental health, the approach emphasizes the importance of early identification and intervention for child and adolescent mental health problems. Early support can prevent deterioration of problems.
- **Trauma-informed care.** Traumatic events at any point in life can have lasting effects on mental health. The life course approach emphasizes the importance of trauma-informed care and support for trauma survivors at all ages.
- **Life changes and events.** Life changes such as marriage, parenthood, retirement, and the loss of a loved one can be significant stressors. The approach considers people's experience in these transitions and their implications for mental health.
- **Lifelong prevention.** Preventive interventions in PHPSS include interventions and strategies targeted at different age groups. This includes mental health promotion in schools, mental health initiatives in the workplace, and active longevity promotion programs for the elderly.
- **Long-term care and support.** For people with chronic mental disorders or age-related mental health problems, this approach emphasizes the importance of long-term care and support adapted to their changing needs and continuation of their active lives in the community.

4.3. Recovery Approach⁵⁵

The recovery approach is a modern mental health approach focusing on recovery, as different from the traditional focus on symptoms. It recognizes that every person can live a meaningful life and fulfill their potential, no matter if they have any mental disorders. The approach shifts the focus of care from symptom reduction to recovery as a unique and long-term process that includes the development of resilience, self-determination, and overall well-being.

The recovery can occur in many ways, taking into account specific cultural, social and individual features. It is important to integrate different types of support: medical, psychological, social, spiritual, etc. The services and support should be culturally sensitive and trauma-informed. This approach aims to help people validate their personal identity beyond the limitations of their diagnoses and encourages them to realize their potential.



Fig. 7. Ten key principles of the recovery-focused approach

The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines **four main pillars supporting life in recovery**:

- **Health**—overcoming or managing one's diseases, making informed, healthy choices supporting physical and emotional well-being.
- **Home**—a stable and safe place to live.
- **Purpose**—meaningful everyday activities such as work, study, volunteering, family care or creative endeavors, as well as independence, income, and resources to participate in the life of society.
- **Community**—relationships and social networks providing support, friendship, love, and hope.

⁵⁵ SAMHSA's working definition of recovery: 10 guiding principles of recovery. [Source](#)

4.4. Community-Based Approach⁵⁶

The community-based approach in MHPSS implies the development and implementation of mental health services and interventions in the context of a specific community. This approach recognizes that mental health and well-being are influenced by a variety of social, cultural and environmental factors, and aims to address these factors at the community level.

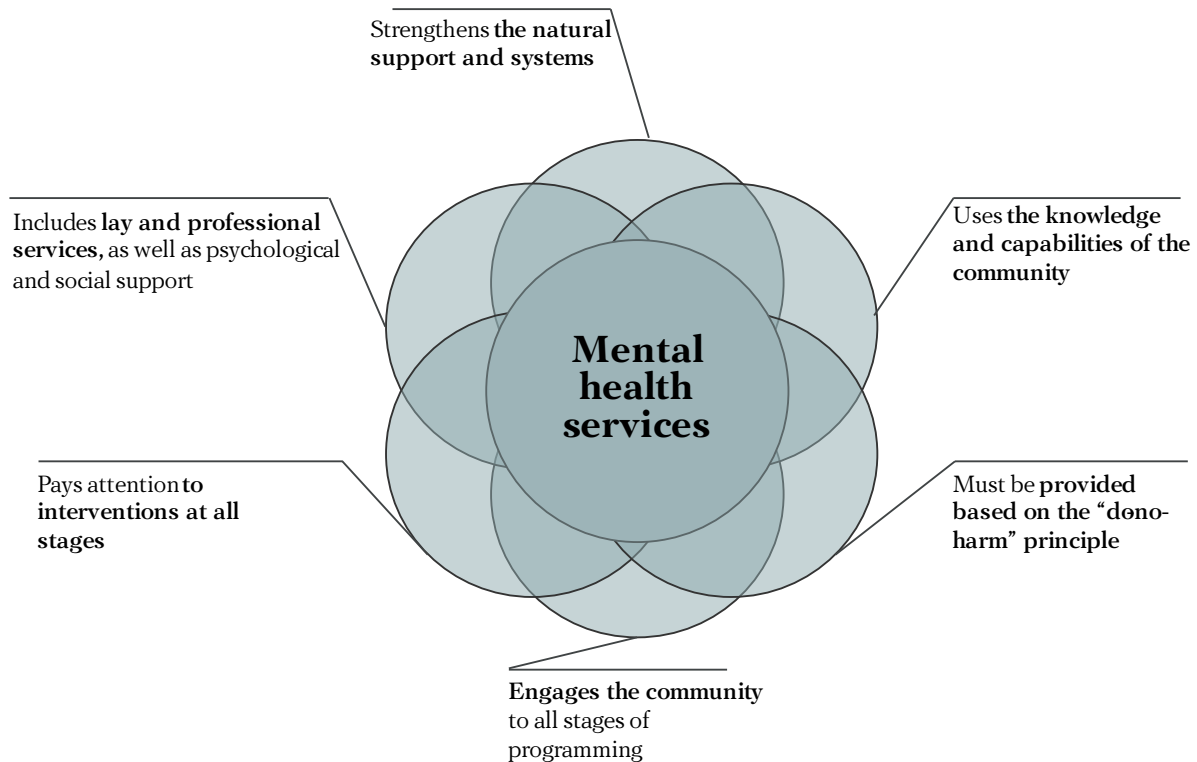


Fig. 8. Community-based approach

The main components of the community-based approach in the MHPSS are:

- Engaging community members (trauma survivors, local leaders, service providers, and other stakeholders) in all aspects of program planning, implementation, and evaluation
- Inclusion, cultural competence
- Use of local resources and community assets
- Cooperation with local government, CSIs and government institutions
- Capacity building of community members and local providers
- Prevention and early intervention
- Accessibility for all community members

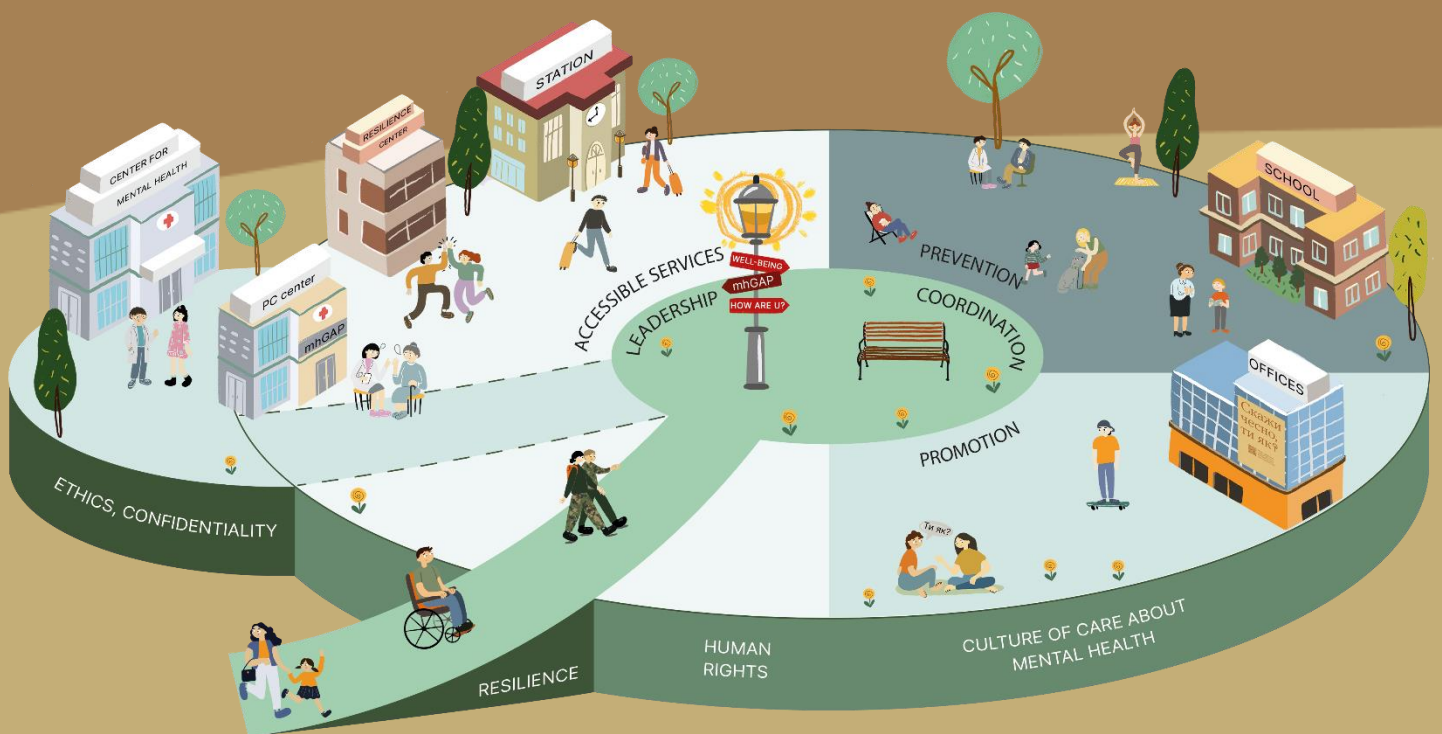
⁵⁶ UNICEF, "Theories and Concepts Operational Guidelines on Community based mental health and psychosocial support in humanitarian settings: Three-tiered support". [Source](#)

TARGET MODEL OF THE SYSTEM

5.1. The Goal of the System

5.2. A Target Model of the MHPSS System of Ukraine

5.3. Key Objectives for System Creation



5. TARGET MODEL OF THE SYSTEM

5.1. The Goal of the System

The target model for the mental health and psychosocial support system of Ukraine is based on the definition of health as a state of complete physical, psychological and social well-being, and not merely the absence of diseases and physical disabilities ("Basics of Ukrainian legislation on health care") and definition of mental health as "is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." (WHO).

The goal of the MHPSS system is enhancing mental health as an important part of the overall population health, which includes strengthening of individual and community resources for resilience, prevention of mental illness for all, early detection and proactive intervention for at-risk groups, integrated care, effective treatment, protection of rights and support for people with mental health disorders to maximize the contribution of citizens to society regardless of their condition.

The goal encapsulates the main pillars of the system:

- **Physical health is impossible without mental health.** They are closely interconnected; rather than being two separate things, they constitute two important complementary components of general well-being. A person's mental health affects their ability to make healthy choices, manage stress, and cope with physical health problems.
- **Mental health is not merely the absence of disorders. A mentally healthy person is a person who can function effectively in multiple aspects of life, maintain a sense of independence, productivity, and social activity.** They experience positive emotions, satisfaction, and a sense of purpose in life; they live independently, making decisions and fulfilling their daily duties, achieving their goals and aspirations. They are able to engage in productive activities, be it work, study, or personal affairs. Overall, mental health is closely related to the ability to develop and maintain healthy relationships, connect with others, and participate in community activities that provide a sense of belonging. A mentally healthy person has the ability to adapt to life's challenges and stressors, recover from setbacks, and learn from difficult experiences.
- Mental health issues are really complex and can affect many aspects of one's life. Concurrently, mental health problems can be influenced by various factors, including genetics, environment, social support, lifestyle, and personal experience. Accordingly, **effective solutions to mental health problems require a holistic, integrated multi-level and multi-sectoral approach not limited to health care alone;** moreover, the largest number of users of mental health and psychosocial support services can be found in the education sector (students in educational institutions) and the social sector (internally displaced persons, persons with disabilities, vulnerable populations, etc.).
- During and after the war, the attention to the mental health of citizens should be particularly high, because **the level of psychosocial well-being will have an impact on the general health condition, stability of each individual, family, community, as well as on the economic recovery and well-**

being of the country at large. The population's mental health level becomes decisive in matters of social capital and the possibilities of its engagement in the process of post-war recovery, and also affects the reduction of social tensions and managing the security situation in the post-war years.

- Ensuring sustainable public mental health requires joint efforts of the community and the government. **Joining efforts to overcome the challenges** that have arisen in the mental health of Ukrainians **during the war is a necessary precondition for creating a system** ready to respond to all challenges and able to provide help to everyone in need of it.⁵⁷

5.2. A Target Model of the MHPSS System of Ukraine

➤ What Does the Target Model Attempt to Achieve? What Should Be Kept in Mind?

Mental health should become a priority for the government. A law on mental health must be adopted; the roles of ministries in the system must be defined in the regulations of ministries and other documents regulating the Government; measures and programs on mental health must be financed based on understanding of their impact on the economy and sustainability of the country. A comprehensive government policy is capable of creating conditions for psychological well-being and strengthening the stability of every individual, family, community, and the country.

At the same time, it is worth bearing in mind that just as the condition of mental health affects one's ability to be socially and economically active, social and economic determinants also affect the condition of one's mental health. Thus, it is impossible to influence the situation and achieve a sustainable result without changes in the policies of all ministries.

➤ What Will Change for an Individual? What Will Change for the Population of Ukraine as a Whole?

- Improvement of public health of the population as a whole as a result of improvement of mental health in particular. It has been scientifically proven that the long-term deterioration of one's mental state can be associated with some specific physical disorders. In particular, there is scientific evidence proving that depression **can** lead to cardiovascular diseases, diabetes, liver and kidney diseases; anxiety disorders can cause hypertension, asthma, peptic ulcer disease, and immune system disorders⁵⁸⁵⁹⁶⁰; the use of psychoactive substances can lead to liver cirrhosis, hepatitis, HIV, cancer, and other dangerous diseases.
- Every person with a mental disorder or problem has access to high-quality, evidence-based, barrier-free and convenient treatment and care. The entire population of the country is covered by preventive measures and has access to mental health knowledge and self-help techniques.
- Every family in which there is a person living with a mental disorder receives support and help.

⁵⁷ "Mental Health in wartime", NEURONEWS: Psychoneurology and Neuropsychiatry. [Source](#)

⁵⁸ "Depression Is as Bad as Smoking for Your Heart", Psychology Today. [Source](#)

⁵⁹ "Heart disease and depression: A two-way relationship", NHLBI. [Source](#)

⁶⁰ "Association of Depression and Poor Mental Health With Cardiovascular Disease and Suboptimal Cardiovascular Health Among Young Adults in the United States", AHA/ASA journals. [Source](#)

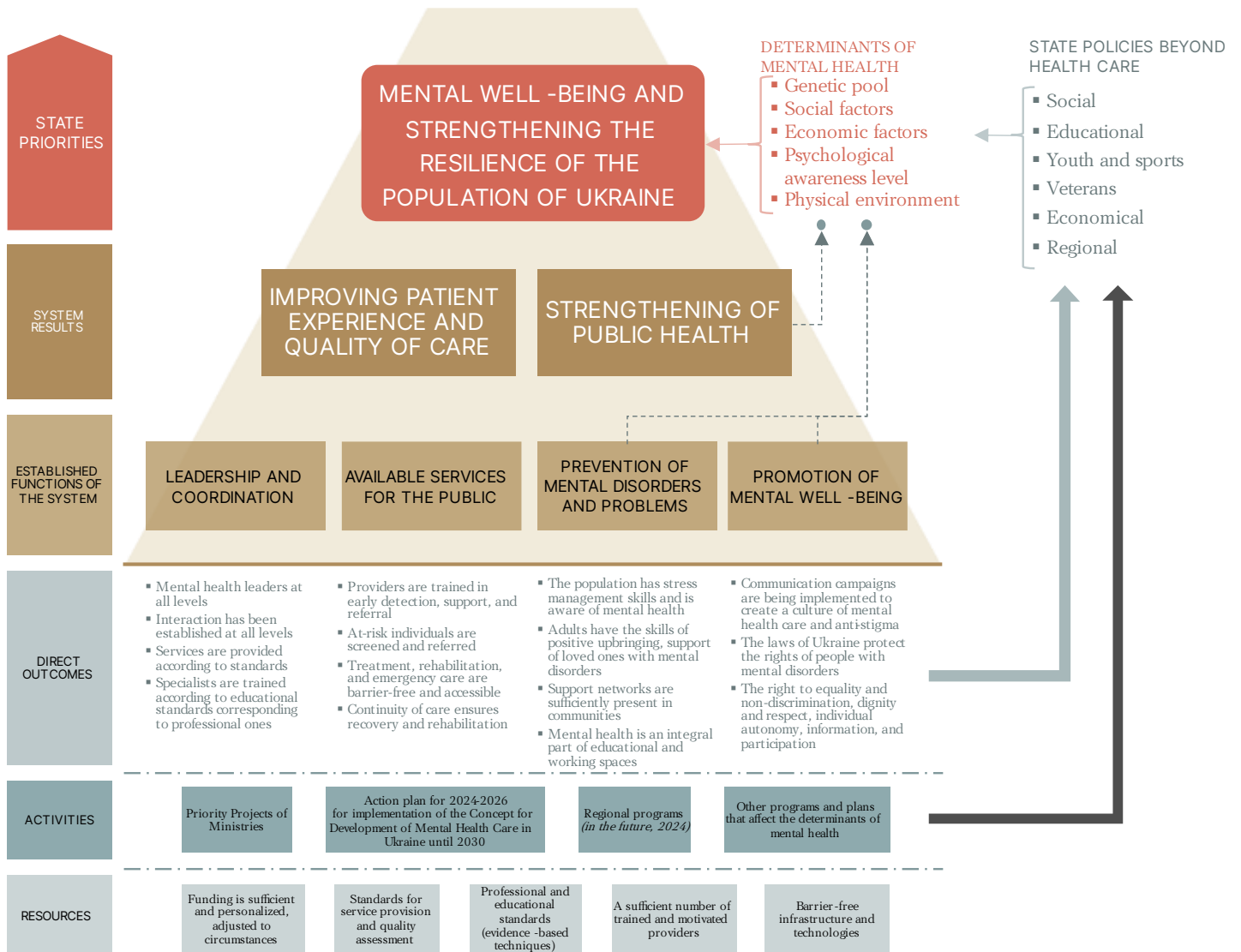


Fig. 9. A target model for the system of mental health and psychosocial support in Ukraine

➤ What Are the Objectives of the System?

To accomplish the goal, the target model proposes to set four key objectives:

- **Leadership and coordination** will create conditions for the implementation of sectoral legislation on mental health, effective distribution and spending of resources in the organization of service provision in communities, through the establishment of separate structures for mental health in ministries, and establishment of inter-sectoral cooperation.
- **Accessible services for the population**—availability of qualified help in a timely manner, including free, anonymous referral and, at a minimum, prevention against deterioration of one's condition. For example, early detection, support and referral, screening and early intervention, barrier-free and accessible treatment, focusing interventions on recovery and rehabilitation, other services built on modern evidence-based approaches and the model of comprehensive biopsychosocial interventions.
- **Prevention of mental disorders and problems** for the whole population, for people in at-risk groups, and for those who already have signs of mental disorders, to prevent further development of mental

disorders or deterioration of the condition. For example, resilience skills, stress management, mental health knowledge, positive parenting and support skills, community support networks, mental health in education and employment.

- **Promotion of mental health**—a nationwide communication campaign for the entire population, for children and adults—creation of a safe environment in education, at work, in the community.

The activities for the implementation of the target model for the mental health and psychosocial support system in Ukraine should be recorded in the Action Plan for 2024-2026 for the implementation of the Concept of Mental Health Development in Ukraine until 2030, concepts of the ministries' priority projects. The functions of the MHPSS system, the roles of the ministries and other stakeholders, and the system resources are described in the target model.

➤ Who Are Stakeholders of the MHPSS System?

A multi-sectoral approach to addressing the problem of mental health requires cooperation between different sectors, in particular:

- **Government and policy makers:** are responsible for the development and implementation of mental health support policies, they ensure that mental health services are accessible, affordable, and of high quality, make sure that people with mental disorders are treated with dignity and respect.
- **Psychiatric care facilities, mental health professionals,** including psychiatrists, psychotherapists, medical psychologists, clinical psychologists: are important stakeholders involved in the provision of inpatient and outpatient mental health services.
- **Educational institutions:** play an important role in promoting mental health awareness, offering counseling services and supporting the psychosocial well-being of learners. Institutions of higher and professional sub-degree education provide education and training for mental health professionals, thus ensuring a qualified workforce.
- **Employers:** create a supportive work environment, offer employee assistance programs, reduce work-related stressors, and encourage work-life balance.
- **Social service providers:** provide psychosocial support to persons with mental health disorders and assist in obtaining medical, administrative, legal and other services; provide technical means of rehabilitation, material support for the person and their family members, provide guardianship and care.
- **Police, courts and correctional institutions:** often deal with persons with mental health problems; ensure respect for human rights and access to specialized care for persons with mental disorders.
- **SDS components:** psychological, medical, military social services of any departmental subordination, with their own infrastructure, specialized research and educational institutions ensure the satisfaction of personnel needs regarding mental health, thereby contributing to a more reliable and stable system as a whole.
- **Government authorities and local self-government bodies:** departments of health and social protection, education etc. collaborate on mental health initiatives and policies, provide infrastructure for the functioning of mental health and psychosocial support services according to community needs, provide funding for mental health services. They are responsible for making sure that mental health services are accessible, affordable, and of high quality, so that patients receive timely, coordinated and comprehensive care.

- **NGOs:** grassroots groups, churches and community charities provide vital support and community engagement, community advocacy, mental health awareness, and access to mental health and psychosocial support services.
- **Scientific, research and development institutions:** researchers, universities, and institutions contribute to development of knowledge on mental health, treatment and interventions through research and innovation.
- **Technology companies:** develop mental health apps, online therapy platforms, telehealth services, and other innovative solutions; they are increasingly becoming stakeholders in mental health care.
- **Persons with lived experience of mental health disorders:** engaging people with lived experience in decision-making helps to ensure that mental health policies, programs, and services are more responsive and effective. Individuals openly sharing their experiences can help to reduce the stigma associated with mental illness. Their insights can help to improve the availability, quality and relevance of services, making sure that they better meet the diverse needs of those seeking support.

This list of possible stakeholders is not exhaustive.

5.3. Key Objectives for System Creation

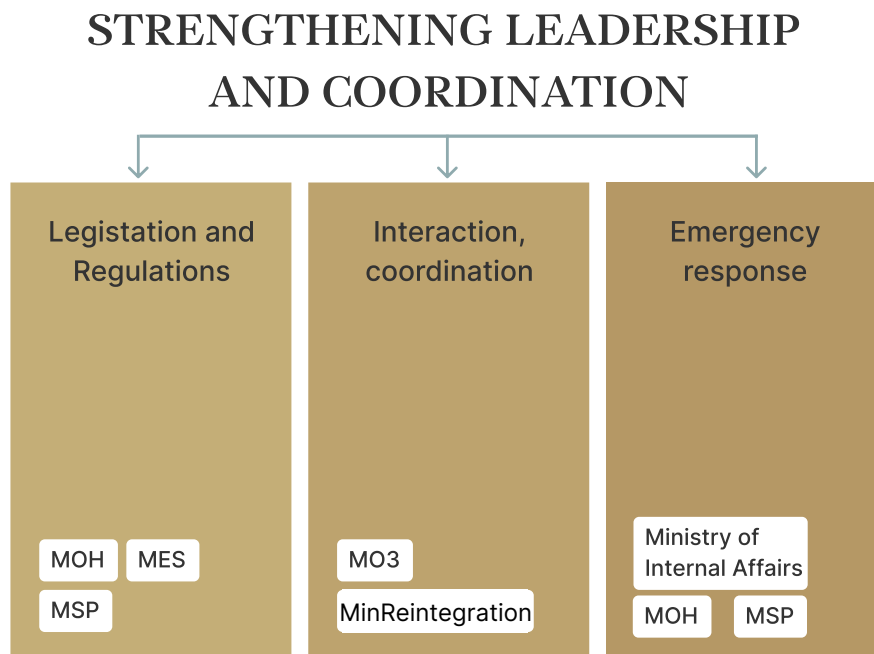


OBJECTIVE №1 STRENGTHENING LEADERSHIP AND COORDINATION

A Vision of the Future

- There are mental health leaders in the ministries, state administrations, and local governments; mental health is a part of their policy.
- Interaction has been established at all levels: national, regional, and community; the resources are sufficient to meet the needs.

Leaders Shaping the Framework and Agenda⁶¹



⁶¹Report “Strengthening Mental Health and Psychosocial Support Systems and Services for children and adolescents in the East Asia and Pacific region”, UNICEF, 2022. [Source](#)

Priority Projects in Support of Objective 1

- Ministry of Reintegration: "Civilian Support Coordination Centers"
- Ministry of Social Policy: "Implementation of a comprehensive program for psychosocial support in the development of resilience"
- Ministry of Internal Affairs: "Algorithm for providing psychological assistance and support in crisis and emergency organizations"

This task assumes that the most relevant ministries in the field of mental health are the Ministry of Health, the Ministry of Education and Science, the Ministry of Social Policy, the Ministry of Reintegration, and the Ministry of Internal Affairs (in the case of emergency response)—they are the lead ministries and coordinators creating the legal framework for the mental health system and engaging all the other ministries. Sectoral legislation creates the legal framework for mental health and psychosocial support services, funding and protection for people with mental disorders.

Leadership in the field of mental health involves legislative initiative, availability and accumulation of expertise, and effective interaction between ministries. The ministries that are directly related to mental health and its determinants (Ministry of Health, Ministry of Education, Ministry of Social Policy and, in wartime, Ministry of Internal Affairs, Ministry of Defence, Ministry of Veterans Affairs) should have groups of specialized experts—either on staff or outsourced—and establish **Centers of excellence** (units or hubs based on institutions that include or can include scientists, have access to statistical and methodological information, practical experience in the field, etc.) that can play a decisive role in the development and implementation of effective mental health policies and programs (for the knowledge base of the system, see Appendix 6). As for the other ministries and agencies, although they may not require dedicated centers of excellence, it is still important to have a basic understanding of mental health and its impact. Availability of multiple experts who can liaise with the Ministry of Health and other relevant authorities can ensure that mental health issues are included in various policies and programs. Of course, the engagement of senior management and senior officials in ministries and government agencies in the early stages of MHPSS system building is critical, as it sends a strong message that mental health is a fundamental part of overall well-being and development, and helps to deliver systemic changes necessary to create a comprehensive and effective system.

Coordination at the national and regional levels is an essential component for addressing mental health issues. Emergency response is a local model of coordination between the Ministry of Internal Affairs (coordinates the actions of the psychological services of the SDS components in special periods and during martial law), the State Emergency Service (in emergencies), the SBU (during anti-terrorist operations), the Ministry of Social Policy, the Ministry of Health, the Ministry of Veterans Affairs and local authorities (regarding the civilian population); its effective implementation can reduce the population's trauma after experiencing an adverse event.

POLICY AND REGULATION DEVELOPMENT

It should establish fundamental principles, values and policy goals in the field of mental health, for example by creating legal and supervisory mechanisms supporting human rights and the development of accessible mental health and psychosocial support services in the society.

Effective leadership implies the development, improvement, and implementation of **separate national and regional policies, strategies, programs, plans** related to mental health and psychosocial support in all relevant fields, including health care, education, social protection, employment, fitness and sports, youth, veterans, information and cultural policy, and digital transformation.

A **national multi-sectoral suicide prevention strategy** needs to be adopted to bring together the different stakeholders, coordinate their efforts, and implement evidence-based interventions to reduce suicide rates and improve mental health outcomes for the entire population.

Develop a **state policy strategy for reduction of alcohol and drug abuse**, which will include recommendations for combating excessive alcohol consumption, and overcoming drug addiction as a dangerous social phenomenon.

The state policy should pay special attention to mental health of children and young people, support for mental health in the perinatal period, and support for the development of family forms of child care.

It is important to integrate mental health care into the public health system.

INTERACTION, COORDINATION

The Government should make **mental health a priority across all public authorities and make sure that actions of public authorities are coordinated** to maximize support of local initiatives. This can only be achieved if coordination mechanisms are put in place to bring together all relevant policies ranging from the national to the local level.

Motivate and engage stakeholders from all relevant sectors, including target groups, in particular people **with lived experience of mental health disorders and problems**, and service providers in the process of development, planning and implementation of mental health policies and services based on a formalized framework and/or mechanism.

The vision of the system proposes three main levels of coordination of authorities on mental health issues: national, regional, and local level. In addition, it is important to ensure the coordination of the public sector with non-governmental and international organizations.

For more information on system coordination, see Appendix 5.

EMERGENCY RESPONSE

Coordination of mental health and psychosocial support in emergencies is a complex process involving a number of stakeholders and activities. It is aimed at ensuring effective and efficient satisfaction of the psychosocial needs of the affected population, paying significant attention to cooperation, communication, and evidence-based practices.

Services should be provided in a coordinated manner, taking into account the identified needs and available resources, and include the establishment of safe spaces, provision of counseling and psychosocial support, and facilitation of community-based interventions.

In addition to immediate response, coordination should also focus on building preparedness measures for future emergencies, including developing emergency plans and strengthening community resilience to address psychosocial challenges.



RECOMMENDATIONS REGARDING OBJECTIVE 1

- Include **"mental health in all policies"** with stronger recognition and action on mental health in non-health sector policies.
- Develop and pass a **law on mental health** to standardize the vision for mental health and psychosocial support in a broader sense not limited to medical services.
- **Review regulations** from the standpoint of removing service access barriers for certain target groups, as well as strengthening inter-sectoral coordination.
- **Develop a national mental health action plan for 2024-2026** based on a multi-level and multi-sectoral approach to mental health and psychosocial support.
- **Develop and approve key stakeholder engagement procedures** as a guide with clear roles, responsibilities and accountabilities at all levels (including key performance indicators concerning cross-sectoral coordination).
- **Develop multi-sectoral mental health plans at the regional level** to support coordination and implementation of the national mental health policy.
- **Ensure ongoing activities of coordinating bodies** and interdisciplinary teams in the key sectors to support national policy, coordination, and drive action.
- **Strengthen potential of district and local authorities and local self-government bodies** in the field of MHPSS to support local planning and coordination.
- **Build the capacity and expand opportunities for non-governmental organizations** to participate in policy and planning in the field of MHPSS.
- **At all levels, strengthen interaction between public authorities and non-governmental organizations**, in particular organizations of people with lived experience of mental disorders, volunteers, to ensure that approaches in the field of MHPSS meet the local needs.
- **Ensure the empowerment of people with mental disorders** and their engagement in advocacy, policy development, planning, law-making, service delivery, monitoring, research and evaluation in the field of mental health.

5.3. Key Objectives for System Creation



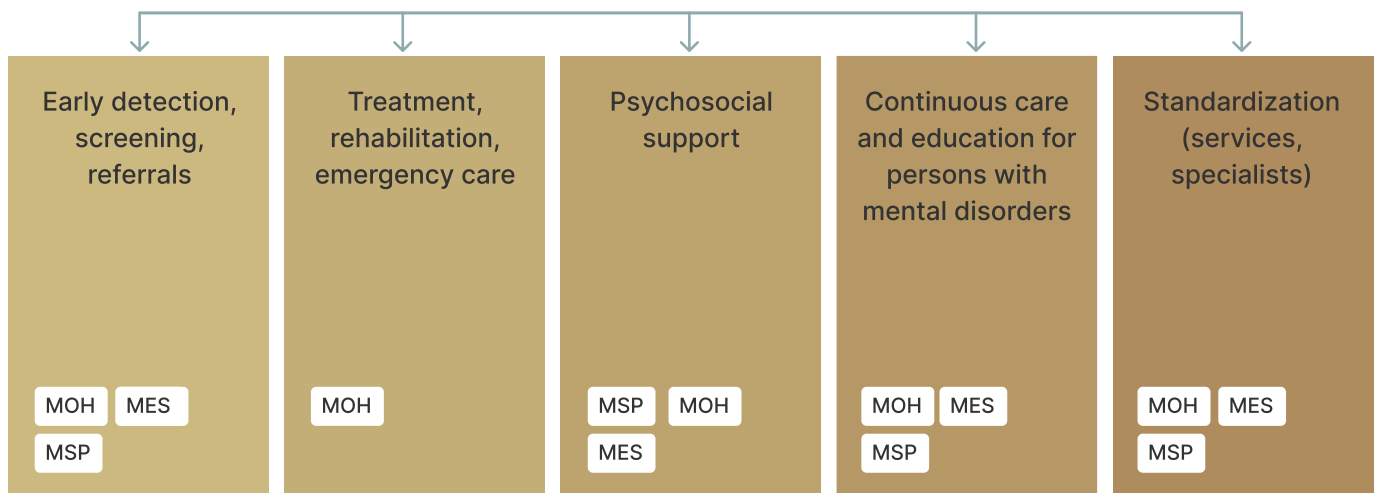
OBJECTIVE №2 CREATION OF ACCESSIBLE SERVICES FOR THE POPULATION

A Vision of the Future

- Workforce in the field of education, social protection, and primary health care has been trained in early detection, support, and referral.
- Screening and referral of persons in the at-risk groups (drug abuse, violence, chronic diseases, life-threatening conditions, etc.) are implemented.
- Treatment, rehabilitation, and emergency care are barrier-free and available in convenient forms: inpatient, outpatient, mobile, etc. Multidisciplinary teams are operating.
- Continuous care ("peer-to-peer", psychosocial support, psychologists, etc.) provides conditions for recovery and rehabilitation.
- Services are provided in accordance with standards and taking into account the results of quality assessment. Specialists are trained according to the educational standards that are in line with professional standards.

Leaders Shaping the Framework and the Agenda

CREATION OF ACCESSIBLE SERVICES FOR THE POPULATION



Priority Projects in Support of Objective 2

- Ministry of Health: "Protection of mental health in the structure of medical care."
- Ministry of Youth and Sports: "Youth centers and active parks as part of the mental health ecosystem."
- Ministry of Social Policy: "Social adaptation for veterans and their family members."
- Ministry of Defence: "Creation of a system for psychological recovery of personnel of the Armed Forces of Ukraine 'PSYCHOLOGICAL RECOVERY OF PERSONNEL'."
- Ministry of Veterans Affairs: "Transition from military service to civilian life. The psychological assistance component".

The development of accessible, comprehensive and flexible MHPSS services that are both cost-efficient and effective is critical to meeting the mental health needs of individuals and communities, especially in resource-constrained settings (see Appendix No. 9 "Creating services for at-risk groups and ensuring their accessibility"). These services include psychiatric care, counseling and therapy services, crisis interventions, support groups, etc.

Standardization of service provision enables the analysis of the value of the service for the client, and optimizing the resources spent, quality, and safety (see the "System resources" section). Based on service standards, requirements for professional skills of the provider are developed, which are included in professional standards. The requirements from the professional standards are included into the education standards, which establish the requirements for training and professional development.

SCREENING, EARLY DETECTION, AND REFERRAL

Early detection of signs of disorders and mental health problems involves strengthening the relevant qualifications of psychologists in educational institutions, social workers, specialists in social work, psychologists, and other professionals in the social sphere, medical workers of all ranks, military psychologists (and their freelance assistants, mental health instructors) and stimulating them to identify signs of mental disorders and behavioral disorders in the population, making sure that such persons get the necessary support, and proactively referring them to specialized services for the provision of qualified care.

The response includes a number of measures in this area:

- **Identifying and addressing mental health problems at an early stage** to prevent them from deterioration, e.g. through the introduction of periodic screening and assessment tools in various settings such as schools, workplaces, primary health care, social protection and social services to identify persons with mental health problems. In particular, screening/hospitalization of persons from at-risk groups identified based on behavioral features, unfavorable family and social factors and circumstances.
- **Establishing high-quality pathways for the recipient of services and protocols for care** with the definition of care criteria as well as algorithms for the health care system and other sectors.
- **Improvement of self-referral mechanisms** by ensuring the high-quality functioning of telephone hotlines and remote assistance lines, in particular over the Internet.
- **Further integration of MHPSS services into the existing primary health care system** to reduce the stigma associated with seeking mental care, and provide holistic and comprehensive health care addressing both the psychological and physical well-being of individuals. Seeing a general practitioner is often the only point of regular contact with the health care system for Ukrainians, so it is very important that they receive high-quality care at this level of the system.

- **The development of telemedicine and telepsychology as part of mental health services** enables remote screening and care, especially in regions with limited mental health resources.
- **Increasing the capacities of psychological services of the components of the SDS of Ukraine** by building their own infrastructure, direct budget allocations in accordance with the forecasted needs, development of personnel capacity and tools, development of a mobilization reserve of psychology specialists—graduates of higher education institutions.
- **Digitalization of psychological information**, passing it between agencies at different stages thanks to the creation of automated workplaces for military psychologists for the purpose of rapid information exchange, developing relevant software in compliance with the requirements of limited access to information.

PROVIDING CARE TO PERSONS WITH MENTAL DISORDERS (TREATMENT, REHABILITATION, AND EMERGENCY CARE)

Rapid response to mental health disorders is critical to make sure that people get relevant and timely care.

The key actions concerning response to mental health disorders:

- **Provision of 24-hour crisis hotlines and emergency medical (psychiatric) care** in multidisciplinary health care facilities to provide immediate support and assistance to persons in acute condition or crisis due to a mental health disorder.
- **Training providers** of medical and social services, including primary care physicians, emergency and urgent care service personnel, **to identify and respond to clinical mental health disorders**, providing them with resources to assess and stabilize the condition of persons with acute mental crises.
- **Deploying a network of mobile multidisciplinary teams** consisting of health care professionals (psychiatrists, psychologists, nurses) and social workers who can provide comprehensive care to people with severe mental illness in the community for their recovery and reintegration into community life. Crisis mobile teams can also be established to care for people with a primary psychotic episode or an escalation of a mental condition that requires intensive care..
- **Expanding the network of outpatient psychiatric care** in general hospitals for the accessibility of psychiatric assessment, examination, and treatment by qualified mental health professionals.
- **Ensuring timely access to psychiatric medications and evidence-based interventions**, such as psychotherapy, for individuals with clinical mental health disorders.
- **Ensuring access to inpatient psychiatric care** for individuals with mental health disorders who require this level of care, and ensuring compliance with human rights when providing such care.
- **Ensuring deinstitutionalization and improving access for citizens**, in particular children and youth, to high-quality specialized psychiatric care based on evidence-based practices by means of development of a network of outpatient psychiatric care in health care facilities and opening of inpatient psychiatric care departments in cluster and supercluster hospitals.
- **Expanding telehealth services** to reach out to people in remote areas, providing them with access to psychiatric examination and ongoing treatment.
- **Provision of social services** (social and psychological rehabilitation, including persons with addiction, social rehabilitation of persons with intellectual and mental disorders, day care, assisted living).

- **Support for the development of services in the non-governmental sector**, elimination of barriers, preferential support, ensuring healthy competition in order to increase the number of service providers and the accessibility of services to the population.

MANAGEMENT OF MENTAL HEALTH PROBLEMS (PSYCHOSOCIAL SUPPORT)

The prompt and timely response to psychological mental health problems is essential to prevent deterioration of these conditions and promote overall well-being.

The response includes a number of measures:

- **Disseminating mental health materials, self-help strategies, and accessible resources** (books, brochures, and online resources) can help address psychological problems.
- **Provision of social services** (counseling, representation of interests, mediation, social support, social adaptation, social integration and reintegration, social rehabilitation), as well as provision of social and psychological support for students, support in inclusive education.
- **Crisis hotlines and support services** can provide immediate assistance and referrals to relevant care.
- **Establishing early proactive intervention programs** that provide targeted support for individuals with mental health problems, which may include intensive educational and social counseling activities and, when necessary, referral of at-risk individuals to appropriate health services, support groups, or skills development workshops, specialized services and support for families.
- **Creating peer-to-peer support networks** whereby people with lived experience of mental health problems can offer advice and emotional support to others experiencing similar problems.
- **Expanding access to digital and telehealth solutions** offering remote counseling and support for individuals with subclinical symptoms, self-help tools, coping strategies, and access to mental health information. This can increase accessibility and reduce costs associated with personal services for the population.
- **Conducting stress management workshops in educational institutions and the workplace** to teach people practical strategies for managing stress, anxiety, and other subclinical symptoms.
- **Conduct mental health first aid training** for community members, educators and other first-line professionals to identify signs of subclinical symptoms and offer support.
- **Cooperation with community organizations**, educational institutions, employers, authorities, and local governments to create a favorable environment for people experiencing mental health problems, including the establishment of community centers where such people can receive appropriate psychosocial support services.

CONTINUING CARE AND EDUCATION FOR PERSONS WITH MENTAL DISORDERS

In accordance with the provisions of the Convention on the Rights of Persons with Disabilities, Ukraine recognizes the right of every person to participate in the life of the society on an equal basis with others: access to justice, freedom and personal integrity, protection of personal integrity, freedom of movement, opportunity to choose a place of residence, accessible education, work and employment, access to health care services, etc. The processes of care should ensure the functioning of a person with mental disorders and/or impaired

intellectual development in a community that is convenient for them, and create opportunities for employment and work, education, etc.

Continuous care and education implies a number of measures:

- **Modernization of the existing services for persons with mental disorders and/or impairment of intellectual development**, with the aim of harmonizing them with international legislation, standards and obligations of Ukraine in this field, developing a modern system of psychosocial services for such persons,⁶² which includes, in particular, the development of supported living services, deinstitutionalization and repurposing of residential institutions.
- **Development of comprehensive community mental health services**, which include outpatient treatment, case management by social services, support for persons with clinical mental health disorders, and their employment.
- **Establishing peer support groups** and mentoring programs connecting **individuals with clinical mental health disorders** with others who have similar experience, providing encouragement and coping strategies.
- **Implementation of psychosocial rehabilitation programs** aimed at building skills and functional recovery, helping people regain independence in everyday life, including teaching recovery and resilience strategies such as stress management, coping skills and self-care practices, supporting people with mental illness to access and participate in community activities, employment and social networks to foster a sense of belonging and purpose.
- **Engaging family members, caregivers, and close friends in the recovery process**, educating them about mental health, including crisis mitigation methods, and encouraging their support. Since families are the primary caregivers for almost all persons with mental disorders, it is reasonable to conduct ongoing activities for families to educate them about their rights and the various government programs available for persons with mental disorders, prevent burnout, and support relatives.
- **Introduction of long-term (nursing) care** for people with mental disorders.
- **Introduction of new types of assistance and support for members of families** of people with mental disorders.
- **Creation of services to support persons** with mental disorders and/or intellectual disabilities **in their employment** (from job search or business idea to dismissal or closing of business) and **education**.

Meeting the diverse needs of individuals and target groups requires a multifaceted approach, accessible and flexible service delivery systems that combine community engagement, technology, and collaboration.

STANDARDIZATION

Standards in mental health care are critical to the quality, effectiveness, and ethical delivery of services, ensuring that people receiving mental health services get high-quality care that is evidence-based, effective, and safe. Standards establish the criteria that service providers must meet; they provide protocols for risk assessment and management, stipulate ethical principles regarding confidentiality, informed consent and ethical boundaries, and hold service providers accountable for their actions and the quality of care they provide.

In general, standardization performs several important functions, namely:

⁶² "Reforming the system of social care homes in Ukraine", NeuroNews magazine: psychoneurology and neuropsychiatry." [Source](#)

- **Economic**—optimization of expenditures of the government financial resources and promotion of their effective use;
- **Social**—the standard includes quality indicators that contribute to the improvement of the quality of services or goods, leveraging the modern level of scientific development;
- **Communicative**—achieving mutual understanding in society through the exchange of information expressed in standard terms, shared rules of activity, and shared interpretation of concepts.⁶³

Standards encourage ongoing professional development and training for mental health professionals. This allows them to be knowledgeable of the latest research and best practices. Service recipients are more likely to seek help from mental health services if they are confident about the quality and professionalism of the staff. See the recommended topics for training specialists of each sector in Appendix 7.

Another important benefit of standards is that they promote consistency in the delivery of mental health services at all levels, ensuring that every client or patient receives the same high level of care, regardless of the provider or location.

In the MHPSS system, it is primarily about educational, professional standards, standards of service, ethical standards, and safety standards. For details on standards, please see the "System Resources" section.

RECOMMENDATIONS REGARDING OBJECTIVE 2

- Ensure **mapping** of available services in the field of MHPSS in all communities, develop high-quality **service recipient pathways** and care protocols, as well as algorithms for the health care system and other sectors.
- **Continue the training of primary care physicians** in common mental health disorders, as well as the creation of **mental health services in general health care facilities**, the establishment of **multidisciplinary** connections between primary care physicians, psychiatrists, medical psychologists, clinical psychologists, social workers, and other health care professionals for the provision of coordinated care.
- Develop **models and standards for providing integrated** medical and social **services** for mental health in the community.
- Transition to **comprehensive integrated community-based** mental health services that include outpatient care, case management by social services, comprehensive health and social care for adolescents and young people with a 'friendly approach' and long-term support for people with mental health disorders.
- Develop and evaluate **online and digital service delivery models** for mental health promotion, in particular consider the establishment of a single national hotline for mental health and psychosocial support (with a referral system), and an online training course "Psychological First Aid and Referral" for specialists in the social sphere.
- Identify **barriers and** benefits of providing services to underserved target groups and communities.
- Continue **the deinstitutionalization of psychoneurological boarding schools** in Ukraine, as prescribed by the Law of Ukraine "On Social Services" and the National Strategy for Reforming the System of Institutional Care for 2017-2026, by gradually transforming them into smaller institutions and opening day care centers in communities. It is necessary to create special small settlements for

⁶³ "Standardization in the health care system", the pharmaceutical encyclopedia of Ukraine. [Source](#)

people with psychoneurological disorders, preferably in cities, where they would have access to all the necessary agencies and services and could be socially reintegrated⁶⁴.

- **Strengthen feedback and complaints mechanisms**, including feedback on institutions related to health care and social protection.
- Alongside with developing services for different target groups, provide continuous **training and supervisory support to employees** to ensure the quality and safety of the services provided.
- It is also important to identify successful models of MHPSS service delivery and **to scale up successful programs** in different contexts to reach larger populations.
- **Implement an effective model to support family members** of people with mental disorders.

⁶⁴ "Experts of the Council of Europe: "The system of psycho-neurological boarding schools must be reformed"—newspaper "Uryadovy Courier." [Source](#)

5.3. Key Objectives for System Creation

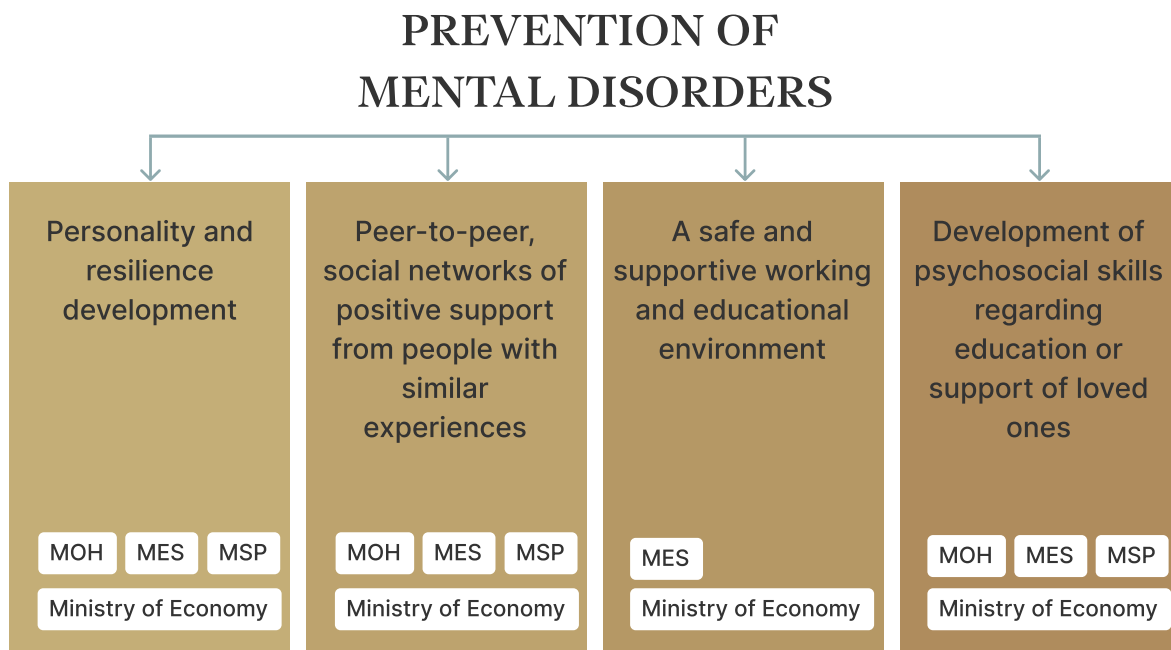
OBJECTIVE №3 PREVENTION OF MENTAL DISORDERS



A Vision of the Future

- Adults and children have problem-solving skills, stress management, and mental health awareness. Education is available to everyone in a convenient format.
- Adults have the skills of positive education (in particular, for children with disabilities), support of loved ones with mental problems. Education is available to everyone in a convenient format.
- Peer-to-peer groups, social networks of positive support exist in sufficient numbers and are supported by specialists.
- Taking care of mental health, like physical health, is an integral part of the educational process and resources are sufficient to meet the needs.

Leaders Shaping the Framework and Agenda



Priority Projects in Support of Objective 3

- MES: "Psychosocial support and psychological care at all levels of education."
- Ministry of Economy: "Investment in human capital: psychosocial support at the workplace and professional stability".
- MCIP: "The Art of Helping."
- Ministry of Justice: "Mental health training for the free legal aid system staff."

Prevention in the field of mental health (psychoprophylaxis) implies taking measures to strengthen mental health and prevent the development of mental disorders.

Prevention measures are a critical part of a highly effective mental health system. Prevention of mental disorders is a complex and multifaceted activity that includes strategies at the individual, family, community, and societal levels. At the same time, it is impossible to prevent the development of absolutely all mental disorders; prevention can both mitigate the impact of risk factors for the development of disorders, and strengthen protective preventive factors.

It may include strategies such as:

- identification of at-risk groups and early proactive diagnosis;
- early proactive intervention programs for at-risk groups,
- raising mental health awareness to reduce stigma,
- development of coping skills and implementation of resilience building programs.

The main specific feature of psychoprophylactic work is its focus on the future, since it is preventive in nature and is performed when the problem as such does not yet exist⁶⁵. Therefore, prevention is the only way to achieve lasting change.

Prevention of mental disorders has many benefits, including benefits for other areas of life, such as physical health and education, fertility. Practical benefits include lower health care costs, less time spent on treatment, improved productivity at work or school, fewer personal problems, and stronger social support.

Prevention can be primary (universal), secondary (selective), or tertiary (indication-based).

These three types of prevention do not compete with or contradict each other. Instead, addressing mental health problems requires the efforts of the entire society, which invests in all levels of prevention.

There are different strategies for each level of prevention. These strategies are aimed at individuals, families, communities, and society as a whole; see Table 3⁶⁶.

At the national, regional, local level, collaboration between national authorities, local authorities, and non-governmental organizations must focus efforts on implementing universal solutions that protect everyone, while providing targeted solutions to support those in at-risk groups and those with problems.

⁶⁵ KNT Publishing House: Psychological prevention of psychotraumatization of servicemen of the Armed Forces of Ukraine, 2023. [Source](#)

⁶⁶ "Preventive Mental Health", Study Smarter. [Source](#)

Table 3. Types of prevention

Prevention level	Description	Strategies
Primary prevention	<p>Focuses on strengthening mental health and well-being of the population through psychological education and resilience building programs.</p> <p>The goal is to reduce the overall number of mental health problems by eliminating risk factors and promoting protective factors.</p> <p>For example, mental health awareness programs in educational institutions and suicide risk prevention programs in the community.</p>	<p>Physical health, access to whole foods, adequate sleep and exercise, lessons for parents, quality of the education system, assistance with basic needs, opportunities to build safe and supportive relationships, psychological education programs, reducing stigma, reducing gender inequality, stress management training, and mindfulness.</p>
Secondary prevention	<p>Targets specific groups or individuals who may be at increased risk due to factors such as family history, experience of domestic violence or abuse, trauma or exposure to stressors.</p> <p>The goal is to provide support to mitigate the impact of risk factors.</p> <p>For example, trauma recovery support programs, grief and loss groups, single parent support groups, etc.</p>	<p>Trauma interventions, support for seniors and people with disabilities, support for health care providers, support for victims of crime, improved access to treatment for the military, police, first responders, veterans, etc., victims of bullying, juvenile prevention, family therapy, support for children of divorced parents, home and homelessness response teams, rehabilitation services, re-adaptation and reintegration programs, preventive personal therapy, improvement of social services and care programs.</p>
Tertiary prevention	<p>This concerns individuals showing early signs or symptoms of mental health problems.</p> <p>The aim is to support those who are already experiencing mental health problems and help them prevent deterioration of their problems. Early treatment helps people lead healthier lives in the future.</p> <p>For example, relapse prevention programs, psychological counseling, and peer support groups.</p>	<p>Appropriate diagnosis and treatment planning, access to treatment for those diagnosed, availability of providers, individual therapy, group therapy, psychiatric hospitalization, access to medication, research on mental disorders, quality education for providers, peer-based groups such as AA and NA, psychological counseling in educational institutions to reduce the risk of developing concomitant mental health disorders, education and support of family and guardians, social services.</p>

As shown by international experience, investments in strengthening mental health and preventive programs are economically beneficial. Some of the most beneficial investments in Australia and UK are programs for parents to prevent anxiety disorders in young people, psychological education to reduce loneliness for the elderly, exercise programs to prevent postpartum depression, but first and foremost—social and emotional education for children, school programs for coping with bullying, workplace wellness programs, and social services⁶⁷.

⁶⁷ “Preventing mental illness and promoting mental well-being”, A New Benchmark for Mental Health Systems, OECD, 2021.

[Source](#)

Prevention is especially important at crucial moments in a person's life. Children and youth are a priority group for mental health strengthening and prevention programs. Early intervention and quick access to quality care are vital, especially for children and young people.

The main focus areas that need to be addressed in order to improve mental health and reduce the risk of mental illnesses in the population are:

- **Raising mental health awareness among different target populations** to reduce stigma and improve understanding of mental health issues, for example, through community-based initiatives teaching emotional regulation and stress management skills.
- **Integration of mental health education and resilience programs** into educational programs to raise mental health awareness and provide learners with the tools to manage their own psychosocial well-being, primarily through **the implementation of social-emotional learning programs**. Social-Emotional Learning (SEL) focuses on five core competencies: self-awareness, self-management, responsible decision-making, social awareness, and relationship skills. These skills are necessary not only for individual well-being, but also help to build healthier and more harmonious communities. Educational interventions that improve coping, resilience, and cognitive skills for at-risk children are effective in preventing anxiety and depression.⁶⁸
- It is also important to **build staff capacity in educational institutions**, in particular through the implementation of specialized training programs, organization of workshops, and access to mental health support resources.
- **Development of psychosocial competences of parents and guardians**, implementation of programs to increase awareness of quality care for children, positive parenting, non-violent upbringing and care. Universal and concerted measures for development and strengthening of the family contribute to the emotional and behavioral adaptation of the child, especially younger children (aged 3–10 years), and can prevent behavioral disorders in families at risk.
- **Creating safe, inclusive, and mental health-friendly environments in educational institutions** that build resilience, including the implementation of anti-bullying programs in schools to reduce the risk of mental health problems caused by bullying and peer victimization.
- **Strengthening positive mutual support between peers** involves the development of social ties, the creation and ongoing support of groups/networks, youth clubs, hubs, the development of online social networks or communities promoting a conscious attitude to mental health, the establishment of systemic approaches in educational institutions, which will promote respectful behavior among peers, prevent adolescent violence and harassment.
- **Encouraging businesses to make workplaces conducive to mental health** through employee assistance programs, stress management workshops, and policies prioritizing work-life balance. It is important to implement preventive measures in the workplace, which include redesign of jobs, ergonomics, time and workload modifications, social support and role clarification; implementing prevention programs concerning anxiety, stress, and burnout for at-risk staff, early identification and brief intervention programs for staff to address alcohol, drug, and mental health problems once they occur.⁶⁹

⁶⁸ "Promotion of mental health and prevention of mental disorders: priorities for implementation," WHO, Eastern Mediterranean Health Journal. [Source](#)

⁶⁹ "Mental Health Promotion and Mental Disorder Prevention", A policy for Europe, 2005. [Source](#)

- **Leaders and managers need to be trained in mental health-sensitive leadership** and strategies to support employees experiencing stress. Implementing peer support programs or mentoring initiatives, whereby experienced staff provides help and emotional support to colleagues who are experiencing stress. Establish formal workplace conflict resolution processes and provide mediation services.
- **Developing social connections**, encouraging social integration and creating supportive social networks, since loneliness and social isolation, particularly among older people, is a common and worrying problem that can have a negative impact on their mental and physical health. Social connections promote a sense of belonging, reduce loneliness, improve the overall well-being of community members, and contribute to the strengthening of community resilience.
- **Reducing loneliness for older people** requires a multi-faceted approach that involves both individual and community efforts. A combination of social support, meaningful activities, and access to resources can significantly improve seniors' quality of life, and help overcome loneliness. For example, encouraging regular social interaction with friends and family members, organizing group activities for people with similar interests and hobbies, promoting participation in cultural and artistic activities, training and support in the use of digital technologies, organizing universities of the third age, virtual social gatherings or online classes, encouraging seniors to volunteer for local organizations or charities, creating intergenerational programs whereby seniors can mentor or connect with younger generations.
- **Reducing the suicide rate** through development and implementation of a comprehensive multi-sectoral suicide prevention strategy and regional suicide prevention programs. Such strategies and programs could focus on:
 - identification of persons in the at-risk groups,
 - providing support in crisis situations and promoting mental health awareness,
 - responsible coverage of suicide cases in the media,
 - limiting access to lethal means (access to medications and safe storage of firearms when not in use),
 - training for medical and non-medical staff in early identification and treatment of priority mental, neurological, and substance use disorders,
 - crisis management skills training and social support for at-risk students, etc.⁷⁰
- **Reducing alcohol consumption**, developing and implementing **programs to prevent the use of psychoactive substances**. Some of the possible measures are: inclusion of lessons and practical classes on the prevention of alcohol and drug use in the curriculum; organization of trainings for teachers and parents on the prevention of alcohol and drug use among children and adolescents; creation of clubs and groups in educational institutions where children can find alternatives to the use of drugs, for example, sports, art, foreign language, etc.; providing family programs and counseling aimed at improvement of family relations and communication; promotion of psychological and social support for families with persons addicted to alcohol or drugs; development and support of recovery programs for addicted persons.
- **Reducing the risk of violence**, including domestic and gender-based violence, through the implementation of special programs is crucial for creating safer communities and promoting gender equality, preserving the mental health and psychosocial well-being of Ukrainians.
- **Prevention of intellectual disability** involves a combination of medical, educational, and social measures to eliminate various causes and risk factors. Adequate prenatal care for expectant mothers is critical to preventing intellectual disabilities. Early detection and intervention for developmental delays and learning difficulties, inclusive education practices can help children reach their full potential. Providing support, resources, and counseling to families of children with intellectual disabilities can improve their overall well-being and ability to provide appropriate care. High-quality early childhood

⁷⁰ "Develop and implement strategies to prevent suicide and promote mental health", WHO, 2019. [Source](#)

development programs lead to lasting improvements in children's social and emotional well-being, cognitive skills, problem-solving behaviors, and school readiness.⁷¹

- **Support in overcoming problems related to adverse life events** (death, serious illness or injury of loved ones, loss of housing, property, work, means of livelihood, conflicts with neighbors, environment, problems with law enforcement agencies and justice, separation from family, etc.).

Prevention of mental disorders requires a comprehensive, multifaceted approach that involves individuals, families, communities, education, health care, and social protection systems. It is important to recognize that prevention efforts can have a positive impact not only on individuals, but also on society as a whole, reducing the burden of mental illness and improving the overall well-being.



RECOMMENDATIONS REGARDING OBJECTIVE 3

- **Implement programs that help parents in raising children.** Develop and implement educational programs aimed at child development, parenting skills, and psychosocial competencies. These programs can be offered in community centers, schools, health care facilities, or through online platforms. Organize parenting workshops and support groups whereby parents can learn from each other's experiences and receive advice from trained facilitators. Develop and promote digital parenting apps and online resources that offer tips, advice, and strategies for positive parenting and child development.
- **Teach children and young people to understand and manage their emotions.** Introduce mental health issues into educational plans and programs **starting from social-emotional training programs**, the development of personal resilience, effective problem-solving skills, and positive habits in students, e.g. the habit of asking for help timely.
- **Contribute to the creation of a safe, inclusive and mental health-friendly environment in educational institutions**, with an atmosphere of safety and care for the mental health of students, respect for their interests, experience and needs, a careful attitude to gender issues, the absence of any manifestations of violence and the availability of sufficient resources to prevent it.
- **Promote policies and implement psychosocial support programs in the workplace**, which include various activities and practices aimed at reducing stress, increasing and supporting the psychological well-being of employees.
- Promote the establishment and **strengthening of social ties in communities**, encourage social integration and the development of supportive social networks, **implement comprehensive programs to prevent loneliness for the elderly**.
- Develop and implement a comprehensive **multi-sectoral evidence-based suicide prevention strategy** based on evidence, best practices, and international human rights conventions. To this end, it is necessary to allocate budget funds, as well as adjust institutional, legal, and service measures.
- **Approve the national drug policy strategy** until 2030 and the operational plan for its implementation for the next three years.

⁷¹ "Develop and implement strategies to prevent suicide and promote mental health", WHO, 2019. [Source](#)

5.3. Key Objectives for System Creation

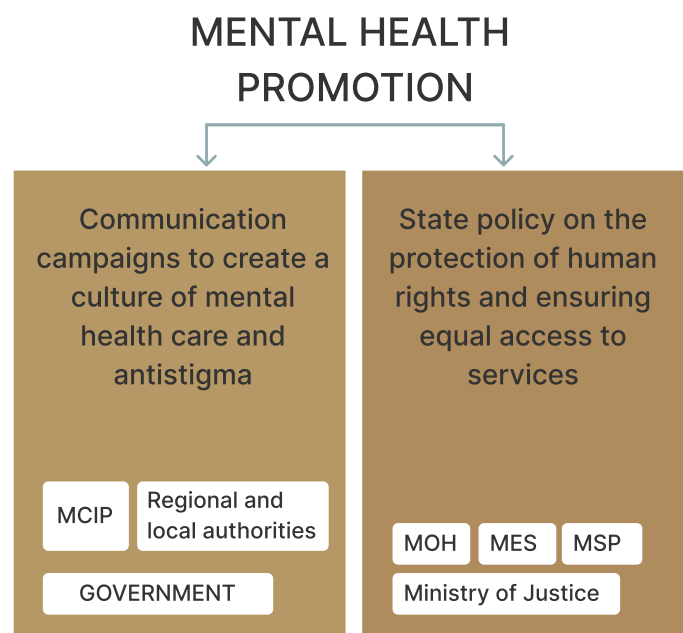
OBJECTIVE №4 MENTAL HEALTH PROMOTION



A Vision of the Future

- Communication campaigns are being implemented to create a culture of mental health care and anti-stigma. Community leaders, first responders, volunteers, educators, etc. are trained and engaged in improving community awareness.
- The laws of Ukraine in practice protect the rights of people with temporary or long-term mental problems and disorders.
- The right to equality and non-discrimination, dignity and respect, privacy and individual autonomy, as well as the right to information and participation, etc.

Leaders Shaping the Framework and Agenda



Priority Projects in Support of Objective 4

- The priority project of the CMU CCMH: "Communication campaign of the All-Ukrainian Mental Health Program "How Are U?"

Promotion of mental health is focused on the development of the culture and skills of taking care of one's own mental health, the use of stress management strategies by the adult population of Ukraine in order to increase the level of their psychosocial well-being. May include communication activities and legislative initiatives aimed at:

- encouraging self-help practices and referrals to specialists,
- engagement of people with lived experience of mental disorders and problems in the promotion of mental health, anti-stigma and increasing motivation for social integration,
- reducing the level of stigma associated with mental health services and discrimination of persons with mental disorders mental problems,
- promoting work-life balance,
- supporting a healthy lifestyle,
- creating a safe and supportive environment.

COMMUNICATION CAMPAIGNS FOSTERING A CULTURE OF CARE FOR MENTAL HEALTH AND ANTI-STIGMA

Mental health is not just a matter of diagnosis and treatment; it is closely intertwined with keeping human dignity and protecting personal life. It is extremely important to recognize and support the rights of people facing mental health problems, and protect their personal data.

Numerous studies show that stereotypes, prejudice, and discriminatory behavior towards people with mental health problems are common. Mental illness and substance use disorders are among the most stigmatized health conditions in the society. A growing body of research suggests that effective policy communication strategies can increase public support for policies that benefit people with these conditions.⁷²

Effective communication in the field of MHPSS is critical, as it can promote awareness of mental health issues, access to services, and reduce the stigmatization of mental illness. Addressing these challenges requires a multifaceted approach that includes public awareness campaigns, training for professionals, and respectful, empathetic communication with those in need of help. At the same time, respect for the rights and privacy of persons with mental disorders is an inviolable cornerstone of any communication.

Development of information campaigns, including mass media advertising, creation of specialized websites to increase awareness, reduce stigma and discrimination related to mental health problems. Encouraging open dialog about mental health in schools, workplaces, and communities. Public awareness campaigns and education programs help to dispel misconceptions and encourage people to seek help when needed.

During 2020, most member countries of the Organization for Economic Co-operation and Development (OECD) and numerous international agencies such as the World Health Organization (WHO), the Inter-Agency Standing Committee (IASC), and the European Commission have developed guidance on how to deal with COVID-19 and support good mental health. This mental health information, which is publicly distributed on the Internet, contains advice for the general public, health professionals, parents, children and young people, and mental health professionals. The materials include advice on steps to protect psychological well-being, such as limiting news consumption, maintaining social contact on the phone or online, being

⁷² E. McGinty, B. Pescosolido, A. Kennedy-Hendricks, and C. L. Barry, "Communication strategies to counter stigma and improve mental health and substance use disorder policy", 2018. [Source](#)

physically active at home, getting enough rest, eating well, and avoiding tobacco, alcohol, or other drugs. Some materials created by international agencies have been translated and used in hundreds of countries.⁷³

The main aspects of communication in the field of MHPSS:

- **Reducing stigma.** Communication campaigns and messages aimed at reducing the stigma associated with mental illness can use a variety of media, including social media, posters, and ads. The cross-cutting messages of every mental health communication campaign should be: we need to normalize conversations about mental health, and help is available
- **Raising public awareness.** Information materials and awareness campaigns to increase public awareness of mental health, common mental disorders and available support services. Spreading and promoting self-help practices and stress reduction techniques that people can incorporate into their daily lives, such as mindfulness, yoga, and physical activity.
- **Effective communication.** Effective communication between mental health professionals and clients requires patience and empathy; it is essential to establishing trust and understanding. Using different communication techniques such as non-judgmental language, active listening, encouraging communication with positive reinforcement can help to reduce the stigma around mental health problems and encourage people to seek the support they need (the link to the guide on “Basic skills of self-care and care for others” can be found in Appendix 7; the topics for learning are listed in Appendix 8). Since the beginning of the war, people in Ukraine and Ukrainian refugees have faced a number of stressors; understanding these problems, the MHPSS Technical Working Group in Poland has developed a memorandum on the basics of communication with Ukrainian citizens and those who have come from Ukraine as a result of the war, which contains recommendations on effective communication with people affected by emergency humanitarian situations and experiencing signs of distress⁷⁴.
- **Media coverage of mental health.** Promoting responsible and accurate media coverage of mental health issues to avoid sensationalism and stigmatization. Encouraging a balanced and sensitive portrayal of people with mental disorders in the media. Of particular note is the topic of suicide coverage, which may encourage at-risk individuals to consider or attempt suicide. Best practices and recommendations for reporting on suicide are provided in the documents of the world's non-governmental organizations dealing with suicide issues,⁷⁵ and in resources that have been created with the support of the Australian Government⁷⁶.

ADVOCACY AND COMMUNITY ENGAGEMENT

Advocacy is considered a core area of activity in any mental health policy because of the benefits it brings to clients and their families. There are different types of advocacy activities: awareness raising, dissemination of information, education, training, mutual assistance, counseling, mediation, protection, and exposure. These activities aim to reduce barriers such as lack of mental health services, stigma associated with mental disorders, violation of patients' rights, lack of promotion at work, lack of housing and jobs. These barriers can be addressed through improving policies, laws and services; promoting the rights of persons with mental disorders; strengthening mental health; and preventing disorders.⁷⁷

⁷³ “Preventing mental illness and promoting mental well-being”, A New Benchmark for Mental Health Systems, OECD, 2021.

[Source](#)

⁷⁴ Poland MHPSS Technical Working Group, “Essential Concepts and Best Practices for Mental Health and Psychosocial Support (MHPSS)”, 2022. [Source](#)

⁷⁵ “Best Practices and Recommendations for Reporting on Suicide”. [Source](#)

⁷⁶ “Resources about suicide, mental ill-health, alcohol and other drugs” [Source](#)

⁷⁷ “WHO (2003) Advocacy for Mental Health”, Mental health innovation network. [Source](#)

Engagement of representatives of target groups, in particular people with lived experience of mental health disorders, in volunteering, providing support and mentoring, **strengthening their capacity and giving them opportunities to participate in planning, development, and evaluation** of policies and programs. People with lived experience of mental health disorders are those who have a diagnosed mental disorder or have experience of caring for and close interaction with persons with mental disorders (family or friends). Engaging this group of people in the improvement of psychiatric care or psychosocial services enables a better focus on the user experience. This plays a crucial role in raising awareness and reducing the level of stigma in society towards those with a mental disorder, as well as in improving society's attitude towards everyone.⁷⁸

RECOMMENDATIONS REGARDING OBJECTIVE 4

- **Develop information campaigns** and educational materials on mental health issues (national, regional and local level, aimed at the population at large and specific target groups) to increase the public awareness of mental health.
- **Use traditional media and social media** platforms to amplify messages and reach a broader audience; this includes writing of articles, publishing press releases, and being interviewed by the media. Create and share compelling stories and videos to make your promotion more relevant.
- **Launch anti-stigma campaigns** engaging celebrities, opinion leaders, and public figures.
- **Promote and support legislation** that protects the rights of people with mental disorders, including anti-discrimination laws and mental health parity.
- **Advocate for compliance with international and national** mental health standards and guidelines, such as those established by the WHO or national authorities.
- **Develop and disseminate information materials** to inform the public and policymakers about the importance of mental health and **the need for policy changes**, highlighting the economic and social health benefits of investment in mental health.
- **Collaborate with experts and policymakers and other stakeholders** at the local, regional, and national levels to develop policy proposals addressing the identified mental health needs.
- **Mobilize the public** to support advocacy efforts through mass campaigns and public events. Encourage personal stories and testimonials to humanize the issue.
- **Engage non-governmental organizations, professional associations, and private organizations** through programs in support of educational campaigns.
- **Advocate for increased funding** for mental health services, research and prevention programs, highlighting the potential return on investment and cost savings associated with improving mental health.
- **Cooperate with people with lived experiences** of mental health disorders to improve mental health policies, provide resources and services.

⁷⁸ "Partnering with people with a lived experience", The Royal Australian & New Zealand College of Psychiatrists, 2021. [Source](#)

SYSTEM RESOURCES

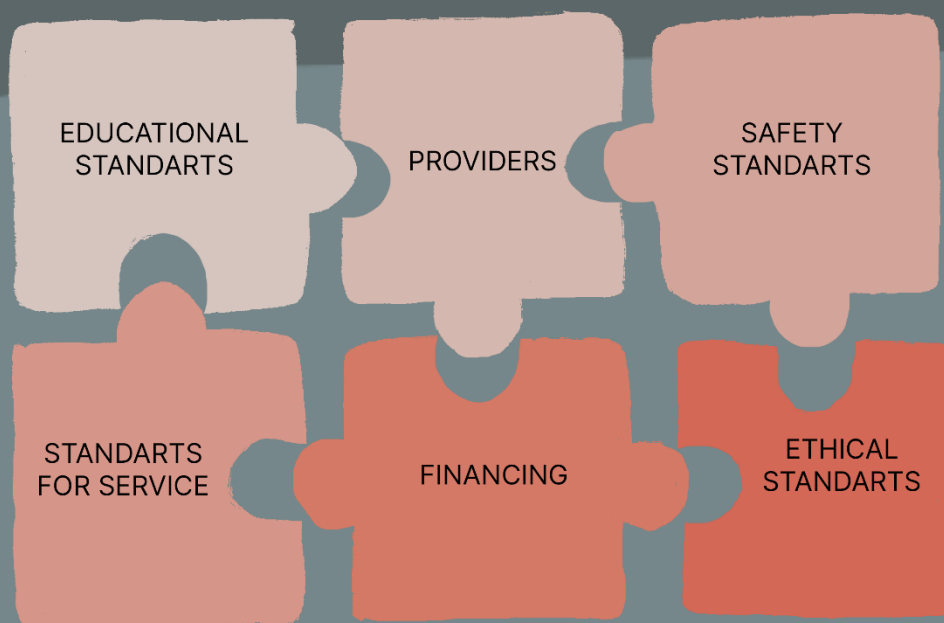
6.1. Financing

6.2. Trained and Motivated Service Providers

6.3. Standards

6.4. Technologies

6.5. Innovations



6. SYSTEM RESOURCES

Ensuring the proposed outcomes and creating an effective system of MHPSS is possible if responsible institutions and organizations are provided with sufficient resources: funding, skilled specialists, and a system of standards (see Fig. 10).

Together, the resources make up an interdependent system; every resource should be sufficiently available, otherwise the possibility of providing quality services is limited. A number of conditions must be met for quality provision of any service:

- **The process and the result of the service, as well as their assessment, should be standardized** keeping in view the available approaches and technologies;
- **Based on the service standard, the professional standards of the providers should be developed**, which contain a list of necessary competencies for the specialists involved;
- **Professional standards lay the foundation for educational standards**, which set the requirements for mandatory learning outcomes and competencies of students of the appropriate level and specialty;
- The service provision system must be equipped with a sufficient **number of motivated providers** who have an appropriate level of education and improve their qualifications **in accordance with the approved requirements for professional development** of specialists in a specific field;
- **Financing of services should be differentiated depending on personal needs, case complexity, and socio-economic circumstances** of service recipients;
- Targeted financing of services should be implemented in all the fields in which MHPSS services are provided (the so-called **“money follows the person”** approach);
- **It is necessary to provide motivation to engage** the service recipient in the process of obtaining psychosocial support / treatment / rehabilitation / provision of other types of care, in particular through voucher financing and co-financing practices.

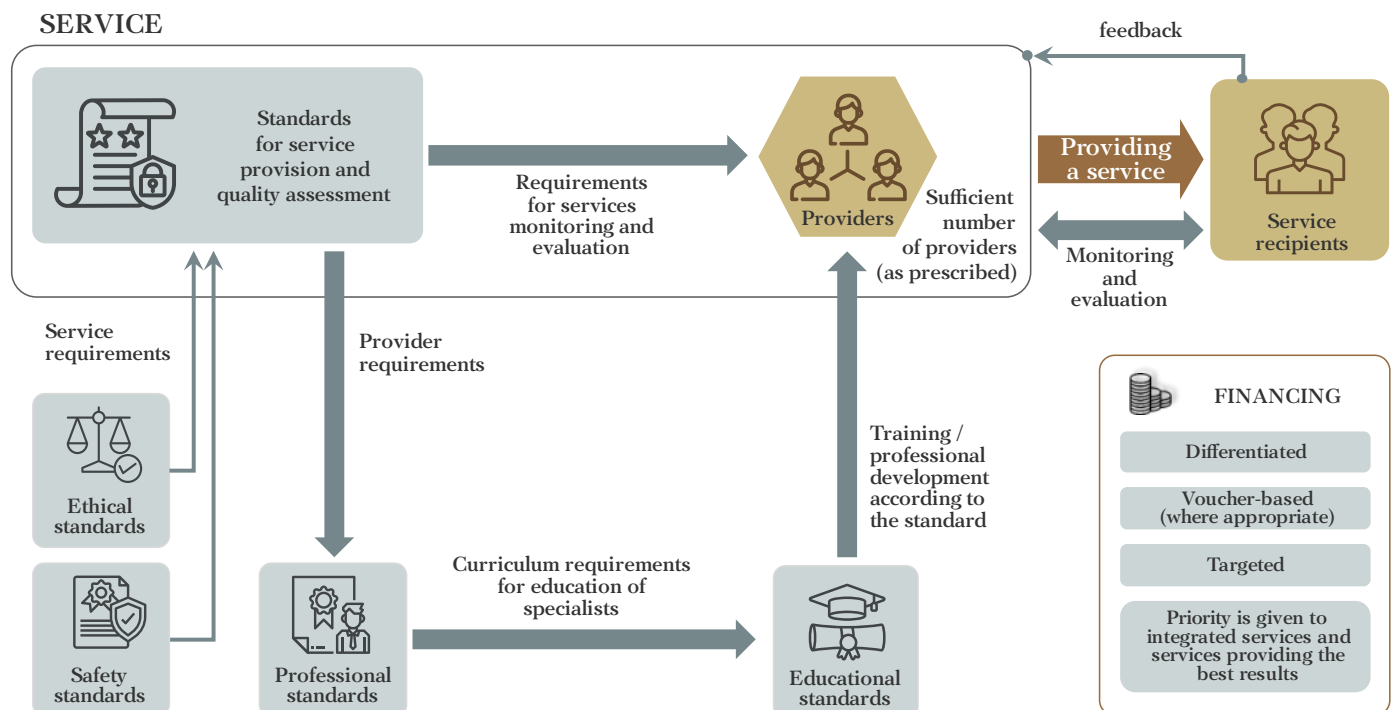


Fig. 10. Resources and standards in the MHPSS system

It is important that the different parties and sectors, each responding to the same challenges with their specific mandates and interests, coordinate their efforts. This allows for effectiveness of care, as it prevents confusion, reduces the risk of duplication and harmful gaps, and supports the efficient use of limited resources⁷⁹.

The availability of a system of relevant quality standards is of crucial importance for ensuring quality, efficiency, and ethical provision of services in the field of MHPSS. In order to build a system for providing high-quality and effective services, it is necessary that professional standards for providers are developed based on standards of care, with a list of the necessary competencies of employees based on evidence-based techniques. Education standards should include knowledge and skills written down in professional standards (see Fig. 10). The standards ensure that people who receive mental health services get high-quality medical, social, and other MHPSS care that is evidence-based, effective, and safe. They establish criteria that service providers must meet, establish protocols for risk assessment and management, include ethical principles regarding confidentiality, informed consent, and ethical boundaries, and hold service providers accountable for their actions and the quality of care they provide. The standards contain norms for continuous professional development and training of mental health specialists. This way they can acquire knowledge about the latest research and best practices. Clients are more likely to seek help from mental health services if they are confident about the quality and professionalism of the staff.

Also, standards ensure the consistency of services at all levels, and guarantee an equally high level of care to recipients, regardless of the location of the service provider or its organizational or legal form.

One of the processes for ensuring the quality of services is monitoring and evaluation. Monitoring involves the continuous control and observation of services and programs by collecting data on a regular basis to obtain feedback, determine progress, and understand whether activities need to be adapted, improved, or adjusted, while evaluation implies the systematic evaluation of the overall effectiveness and impact of programs.

In general, **quality monitoring (control)** involves the following measures:

- Ongoing evaluation, which includes ongoing assessment of services, interventions, and processes to ensure that they meet the established standards and guidelines;
- Development of key performance indicators (KPIs) to measure the different aspects of service quality, such as availability, safety, effectiveness, and client satisfaction;
- Ongoing data collection on the results of service recipients, adherence to treatment (compliance, waiting time, and other relevant indicators);
- Ongoing training and professional development of staff to make sure they have the skills and knowledge to provide high quality care;
- Collecting feedback from service recipients and their families to identify areas for improvement and measure their satisfaction;
- Ongoing internal audits to review processes, protocols and documentation to ensure compliance with standards and regulations;
- Identification and management of potential risks that may affect the safety of service recipients and the quality of services.

⁷⁹ "Priority multi-sectoral measures for mental health and psychosocial support in Ukraine during and after the war: an operational road map", 2022. [Source](#)

Quality assessment implies the following activities:

- Systematic assessment of the overall impact of mental health services and MHPSS programs on individuals, families, and communities;
- Evaluation of service recipient outcomes such as symptom reduction, functional improvement, and general well-being;
- Cost-effectiveness analysis of interventions and programs to ensure efficient allocation of resources;
- Engaging stakeholders (service recipients, families, staff, and other stakeholders) in the evaluation process to gather diverse perspectives;
- Benchmarking—comparative analysis of performance indicators and results with established benchmarks and industry standards;
- Assessing whether interventions and treatments are evidence-based and consistent with established guidelines;
- Using assessment results to identify areas for improvement and implementing changes to improve the quality of care and support;
- Transparent reporting of assessment results to stakeholders, including service recipients, families, public authorities, and policy makers.

6.1. Financing

Funding for mental health services from a variety of sources is critical to ensure the availability and accessibility of mental health services for those who need them. Budget allocations for the provision of services in national and local budgets are a significant step in prioritizing mental health as part of the overall health care system. Concurrently, MHPSS services can be financed by companies, institutions and organizations, from charitable assistance, out-of-pocket expenses of the clients, and from other sources not prohibited by law.

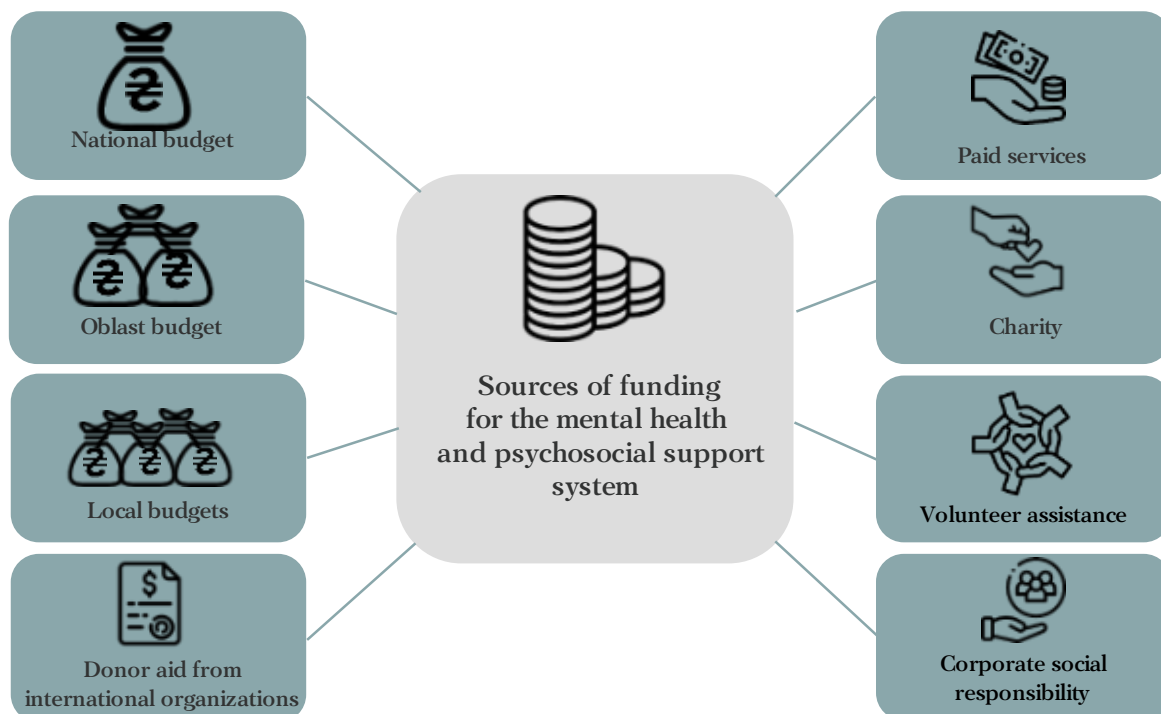


Fig. 11. Sources of funding for MHPSS services

For the first 9 months of 2023, the costs of MHPSS services in the field of health care amounted to UAH 2.8 billion⁸⁰. In institutions of the social sphere, financing is provided by local budgets, through paid services, and other sources not prohibited by law.

In the field of education, financing comes from the government budget (for salaries), the local budget (for maintenance of institutions), from additional funds of institutions (parental contributions, etc.) and other sources. All services are financed within the limits of the specialists' salaries.

MHPSS in the security and defense sectors is financed from the government budget, while the provision of individual services is carried out within the limits of the specialist's salary. It is worth noting that the defense sector has not allocated a separate budget for psychological rehabilitation measures, and the programs do not fully cover the needs and requests of servicemen.

⁸⁰ NHSU dashboard "Payments to providers of medical care under the program of medical guarantees" for three quarters of 2022 (groups of services No. 19, 22, 39, 51). [Source](#)



RECOMMENDATIONS REGARDING THE FINANCING SYSTEM

- Expand the mental health services included in the program of medical guarantees, in particular, harmonize the elements of psychological care in the existing service packages (bring the Scope of Services, Procurement Terms, and personnel requirements into line), make changes to PMG-2024 service packages, differentiating the involvement of specialists in the field of mental health. Develop additional requirements for PMG-2024, define the minimum number of PMG-2024 packages that can be provided by 1 specialist only.⁸¹
- Define a detailed minimum package of child and adolescent mental health services (based on a multi-tiered activity system) aimed at support and prevention that can be evaluated (including the identification of the infrastructure, human and service delivery resources required by the sector).
- Create cross-sectoral groups for budget planning of MHPSS activities to support effective and coordinated budget requests and processes, as well as for the development of a medium-term expenditure structure.
- Consider the creation of a government fund to provide additional off-budget funding for prevention, promotion, research, and innovation in mental health.
- Financing of services should be differentiated depending on personal needs, case complexity, and socio-economic circumstances of service recipients.
- Targeted service financing (“money follows the person”) should be implemented in all the relevant MHPSS fields.
- It is necessary to ensure motivation to engage the service recipient in the process of obtaining psychosocial support / treatment / rehabilitation / provision of other types of care, in particular through voucher financing and co-financing practices.

⁸¹ V. Klymchuk. Analytical note "Components of psychological care in the program of medical guarantees as of 2023. Analysis and recommendations." [Source](#)

6.2. Trained and Motivated Service Providers

The assistance in strengthening of mental health, preventing mental disorders, as well as providing support and treatment to individuals and communities with mental health problems is provided by both individual professionals and teams of specialists in enterprises, institutions, and organizations (see Table 3). The largest numbers of such specialists are concentrated in the fields of health care, education, and social protection.

MHPSS services **in the health sector** are provided in the following medical and preventive institutions:

The network of MHPSS service providers includes doctors—psychiatrists, psychotherapists, medical psychologists, clinical psychologists, nurses in psychiatric care institutions, occupational therapists, speech therapists, general practitioners, family doctors, pediatricians, therapists, and other specialists. The largest number of specialized personnel is concentrated in inpatient care facilities, but there is a shortage of specialists at all levels: as of 2022, 83.7% of the total positions were filled⁸².

In the field of social protection, the network of providers is the most extensive and multi-level. The institutions of the national level include health resorts, educational and scientific institutions, and state centers of comprehensive rehabilitation. The local level institutions include boarding houses (children's boarding houses, institutions of social protection for persons with mental disorders, boarding houses for elderly citizens and persons with disabilities), territorial social service centers (provision of social services) with inpatient care departments (facilities for the homeless, registration centers, social hotels, night shelters, reintegration centers), centers for the provision of social services, institutions for social support of children, families, and youth (centers for social and psychological rehabilitation of children and youth with functional limitations, social centers for mothers and children, centers for social and psychological assistance, centers for social and psychological rehabilitation, social hostels, etc.), centers of social services (regional, city, district, village), social protection institutions for children (centers for social and psychological rehabilitation of children, shelters, small group homes), early intervention centers (units), specialized services for victims of domestic violence. Services are provided by social workers, psychologists of social welfare institutions, social pathologists, social work specialists, conflict resolution specialists, social managers, etc.

A significant share of the types of institutions is not represented in certain regions due to the insufficient number of staff. The number of specialists is lower than the number of corresponding positions. The number of psychosocial service providers in different regions is unequal: for example, the centers for HIV-infected children and youth are staffed in only 2 regions.

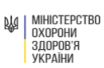





In the field of education and science at the national level, there are two institutions available: the State Enterprise "Institute of Modernization of the Content of Education," and the Ukrainian Scientific and Methodological Center of Practical Psychology and Social Work of the National Academy of Pedagogical Sciences of Ukraine. At the regional level, there are educational methodical centers / offices / laboratories of the psychological service in Kyiv city and districts / cities of other regions, and methodologists of the psychological services of rayon / city methodical centers / offices / laboratories, administrations (departments) of education, and communities. At the local level, providers of MHPSS services work in inclusive resource centers and educational institutions: higher, vocational, and technical education, preschool education, general secondary education (health care institutions of general secondary education with boarding for children with various diseases, and special institutions of general secondary






⁸² "Resource audit of the system of mental health services." [Source](#)

education), general out-of-school education institutions, and general secondary education institutions with inclusive education.

Components of SDS of Ukraine: psychological, medical, military social services of any departmental subordination, with their own infrastructure, uniform qualification requirements for service providers, according to uniform standard care protocols, with specialized scientific and educational institutions. Additionally, by agreement and on contractual terms, civilian sector mental health specialists (individuals and legal entities) are engaged with clear and transparent rules of access, quality control of services, and compliance with the conditions of limited access to information.

Table 4. MHPSS service providers in the public sector

Ministry	Subordinated organizations and institutions	Psychosocial services specialists
 Ministry of Health	Center for Public Health of Ukraine, National Health Service of Ukraine, medical and preventive institutions of the Ministry of Health, medical universities, pharmaceutical and other institutions	Doctors (psychiatrists, narcologists, psychotherapists, psychologists, sexual pathologists), nurses and social workers in psychiatric care institutions, occupational therapists, defectologists, other specialists (general practice, pediatricians, nurses), volunteers, and other staff
 Ministry of education and science	Educational institutions, inclusive resource centers, the Institute for the Modernization of the Content of Education, the Ukrainian Institute for the Development of Education, and other institutions	Practical psychologists, social educators, methodologists, lecturers, teachers, educators, speech therapists, speech pathologists, career counselors, and other specialists
 Ministry of Social Policy	State, communal, and private providers of social services, health resorts, rehabilitation centers, social welfare institutions for children, specialized services for victims of domestic violence	Social workers, social work specialists, psychologists and practical psychologists, social pathologists, social managers, and other staff
 Ministry of Economy	The system of institutions of the State Employment Service The State Labor Service of Ukraine and its territorial bodies	Psychologists and career guidance specialists of the State Employment Service Labor inspectors and occupational safety and health specialists
 Ministry of Youth and Sports	Youth centers, the "All-Ukrainian Center of Physical Health of the Population "Sports for All", centers of physical health of the population "Sports for All"	Youth specialists (youth workers), specialists in the field of physical culture and sports, in particular coordinators of the social project "Active Parks—Locations of Healthy Ukraine"
 Ministry of Veterans Affairs	Institutions providing psychological assistance services to veterans Centers for social and psychological rehabilitation of the population in the field that is under their management	Mental health specialists of institutions that provide services of psychological assistance to veterans; Practical psychologists, social work specialists of CSPRs

 <p>Ministry of Digital Transformation</p>	<p>Centers for the provision of administrative services, the Unified portal of state services DIIA</p>	<p>Administrators of the Centers for the provision of administrative services, user support of the Unified state online portal of electronic services and mobile application</p>
 <p>Ministry of Justice</p>	<p>Free Legal Aid System, State Criminal Enforcement Service of Ukraine, State Institution "Probation Center"</p>	<p>Lawyers of centers for the provision of free legal aid, psychologists of the psychological service of penal institutions, probation psychologists</p>
 <p>Ministry of Internal Affairs</p>	<p>National Police (including juvenile police), State Emergency Service of Ukraine, National Guard of Ukraine, State Border Guard Service</p>	<p>Practical psychologists of the Ministry of Internal Affairs, dialog police officers, psychologists of the State Emergency Service, psychologists of the National Guard</p>
 <p>Ministry of Defence</p>	<p>Organizations and institutions subordinated to: the Armed Forces of Ukraine, the Main Directorate of Intelligence, the State Service of Special Transport, the central apparatus of the Military of Defense of Ukraine. During the martial law, the other components of the Security and Defense Sector of Ukraine, in particular the National Guard of Ukraine, the State Border Guard Service of Ukraine, the National Police of Ukraine, and the State Security Service of Ukraine are subordinated to the Armed Forces of Ukraine</p>	<p>Specialists in the provision of psychosocial services: personnel of structural units of the psychological service, freelance assistant psychologists ("peer-to-peer"), units and officials authorized to perform tasks of military social work, commanders (officers and sergeants), military priests (chaplains), medical personnel</p>
 <p>Ministry of Culture and Information Policy</p>	<p>Cultural institutions, communication campaigns (together with communication services of other ministries)</p>	<p>Employees of cultural institutions, communication specialists</p>

Practical psychologists and social educators play a key role in the provision of MHPSS services in educational institutions; however, certain functions in the field of MHPSS also depend on methodologists and teachers. MHPSS functions were viewed by teachers as a supplement to their academic role, and not as part of their main responsibilities. There is a shortage of specialists in psychological services: for example, in almost half of general secondary education institutions there is no practical psychologist or social educator.

Specialists of the State Employment Centers and the State Labor Service are also engaged in MHPSS. Each of the structures of the Ministry of Internal Affairs (National Police, National Guard, State Border Guard Service, and State Emergency Service) has psychological services. In the Ministry of Defence, MHPSS providers are available both in specific military units and in the command.

There are also different international organizations, NGOs and agencies working in Ukraine that play an important role in supporting numerous aspects of health care, including mental health. These organizations take care of issues related to psychological assistance in frontline and de-occupied

territories, in emergencies, assistance to persons with HIV/AIDS, prevention of domestic and gender-based violence, etc.

The number of psychologists in private practice in Ukraine is around several thousand. According to Forbes estimates⁸³, the private psychotherapy market is about UAH 14 billion per year. More accurate assessment is complicated by the fact that a large part of the specialists provide their services unofficially, and many of them reside abroad. A significant number of them provide counseling without proper education; however, due to the lack of approved professional standards and qualification requirements, there are no tools for bringing unscrupulous psychologists to justice. There are no clear criteria to guide service users' choice of the specialist.

The current practices for planning and managing human resources in the public health care system do not represent a coherent model, and the availability of psychiatrists and qualified mental health service providers varies significantly across regions⁸⁴. In order to create a comprehensive and effective MHPSS system that would satisfy the different needs of individuals and communities, cooperation and coordination between specialists in all the fields listed above is important.

⁸³ Forbes Ukraine: "An almost 1.5 billion market. The war brought tens of thousands of Ukrainians to psychologists. How the mental health business is organized". [Source](#)

⁸⁴ International Medical Corps, "Mental Health in Transition: evaluation results and recommendations for the integration of mental health care into the system of primary medical care and civic platforms in Ukraine." [Source](#)

6.3. Standards

SERVICE STANDARDS

Industry standards in the field of health care include⁸⁵:

- standard of medical care (medical standard) is a set of norms, rules and regulations, as well as relevant medical quality indicators that are developed based on the modern level of development of medical science and practice;
- clinical protocol is a unified document defining the requirements for diagnostic, therapeutic, preventive methods of medical care and their sequence;
- rehabilitation care protocol in health care is a unified document defining the requirements for rehabilitation measures and their sequence in accordance with the guidelines on rehabilitation in health care, based on the current level of development of international rehabilitation science and practice;
- The List of Material and Technical Equipment is a document that defines the minimum list of equipment, facilities, and means necessary for equipping a specific type of health care institution or its branch, as well as for ensuring the activities of private entrepreneurs conducting medical practice within specific specializations and/or having the right to provide rehabilitation assistance in accordance with the law;
- The State Drug Formulary is a list of medicinal products registered in Ukraine, which includes drugs with proven effectiveness, an acceptable level of safety, the use of which is acceptable economically.

The register of medical and technological documents on the standardization of medical care operates in accordance with the Regulations on the Register⁸⁶ approved by the order of the Ministry of Health of Ukraine dated September 28, 2012 No. 751 "On the creation and implementation of medical and technological documents on the standardization of medical care in the system of the Ministry of Health of Ukraine" and registered in the Ministry of Justice of Ukraine on November 29, 2012 under No. 2004 /22316⁸⁷.

In the health system of Ukraine, a new system of standardization of medical care is being built based on the use of methods for the development of clinical guidelines, medical standards, unified clinical protocols, and local protocols of medical care built on evidence-based medicine.

However, despite the Methodology for the development and implementation of medical standards of medical care on the basis of evidence-based medicine approved by the order of the Ministry of Health of Ukraine dated September 28, 2012 No. 751, only a few domestic unified clinical protocols have been developed in Ukraine; they cover only a small percentage of health conditions, namely autistic spectrum disorders⁸⁸, dementia⁸⁹, depression⁹⁰, reaction to severe stress and adaptation disorders (post-traumatic

⁸⁵ "Foundations of Legislation of Ukraine on Mental Health" [Source](#)

⁸⁶ The State Expert Center of the Ministry of Health of Ukraine: "Register of medical and technological documents" [Source](#)

⁸⁷ Order of the Ministry of Health of Ukraine No. 751 dated September 28, 2012 "On the creation and implementation of medical and technological documents on the standardization of medical care in the system of the Ministry of Health of Ukraine." [Source](#)

⁸⁸ Order of the Ministry of Health of Ukraine No. 341 dated 15.06.2015 "On the approval and implementation of medical and technological documents on the standardization of medical care for autistic spectrum disorders." [Source](#)

⁸⁹ Order of the Ministry of Health of Ukraine No. 736 dated July 19, 2016 "On the approval and implementation of medical and technological documents on the standardization of medical care for dementia." [Source](#)

⁹⁰ Order of the Ministry of Health of Ukraine No. 1003 dated December 25, 2014 "On the approval and implementation of medical and technological documents on the standardization of medical care for depression." [Source](#)

stress disorder)⁹¹. These protocols were supposed to be reviewed 3 years after their approval (in 2017-2019), but this requirement was not fulfilled on time.

In order to introduce evidence-based medicine in Ukraine, the order of Ministry of Health of Ukraine dated 12/29/2016 No. 1422⁹² "On Amendments to the Order of the Ministry of Health of Ukraine dated September 28, 2012 No. 751" (entered into force on April 28, 2017) enables doctors to apply international clinical protocols.

A novel clinical protocol is a clinical guideline selected by the Ministry of Health of Ukraine for the use in Ukraine as a clinical protocol without undergoing the procedure for its adaptation; determines the process of providing medical care for a certain medical condition; is approved by the Ministry of Health of Ukraine as the text of a new clinical protocol or a link to the source where it was originally published⁹³. The Ministry of Health of Ukraine selects such new clinical protocols from among the clinical guidelines approved in Appendix 4 to the Order of the Ministry of Health of Ukraine dated September 28, 2012 No. 751⁹⁴. Appendix 4 contains a list of the names of databases where clinical guidelines are posted, as well as links to these databases on the Internet.

For the mental health care system, the implementation of clinical protocols is important for the improvement of work efficiency (often due to the standardization of the provision of medical care to patients) and the optimization of the cost of treatment. The implementation of protocols can also contribute to raising the level of trust in the health care system in particular and the government as a whole, since the provision of high-quality and effective medical services contribute to a positive popular perception of both the system providing services and the government that guarantees them⁹⁵.

In order to provide adequate information, the State Expert Center of the Ministry of Health of Ukraine grants access to international databases and organizations working in the field of dissemination of principles and methods of evidence-based medicine, development of clinical guidelines and standards of medical care, primarily GIN (Guidelines International Network)⁹⁶.

According to Article 19 of the Law of Ukraine "On Social Services", social services are provided in accordance with state standards of social services by social service providers of the state, communal, and non-state sectors, regardless of funding sources. The state standard of social services defines the content and volume, norms and standards, conditions and procedure for providing social services, and their quality indicators⁹⁷.

State standards of social services and the procedure for their development are approved by the Ministry of Social Policy. The classifier of social services approved by the order of the Ministry of Social Policy dated 06/23/2020 No. 429 is intended for mandatory use by subjects of the system when planning the provision of social services, conducting their accounting and financing, involving non-state providers of

⁹¹ Order of the Ministry of Health of Ukraine No. 121 dated February 23, 2016 "On the approval and implementation of medical and technological documents on the standardization of medical care for post-traumatic stress disorder." [Source](#)

⁹² Order of the Ministry of Health of Ukraine No. 1422 of December 29, 2016 "On Amendments to Order of the Ministry of Health of Ukraine No. 751 of September 28, 2012." [Source](#)

⁹³ Committee of Medical and Pharmaceutical Bioethics Law: "Standards in the field of health care as a source of legal relations for the provision of medical care" [Source](#)

⁹⁴ Order of the Ministry of Health of Ukraine No. 751 dated September 28, 2012 "On the creation and implementation of medical and technological documents on the standardization of medical care in the system of the Ministry of Health of Ukraine." [Source](#)

⁹⁵ The Government Portal, "International Treatment Protocols: the Benefits for Patients, the Health System, and the State", 2017. [Source](#)

⁹⁶ State expert center of the Ministry of Health of Ukraine, "Register of medical and technological documents", 2019. [Source](#)

⁹⁷ Law of Ukraine "On Social Services" [Source](#)

social services in their direct provision and implementation of the relevant outreach work."⁹⁸ As of October 2023, 29 state standards for the provision of social services have been approved.

Social services are provided according to the case management approach, which consists in assessing the situation of a person with the participation of the service recipient, establishing contact with them and evaluating the specific services they receive (strengths and weaknesses), drawing up an individual plan for service provision (determining the goals and results of provision, measures to be carried out, engagement of implementers of these measures, including actors in other sectors), monitoring of the implementation of the individual plan (achievement of results), re-evaluation of individual services (if necessary), case closure (completion of the provision of social services).

Resolution of the CMU "On Amendments to Certain Resolutions of the Cabinet of Ministers of Ukraine Regarding the Provision of Social Services in the Event of the Introduction of a State of Emergency or Martial Law in Ukraine or Some of Its Localities" dated 05/07/2022 No. 560⁹⁹ defines specific features of the provision of social services in the conditions of martial law: special conditions of service provision in different regions; emergency (crisis) provision of social services; provision of all social services free of charge for the recipient, regardless of their income; provision of social services at the recipient's request if the person who needs the social service does not have the necessary documents; in case of emergency (crisis) provision of social services, case management does not apply.

ETHICAL STANDARDS

At the 1st Constituent Congress of the Society of Psychologists of Ukraine on December 20, 1990 in Kyiv, The Psychologists' Code of Ethics was adopted. This normative act is a guarantor of highly professional, humane, highly moral behavior of psychologists of Ukraine within their specialization and field of interests. This Code is a set of ethical norms, rules of behavior that have developed in the psychological community and regulate its activities¹⁰⁰.

At the same time, professional associations of psychologists and psychotherapists have their own Codes of Ethics, and in order to resolve complex ethical situations based on defined principles of ethical behavior, specialists create Ethics Commissions, which are a collegial expert-advisory bodies, the purpose of which is to promote compliance with ethical principles and standards, resolve ethical conflicts of professional association members.

The principles and standards of professional ethics are a general system of rules that define a specialist's obligations to clients (patients), their parents or guardians (when the patient is a child or teenager), students, colleagues, and the public at large. The ethical norms contained in the codes imply the obligation of the specialist to act in accordance with ethics throughout their professional activity and to promote the ethical behavior among their colleagues.

Standards of professional ethics promote respect for the rights and independence of clients (patients); they guide practitioners in maintaining confidentiality, informed consent, and ethical boundaries. One of the fundamental rules of the codes of professional ethics of psychologists and psychotherapists is the obligation to engage in professional activities exclusively within the limits of one's competence, which is

⁹⁸ Order of the Ministry of Social Policy of Ukraine No. 429 of June 23, 2020 "On the Approval of the Classifier of Social Services." [Source](#)

⁹⁹ Resolution of the Cabinet of Ministers of Ukraine No. 560 dated May 7, 2022 "On Amendments to Certain Resolutions of the Cabinet of Ministers of Ukraine Regarding the Provision of Social Services in the Event of the Introduction of a State of Emergency or Martial Law in Ukraine or Some of Its Localities." [Source](#)

¹⁰⁰ Society of Psychologists of Ukraine, "Psychologists' Code of Ethics", 1990. [Source](#)

determined by education, professional development and professional support (supervision), and professional experience.

The code of ethics is based on moral standards, not the law. The violators are not prosecuted, but adherence to the Code of Ethics is a sign of professionalism.

When solving ethical problems, social work specialists in Ukraine are guided by the Code of Ethics of Social Work Specialists of Ukraine, approved by the order of the Ministry of Youth and Sports dated September 9, 2005 No. 1965. This code is based on domestic experience, as well as international ethical principles and standards of social work, determined at the general meeting of the International Federation of Social Workers (IFSW) in Colombo (Sri Lanka) on July 6-8, 1994.

The Code of Ethics of Social Work Specialists of Ukraine contains the ethical principles of social workers (a list of basic ethical ideas and traditions that constitute the basis for making ethical decisions in social work); norms of ethical behavior of social workers (which is the basis for professional activity)¹⁰¹.

SAFETY STANDARDS

Confidentiality in mental health care is a fundamental ethical and legal principle that protects the privacy and rights of individuals seeking mental health services. To ensure the safety of the client (patient) or others, mental health professionals should share information only with informed consent or when required by law.

Article 32 of the Constitution of Ukraine¹⁰² provides that no one can be subjected to interference in their personal and family life, except for the cases provided for by the Constitution of Ukraine. It is not allowed to collect, store, use, and distribute confidential information about a person without their consent, except in cases specified by law, and only in the interests of national security, economic well-being, and human rights. The Civil Code of Ukraine (Article 285 (part 4), 286) provides for the right of citizens to confidentiality of their health status. The Criminal Code of Ukraine (Articles 132, 145) provides for liability for illegal disclosure of medical secrets.

Law of Ukraine "On Information" (Article 21, Part 2) protects confidential information about a natural person. The Law of Ukraine "On the Protection of Personal Data" defines that personal data that can be classified as confidential information about a person by law or by the relevant person. It is not allowed to process data about a natural person, which is confidential information, without the person's consent, except in cases prescribed by law, and only in the interests of national security, economic well-being, and human rights.

According to the Law of Ukraine "On Social Services", confidentiality is one of the main principles of social service provision. The recipient of social services has the right to the confidentiality of personal information that became known to the subjects of the social services system while implementing this Law. Also, the issue of confidentiality is regulated by the "Basics of the Legislation of Ukraine on Health Protection" (Articles 39-1, 40, 78 ("g")).

Article 6. The Law of Ukraine "On Psychiatric Care" regulates the issue of confidentiality of information about the person's mental health condition and the provision of psychiatric care. In accordance with the Law, health care professionals and other specialists taking part in the provision of psychiatric care, and

¹⁰¹ Order of the Ministry of Youth and Sports of Ukraine No. 1965 dated September 9, 2005 "On approval of the Code of Ethics of Social Work Specialists of Ukraine". [Source](#)

¹⁰² The Constitution of Ukraine. [Source](#)

persons who become aware of a person's mental disorder, or seeking psychiatric help and treatment in a psychiatric care institution, or stay in a social protection institution for persons with mental disorders or a special educational institution, as well as other information about the condition of a person's mental health and their private life in connection with their training or the performance of professional, official, public or other duties, cannot disclose such information, except for the cases provided for by parts three, four and five of this article¹⁰³.

Therefore, all personal information about a person, including the fact of having a mental disorder, the facts of seeking for psychiatric care and treatment in a psychiatric care institution, or staying in a social protection institution for persons with mental disorders or a special educational institution, as well as other information about the person's mental health status and their private life, is protected by law.

PROFESSIONAL STANDARDS AND QUALIFICATIONS

The current Ukrainian National Profession Classifier DK 003:2010 lists about 9,000 profession titles systematized in 9 sections. The description of tasks, responsibilities, and qualification requirements is contained in a separate document, the Handbook of professional qualification characteristics. However, these documents are somewhat outdated and do not fully reflect the modern labor market.

Approving the Concept for the development of mental health care in Ukraine until 2030, the government of Ukraine recognized "the insufficient staffing of psychologists, psychotherapists, social workers and other staff involved in the provision of care in the field of mental health, the inadequacy of the system of development and support of professional competences in specialists in the field of mental health and other related professions." It proposes to overcome these gaps, among other things, by means of "...bringing the professional qualification characteristics in the field of mental health in line with international standards." Actually, the development of professional standards is one of the steps intended to overcome the gaps in the professional provision of mental health care¹⁰⁴.

Requirements for competences, responsibilities, and qualifications of employees are defined by professional standards. In the absence of professional standards, such requirements may be determined by qualification characteristics.

A professional standard is a set of requirements for the qualifications and competencies of staff that are approved in the established order, determined by employers, and establish the basis for professional qualifications (Laws of Ukraine "On Vocational and Technical Education" and "On Education")¹⁰⁵. A professional standard is considered to have been put into effect once it is listed in the Qualifications Register.

A professional standard as an element of the interaction between the labor market and education, as well as personnel management: it contains a detailed description of labor functions; it serves as a basis for qualifications; is a necessary element for qualification assessment; is a tool for matching qualifications with the National Qualifications Framework; based on the professional standard, education standards and educational programs are developed; it is a human resources management tool for: - defining requirements for qualification and special knowledge of employees, their tasks, responsibilities and specialization; - rationing of work; - systematizing of working tasks and duties of employees, development of job descriptions (if necessary); - organizing training, retraining, and advanced training of employees,

¹⁰³ Legal fact, information portal: "Amendments dated 11/14/2017 to the Law of Ukraine 'On Psychiatric Care'." [Source](#)

¹⁰⁴ Mental Health for Ukraine, "Professional Standards for Mental Health Professionals in Ukraine." [Source](#)

¹⁰⁵ Federation of Employers of Ukraine: "Professional standard as a key element of interaction between the labor market and the field of education and personnel management." [Source](#)

including informal training and confirmation of the results of informal training; - description of the vacancies and development of pool of candidates¹⁰⁶.

Today, the Qualifications Register includes professional standards for professions that include activities in the social sphere and education, which can be attributed to the field of MHPSS, namely: Educator (institutions, establishments of social protection of children); Educator-methodologist (institutions, establishments of social protection of children); Social educator for children with disabilities; Director of a social services institution; Director of a rehabilitation institution (center) for persons with disabilities; Director of a regional social services center (educational and methodological work); Department manager (social services); Labor adaptation instructor; Instructor-methodologist for persons with hearing impairment; Methodologist of educational and methodological work on the provision of social services; Practical psychologist of an educational institution; Practical psychologist (social sphere), Psychologist in a social protection institution; Social manager, Social worker; Social worker (support staff); Early intervention specialist; Specialist in home-based social care; Specialist in social work; Specialist in youth issues (youth worker).

In the fields for which professional standards have not yet been developed, qualification characteristics from the Reference Book of Qualification Characteristics of employees' professions are used. In particular, the Reference Book of Qualification Characteristics of employees' professions are used in the field of health care. Issue 78 "Health care", approved by the order of the Ministry of Health of March 29, 2002. No. 117: Narcologist, District Narcologist, Psychiatrist, District Psychiatrist, Children's Psychiatrist, Children's District Psychiatrist, Adolescent Psychiatrist, Adolescent District Psychiatrist, Psychologist, Psychotherapist, Doctor-Psychophysiologist, Sexologist, Forensic Psychiatric Expert, Occupational Therapist, and Assistant Occupational Therapist¹⁰⁷.

By order of the Ministry of Health No. 138 dated 01/25/2023, the Handbook was supplemented with a new section containing the qualification characteristics of the following professions: Clinical psychologist, Psychotherapist, Chaplain in health care¹⁰⁸.

Concurrently, Issue 80 "Social services" of the Reference Book of Qualification Characteristics of Employees' Professions, approved by the order of the Ministry of Social Policy No. 518 dated 03/29/2017, is also valid. It contains the qualification characteristics of the following professions: Chief vocational consultant; Department head (social services); Social educator working with children with disabilities; Special education teacher; Speech therapist teacher; Rehabilitation teacher; Methodologist of educational and methodological work for the provision of social services; Social teacher; Practical psychologist; Professional consultant; Psychologist in social protection institutions; Social pathologist; Social worker; Specialist in home-based care; Specialist in social work; Assistant social educator working with children with disabilities; Assistant teacher-speech therapist (social service); Assistant teacher-rehabilitator; Social worker (support staff); Conflict resolution specialist (domestic sphere)¹⁰⁹.

Issue 85 "Sports Activities" of the Reference Book of Qualification Characteristics of employees' professions, approved by the order of the Ministry of Youth and Sports dated 10/28/2016 No. 4080, contains the qualification characteristics of the profession of Psychologist in physical culture and sports

¹⁰⁶ Federation of Employers of Ukraine, "Professional standard as a key element of interaction between the labor market, the field of education, and personnel management." [Source](#)

¹⁰⁷ Order of the Ministry of Health of Ukraine No. 117 dated 3/29/2002 "On the Approval of Amendments to the Reference Book of Qualification Characteristics of Employees' Professions." Issue 78 "Health care". [Source](#)

¹⁰⁸ Order of the Ministry of Health of Ukraine No. 138 dated 1/25/2023 "On the Approval of Amendments to the Reference Book of Qualification Characteristics of Employees' Professions." Issue 78 "Health care". [Source](#)

¹⁰⁹ Order of the Ministry of Social Policy of Ukraine No. 518 dated March 29, 2017 "On approval of Issue 80—"Social services"—of the Reference Book of Qualification Characteristics of Employees' Professions." [Source](#)

institutions (basic position—psychologist)¹¹⁰. In accordance with the Model staffing standards for the number of employees of youth centers approved by the order of the Ministry of Youth and Sports dated 04/02/2019 No. 1648, there is the position of "Specialists" envisioned for youth centers. They can be psychologists. As the founders of youth centers develop and approve the structure and staff lists of youth centers, they can introduce such a position by their own decision. The order of the Ministry of Youth and Sports dated March 22, 2023 No. 1564 approved the professional standard for the profession "Youth specialist (youth worker)". This standard is a document that embodies a modern approach to the development of the profession in the youth field and contains requirements for the professional competencies of specialists, their education, qualifications, and professional development. Qualification I and the Highest Category imply education in specialties of the relevant fields of knowledge, including 05 "Social and Behavioral Sciences".

EDUCATIONAL STANDARDS

The basic algorithm for creating professional standards involves the following blocks:

- Identification of a certain type of activity as a profession;
- Identification of qualifications demanded by the labor market;
- Creation of professional qualifications descriptions (requirements for professional competencies of a specialist);
- Creation of educational standards (description of the list of learning outcomes that should match the list of professional competencies of a specialist).

In the international practice, the development of standards of any specific professional activity starts from professional standards; it is on their basis that educational standards for the training of qualified specialists are developed at a later stage. In Ukraine, in particular, in the field of social work, the opposite happened: in 2019, educational standards for bachelors and masters in the specialty 231 "Social work" were created and approved, and only later did the process of professional standards development for this field begin. The educational standards for specialty 053 "Psychology" for bachelors¹¹¹ and masters¹¹² were similarly approved by the order of the Ministry of Education and Culture in 2019, and the standard of higher education in the specialty 053 Psychology for the third (educational and scientific) level of higher education¹¹³ was approved in 2022, although a number of professional standards in this field have not been developed yet.

This situation has led to logical and substantive gaps between the content of training of future specialists and the content of real professional tasks and functions that they are supposed to perform; a lack of connection between scientific and pedagogical university communities that train future specialists, and potential employers; limitations of the practice-focused component of higher education.

The higher education standards are used for: development and improvement of educational programs by institutions of higher education and scientific institutions; defining and assessment of the quality of higher

¹¹⁰ Order of the Ministry of Youth and Sports of Ukraine No. 4080 dated October 28, 2016 "On approval of the Reference Book of Qualification Characteristics of employees' professions, Issue 85 'Sports activities.'" [Source](#)

¹¹¹ Order of the Ministry of Education and Science of Ukraine No. 565 dated 04/24/2019 "On approval of the standard of higher education in specialty 053 "Psychology" for the first (bachelor's) level of higher education." [Source](#)

¹¹² Order of the Ministry of Education and Science of Ukraine No. 564 dated 04/24/2019 "On approval of the standard of higher education in specialty 053 'Psychology' for the second (master's) level of higher education)." [Source](#)

¹¹³ Order of the Ministry of Education and Science of Ukraine No. 646 dated 07/20/2022 "On the approval of the standard of higher education in the specialty 053 'Psychology' for the third (educational and scientific) level of higher education."

[Source](#)

education and the outcomes of educational activities of institutions of higher education (scientific institutions) during accreditation of institutions and educational programs; and assessment of the results of education in relevant specialties¹¹⁴.

An institution of higher education or a scientific institution can independently introduce specializations, which are specified when awarding educational qualifications to persons who have successfully completed their studies under the relevant educational programs.



RECOMMENDATIONS REGARDING THE SYSTEM OF STANDARDS

- Define **clear cross-sectoral indicators for monitoring and evaluating** the effectiveness of policies, measures, and services in the field of MHPSS.
- **Develop professional standards** for medical professionals in mental health care.
- **Improve the educational standards** for specialists in the field of health care with medical and non-medical education, specialists of the first line of contact.
- Determine at the legislative and sub-legal level **the requirements for the regulation of the professional activity of specialists in the field of mental health with medical and non-medical education** (licensing or certification).
- **Improve the guidelines, protocols, and procedures, state social standards** regarding the provision of MHPSS services.
- **Develop standardized protocols for child and adolescent mental health in educational institutions**, including proven screening tools and guidelines for their use, and procedures for referrals to other sectors.
- **Develop clear guidelines and protocols for referral** (within and across sectors) with clearly defined roles and accountabilities of the key actors.
- **Develop standard operating procedures for the provision of MHPSS services in educational and social service institutions** to support coordinated care for target groups.

¹¹⁴ Order of the Ministry of Education and Science of Ukraine No. 600 dated June 1, 2017 (as amended by the Order of the Ministry of Education and Science of Ukraine No. 584 dated April 30, 2023) "Methodological recommendations for the development of higher education standards." [Source](#)

6.4. Technologies

Technological progress has significantly impacted the field of mental health services offering innovative solutions to improve assessment, treatment, support, and access to mental health services. The growing need for mental health and psychosocial support and the rapid growth of the digital space for MHPSS was expedited by COVID-19.

The challenges of meeting increased demand through traditional MHPSS programs related to the limited number of trained professionals whose availability and cost do not correspond to the needs and financial capacity of the population, as well as the new opportunities offered by digital interventions, make digital technologies an integral component of MHPSS.

The WHO sees potential in the digitization of MHPSS services, as this can provide greater flexibility and facilitate adaptation to the specific needs and practices of specific target groups.



The maximum effect of the hotline and a number of other digital services is achieved only if there are specific referral pathways and service planning for the person.

With this approach, individuals with less critical mental health support needs can receive services remotely. At the same time, those who need more specialized care will be able to receive personal counseling live.











The introduction of new technologies in the field of MHPSS services should also be reflected in service delivery standards, as well as in professional and educational standards.

The key technologies in the field of MHPSS are presented in Table 11. Digital technologies have the potential to increase access to care while saving costs, reducing stigma and providing personalized care that is responsive to the needs and interests of service recipients, culture, and context. However, they also raise ethical and privacy concerns, and it is imperative to ensure that the technology is used in a way that prioritizes human well-being and data security.

Table 5. Key technologies in the field of MHPSS

Technology	Description
 Telemedicine and Teletherapy	Telemedicine platforms enable remote access to mental health services through video conferencing, phone calls, and text communication. The orders of the Ministry of Health ¹¹⁵ regulate the provision of telemedical services by health care institutions, but the issues of psychological and psychotherapeutic care are currently not regulated by any legal act.
 Crisis Hotlines and Text Messaging Services	Crisis intervention services and text message hotlines offer immediate support to individuals in crisis via text messages or online chat.

¹¹⁵ Order of the Ministry of Health of Ukraine No. 681 dated October 19, 2015 "On the approval of regulatory documents regarding the use of telemedicine in the field of health care." [Source](#) and Order of the Ministry of Health of Ukraine No. 1695 of September 17, 2022 "On approval of the Procedure for providing medical care using telemedicine, and rehabilitation care using telerehabilitation for the period of martial law in Ukraine or some of its localities." [Source](#)

 Mobile Apps for Mental Health	<p>A wide range of mobile apps offer mental health support, including mood tracking, meditation and relaxation exercises, cognitive behavioral therapy (CBT) tools, and crisis hotlines. These programs make mental health resources more accessible to a broader audience.</p>
 Artificial Intelligence (AI)	<p>AI-powered mental health chat-bots and virtual assistants provide automated yet personalized mental health support. They can offer information, resources, and even an initial assessment to determine the level of help one needs.</p>
 Online Support Communities and Forums	<p>Web platforms and social media communities enable people to share their experiences, seek peer-to-peer support, and connect with others who are facing similar challenges.</p>
 Online Psychoeducational and Self-Help Tools	<p>Websites and apps offer psychoeducational resources, self-assessment tools, and self-help interventions for people seeking mental health information or treatment for mild to moderate symptoms.</p>
 Online Counseling and Support Groups	<p>Virtual support and counseling groups, conducted through secure online platforms, offer people a safe space to discuss their concerns and receive guidance from qualified professionals.</p>
 Virtual Reality (VR) and Augmented Reality (AR)	<p>VR and AR technologies are used in exposure therapy to treat phobias, post-traumatic stress disorders, and anxiety disorders. They create a controlled immersive environment in which people can face their fears and manage them safely.</p>
 Digital Therapy	<p>These software-based interventions, often evidence-based, are designed to treat specific mental conditions, such as depression or anxiety, and are prescribed by health care providers.</p>
 Wearable Devices	<p>Devices such as smartwatches and fitness trackers can track physiological data, including heart rate, sleep patterns, and activity levels. This information can be used to assess a person's psychological well-being and provide feedback.</p>
 Electronic Health Records (EHRs)	<p>EHR systems improve communication and data sharing between health care providers, providing comprehensive care for individuals with mental health needs.</p>
 Machine Learning and Data Analysis	<p>Machine learning and data analytics are being used to predict mental health crises, provide information on treatment plans, and improve the overall quality of care. Data analytics can help health systems allocate resources more efficiently by identifying areas with higher mental health needs.</p>

6.5. Innovations

Over the recent years, there have been many innovations in the field of mental health that can change the approach to mental illness and its treatment. These innovations will contribute to improved access to care, psychosocial well-being, and reduced stigma. They reflect the growing recognition of the importance of mental health and the need for innovative solutions to mental health problems.

SOME OF THE MAIN INNOVATIONS IN THE FIELD OF MENTAL HEALTH:

Peer-to-Peer Support Programs

Peer-to-Peer support initiatives engage people with lived experience of mental health problems to provide support and help to others facing similar problems. Online support groups offer platforms to connect, share experiences, and receive peer-to-peer support, which is especially important when physical gatherings are limited.

Educational Online Programs

One of the most effective ways to introduce mental health education is through educational systems, either as a course module or as a separate course in school. Numerous studies have shown the effectiveness of such programs.¹¹⁶ Educational programs teach basic awareness about stress, anxiety, and depression. Online educational programs can promote mental health awareness and reduce stigma.¹¹⁷ Adolescence is a critical period of social and emotional development. Teaching young people healthy ways to process their emotions and communicate with others can help prevent the onset and worsening of mental health problems.¹¹⁸

Neurofeedback

This is a type of biofeedback that uses sensors to measure brain waves and provides feedback to the patient in the form of audio or video responses. It is a non-invasive treatment that encourages the brain to develop healthier patterns of activity. Neurofeedback has been studied in different mental illnesses, including anxiety, depression, ADHD, and post-traumatic stress disorder.¹¹⁹ The specific neuropsychological mechanisms by which neurofeedback is thought to operate are an active area of research.¹²⁰ Neurofeedback can help patients feel calmer, happier, and safer by reducing excessive fast beta waves associated with anxiety and increasing alpha waves associated with calmness.¹²¹ However, neurofeedback is still not accepted as a mainstream treatment in mental health circles.

Trauma-Informed Care

Trauma-informed approaches to care delivery are becoming increasingly common in MHPSS. Trauma-informed practice is an approach to health care and psychosocial support interventions based on the understanding that trauma can affect a person's neurological, biological, psychological, and social development. Trauma-informed approaches are based on decades of evidence.¹²² The aim of trauma-informed practice is not to treat trauma-related difficulties, but rather address the barriers that trauma-affected people may face in accessing services.

¹¹⁶ School-Based Online Programs Instruct Pupils about Good Mental Health. [Source](#)

¹¹⁷ School-Based Online Programs Instruct Pupils about Good Mental Health. [Source](#)

¹¹⁸ Building resilience to protect teen mental health. [Source](#)

¹¹⁹ EEG Neurofeedback for Treating Psychiatric Disorders. [Source](#)

¹²⁰ Neurofeedback: An Emerging Mental Health Therapy. [Source](#)

¹²¹ What is Neurofeedback? A Psychiatrist's Perspective. [Source](#)

¹²² Working definition of trauma-informed practice. [Source](#)

Innovations listed below are still being studied and currently cannot be recommended for use in Ukraine!

Gamification and Digital Interventions

Serious games and gamified interventions are designed to engage users in therapeutic activities, making the process enjoyable and motivating. Mobile games and apps such as Misü and UsupportMe are being developed to provide psychological support and track users' moods. These tools can help people take care of their mental health and well-being.¹²³ AI-based tools, such as AI-assisted therapy, are being developed to provide personalized and accessible mental health care.¹²⁴

Speech Analysis and Social Media Search

Speech analysis tools are being developed to help diagnose and manage mental health conditions such as depression and anxiety.¹²⁵ This tool could potentially identify post-traumatic stress disorder in soldiers, alert them to the onset of psychosis, and even help diagnose bipolar disorder, anxiety and depression by analyzing speech patterns and unconscious language cues.¹²⁶ Social media mining is used to identify mental health trends and to prevent suicide. Patterns of word usage in Internet posts may indicate high-risk individuals.¹²⁷



RECOMMENDATIONS FOR THE IMPLEMENTATION OF INNOVATIONS IN MHPSS

- **It is important to invest in evaluation and research to improve treatment and care.** This can help to identify effective interventions and ensure that resources are used efficiently.
- The implementation of policies and plans should be supported by adequate financial resources. This can help ensure that **innovations are sustainable** and can be scaled to reach more people.
- It is necessary to **engage people with lived experience of mental health disorders** from the community in the development and implementation of MHPSS innovations. This can help to ensure that innovations fit the culture and needs of the community.
- **Digital technologies can be effectively used for supervision and quality assurance of scalable psychological interventions.** Online mental health education programs can also be effective.
- There is significant promise for new technology-enabled approaches in assessment, treatment, service delivery, and research methods. However, **researchers must be careful to consider the limitations and challenges of this form of data collection**, the role that technology plays in treatment and service delivery, and **the potential challenges of using Digital Health technology** for end users.

¹²³ 7 Innovations aimed at improving mental health. [Source](#)

¹²⁴ Top 5 Mental Health Tech and Innovations in 2022. [Source](#)

¹²⁵ Tech Innovations That Changed The Game For Mental Health. [Source](#)

¹²⁶ Tech Innovations That Changed The Game For Mental Health. [Source](#)

¹²⁷ Mining Social Media Reveals Mental Health Trends and Helps Prevent Self-Harm. [Source](#)

- **The implementation of innovations in the field of MHPSS requires the development of a clear strategy**, engagement of stakeholders, ensuring the confidentiality and security of patient data, evaluating effectiveness, providing support and training for professionals and patients, addressing issues of accessibility and equality, as well as cooperation with technology experts.

WAYS OF SYSTEM DEVELOPMENT IN THE NEAREST PROSPECT



WAYS OF SYSTEM DEVELOPMENT IN THE NEAREST PROSPECT

In accordance with paragraph 2 of the Order of the Cabinet of Ministers of Ukraine dated October 6, 2021 No. 1215-r "On the approval of the Action Plan for 2021-2023 for the implementation of the Concept of development of mental health care in Ukraine until 2030", ministries, other central bodies of executive power, regional and Kyiv city state administrations must ensure the implementation of the Action Plan approved by this Order.

Every year by January 31, they must submit to the Ministry of Health information on the implementation status of the Action Plan approved by this order, for its generalization and submission to the Cabinet of Ministers of Ukraine by March 1. Thus, **the central body of the executive power, which is entrusted with the function of monitoring and evaluating the state of policy implementation in the field of mental health, is the Ministry of Health. At the same time, at the regional and local level, the current legal acts do not define the responsible units or officials.**

However, according to the decisions written down in the ICC minutes, all the ministries represented in the ICC have appointed deputy ministers responsible for the implementation of the All-Ukrainian mental health program initiated by Olena Zelenska. Also, in regional military/state administrations, the deputy heads of the administration are appointed as responsible persons and heads of coordination centers for the support of the civilian population established by the regional military administrations.

In order to facilitate the recovery of the health care system in Ukraine, on December 28, 2022, the WHO, the Delegation of the European Union to Ukraine, the United States Agency for International Development in Ukraine (USAID Ukraine) and the World Bank published a joint document for discussion: **"Priorities in the Restoration of the Healthcare System of Ukraine."** It proposes a **shared vision of the key priorities for the sector for the next 18-24 months.** As noted in this document, **the war has increased the need for medical services** in areas such as emergency medical care, care for injuries and burns (in July 2022, the number of patients receiving such care was 12 times higher than in January 2022), rehabilitation (1.6 times higher number in July 2022 compared to January 2022), **and care for mental health problems.** The scale of such increased demand varies in different regions and districts of Ukraine depending on the context.

After the end of hostilities, one of the biggest challenges for Ukraine will be the reintegration of veterans both into civilian life and into the civilian health care system. Along with other population groups directly affected by the war, **veterans will likely have special health care needs** (for example, mental health and rehabilitation services) that the Ukrainian health care system will need to meet.

In general, the following areas will be important in 2024-2025 (according to the "Priorities in the Restoration of the Healthcare System of Ukraine"):

- **Meeting the new needs of veterans and civilians affected by the conflict by means of expanding rehabilitation and mental health services within the existing service delivery system.** The expansion of both rehabilitation and mental health services **will require funding, personnel training, amendments to legislation** regulating the first aid workers (as well as psychologists, specialists in the field of rehabilitation, nurses and social workers), adaptation and development of special units for the provision of such services in multidisciplinary facilities.

- **Coordinating plans for a rational network of health care institutions in each region to increase the effectiveness of the system.** Priorities in this area for the next 2 years include **building the capacity of first aid staff to provide mental health care services** and expanding the role of first aid institutions in the field of rehabilitation.
- **Increasing the level of engagement of non-medical personnel, nurses, etc.** Specially trained community service workers can be brought in to provide services that have failed, and services that are in high demand (such as immunization; testing and screening for communicable and chronic non-communicable diseases; stress management skills training; screening for mental health disorders followed by proactive referral to specialized interventions; psychosocial support). **Community service workers include:** persons who have experienced a relevant health problem in the past; **trained volunteers;** trained non-specialized or non-medical personnel—**peer counselors, social workers, and psychologists.** Such measures can improve the efficiency and integration of services, but will also require management and politicians to initiate the de-medicalization of care and a transition to a less specialized approach in the provision of health care services in Ukraine. It will also require **removing legal barriers to outsourcing tasks to non-specialists or non-medical professionals, and responding appropriately to concerns from medical and professional associations and other stakeholders who may oppose such changes.**

The authors of the document emphasize that the recovery of Ukraine is not only about addressing the pressing issues and implementing interim or temporary measures to restore access to basic services; it is also an opportunity to lay the foundation for a more efficient, modernized model of providing health care services in the long term. **Along with investment in infrastructure and facilities, human capital should be given special attention, and appropriate investment should be ensured.**

Investments in reconstruction and rehabilitation should begin at the levels of first aid and community service centers, and then move to the specialized level. This should facilitate **the provision of more comprehensive and integrated services available to the population closer to where they live, including community-based mental health and rehabilitation services.**

When updating the Action Plan, the main priorities defined by the WHO Comprehensive Mental Health Action Plan 2013–2030 were taken into account (improving mental health policy and legislation; improving mental health information and research; ensuring access to mental health services; strengthening the health care system to provide mental health services), as well as **the real socio-political and economic situation in the country in the conditions of military aggression of the Russian Federation.**

The priorities in wartime conditions are:

- **Development of a robust emergency response and crisis intervention system** to address immediate psychosocial needs (establishing hotlines, mobile crisis teams and emergency centers to provide rapid assessment, stabilization and support for individuals experiencing acute distress or mental health crisis).
- **Promoting the importance of psychosocial support and building resilience across the population** to help people cope with the psychological and social consequences of war. Raising awareness of the effects of war on mental health and the importance of mental health care and psychosocial support. The target model focuses on community-based interventions, support groups, counseling services, and resilience-building programs to strengthen social support networks, develop coping skills, and promote psychological well-being.

- **Mental Health Problems Prevention.** By intervening properly at an early stage, we can ensure that children have the best start in life and prepare them for school, support teenagers in the transition to adulthood and first job, support the resilience of young people and adults so that they have the resources to keep a good job; the elderly need to get support to lead full, productive, and socially active lives.
- **Helping to address problems related to the mental health of IDPs and refugees** affected by the war. It is important to support in the provision of specialized mental health services in temporary shelters and host communities, and strengthen cooperation with humanitarian organizations to address the unique challenges faced by displaced persons.
- Addressing the need for **comprehensive rehabilitation and reintegration services** for persons directly affected by war (specialized measures for survivors of torture, sexual violence, and other forms of trauma). The target model is aimed at restoring functioning, facilitating social integration, and promoting the re-integration of survivors into their communities.
- **Focus on the development of human resources** taking into account the needs of both service providers and recipients (professional development of personnel, strengthening of the relevant services). Launching, expansion, and renewal of **capacity building and training programs** for providers of mental health and psychosocial support services (upgrading the skills and knowledge of health professionals, community workers, teachers, and other stakeholders involved in the provision of mental health services), which includes training in trauma-informed care and psychological first aid.
- Strengthening **coordination and cooperation** between different actors involved in mental health and psychosocial support. **Establishment of real mechanisms of inter-agency and inter-sectoral cooperation** (between government agencies: MOH and Ministry of Social Policy, Ministry of Defence, Ministry of Internal Affairs, Ministry of Veterans, etc., and the non-governmental sector), **and coordination of system components.** The target model emphasizes the need for partnerships between government agencies, non-governmental organizations, humanitarian organizations and local communities to ensure a coordinated and integrated response. This priority involves establishing coordination mechanisms, sharing information, and avoiding duplication of efforts.
- Systematic **regulation of mental health** and psychosocial support issues.
- **Improving the availability of services** for broad segments of the population (bringing services closer to recipients, expanding the range of services provided by services available in the community, taking into account all the "adjacent" services affecting the quality of life and mental health (education, work, finances, leisure, etc.)
- **Proper distribution of resources and encouragement of their optimal use** (not increasing the number of agencies and services, but rather re-engineering them).
- Development and implementation of **strategies for identifying needs, monitoring and evaluating programs** in the field of mental health, **participation of service recipients in planning, implementation, and monitoring.**
- **Digitalization of services and business processes** to reduce the burden on service providers (exchange of information between Registries, databases, document banks, methodology libraries, platforms, and self-help applications).
- **Encouragement of research initiatives** in mental health and related fields.

Although investments in mental health may require large upfront costs, their returns in the form of improved quality of life and economic development make the investment very worthwhile for society as a whole.

Every \$1 invested in scaling up treatment for common mental disorders in Ukraine will yield \$2 in restored productivity and added economic value. By adding the benefits of better health (increased life expectancy) to the instrumental benefits of restored productivity, the return on investment can get as high as \$4¹²⁸.

GENERAL RECOMMENDATIONS REGARDING THE CREATION OF AN MHPSS SYSTEM IN UKRAINE

- At the national level, develop and **approve the Law on Mental Health and the National Mental Health Action Plan for 2024-2026**, with the aim of clearly describing specific measures in the field of mental health, including cross-sectoral performance indicators, and delineating the responsibilities of the mental health sector and the health care system.
- **Strengthen the role of coordinating bodies** for mental health and psychosocial support, which are responsible for coordinating the implementation of MHPSS policies at the national and regional level.
- At the regional, district and local levels, **ensure coordination (including through capacity building of sub-regional mental health leadership)** to develop local multi-sectoral plans for policy implementation, resource allocation, and coordination. Develop local care pathways that facilitate the delivery of multi-level, network-based interventions based on current evidence-based protocols.
- **Increase** the government investments in the mental health of the population at all levels.
- **Build the human resources capacity** of the MHPSS system due to in-depth mapping of services, determination of staff potential, and ensure mechanisms for supporting the development of services, in particular, the provision of services by non-governmental organizations and the private sector under the "money follows the person" mechanism.

¹²⁸ Mental Health in Transition: Assessment and Recommendations for the Integration of Mental Health Care into the System of Primary Health Care and Civic Platforms in Ukraine. International Medical Corps with support of the World Bank Group, 2018. [Source](#)

- **Integrate the component of mental health and psychosocial support into the system of professional training and professional development** of medical workers, social security workers, security and defense sector personnel, and pedagogical staff in accordance with the roles and responsibilities of the MHPSS.
- **Improve the collection, use, and availability of data at national and regional levels**, including data to identify mental health needs, support the planning and implementation of interventions and services, and track progress.
- **Develop a minimum set of MHPSS indicators** approved by all sectors, including performance indicators related to cross-sectoral cooperation.
- **Develop user-friendly platforms** (e.g., dashboards) to improve access to mental health data for service providers and communities.
- **Expand national and community programs to address stigma and discrimination** related to mental health, and increase public awareness of mental health.
- **Regulate mechanisms for providing psychotherapeutic care** and psychosocial interventions in general.

ANNEXES

Appendix 1. Basic Concepts

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Appendix 1. Basic Concepts

Activities of Daily Living	Daily living activities necessary for independent living, including meals, personal hygiene, and using toilet. Several assessment tools are provided to determine the degree of a person's ability to perform such activities with or without assistance. ¹³⁵
Barrier-Free	A general approach to the development and implementation of government policy to ensure unimpeded access of all population groups to various spheres of life. ¹²⁹
Burnout	A general feeling of being depressed and a loss of motivation at work, affecting the ability to work safely and competently.
Cognitive Activities	Mental processes related to thinking, including awareness, remembering, making informed decisions, problem solving, and planning. ¹³⁵
Cognitive Behavioral Therapy (CBT)	A method for treating psychological disorders that combines cognitive components (aimed at changing the way of thinking, for example, by identifying and combating baseless negative thoughts) with behavioral ones (aimed at actual behavior changes, for example, guidance to engage in more emotionally beneficial activities). ¹³⁵
Crisis Management Therapy	A structured method of rewarding certain desired patterns of behavior, such as attending treatment and avoiding harmful substance use. Over time, the rewards for the desired behavior diminish as natural rewards develop. ¹³⁵
Determinants of Mental Health	These are individual, social, and structural factors that collectively can protect or, on the contrary, undermine a person's mental health. Individual and biological factors include emotional skills, substance use, and genetic features that can make a person more susceptible. The impact of adverse social and structural factors (environment, poverty, violence, inequality, etc.) increases the risk of mental disorders. The determinants have the maximum negative impact in childhood. Protective factors are social-emotional skills, experience of positive social interaction, quality education, dignified work, physical safety, social cohesion, etc. ¹³⁰
Disability	Disability is an evolving concept. Currently, disability is seen as the result of the interaction that occurs between people with health impairments, and relational and environmental barriers that prevent their full and effective participation in society on an equal basis with others. ¹³¹
Discrimination	A situation in which a person and/or a group of persons is subject to restrictions in the recognition or exercising of their rights and freedoms in any form based on their race, color, political, religious and other beliefs, gender, age, disability, ethnic

¹²⁹ National Strategy for Creating a Barrier-Free Environment in Ukraine until 2030. [Source](#)

¹³⁰ WHO website, "Mental health". [Source](#)

¹³¹ Convention on the Rights of Persons with Disabilities. [Source](#)

	and social origin, citizenship, family and property status, place of residence, language or other characteristics, except when such restriction has a legitimate, objectively justified goal, the means of achieving which are appropriate and necessary. ¹³²
Employment Therapy	Therapy designed to help individuals improve their independence in daily living through rehabilitation, exercise, and the use of assistive devices. In addition, this therapy offers activities to promote growth, self-realization, and self-esteem. ¹³⁵
Informed Consent	A person's voluntary choice to accept or refuse treatment based on complete and relevant information provided by a health care provider. Informed consent includes discussion of the substance of the decision/procedure; reasonable alternatives, proposed treatment measures; the risks, benefits and uncertainties associated with these alternatives; assessment of a person's awareness of the above; expressing consent to the relevant treatment measures. ¹³⁵
Life Skills	Adaptation-based effective behavioral responses that enable positive solutions to many life challenges. ¹³³
Mental health	A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. ¹³³
Mental Health Problems (Mental Disorders)	Conditions described by the presence of a combination of deviant thoughts, perceptions, emotions, and impaired behavior, and relationships with others that interfere with leading a meaningful life and being a valued member of society. Mental health problems are classified according to the patient's symptoms, the severity of the course of the condition, and the seriousness of the possible consequences. They can cause a significant limitation of functioning (incapacity, disability).
Motivational Enhancement Therapy	Structured therapy (lasting 4 or fewer sessions) designed to help individuals with substance use disorders. It includes an approach aimed at motivating change using motivational interviewing techniques, namely, engaging a person in a conversation about their use of psychoactive substances, in particular on their perceived advantages and harm, based on the person's own values, avoiding arguments if there is resistance, and encouraging the person to make their own decisions about their goal. ¹³⁵
A Person with a Disability	A person with a persistent disorder of body functions, which during interaction with the external environment can lead to limitation of their life activities; consequently, the government has the obligation to create conditions for the person to exercise their rights on an equal basis with other citizens, and to ensure their social protection. ¹³⁴

¹³² Law of Ukraine "On Principles of Preventing and Combating Discrimination in Ukraine." [Source](#)

¹³³ WHO, "mhGAP tools for communities". [Source](#)

¹³⁴ Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine". [Source](#)

Personal Autonomy	The perceived ability to control one's own daily life, to cope with difficulties, to make personal choices according to one's own rules and preferences. ¹³⁵
Privacy	A state in which a person does not experience unauthorized intrusion. For example, privacy during daily affairs and life activities (especially for patients of permanent residence facilities) or confidentiality of medical data. ¹³⁵
Problem Solving	The skills of understanding problems, finding appropriate solutions, and implementing them (independently or with help). ¹³³ <small>Error! Bookmark not defined.</small>
Psychoactive Substance	A substance that, when ingested or injected into the body, affects mental processes, such as perception, consciousness, cognition, mood, and emotions. ¹³³
Psychoeducation	The process of providing information to individuals with mental health problems and their caregivers/family members about the nature of the condition, including its likely causes, progression, consequences, prognosis, treatment, and alternatives. ¹³³
Psychological Awareness Raising	Development of psychological competence and improvement of the psychological culture of the population, fostering the need for psychological knowledge. ¹³⁶ (with updates from the authors)
Psychological Intervention	The informed and purposeful application of clinical techniques based on the principles of scientific psychology to encourage people to change elements of their thinking, feeling, or acting, usually through counseling. ¹³³
Psychosocial Disorder	A disorder that was caused "as a result of obstacles to social participation and access to rights associated with mental or cognitive disorders or behavioral disorders that are considered socially unacceptable. The term usually refers to individuals with more persistent or recurrent functional impairment who face systematic exclusion and barriers to participation. During emergencies, the distress that leads to functional impairment is often temporary, and it is therefore important not to label such a response as a medical condition or disability." ¹³⁷
Psychosocial services	Services that address people's current psychological and social needs in order to improve quality of life through access to mental health information by all service providers, development of stress management and psychological recovery skills, support aimed at reducing feelings of social isolation and development of self-identity.
Recovery	The meaning may vary from person to person, but usually includes regaining control over oneself and one's life, developing hopes and expectations for the future, and giving meaning to life through work, relationships with others, and social engagement. ¹³³ <small>Error! Bookmark not defined.</small>
Relaxation Training	Includes learning techniques such as breathing exercises to achieve relaxation. ¹³⁵

¹³⁵ World Health Organization, "mhGAP Guidelines version 2.0", 2019. [Source](#)

¹³⁶ Collection "Methodology Guide for the Psychologist of the New Ukrainian School", 2021. [Source](#)

¹³⁷ Manual "MHPSS Minimum Service Package." [Source](#)

Resiliency or Recoverability	The ability to recover from stressful situations and view them as learning opportunities or simply as experiences. ¹³³
Self-Help	An individual's ability to feel more directly in control of the treatment of their conditions, using their own resources, prior to seeking medical services. This process enables a person to better notice changes in their mental health and control the choice of the first response to such changes. ¹³³
Self-Harm	Deliberate self-poisoning or self-inflicted injury that may or may not have fatal consequences or results. ¹³⁵
Screening and Brief Intervention	An approach to screening for at-risk substance use or abuse, and non-judgmental discussion. A brief intervention encourages a person to think about how they use psychoactive substances. During the conversation, substance use is discussed and the person is supported in making decisions and setting goals about their substance use. ¹³⁵
Smart Device	Means making necessary and appropriate modifications and adjustments for the purpose of ensuring the realization or enjoyment by persons with disabilities on an equal basis with others of all human rights and fundamental freedoms, not constituting a disproportionate or undue burden. ¹³¹
Social Exclusion	A person's inability to participate in age-appropriate activities or interact with peers or family members. ¹³⁵
Social Network	A concept proposed by analytical sociology that describes the characteristics of social relationships between people as a way of understanding their behavior instead of focusing on the characteristics of individuals. ¹³⁵
Stigma	A difference that leads to a distinction between the stigmatized person and others, due to the attribution of negative characteristics to the person. The stigma that accompanies mental illness often leads to social exclusion and discrimination, and creates an additional burden for the person affected. ¹³³
Stress Resistance	A person's ability to cope with difficulties, and the ability to restore and maintain peace of mind immediately after a loss. This ability is often described as the ability to "absorb" a psychological blow and recover quickly. ¹³⁸
Teaching Parenting Skills	A set of educational programs aimed at improving parenting skills and strengthening confidence in the adoption of effective child-rearing strategies, which includes training in emotional communication, studying productive methods of parent-child interaction, humane and effective educational measures to stimulate the improvement of the child's behavior and lifestyle. ¹³⁵
Universal Design	Means the design of objects, environments, programs and services to make them as usable as possible for all people without the need for adaptation or special design. Universal design does not exclude assistive devices for specific groups of persons with disabilities where appropriate. ¹³¹

¹³⁸ "Psychological First Aid", a manual for members of the rapid response units of the Red Cross Society of Ukraine, 2017.
[Source](#)

Appendix 2. Sub-Legal Regulatory Acts

Table 1. Decrees and resolutions of the Cabinet of Ministers of Ukraine related to the field of MHPSS

Type of regulation	Regulations
Order of the CMU	<ul style="list-style-type: none"> • On the approval of the Concept of social adaptation of persons with mental retardation (No. 619-p, 2004) • On the approval of the 2021-2023 Action Plan for the implementation of the Concept for Development of Mental Health Care in Ukraine until 2030 (No. 1215-r, 2021)
Resolutions of the CMU	<ul style="list-style-type: none"> • On the provision of monthly financial assistance to a person living with a person with a disability of group I or II due to a mental disorder, who, according to the opinion of the medical commission of a health care facility, needs constant external care, for the care of the person (No. 1192, 2000) • Issues of Rehabilitation in Health Care (№ 1268, 2021) • On the approval of the list of medical and psychiatric contraindications to the performance of certain types of activities (jobs, professions, services) that may pose an immediate danger to the person or to others (No. 577, 2022) • On the approval of the Procedure for the use of funds provided for in the state budget for the implementation of psychological assistance measures for war veterans, persons who have special merits to the Motherland, family members of such persons, injured participants of the Revolution of Dignity, family members of deceased (dead) war veterans, family members of the deceased (dead) Defenders of Ukraine (No. 497, 2017) • Some issues of providing free psychological assistance to persons who are discharged or released from military service, from among war veterans, persons who have special merits to the Motherland, family members of such persons and family members of deceased (deceased) war veterans and family members of deceased (deceased) Defenders of Ukraine in accordance with the Law of Ukraine "On the status of war veterans, guarantees of their social protection" (No. 1338, 2022) • Some issues of the implementation of the program of state guarantees of medical care for the population in 2023 (No. 1464, 2022) • On the approval of the Regulation on the inclusive resource center (No. 545, 2017) • On the approval of the Procedure for organizing inclusive education in preschool education institutions" (No. 530, 2019) • On the approval of the Procedure for organizing inclusive education in institutions of general secondary education (No. 957, 2021) • On approval of the Procedure and conditions for providing subventions from the state budget to local budgets for providing state support to persons with special educational needs (No. 88, 2017)

Table 2. Orders of the ministries concerning MHPSS

Type of regulation	Regulations
<p>Orders of the Ministry of Health</p>	<ul style="list-style-type: none"> • On the improvement of the system of preventive anti-alcohol and anti-narcotic measures and mandatory preventive drug examinations (No. 339, 1997) • On the approval of specific forms of documents for psychiatric care (No. 304, 2001) • On the approval of the Procedure for the use of methods of psychological and psychotherapeutic influence (No 199, 2008) • On the approval of the form for the opinion of the medical commission of the medical institution regarding the need for permanent external care for a person with a disability of group I or II due to a mental disorder and the Instructions on the procedure for its provision (No. 667, 2013) • On the approval of the Rules for the application of coercive medical measures in a special institution for the provision of psychiatric care (No. 992, 2017) • On the approval of the Procedure for conducting a forensic psychiatric examination (No. 865, 2018) • On the approval of amendments to the Reference Book of Qualification Characteristics of Employees' Professions. Issue 78 "Health Care" (No. 138, 2023)
<p>Orders of the Ministry of Social Policy</p>	<ul style="list-style-type: none"> • On the approval of standards for the provision of social services to persons affected by human trafficking (No. 458, 2013) • On the approval of the State Standard of Social Integration and Reintegration of Homeless Persons (No. 596, 2013) • On the approval of the State Standard for Supported Housing of Homeless Persons (No. 372, 2015) • On the approval of the State Standard for Social Adaptation (No. 514, 2015) • On the approval of the State Standard for the Social Service of Counseling (No. 678, 2015) • On the approval of the State Standard for the Social Service of Prevention (No. 912, 2015) • On the approval of the State Standard for Palliative Care (No. 58, 2016) • On the approval of the State Standard of Inpatient Care for Persons Who Have Lost the Ability to Self-Care or Have Not Acquired Such Ability (No. 198, 2016) • On approval of the State Standard for Social Support for Families (Persons) in Difficult Life Circumstances (No. 318, 2016) • On the approval of the State Standard for Crisis and Emergency Interventions (No. 716, 2016) • Some issues of comprehensive rehabilitation of persons with disabilities (No. 855, 2016) • On the approval of the State Standard for the Social Service of Social Support during Employment and at the Workplace (No. 1044, 2016) • On the approval of the State Standard for the Social Service of Social Integration of Graduates of Residential Institutions (No. 1067, 2016) • On the approval of the State Standard for the Social Service of Supported Living for the Elderly and Persons with Disabilities (No. 956, 2017) • On the approval of the State Standard for Social Support of Families Raising Orphans and Children Deprived of Parental Care (No. 1307, 2017) • On the approval of the State Standard for Social Rehabilitation of Persons with Intellectual and Mental Disorders (No. 1901, 2018) • On approval of the Procedure for Providing Social Services to Persons with Disabilities and Elderly Persons with Mental Disorders (No. 576, 2019) • On the organization of the provision of social services (No. 587, 2020) • On the approval of the State Standard for Social Services of Social and Psychological Rehabilitation for Persons with Addiction to Narcotic Drugs or Psychotropic Substances (No. 677, 2020)

	<ul style="list-style-type: none"> • On the approval of the State Standard of Social Support Services during Inclusive Education (No. 718, 2021)
Orders of the Ministry of Education and Science	<ul style="list-style-type: none"> • On the establishment of an expert advisory council on autism (No. 621, 2013) • On the approval of the Regulation on Psychological Service in the Education System of Ukraine (No. 509, 2018)
Orders of the Ministry of Economy	<ul style="list-style-type: none"> • On the approval of the professional standard “Practical Psychologist of an Educational Institution” (No. 2425, 2020) • On the approval of the professional standard “Practical Psychologist (Social Sphere)” (No. 2425, 2020)
Orders of the Ministry of Justice	<ul style="list-style-type: none"> • On the organization of social, educational and psychological work with convicts (No. 2300/5, 2023); • On approval of regulations on programs of differentiated educational influence on convicts (No. 1418/5, 2016); • On the approval of the Procedure for the organization of work on the prevention of suicides among convicts, persons taken into custody who are kept in penal institutions and remand detention centers (No. 1126/5, 2023); • On the approval of the Recommended psychodiagnostic tools for the diagnosis of suicidal risk (No. 3458/5, 2023).
Orders of the Ministry of Internal Affairs	<ul style="list-style-type: none"> • On the approval of the Procedure for Organizing the System of Psychological Support for Police Officers, Employees of the National Police of Ukraine and Students of Higher Education Institutions with Specific Learning Conditions for Police Officer Training (No. 88, 2019) • On the approval of the Procedure for Psychological Support in the State Border Guard Service of Ukraine (No. 179, 2021) • On the approval of the Regulation on Psychological Support in the National Guard of Ukraine (No. 1285, 2016) • On the approval of the Procedure for Psychological Support in the State Emergency Service of Ukraine (No. 747, 2017) • On the approval of the Regulation on the Department of Health Protection and Rehabilitation of the Ministry of Internal Affairs of Ukraine (No. 65, 2020) • On the establishment of the Center for Psychiatric Care and Professional Psychophysiological Selection of the Ministry of Internal Affairs of Ukraine as a legal entity (No. 398, 2020) • On the approval of the Regulation on the Activity of the Medical (Military-Medical) Commission of the Ministry of Internal Affairs (No. 285, 2017) • On the approval of the Instructions on the Procedure for Medical Care in Health Care Facilities of the Ministry of Internal Affairs (No. 462, 2016)
Orders of the Ministry of Defence Orders of the Commander-in-Chief of the Armed Forces of Ukraine Orders of the General Staff of the Armed Forces of Ukraine	<ul style="list-style-type: none"> • On the approval of the Regulation on the Psychological Rehabilitation of Servicemen of the Armed Forces of Ukraine Who Participated in the Anti-terrorist Operation, during the Restoration of Combat Capability of Military Units (Order of the Ministry of Defence No. 702, 2015) • On the approval of the Instructions on the Organization of Psychological Support for the Personnel of the Armed Forces of Ukraine (Order of the Commander-in-Chief of the Armed Forces of Ukraine No. 305, 2020) • On the approval of the Regulations on Psychological Counseling Units in the Armed Forces of Ukraine (Order of the Commander-in-Chief of the Armed Forces of Ukraine No. 99, 2020) • On the approval of the Instructions for the Organization of Psychological Decompression of Servicemen of the Armed Forces of Ukraine (Order of the General Staff of the Armed Forces of Ukraine No. 462, 2018)

Appendix 3. Tasks of the System Listed by the Ministries

MINISTRY OF HEALTH

- **Legislation and Regulation.** The Ministry is responsible for the development and implementation of legislation and regulations related to the protection of mental health (laws regulating the protection of rights to mental health, the functioning of psychiatric institutions, licensing of health care institutions and ensuring the quality of mental health services), which are developed based on the results of equal interdisciplinary cooperation.
- **Policy Development and Advocacy.** Based on the results of equal interdisciplinary cooperation, the Ministry of Health develops policies and strategies for mental health, which determine the general shape of mental health care in the country. This implies conducting research, analyzing data, consulting with experts and stakeholders to develop evidence-based policies responding to public needs.
- **Quality Assurance and Standards.** The Ministry of Health develops professional standards, provides proposals to the Ministry of Health regarding the standards of education for specialists in the field of mental health care working in the health system, and monitors the standards of psychiatric care and psychosocial services in the field of health care to ensure quality and safety, develops recommendations and protocols for assessment, treatment and rehabilitation, and establishes mechanisms for monitoring and evaluating the provision of services in the field of mental health, including regulations regarding inspections, audits, and accreditation processes to maintain high standards of service.
- **Resource Allocation.** The Ministry of Health allocates financial resources to support mental health services. The Ministry assesses the needs of the mental health sector in health care, determines budget allocations and monitors the allocation of resources to ensure equitable access to mental health services in different regions and populations.
- **Research and Evaluation.** The Ministry of Health provides different kinds of support or conducts research on mental health, epidemiology, treatment outcomes, and service delivery models. It uses research findings to inform policy development, evaluate the effectiveness of mental health interventions, and contribute to the evidence base for mental health care.
- **Cooperation with Other Ministries.** Cooperation with the Ministry of Education, the Ministry of Social Policy, the Ministry of Youth and Sports, as well as the Ministry of Defence, the Ministry of Veterans Affairs is of crucial importance to ensure a coordinated approach to the development and implementation of policies in the field of MHPSS.
- **International Cooperation.** Participates in international cooperation to exchange best practices, studies global experience in the field of mental health care, and ensures its adaptation and implementation.
- **Service Provision and Referrals.** The Ministry directly provides mental health services through public health care facilities or contracts with health care providers. At the regional level, structural sub-units for health care of oblast and Kyiv city state administrations establish and manage health care facilities, in particular psychiatric hospitals, and community-based services. In addition, the Ministry coordinates and collaborates with other health care providers, public, private, and non-governmental organizations to ensure a comprehensive and integrated mental health care system.
- **Crisis Intervention.** The Ministry plays an important role in crisis intervention and suicide prevention in the population. It establishes protocols and support systems for suicide risks and mental health risks, providing timely care and access to emergency mental health services when needed.
- **Workforce Development.** The Ministry regulates and promotes the development of human resources for mental health: provides proposals to institutions of higher education under its management regarding the content of educational programs for mental health professionals working in the field of health care; determines the requirements for their competence and develops professional standards; monitors the processes of licensing and accreditation. The Ministry also fosters continuous professional development.

- **Public Information and Education.** The Ministry and its territorial authorities participate in public awareness campaigns and educational initiatives to reduce stigma, promote mental health awareness, and encourage early help-seeking. Collaborates with the media, schools, community organizations, and other stakeholders to increase awareness of mental health issues, prevention strategies, and available services.

MINISTRY OF SOCIAL POLICY

- **Legislation and Regulation.** The Ministry is responsible for the development and implementation of regulations related to psychosocial support of the population (laws regulating the basics of social protection of persons with disabilities, volunteer activities, family and children issues, prevention and countermeasures against domestic and gender-based violence, ensuring equal rights and opportunities for women and men, prevention and combating of human trafficking, providing social services and conducting social work, functioning of social services and institutions, ensuring the quality of services, preventing the development of mental health problems, and enhancing the psychosocial well-being of the population).
- **Policy Development and Advocacy.** The Ministry of Social Policy develops policies, guidelines and strategies for psychosocial support of the population, which determine the general shape of this area in the country, contributes to the protection of rights to mental health, equal access to psychosocial services and the integration of mental health issues into the broader framework of social policy. Advocates for policies supporting community-based mental health prevention efforts, including adequate funding and resources for mental health initiatives.
- **Quality Assurance and Standards.** The Ministry of Social Policy proposes draft professional standards; submits proposals to the Ministry of Education and Science regarding the educational standards for specialists in the social sphere; develops and approves standards for social services to ensure quality and safety; develops recommendations and protocols for evaluation and provision of services; establishes mechanisms for monitoring and evaluation of the provision of services in the field of psychosocial support to maintain high standards of service.
- **Social Protection Programs.** The Ministry of Social Policy implements social protection programs supporting persons with mental disorders, other types of vulnerable persons and persons in difficult life circumstances, in particular regarding assistance to persons with disabilities, social assistance programs, and financial support for persons in need of additional assistance because of mental health disorders, and community-based psychosocial services.
- **Research and Data Collection.** The Ministry may conduct research and collect data on the socio-psychological aspects of mental health, which may include research on the social determinants of mental health, the impact of social policy on psychological well-being and the effectiveness of social support programs. Research outcomes can inform policy development and resource allocation for mental health and social services.
- **Cooperation with Other Ministries.** Cooperation with the Ministry of Health, the Ministry of Education, the Ministry of Youth and Sports, the Ministry of Defence, the Ministry of Veterans Affairs, the Ministry of Economy, the Ministry of Internal Affairs, and the Ministry of Defence is crucial to ensure a coordinated approach to the development and implementation of policies in the field of MHPSS.
- **International Cooperation.** The Ministry participates in international cooperation in order to exchange best practices, studies international experience in the field of MHPSS, and ensures its adaptation and implementation.
- **Cooperation with Mental Health Services, Referral.** The Ministry of Social Policy works with the Ministry of Health and mental health service providers to ensure a coordinated and holistic approach to mental health care. Can work together to develop shared policies, share information and resources, and establish referral pathways between social service providers and mental health services.
- **Cooperation with NGOs and Volunteers.** The Ministry of Social Policy cooperates with non-governmental organizations (NGOs) and public organizations providing support and advocacy to persons with mental disorders. It can provide funding, develop partnerships or participate in joint initiatives to improve the provision of psychosocial support services for people with mental health problems.
- **Provision of Social Services.** The Ministry of Social Policy is responsible for coordinating and providing social services with a psychological component to vulnerable populations, families (individuals), and those in difficult life circumstances.

- **Social Integration of Persons with Mental Conditions.** The Ministry promotes the social integration of people with mental conditions into society, and can develop policies and programs aimed at reducing stigma, discrimination and social barriers preventing the full participation of people with mental health problems. This may include initiatives to improve employment opportunities, supported living, and the development of community support networks.
- **Support Services.** The Ministry of Social Policy is responsible for the coordination and provision of social services and other psychosocial support services that complement medical care. In particular, this refers to programs such as supported living, vocational, social and psychological rehabilitation, day programs for persons with mental disorders, and respite for their families or caregivers.
- **Crisis Intervention.** The Ministry plays an important role in crisis intervention and prevention of domestic and gender-based violence. It establishes protocols and support systems to identify and resolve mental health crises, provide timely care, and ensure access to emergency mental health services when needed.
- **Supportive Environment.** The Ministry advocates for policies that create an enabling environment in schools, workplaces, and communities. This includes fostering inclusive communities.
- **Prevention for at-Risk Groups.** The Ministry develops programs focused on prevention strategies, especially for at-risk populations. Identifying and supporting people who may be at risk of developing mental health problems.
- **Crisis Prevention.** The Ministry develops and implements programs aimed at preventing the risks of declining mental health of the population, such as substance abuse prevention, suicide prevention, and support for individuals facing traumatic events.
- **Promoting Sustainability.** The ministry develops programs that build resilience in individuals, families, and communities, helping them to better cope with life's challenges and reducing the risk of mental health problems.
- **Supporting Vulnerable Populations.** The Ministry adapts prevention programs to meet the specific needs of vulnerable populations, such as trauma survivors and people with disabilities, who may be at higher risk of mental health disorders.
- **Public Information and Education.** The Ministry engages in public awareness campaigns and educational initiatives to reduce stigma, promote mental health awareness, and encourage early help-seeking. It works with the media, community organizations, and other stakeholders to increase awareness of mental health issues, prevention strategies and available services, reduce stigma, and promote help-seeking behavior.

MINISTRY OF EDUCATION AND SCIENCE

- **Legislation and regulation.** The Ministry is responsible for the development and implementation of legislation and regulations related to the provision of psychological counseling and psychosocial support for students (regulations of the provision of psychological counseling for students, psychological and pedagogical support for children with special educational needs, creating a safe educational environment in educational institutions, and the provision of social and psychological-pedagogical services for students who have committed, witnessed or suffered from bullying (harassment); measures aimed at the socialization of students; ensuring the quality of MHPSS services in the field of education).
- **Policy Development and Advocacy.** The Ministry contributes to the development of policies and recommendations on MHPSS in educational institutions. It works in collaboration with the Ministry of Health and other relevant stakeholders to ensure a coordinated approach to mental health and support in education settings, which includes the integration of mental health issues into broader education policies and strategies. It advocates for policies supporting mental health prevention efforts in the education system, including adequate funding and resources for mental health prevention initiatives.
- **Quality Assurance and Standards.** The Ministry of Education and Science develops and approves standards and model educational programs, state education standards for specific professions, establishes professional standards for specialists in the education system, develops recommendations for ensuring quality and safety, assessment and provision of services by the psychological services of the education system, and establishes mechanisms for monitoring and evaluation of MHPSS services.
- **Research and Data Collection.** The Ministry organizes scientific research in the field of education that is necessary for the development and implementation of state policy in the specified field, in particular, related to the mental health of students and teachers. This may include research on the impact of interventions by the psychological services in the field of education, the effectiveness of mental health education programs, collaborating with research institutions to study mental health trends among students, and identifying risk factors and best practices for the promotion of psychological well-being of students. Research findings can inform policy development and improve mental health services in educational institutions.
- **Cooperation with Other Ministries.** Cooperation with the Ministry of Health, the Ministry of Social Policy, the Ministry of Youth and Sports, and the Ministry of Economy (the State Employment Service) is crucial to ensure a coordinated approach to the development and implementation of MHPSS policies.
- **International Cooperation.** The Ministry participates in international cooperation in order to exchange best practices and study global experience in the field of MHPSS, ensures the integration of domestic science into the global research space while preserving and protecting national priorities.
- **Mental Health Services in Education.** The Ministry cooperates with educational institutions to organize the activities of the psychological service in the education system: establishing psychological services, providing access to mental health professionals in schools and promoting early identification and interventions for students with mental health problems.
- **Training and Support of Teaching Staff.** The Ministry provides training and support to teachers and staff of educational institutions to improve their ability to meet the mental health needs of students. This can include professional development programs teaching to identify signs of mental health problems, implementation of mental health promotion activities, and supporting students. The Ministry also creates mechanisms for continuous professional development and support for teachers in the field of mental health.
- **Inclusive Resource Centers.** The Ministry creates conditions for inclusive education, including the operation of a network of inclusive resource centers that conduct a comprehensive psychological and pedagogical assessment of the child's development; provide psychological-pedagogical and correctional-developmental services; provide systematic and qualified support for children with special educational needs.
- **Cooperation with Mental Health Specialists.** The Ministry works with mental health professionals and institutions to facilitate access to specialist services for students with mental health needs. May include creating referral pathways, coordinating services and ensuring effective communication between

educational institutions and service providers. The Ministry can also support partnerships between educational institutions and mental health organizations to increase the availability of services.

- **Engaging Students.** The Ministry promotes the participation of learners in extracurricular activities, clubs and peer support programs that can create a sense of belonging and support social and emotional development.
- **Mental Health Education.** The Ministry is responsible for the inclusion of mental health education in the school curriculum, which implies raising mental health awareness, promoting psychological well-being, and providing students with the knowledge and skills to understand and manage their mental health. It may also involve the integration of mental health topics into other academic subjects.
- **Preventive Programs.** The Ministry develops and supports preventive programs aimed at strengthening mental health and preventing mental health problems among students. This includes initiatives targeting risk factors such as bullying, substance abuse, and academic stress. Prevention programs can focus on building resilience, improving coping skills, and promoting a positive psychoemotional climate within the school community to support psychological well-being.
- **Engagement of Parents and Caregivers.** Engaging parents and caregivers in mental health initiatives by providing resources and guidance to support their children's psychological well-being.
- **Well-Being of Teachers and Staff.** The Ministry recognizes the importance of the psychological well-being of teachers and provides resources to support their mental health and resilience.
- **Public Information and Education.** Collaboration with media, community organizations and other stakeholders to launch awareness campaigns in educational institutions emphasizing the importance of help-seeking, educational initiatives to reduce stigma, and promote mental health awareness.
- **School Policy.** The Ministry develops and implements policies aimed at strengthening mental health in educational institutions. These policies may include anti-bullying initiatives, stress reduction programs, and recommendations to address student mental health issues.

MINISTRY OF YOUTH AND SPORTS

- **Policy Recommendations.** The Ministry of Youth and Sports can actively participate in the development of national and regional policies on the mental health of all populations, in particular youth, and psychosocial support, which includes contributing to the establishment of frameworks, guidelines and legislation prioritizing mental health services and support for the population, development of physical culture and sports, in particular, rehabilitation in physical culture and sports.
- **Policy Advocacy.** The Ministry can act as an active advocate for mental health needs, which implies interaction with other executive authorities, CSIs and international agencies to raise awareness of the importance of mental health and the impact of mental health issues on the well-being of the population.
- **Resource Allocation.** Advocacy for budget allocations to support youth initiatives in the field of MHPSS is of crucial importance. The Ministry can work with relevant stakeholders to secure funding for mental health programs and services for youth.
- **Research and Data Collection.** By collaborating with relevant research institutions, the Ministry can support and fund research into youth mental health. The Ministry can monitor the impact of physical activity on mental health, which may include research and data collection on the use of physical activity and sport as an effective tool for mental health and well-being. These studies can be used to inform policy and evidence-based programs that address the specific needs of target groups.
- **Cooperation with Other Ministries.** Cooperation with the Ministry of Health, the Ministry of Education, the Ministry of Social Policy, and the State Employment Service is important to ensure a coordinated approach to the development and implementation of policies in the field of MHPSS.
- **International Cooperation.** The Ministry participates in international cooperation in order to exchange best practices and study the international experience in the field of MHPSS, in particular, regarding measures to promote a healthy lifestyle, organize meaningful leisure for young people, conducts awareness raising and educational work to combat the spread of various forms of addiction in youth.
- **Cooperation with mental health services.** The Ministry can cooperate with the Ministry of Health, the Ministry of Education, the Ministry of Social Policy, and service providers to promote access to mental health services for young people. This may include raising awareness of the available mental health and psychosocial support resources, disseminating information about service providers or helplines, and facilitating referrals to relevant services.
- **Athletes and Public Figures.** Cooperation with outstanding athletes, coaches, and public figures in the field of physical culture and sports to exchange opinions and experiences regarding the impact of physical exertion and motor activity on mental health strengthening. Engaging prominent athletes, coaches, and sports and fitness professionals in mental health advocacy efforts can strengthen messages and reduce stigma. The Ministry can facilitate partnerships with community leaders to talk openly about mental health issues.
- **Mass Sports and Recreation Events.** The Ministry promotes the implementation of the MHPSS policy by means of health-improving motor activity during mass sports and recreation events for all population groups, including internally displaced persons, war veterans and their family members, military personnel, persons with disabilities, etc. The Ministry fosters participation of selected populations in such events, which can create a sense of social adaptation, support social and emotional resilience.
- **Engagement of Youth in Policy-Making.** The active involvement of young people in the policy-making process is crucial. The Ministry can establish youth advisory councils or forums where young people can express their concerns, comment on MHPSS policies, and participate in decision-making processes.
- **Promotion of Youth Development.** The implementation of programs aimed at youth development, including the development of civic competences, contributes to the prevention of mental health problems in youth.
- **Sports and Recreation Programs.** The Ministry organizes sports and recreational activities for the population. Participation in sports and physical activity is associated with positive mental health outcomes,

as proven by scientific research. The Ministry may support programs that encourage physical activity, team sports, and physical education activities that contribute to the general well-being of the population.

- **Program Development.** The Ministry can work in partnership with other relevant executive authorities and organizations to develop and implement programs in the field of MHPSS adapted to the needs of different population groups. These programs may include awareness raising and educational campaigns, and consulting services.
- **Youth Engagement and Peer-to-Peer Support.** The Ministry can facilitate youth engagement and peer support programs that promote mental health. This may include supporting youth initiatives and creating safe spaces where young people can discuss mental health issues, seek peer support, and share experiences.
- **Training and Capacity Building.** The Ministry can offer training and capacity building programs for youth workers. These programs can focus on equipping youth workers, physical education and sports professionals with the knowledge and skills to recognize the signs of mental health problems, provide basic support, and make referrals to mental health services if necessary.
- **Mental Health Promotion.** The Ministry promotes mental health and well-being for different populations through various initiatives and programs. This may include organizing workshops and events focused on mental health education, stress management, emotional well-being, and building resilience.
- **Reducing Stigma.** The Ministry can play an important role in reducing the stigma associated with mental health problems in the population. This may include public awareness campaigns that challenge stereotypes and promote understanding.

MINISTRY OF CULTURE AND INFORMATION POLICY OF UKRAINE

- **Policy Recommendations.** The Ministry can provide policy recommendations and ideas based on cultural and media perspectives to ensure that MHPSS policies are culturally sensitive and effective.
- **Policy Advocacy.** The Ministry can advocate for the integration of mental health issues into cultural policies and initiatives. It can work with relevant stakeholders to ensure that cultural spaces, events and activities are designed to be inclusive, supportive, and sensitive to mental health needs. The Ministry can also advocate for the inclusion of mental health components in cultural funding schemes or grants. This includes funding exhibitions, performances, and events dedicated to mental health topics, helping to destigmatize these topics through creative expression.
- **Research and Evaluation.** The Ministry can support research and evaluation efforts related to the intersection of culture and mental health, which may include commissioning studies on the effects of cultural activities on psychological well-being, evaluating the effectiveness of arts-based interventions, or examining cultural factors that influence mental health outcomes. The research findings can inform policy development and evidence-based strategies for program improvement.
- **Cooperation with Other Ministries.** Cooperation with the Ministry of Health, the Ministry of Education and Science, and the Ministry of Social Policy is crucial to ensure a coordinated approach to the development and implementation of MHPSS policies. This may include coordinating with health authorities to ensure that up-to-date mental health information is disseminated through websites, brochures, and other information materials. It can also facilitate the translation and accessibility of mental health resources for different populations.
- **Cooperation and Partnership.** The Ministry can cooperate with mental health organizations, advocacy groups, and service providers to support joint initiatives that promote mental health through cultural and informational policies.
- **Collaboration with Artists and Celebrities.** Collaboration with artists, writers, musicians and performers to create works of art that address mental health issues, promote empathy, and inspire hope. Engaging artists, celebrities, and influencers in mental health advocacy efforts can amplify messages and reduce stigma. The Ministry can facilitate partnerships with community leaders to talk openly about mental health issues.
- **Cultural Initiatives.** The Ministry can support cultural initiatives promoting psychological well-being and providing opportunities for self-expression and creativity. This may include supporting art therapy programs, organizing exhibitions, performances, and workshops on mental health, as well as incorporating mental health topics into cultural events and festivals.
- **Crisis Response and Fostering Resilience.** During a crisis or natural disaster, the Ministry can partner with mental health organizations to provide immediate psychosocial support and promote community resilience through cultural and creative activities.
- **Public Awareness and Education.** The Ministry can lead efforts to raise public awareness of mental health and reduce stigma through awareness campaigns, media initiatives, and cultural events. They can promote accurate and positive portrayals of mental health in the media and support educational programs aimed at addressing mental health issues.
- **Media Campaigns.** The Ministry can cooperate with media organizations to launch awareness campaigns informing the public about mental health, the available support services, and how to get help when needed. These campaigns can be implemented through different media platforms, including television, radio, print and online media.
- **Supporting Feature Films and Documentaries.** Supporting the production of feature films, documentaries, and television programs exploring mental health issues and personal stories can be a powerful way to engage and educate the public. The Ministry may offer grants or partnerships to facilitate the creation of such content.
- **Promotion of Mental Health Literature.** Encouraging the publication and distribution of books, articles, and literature focusing on mental health, resilience, and well-being may be within the purview of the ministry. This literature can serve as a valuable educational resource.

- **Public Libraries.** Collaborating with public libraries to provide resources and literature concerning mental health and well-being; promoting mental health reading lists and resources. Libraries can become a kind of hubs for community-based psychosocial support.
- **Integration of the topic in festivals and events.** Integration of mental health topics and awareness activities into cultural festivals and events can reach a broad audience. The Ministry may encourage organizers to include mental health into their agenda.
- **Mass Media and Entertainment.** Encouragement of responsible media portrayal of mental health issues and persons with mental disorders. Promotion of positive and accurate representations in films, TV shows, literature, and other forms of entertainment.
- **Art.** Supporting art therapy programs, creative workshops and expressive arts initiatives as a means to process emotions, reduce stress, and improve one's mental health.

MINISTRY OF ECONOMY

- **Engagement of the private sector.** The Ministry of Economy can encourage the engagement of the private sector in mental health care. This will facilitate partnerships between mental health institutions and organizations to promote workplace mental health programs, employee assistance programs, and mental health-related corporate social responsibility initiatives, including the introduction of psychosocial support in the workplace. This results in a supportive and inclusive work environment that prioritizes psychological well-being.
- **Employment and Workforce Integration.** The Ministry, through the State Employment Center and the State Labor Service of Ukraine, can promote the integration of persons with mental disorders into the labor market, support initiatives that improve employment opportunities, reasonable accommodations and support in the workplace for persons with mental health problems, which will contribute to the general well-being and social integration of persons with mental disorders.
- **Workforce Development.** The Ministry promotes investment in workforce development programs that equip people with the skills and resilience needed to succeed in the labor market. This may include programs teaching stress management, coping skills and emotional intelligence, as well as psychological first aid in the workplace.
- **Promoting Work-Life Balance.** The Ministry encourages and supports initiatives that promote work-life balance. Encouraging employers to offer flexible working arrangements, paid leave and family-friendly policies, psychosocial support policies in the workplace and non-discrimination on the basis of psychological disorders can help reduce stress and improve psychological well-being.
- **Support of vulnerable populations.** The State Employment Service can be involved in the implementation of specialized programs to support employment of vulnerable populations, such as persons with disabilities or mental disorders. This includes career guidance services, vocational training, employment assistance and support, both during and after employment. The State Labor Service of Ukraine should contribute to empowerment of persons with disabilities by employers through reasonable adaptation of workplaces.
- **Mental health awareness in the workplace.** Working with employers to raise awareness of mental health in the workplace. This may include informing employers about the benefits of introducing psychosocial support in the workplace, providing methodological support for its implementation, resources, training and guidance for employers on how to create a mentally healthy work environment and reduce stigma.

MINISTRY OF JUSTICE

- **Legal and political framework.** The Ministry of Justice is responsible for development and interpretation of laws and policies related to human rights, including mental health. The Ministry develops proposals for the improvement of legislation, carries out legal assessment of draft laws and other legislative acts, ensures the development of state policy in the field of execution of criminal punishments and probation, ensures the development and implementation of state policy in the field of legal education, legal awareness, informing the population, ensuring citizens' access to sources legal information.
- **Human Rights Protection.** The Ministry is responsible for upholding and protecting the human rights of people suffering from mental disorders and ensures that mental health practices, facilities and treatment meet human rights standards, including protection from abuse, neglect and violation of privacy or dignity, patients' rights, and confidentiality of mental health information.
- **Data Collection and Research.** The Ministry of Justice may cooperate with other central executive agencies to collect data at the intersection of mental health and the justice system (for example, information on the prevalence of mental disorders among incarcerated individuals, analyzing relapse rates, and evaluating the effectiveness of mental health treatment programs in the system of justice).
- **Criminal Justice System.** The Ministry works with the mental health system to meet the needs of people with mental disorders who encounter the criminal justice system. This may include the development of protocols and guidelines for the interaction of staff of the State Criminal Enforcement Service of Ukraine with persons in crisis situations, conducting training on mental health issues for the staff of penal institutions and pretrial detention centers, and supporting programs for persons with mental health problems.
- **Legal Aid and Advocacy.** The Ministry is responsible for the implementation and operation of the system of free secondary legal aid, which provides legal services to persons with mental conditions, ensures the representation of the interests of persons for which the court considers compulsory psychiatric treatment—in courts, in other government agencies, local self-governments, in disputes with other persons.
- **Restorative Juvenile Justice.** Free legal aid centers implement the Restorative Juvenile Justice program for minors who are suspected of committing a criminal offense; the purpose of the program is to remove minors from the criminal process as early as possible with mandatory implementation of the agreed measures for their resocialization and prevention of repeated criminal offenses.
- **Center for Social and Psychological Support for Children Victims and Witnesses of Violence.** The Interagency Council on Juvenile Justice issues implements a pilot project in certain regions on the implementation of the Barnahus model to protect the rights of children and prevent them from being re-traumatized during investigations and court proceedings, which involves creating the necessary conditions in a single location to provide a child with medical, psychological, and legal assistance.
- **Advocacy for Legal Reforms.** Advocating for legal reforms that improve mental health services, reduce discrimination, and strengthen the rights of people with mental disorders.

MINISTRY OF DIGITAL TRANSFORMATION

- **Supporting the implementation of psychosocial services and creating a workplace that is safe from the standpoint of mental health.** The Ministry of Digital Transformation, as part of its efforts to coordinate the activities of administrative service centers and their subsidiaries, includes topics related to raising awareness of mental health problems, methods of increasing stress resistance, providing psychological first aid, etc. in the programs of training and professional development of specialists.
- **Healthy media consumption is a digital skill.** While improving the system for digital skills development, it can inform citizens about the available methods of consuming information through digital means without harming mental health.

MINISTRY OF DEFENCE

- **Policy Recommendations.** The Ministry of Defence can develop and implement MHPSS policies tailored to the unique needs of service members and their families. This policy should address the prevention, early intervention, treatment and support for mental health and psychosocial problems in the Armed Forces.
- **Advocacy for the Mental Health of the Military.** The Ministry can champion the importance of mental health in the Armed Forces, promoting this idea both within and outside the Armed Forces. This includes supporting increased funding, resources, and support for mental health services and research.
- **Research and Data Collection.** The Ministry can fund and support research on military mental health issues, including collaborating with academic institutions, mental health organizations, and other relevant stakeholders to study the prevalence of mental illness, research effective interventions, and improve the overall understanding of the unique challenges faced by military personnel. The results of these studies can influence the development of policies and related measures.
- **Cooperation with Other Ministries.** The Ministry works closely with the Ministry of Veterans Affairs, the Ministry of Health, the Ministry of Social Policy, and other relevant stakeholders, including veterans' and other non-governmental organizations and academic institutions to ensure a coordinated approach to MHPSS, in particular to ensure a seamless transition from military service to civilian life, functioning of mental health services, development of infrastructure, research and training of specialists and personnel.
- **International Cooperation.** The Ministry of Defence takes part in international cooperation in order to exchange best practices and learn global experience in the field of MHPSS for military personnel, in particular, the implementation of NATO standards.
- **Mental Health Services.** The Ministry is responsible for ensuring the availability of mental health services in the army. This includes the creation of a psychological service in the Armed Forces, specialized centers for psychological rehabilitation and departments in hospitals for the diagnosis, treatment and support of mental disorders and problems. It may also cooperate with civilian service providers to ensure comprehensive care.
- **Screening and Assessment.** The Ministry conducts mental health screening and assessment of military personnel, in particular at the stages of recruitment, during and after participation in hostilities. These screenings help to identify individuals who may need additional support, treatment, or counseling for mental disorders.
- **Support for Post-Traumatic Stress Disorders.** The Ministry provides specialized support to military personnel who have experienced traumatic events and may be at risk of developing PTSD. This may include implementation of evidence-based treatments, providing counseling services, and providing access to resources for trauma recovery and resilience.
- **Transition and Reintegration Support.** The ministry assists military personnel in the transition from military service to civilian life. Together with the Department of Veterans Affairs, it can offer mental health services, vocational training, and support programs to facilitate successful reintegration into civilian society, especially for those experiencing mental health issues.
- **Peer-to-Peer Support Programs.** The Ministry promotes peer-to-peer support programs in the military community. Such programs connect people who have experienced mental health problems with trained peers who can provide insight, guidance, and support based on their own experiences.
- **Support for Families.** Recognizing the importance of the well-being of military families, the ministry can offer support services, including counseling and psychoeducational programs, to help families cope with the unique challenges of military life.
- **Crisis Interventions.** The Ministry plays an important role in crisis intervention and suicide prevention among military personnel. It establishes protocols and support systems to identify and resolve mental health crises, provide timely care, and ensure access to emergency mental health services when needed.
- **Emergency Response.** In the event of military operations or crises, the Ministry can establish crisis response teams and ensure that MHPSS services are available to address the immediate and long-term psychological impact on personnel.

- **Education, Training and Mental Health Awareness.** The Ministry promotes prevention and provides psychoeducational and educational programs for military personnel to increase awareness of mental health conditions, reduce stigma, and provide information on managing combat stress, resilience, and seeking help for mental health issues.

Development and implementation of information and educational programs on mental health issues in the Armed Forces. These programs can help reduce stigma, educate service members about common mental health issues, and promote help-seeking.

MINISTRY OF INTERNAL AFFAIRS

- **Policy development.** The Ministry can develop and implement policies and recommendations in the field of MHPSS for agencies that are coordinated by the Minister. This policy should address the mental health and well-being of police officers, first responders, the National Guard, border guards, and other personnel.
- **Mental Health Advocacy.** Advocacy for the needs of the staff of the Ministry of Internal Affairs in the field of mental health in the Ministry and other relevant state bodies. This includes supporting increased funding, resources, and support for mental health services and research.
- **Data Collection and Analysis.** The Ministry may collect data on the intersection of mental health and law enforcement. This may include collecting information about interactions between law enforcement and people with mental health conditions, analyzing trends and patterns, and using the data to inform policy and practice that promote better outcomes for people with mental health problems.
- **Cooperation with Other Ministries.** The Ministry cooperates with the Ministry of Health, the Ministry of Veterans Affairs, the Ministry of Defence and other relevant stakeholders to ensure a coordinated approach to MHPSS. It addresses the mental health needs of individuals who come into contact with law enforcement, including justice system staff.
- **Community Engagement and Education.** The Ministry can work with communities to raise awareness of mental health issues, reduce stigma, and promote mental health literacy. It can organize workshops and awareness campaigns to inform the public about mental health, resources, and support available in the community.
- **Access to Mental Health Services.** The Ministry provides personnel with access to mental health services, including counseling and crisis hotlines, and medical assistance.
- **Service Suitability Assessment.** The Ministry ensures professional psycho-physiological selection of personnel and assessment of suitability for service; it develops protocols and procedures for assessing the personnel's mental fitness to perform the prescribed duties. It makes sure that people with potential mental health problems get appropriate help and support.
- **Mental Health Examinations.** The Ministry implements routine mental health checks as part of routine medical examinations for personnel. Early detection of mental health problems can lead to timely intervention and support.
- **Mental Health Treatment Programs.** The Ministry can support the development and implementation of mental health treatment programs aimed at diverting persons with mental disorders from the criminal justice system to appropriate mental health and support services. The Ministry can work with relevant stakeholders to establish protocols and referral pathways for diversion programs.
- **Cooperation with Social Services.** The Ministry can cooperate with social services to address the social determinants of mental health, including coordinating efforts to provide support services such as housing assistance, employment, and addiction treatment programs, and care for persons with mental health conditions who may be involved or at risk of being involved in the criminal justice system.
- **Support for Families.** The Ministry recognizes the impact of law enforcement on families and offers support programs for families dealing with the stress and challenges of having a loved one in law enforcement, in a combat zone, or engaged in emergency response.
- **Peer-to-Peer Support Programs.** The Ministry promotes and supports peer-to-peer staff support programs whereby trained colleagues can provide emotional and practical support to colleagues experiencing mental health issues.
- **Promoting a Healthy work Environment.** The Ministry can help law enforcement agencies to maintain a healthy and supportive work environment promoting psychological well-being. This includes dealing with workplace stressors, promoting work-life balance, and preventing workplace bullying or harassment.
- **Crisis Intervention and Emergency Response.** The Ministry should cooperate with mental health professionals and health care providers to ensure a coordinated response to mental health crises, including timely access to psychiatric support for individuals who encounter with law enforcement. The psychological services of the State Emergency Service and the National Police provide the required response to emergency

situations, provide psychological assistance, create referral protocols, facilitate the exchange of information, and promote cooperation between police, rescuers, and mental health specialists.

- **Education, Training and Mental Health Awareness.** The Ministry is working with educational institutions of the MIA system to include mental health education in the curriculum. Provide continuing education for staff on stress, trauma, and mental health management, and implement crisis intervention training for police officers to effectively respond to individuals in mental health crises. Training should emphasize de-escalation and empathy techniques, and provide the knowledge and skills to interact appropriately with people who have mental health problems.
- **Prevention of Substance Abuse and Violence.** The Ministry should implement substance abuse prevention programs and policies, and develop policies and training to prevent workplace violence in law enforcement.
- **Stigma Prevention.** Promoting awareness and understanding of mental health issues in law enforcement to reduce the stigma associated with officers seeking mental health help.

MINISTRY OF VETERANS AFFAIRS

- **Policy development.** The Ministry can develop and implement policies and guidelines in the field of MHPSS of Veterans. This policy should concern the mental health and well-being of the veterans and their family members, as well as family members of the deceased Defenders of Ukraine.
- **Policy Advocacy.** The Ministry should advocate for policies that support mental health prevention efforts, including adequate funding of Veterans' mental health services. The Ministry can play a role in advocating for changes to legislation addressing the mental health needs of veterans.
- **Research and Policy Development.** The Ministry should support research on veterans' mental health that helps to understand the unique mental health issues and risk factors that veterans face, improve treatment outcomes, and develop evidence-based policies and programs. Research findings are used to inform policy, prevention and intervention strategies.
- **Cooperation with Other Ministries.** The Ministry of Veterans Affairs cooperates with other agencies, such as the Ministry of Defense, the Ministry of Health, the Ministry of Social Policy, the Ministry of Education, the Ministry of Youth and Sports, veterans' associations and mental health NGOs, to ensure a coordinated approach to veterans' mental health.
- **International Cooperation.** The Ministry of Veterans Affairs takes part in international cooperation in order to exchange best practices, study and implement global experience in the field of MHPSS in veteran policy.
- **Public Engagement.** The Ministry engages veterans in community events and initiatives that promote social connections and provide them with opportunities to share experiences and support each other.
- **Mental Health Services.** The Ministry is responsible for providing comprehensive mental health services to veterans. This includes building a network of psychological care providers to offer diagnosis, psychosocial support, and treatment for mental disorders commonly experienced by veterans, such as post-traumatic stress disorder (PTSD), depression, and anxiety.
- **Rehabilitation and Recovery Programs.** The Ministry develops and implements rehabilitation and recovery programs of Veterans suffering from mental disorders. These programs may include individual and group therapy, evidence-based treatment, psychoeducation, and support groups to improve veterans' mental well-being and facilitate their recovery and reintegration into civilian life.
- **Cooperation with Mental Health Specialists.** The Ministry works with mental health professionals and organizations to ensure the delivery of high-quality care to veterans. This implies partnering with mental health providers, coordinating, directing and promoting best practices in the assessment and treatment of mental health disorders specific to veterans.
- **Peer-to-Peer Support Programs.** The ministry promotes and supports peer-to-peer support programs of Veterans with mental health issues. These programs bring veterans who have faced similar challenges together and provide them with a platform to share experiences, provide emotional support, promote understanding and resilience.
- **Transition Support.** The Ministry assists veterans in the transition from military service to civilian life, which includes providing mental health support and resources to facilitate a successful transition, addressing issues related to adaptation, employment, housing, and social support networks. These programs should include information about mental health resources and coping strategies.
- **Support for Families.** The Department recognizes the importance of supporting families of veterans who may also have mental health issues. The ministry provides resources, counseling services and educational programs to support the mental health and well-being of veterans' families, including families of the deceased.
- **Mental Health Checkups.** The Ministry, together with the Ministry of Health, promotes routine mental health screenings of veterans as part of routine medical examinations. This can help identify mental health problems early and provide the necessary care.
- **Resilience Programs.** The ministry offers resilience and stress management programs that help veterans to develop coping skills and emotional resilience to overcome life's challenges.

- **Education and Awareness.** The Ministry develops and implements education campaigns to educate veterans and their families about the importance of mental health and the signs of common mental health problems such as post-traumatic stress disorder (PTSD) and depression.
- **Prevention of abuse of psychoactive substances.** The ministry must address substance abuse issues, which can often co-occur with mental health issues among veterans. Provide resources of Veterans struggling with substance abuse.
- **Suicide Prevention.** Veterans are at higher risk of suicide compared to the general population, and the Ministry of Veterans Affairs must provide comprehensive support and resources to address this serious issue.
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MINISTRY OF FOREIGN AFFAIRS

- **Advocacy and Policy Development.** The Ministry of Foreign Affairs can advocate for mental health and psychosocial support in the international arena, using diplomatic channels and relationships to promote mental health initiatives. May participate in or lead discussions and negotiations on prioritizing mental health and well-being in global and regional programs. This can lead to the development of policies and recommendations promoting mental health and psychosocial well-being.
- **International Partnership and Cooperation.** The Ministry of Foreign Affairs can promote international partnership and cooperation in the field of MHPSS. This involves working with other countries, international and non-governmental organizations to share best practices, research, and resources to address mental health issues on a global scale.
- **Humanitarian Aid and Crisis Response.** In times of war and humanitarian crises, the Ministry of Foreign Affairs can coordinate the provision of psychiatric and psychosocial support as part of humanitarian aid efforts. This may include coordinating the efforts of international partners to finance and support organizations and programs offering psychological assistance to the affected population in war zones, natural disasters, and other crisis situations.
- **Protecting Rights of Vulnerable Populations.** The Ministry of Foreign Affairs can play a role in protecting the rights and well-being of vulnerable populations, including refugees, migrants, and other displaced persons. These groups are at higher risk of mental disorders, and the Ministry can work to ensure that they have access to psychosocial support services in host countries.
- **Data Collection and Information Sharing.** The Ministry of Foreign Affairs can help collect and disseminate information on mental health trends and best practices in other countries. This sharing of information can contribute to the development of evidence-based policies and interventions.
- **Promoting mental health in global agenda.** The Ministry of Foreign Affairs can work to integrate mental health into broader global health and development programs, such as the Sustainable Development Goals (SDGs), to ensure that mental health is recognized as a critical component of overall well-being and prosperity.
- **Consular Services.** Embassies and consulates, when providing consular services to their nationals abroad, may include assistance in finding mental health services for their nationals in other countries.

MINISTRY OF REINTEGRATION OF TEMPORARILY OCCUPIED TERRITORIES

- **Policy coordination and development.** The Ministry of Reintegration plays a key role in the coordination of the MHPSS system at the regional and community levels. In particular, the Ministry can take the lead in coordinating efforts to develop policies and strategies to address the mental health and psychosocial needs of IDPs and people in areas affected by war and occupation. This includes working with other relevant government agencies, non-governmental organizations, and international partners to develop an integrated approach.
- **Targeted Services.** The Ministry of Reintegration can allocate resources and funding to create and improve mental health and psychosocial support services specifically tailored to the needs of IDPs and persons in temporarily occupied territories. This may include establishing resilience centers, counseling centers, training mental health professionals, and providing access to care for those experiencing trauma and displacement.
- **Rehabilitation and Reintegration Programs.** The Ministry may support programs aimed at the rehabilitation and reintegration of persons affected by war and displacement, including persons returned from captivity, as well as families of persons still in captivity, those who may have suffered serious trauma or violence. These programs should include psychosocial support as a key component to help people rebuild their lives.
- **Advocacy and Awareness.** The Ministry can advocate for recognition of the mental health and psychosocial needs of IDPs and persons in war-affected areas at the national and international levels. This includes raising awareness of the challenges they face and advocating for funding and support to effectively address these challenges.
- **Capacity Building.** The Ministry can work to develop the capacity of local organizations and service providers to effectively deliver mental health and psychosocial support services. This may include training and allocation of resources to ensure that services meet international standards.
- **Data Collection and Research.** The Ministry can facilitate data collection and research to better understand the mental health needs and challenges of IDPs and individuals in conflict-affected areas. These data can inform evidence-based policies and interventions.
- **International Cooperation.** Given the international nature of war and displacement, the Ministry can engage in international cooperation and partnerships to access resources and expertise for mental health and psychosocial support, which involves collaboration with international organizations and donors.
- **Legal and Human Rights Protection.** The Ministry can work to protect the legal and human rights of IDPs and individuals in war-affected areas by ensuring that they have access to mental health services and are not discriminated against or harmed.
- **Emergency Response** In cases of ongoing war or humanitarian emergencies, the ministry can coordinate the rapid deployment of mental health and psychosocial support services to respond to immediate needs.

Appendix 4. Priority Projects of the Ministries

CBEP	Project Name	Project Goal
Ministry of Health	Protection of mental health in the structure of medical care.	Improving access to quality medical mental health services by building the capacity of primary and specialized health care to provide affordable, timely, high-quality and free mental health services.
Ministry of Social Policy	Implementation of a comprehensive psychosocial support program as part of strengthening resilience.	To ensure the continuity of psychosocial care, emergency response, and service provision, involving and coordinating various resources in the community, to build stress resistance in situations of constant challenges of war.
	Social adaptation of veterans and their family members.	<ol style="list-style-type: none"> 1. Help in stabilizing the psycho-emotional condition, reducing stress, anxiety, fostering the ability to cope with crisis situations 2. Facilitating the development of trusting relationships in the family and communication skills, eliminating conflicts 3. Help in identifying the needs of a veteran's family and informing about all possible services provided by the state, the region, and the community 4. A chance to establish friendly relations with other veterans 5. Preventing difficult life circumstances in the veteran's family
MES	Psychosocial support and psychological care at all levels of education.	Mental health and psychological well-being support of students and teachers, development of an effective system for strengthening mental health and psychosocial support (MHPSS) at all levels of education.
Ministry of Youth and Sports	Youth centers and active parks as part of the mental health ecosystem.	Creating a mechanism for preserving and restoring mental health through using effective tools to help the population, including children, youth, internally displaced persons, persons with disabilities, war veterans, military personnel and members of their families, in overcoming stress related to war and the consequences of traumatic events they have experienced; prevent the development of mental disorders, restore and preserve mental health through the provision of psychological support, the development of emotional stability and engagement in health-improving motor activity.
Ministry of Defence	Creation of the system for psychological recovery of AFU personnel "PSYCHOLOGICAL RECOVERY OF PERSONNEL".	Preservation of the mental health of personnel—creation of a comprehensive system for psychological recovery; reduction of personnel turnover and costs for their social protection, treatment of PTSD; increasing the professional competence of military psychologists and commanders—strengthening the capacities of the psychological service of the Armed Forces.
Ministry of Internal Affairs	Algorithm for providing psychological assistance and support in crisis and emergency situations.	Strengthening the interaction of psychological services of state authorities (Ministry of Internal Affairs, Ministry of Health, the Ministry of Social Policy, Ministry of Education and Science) with the involvement of public and volunteer organizations; development of a referral procedure for the victim receiving emergency psychological assistance.
Ministry of Veterans Affairs	Transition from military service to civilian life (in terms of psychological assistance).	Provide a tool that will enable: Personalized information (pathway) and list of personal opportunities for Defenders; self-diagnosis for everyone; and information and entry point (mobile application) for families.

Ministry of Reintegration	Civilian Support Coordination Centers	Support and coordination of assistance to the affected population; ensuring effective interaction between executive power bodies, law enforcement and other state agencies, local self-governments, civil society associations, organizations and institutions engaging volunteers in their activities, volunteers, Ukrainian representative offices of international humanitarian organizations when solving issues related to social protection, providing housing and employment for the affected populations, providing psychosocial, medical, and legal assistance to the affected populations.
Ministry of Economy	Investment in human capital: psychosocial support at the workplace and professional stability.	Labor inspectors should enable conditions for implementation of workplace psychosocial support by employers of all forms of ownership and all types of management.
MCIP	The art of helping.	Provide comprehensive implementation of psychosocial assistance for citizens of Ukraine through the engagement of staff of institutions of culture, art education, and libraries. Contribute to the development of a culture of mental health care in the society.
Ministry of Justice	Mental health training for specialists in the free legal aid system.	To ensure that the specialists of the centers providing Free Secondary Legal Aid (FSLA) and other entities cooperating with the FSLA system and interacting with its clients master the basic skills of self-help and primary support in crisis situations (stress resistance and self-recovery), as well as providing the primary information for clients of the FSLA system about the possibility of receiving primary psychological aid.

Appendix 5. System Coordination

CENTRAL LEVEL

While there are examples of inter-agency programs in Ukraine, the limited cross-sectoral collaboration and a lack of coherent leadership across sectors are among the main challenges to the implementation of MHPSS activities.

The lack of high-level cross-sectoral coordination of policymaking and planning remained a problem in the country until the launch of the All-Ukrainian Mental Health Program initiated by Olena Zelenska. While each sector has a different policy focus, planning cycle, and budget priorities, they are not aligned around a common vision or goals for population mental health. Limited awareness or prioritization among non-health sectors (the ones in which mental health is not a primary focus) has contributed to other challenges in this area.

In 2022, the problem of providing psychological assistance to persons affected by the Russian Federation's war of aggression against Ukraine was brought to the national level. Given that many of the determinants and actions needed for mental health lie outside the traditional health care domain, to facilitate better collaboration and coordination, there is a need to establish national mental health coordinating bodies with the powers and resources to implement interventions.

Resolution No. 539 of the Cabinet of Ministers of Ukraine dated May 07, 2022 “On the establishment of the Interagency Coordination Council on Mental Health Protection and Provision of Psychological Assistance to Victims of the Armed Aggression of the Russian Federation” approved the provisions on the Interagency Coordination Council on Mental Health Protection and Provision of Psychological Assistance to Victims of the Armed Aggression of the Russian Federation (hereinafter referred to as the ICC) and its members.

The main tasks of the ICC are:

1. Helping to ensure the coordination of efforts of the central executive authorities on providing psychological assistance to persons who suffered as a result of the armed aggression of the Russian Federation against Ukraine.
2. Determination of ways, mechanisms and methods of solving challenging issues of providing psychological assistance to persons who suffered as a result of the armed aggression of the Russian Federation against Ukraine.
3. Ensuring effective response of the central executive bodies with regard to these issues.
4. Drafting proposals to improve the legal framework for better provision of psychological assistance to victims and state support for such persons.

Proposals and recommendations of the ICC are implemented by the adoption of relevant decisions by the Cabinet of Ministers of Ukraine. The drafts are prepared by executive authorities in accordance with their powers. The organizational, informational, material and technical support of the activities of the Interagency Coordination Council is ensured by the Ministry of Health.

In order to ensure the coordination of the actions of central and local executive authorities, local self-government bodies, enterprises, institutions, and organizations on the preparation and implementation of national scale activities with the aim of quickly and effectively develop and implement the All-

Ukrainian Mental Health Program in Ukraine (hereinafter—the Program), ensuring a systematic approach to the organization and coordination of measures for the implementation of the Program, planning of relevant measures, monitoring and analysis of the condition of their implementation. The Resolution No. 301 of the Cabinet of Ministers of Ukraine dated March 30, 2023, established the **Coordination Center for Mental Health** as a temporary consultative and advisory body to the Cabinet of Ministers of Ukraine.

The main objectives of the Coordination Center for Mental Health are:

- Assistance in ensuring the coordination of activities of the executive authorities for the implementation of the Program;
- Drafting of proposals for the development and implementation of the Program; identifying ways, mechanisms and methods for addressing challenges arising during the implementation of the Program; increasing the efficiency of central and local executive bodies; improvement of the regulatory framework on relevant issues arising during the implementation of the Program;
- Provision of consultations on policymaking and development of programs on mental health issues, best practices, exchange of knowledge and experience, progress of initiatives in the field of mental health;
- Drafting proposals and recommendations for the stakeholder agencies, institutions and organizations at their request, and assistance in engaging international technical assistance for the implementation of the Program and mental health programs implemented by central and local executive authorities;
- Organizing and conducting public discussions on issues of Program implementation.

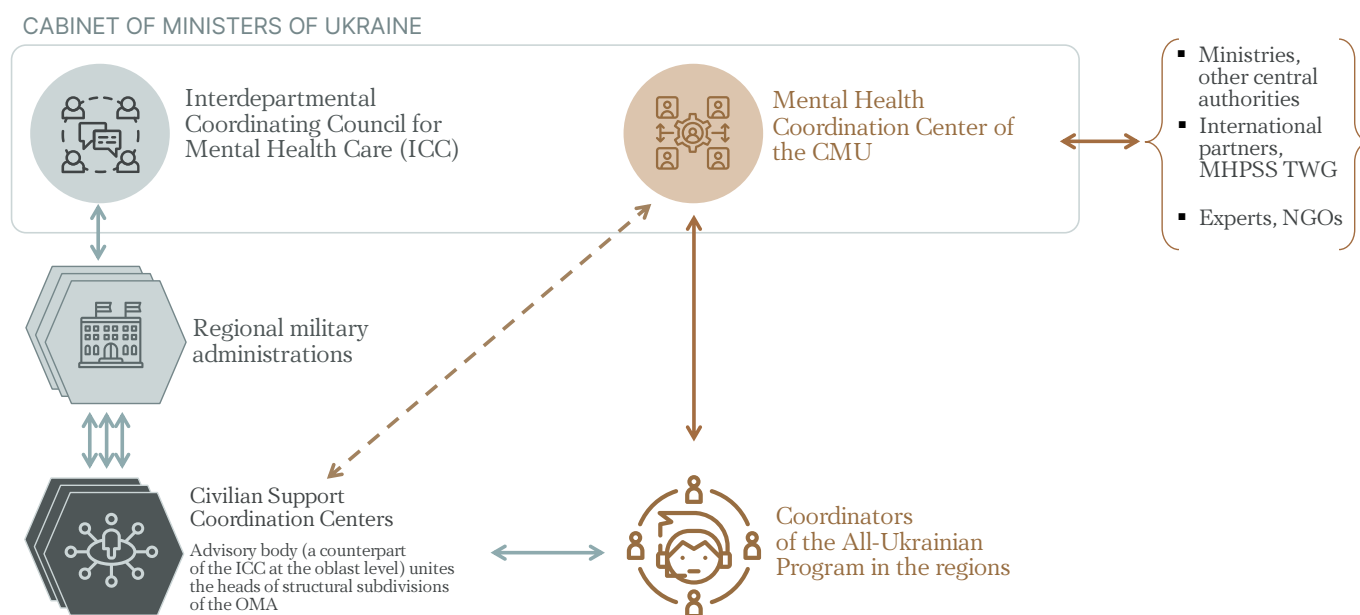


Fig. 12. Coordination system at the national level

The coordination system at the central level is presented in Fig. 12.

The health sector needs to own the overall leadership and responsibility for MHPSS, including responsibility for mental health policy, technical guidance, oversight of training, monitoring and evaluation. However, the social protection and education sectors also need to play key roles in national

coordination and leadership, given their mandate and the essential role of these sectors in their respective sectors in the implementation of many MHPSS activities.

Several central executive authorities play a key role in the mental health system, while others play a significant role in the provision of mental health services.

The Ministry of Health is the central executive body responsible for health policymaking and oversight of the overall health care system, including psychiatric care. The Ministry establishes rules, guidelines and standards for mental health services, allocates resources and coordinates with other stakeholders to ensure the availability and accessibility of mental health services.

The Ministry of Social Policy also plays a critical role in supporting mental health care and addressing the social determinants of mental health. The Ministry develops and implements social protection policies, programs, coordination mechanisms for families in difficult life circumstances, persons with disabilities, persons with behavioral / mental disorders or symptoms, persons with dementia and other health disorders, low-mobility population groups, military service members and veterans and their family members, and other vulnerable population groups in order to ensure engagement for addressing different challenging issues with the support of social sector specialists in order to meet the needs of those individuals and families, and develops social services, in particular for people with mental disorders, including assistance for care, employment support, and social integration initiatives.

The Ministry of Education and Science plays a significant role in promoting mental health and supporting mental health services in educational institutions. It collaborates with schools, universities and other educational institutions to develop mental health policies, provide mental health education, and support the mental well-being of teachers, students, and their parents.

The Ministry of Youth and Sports can play a supporting role in strengthening mental health in all population groups, including youth, internally displaced persons, war veterans and their family members, military personnel, and persons with disabilities. The Ministry is supposed to develop policies, programs and initiatives to promote psychological well-being, address mental health issues, and provide psychosocial support to the population.

Although the direct involvement of **the Ministry of Economy** in the provision of mental health care may be limited, the Ministry can still contribute to the overall structure of the system, and support the population in various ways. In particular, it has responsibilities related to mental health at the workplace. The Ministry develops policies and guidelines to promote mental health in the workplace, manage work-related stress, and support the rights of persons with mental health disorders at work.

The Ministry of Justice is involved at the intersection of mental health and the legal system. Although the ministry is primarily focused on the legal aspects of the justice system, it plays an important role in the implementation of policies related to psychiatric treatment programs, the rights of persons with mental disorders, and the provision of mental health services in correctional institutions.

In the context of mental health, **the Ministry of Digital Transformation** can play a critical role in using technology and digital solutions to improve access, efficiency, and quality of mental health services.

The role and responsibilities of **the Ministry of Defence** in the mental health system are mainly focused on meeting the mental health needs of service members and their families, while **the Ministry of Veterans Affairs** works to meet the needs of veterans and their family members, as well as family members of the deceased Defenders of Ukraine.

Although the Ministry of the Internal Affairs is primarily focused on maintaining law and order and ensuring public security, it can play a role in addressing community mental health issues.

It is important to note that although the Ministry of Health, the Ministry of Education and Science and the Ministry of Social Policy play a central role in the mental health care system, cooperation with other ministries, government agencies, non-governmental organizations and stakeholders is crucial for comprehensive and effective provision of mental health services.

Concurrently, close collaboration and coordination of other ministries with the Ministry of Health and other relevant stakeholders is crucial to ensure an integrated approach to mental health and psychosocial support, in particular for young people, in education, within the justice system, in the military context, and as with regards to the support of veterans.

REGIONAL LEVEL

The state authorities and self-government bodies at the regional level usually play a significant role in the implementation and management of mental health services at the local level. **The roles and responsibilities of regional state administrations are:**

- **Service Planning and Provision.** State authorities and self-government bodies at the regional level are responsible for the planning and provision of mental health services within their jurisdiction. They assess local mental health needs, develop strategic plans, allocate resources, and oversee the implementation of mental health programs and services. This includes ensuring the availability of psychiatric facilities and services at the community level.
- **Financing and Allocation of Resources.** State authorities and self-government bodies at the regional level allocate funds and resources for mental health services within their jurisdiction. They work cooperate with the national government as well as with local health authorities to secure the necessary funding to support mental health programs, infrastructure, and workforce. They prioritize resource allocation based on local needs and population demographics.
- **Regulation and Management.** State authorities and local self-government bodies at the regional level manage and regulate the work of communal psychiatric institutions, service providers, and specialists within their jurisdiction. They establish and enforce standards of practice, quality assurance protocols, and licensing requirements to ensure that mental health services meet regulatory standards and guidelines.
- **Cooperation and Coordination.** State authorities and self-government bodies at the regional level cooperate with a variety of stakeholders, including national health authorities, local health organizations, community associations, and mental health advocacy groups. They foster partnerships and coordinate efforts to improve the integration and continuity of mental health services, share best practices, and promote a comprehensive and person-focused mental health care.
- **Community Engagement and Public Awareness.** State authorities and self-government bodies at the regional level cooperate with local communities to raise mental health awareness, reduce stigma, and promote mental health literacy. They support community initiatives, education campaigns, and public awareness programs to encourage help-seeking behavior, early interventions, and the use of available mental health resources.
- **Data Collection and Monitoring.** State authorities and self-government bodies at the regional level collect and monitor data on mental health indicators within their jurisdiction (collecting

information on the prevalence of mental disorders, the level of service use, and patient outcomes). They use the data to develop policy, resource allocation, and quality improvement initiatives.

- **Crisis Intervention and Emergency Services.** State authorities and self-government bodies at the regional level can coordinate and supervise crisis interventions and emergency mental health services within their jurisdiction, namely, establish crisis hotlines, crisis stabilization services, and coordinate mobile crisis teams for rapid response to mental health emergencies.
- **Advocacy and Policy Development.** State authorities and self-government bodies at the regional level advocate for the needs of their local communities in the development of mental health policies, programs, and legislation. They contribute to national mental health policy and work to address regional or local mental health disparities and specific problems.

It is important to note that close collaboration and coordination with national health authorities, local health facilities, and other stakeholders is essential to ensure an effective and integrated mental health system at the regional level.

In the context of decentralization, the state authorities of the administrative-territorial unit and local government are responsible for planning, prioritizing, resource allocation, and implementation. Inadequate awareness of policy and legislation related to the MHPSS at the regional and local levels, as well as the gap between national and regional authorities, contribute to limited implementation and coordination between sectoral units and inconsistent implementation of the Program in different regions. Concurrently, the lack of agreed goals and objectives for mental health policy across sectors leads to fragmentation and gaps in implementation.

To overcome these challenges, it is necessary to strengthen coordination at the regional level by improving communication and dissemination of relevant national policies among public authorities and self-government bodies in order to improve awareness of mental health and MHPSS, as well as the establishment of regional coordination bodies to support the implementation of the Program and planning of activities. The next step is the development of specific interdisciplinary plans at the regional level for the implementation of the Program that are coordinated with national goals and flexibly respond to local needs.

On May 9, 2023, the Government adopted Resolution of the Cabinet of Ministers of Ukraine No 470 "On Coordination Centers for the Support of the Civilian Population", which provides for the **establishment** of regional, Kyiv and Sevastopol city coordination centers for the support of the civilian population by state (military) administrations until July 1, 2023.

According to the Model Regulations on the Coordination Center for the Support of the Civilian Population under the Regional, Kyiv City and Sevastopol City State (Military) Administrations approved by the aforementioned resolution, the Coordination Center is a consultative and advisory body under the Regional, Kyiv City and Sevastopol City State (Military) Administrations, which is established to support and coordinate the provision of assistance to the population affected by the armed conflict—in particular, internally displaced persons, war veterans, persons with disabilities resulting from the war, persons who have special merits to the Motherland, injured participants of the Revolution of Dignity, family members of deceased war veterans, family members of deceased Defenders of Ukraine, and other affected persons—ensuring effective interaction between executive authorities, law enforcement and other state bodies, local self-government bodies, public associations, organizations and institutions engaging volunteers in their activities, volunteers, and Ukrainian representative offices of international humanitarian organizations when solving issues related to social protection, housing and employment of the affected populations, and provision of psychosocial, medical and legal assistance to the affected populations.

The main tasks of the Civilian Support Coordination Center are:

- Promoting cooperation between executive authorities, law enforcement and other state bodies, local self-government bodies, public associations, organizations and institutions engaging volunteers in their activities, volunteers, Ukrainian representative offices of international humanitarian organizations, enterprises, institutions and organizations of all forms of ownership when addressing challenges of the affected population;
- Organizing collection and processing of information regarding the urgent needs and challenges of the affected population;
- collection and generalization of information on the capacity of territorial communities to meet urgent needs and address challenges of the affected population, in particular, concerning workforce, material, and technological resources of state and municipal facilities, civic initiatives, and international humanitarian aid projects in the relevant administrative-territorial unit to ensure accessibility of all psychosocial, medical, educational, legal and other services for the affected population;
- Analyzing the activities of social service providers;
- Drafting of proposals to address challenges of the affected population, in particular proposals for relevant regional target programs;
- Conducting monitoring of the status of addressing challenges of the affected population;
- Advisory support for the activities of coordination centers of territorial communities;
- Cooperation with international and national organizations, public associations, consultative and advisory bodies, other institutions and organizations to address challenges of the affected population;
- Identifying ways and means of addressing challenges of the affected population, drafting and submission of relevant proposals to the leadership of the state administration;
- Informing the population about the activities of the Coordination Center and the implementation status of relevant regional target programs.

The Coordination Center is led by a deputy/advisor to the head of the state administration and is responsible for general management of the activities of the Coordination Center.

The Coordination Center includes ex-officio heads of structural units of the state administration on issues of social protection of the population, health care, education and science, economic development, urban planning and architecture, housing and communal services, trade, attracting investments, ensuring the local implementation of state policy in the field of international and interregional cooperation, foreign relations and foreign economic activity, implementation and monitoring of state programs, culture, regional employment centers, as well as the head of the Regional (City) Territorial Center of Recruitment and Social Support, representatives of public organizations associations, organizations and institutions that engage volunteers in their activities (upon consent).

The Coordinating Center holds its meetings as necessary, but not less than once a month. At its meetings, the Center adopts recommendations proposed for consideration by the executive power bodies and local self-government bodies, which are implemented by issuing an order of the head of the state administration, and also develops recommendations on challenges of the affected populations, which are proposed for consideration by the executive power bodies and local self-government bodies.

The system coordination scheme at the regional level is presented in Fig. 13.

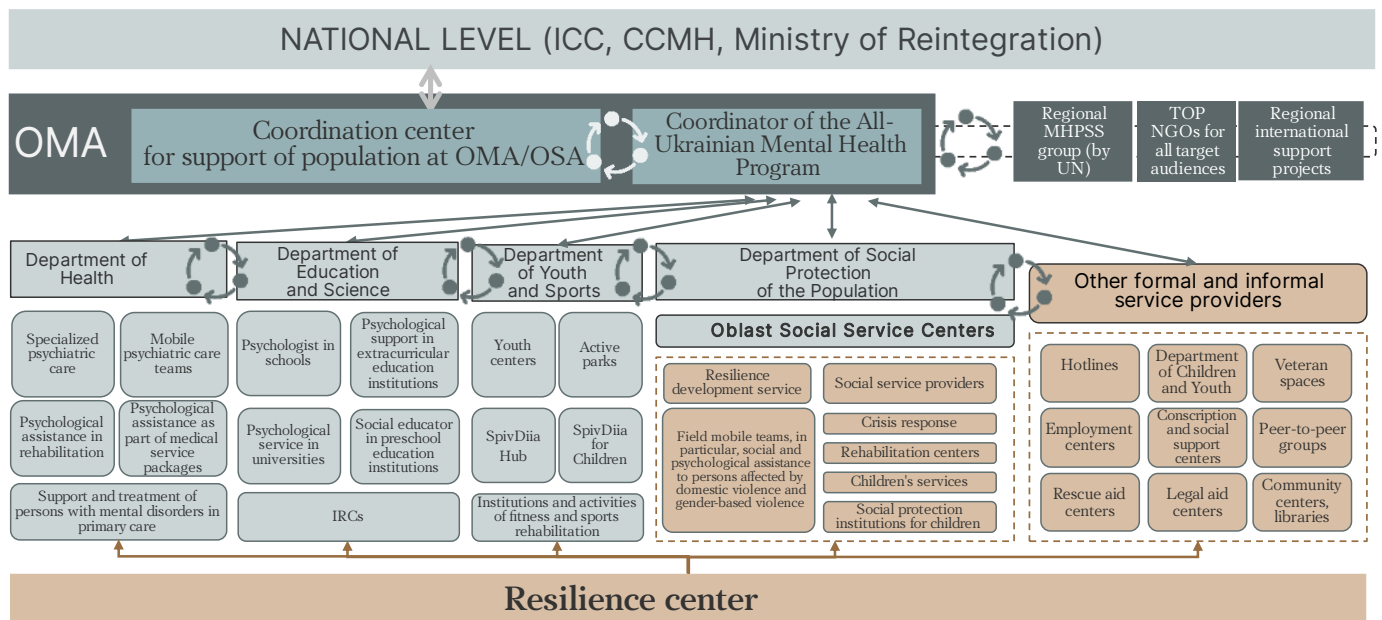


Fig. 13. Coordination system at the regional level

LOCAL LEVEL / COMMUNITY LEVEL

Local authorities play a critical role in supporting and implementing mental health initiatives in their communities and may have the following roles and responsibilities:

Community Needs Assessment. Local self-government bodies and territorial communities assess the mental health needs of their population. They collect data, conduct surveys and consult with community members, mental health professionals, and organizations to identify specific mental health issues and service gaps in their territory.

Planning and Allocation of Resources. Based on the identified needs, local governments develop strategic plans and allocate resources for mental health services and programs in their communities. They work closely with regional government authorities and other stakeholders to secure funding, identify priorities, and ensure the availability of adequate mental health resources.

Cooperation and Partnership. Local authorities work with a range of stakeholders to improve mental health care in their communities. They establish partnerships with local health facilities, mental health organizations, community centers, educational institutions, and social services to facilitate coordinated efforts and ensure access to comprehensive mental health support.

Community-Based Services. Local governments promote and create mental health services and programs in the community. This may include community mental health centers, support groups, counseling services, and outreach initiatives aimed at meeting the specific needs of the local population. They should work to ensure that these services are accessible, culturally sensitive, and responsive to the specific features and challenges of their communities.



Fig. 14. Informal services in communities that should include basic mental health components

Public Awareness and Education. Local governments promote mental health awareness and education in their communities. They organize public awareness campaigns and workshops to reduce stigma, improve understanding of mental health issues, and promote help-seeking behavior. They can also provide training opportunities for community members, teachers and local professionals to improve mental health literacy.

Crisis Intervention and Suicide Prevention. Local governments create support systems for mental health crisis intervention and suicide prevention in their communities. They cooperate with emergency services, health care providers, and mental health professionals to ensure timely and appropriate response to mental health emergencies.

Advocacy and Policy Support. Local self-government bodies are engaged in the protection of mental health at the local level. They work to influence policy, regulations, and decisions on financing to meet the mental health needs of their communities. They can engage in advocacy to obtain additional resources, improve access to care, and promote the integration of mental health into broader community development strategies.

Monitoring and Evaluation. Local self-government bodies monitor and evaluate the effectiveness of mental health programs and services implemented in their communities. They can collect data, measure results and evaluate the impact of initiatives to inform future planning and resource allocation. They can work with regional authorities and researchers to complete local assessments and help to improve mental health practice.

Close coordination and cooperation with regional government authorities, community organizations, and other stakeholders is crucial to ensure effective and personalized mental health care and support at the local level.

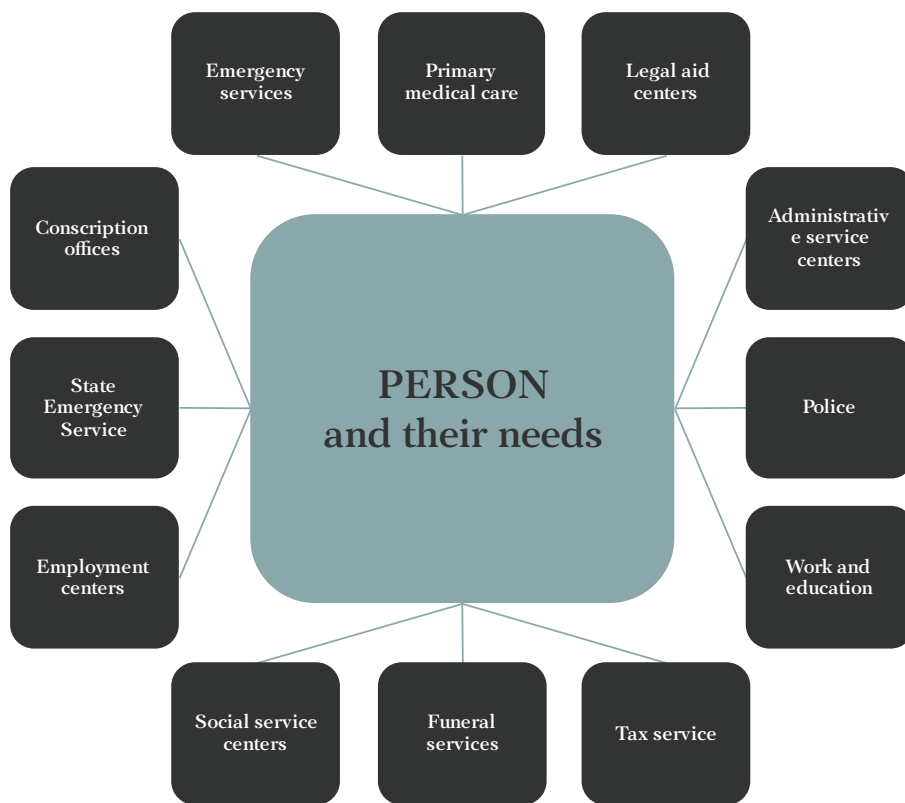


Fig. 15. Encounters of providers with a person

COORDINATING EFFORTS OF THE NON-GOVERNMENTAL SECTOR

Coordination of the governmental and non-governmental sectors in the MHPSS system is important for the provision of effective and comprehensive services to individuals and communities, especially those affected by war, emergencies, disasters, or other crisis situations.

The Technical Working Group (TWG) on MHPSS in Ukraine has been operating since 2015 to meet the needs of the population affected by the war in Donetsk and Luhansk oblasts, and since 2021—to meet the needs associated with the COVID-19 pandemic. Since February 24, 2022, more than 200 new organizations, including professional and volunteer groups, have emerged in Ukraine to address the consequences for the mental health and psychosocial well-being of the population, in addition to 50 organizations working in the country since 2014. At the national level, the WHO and the IMC are leading the MHPSS TWG in Ukraine and operates under the umbrella of the UN cluster system.¹³⁹

Since 2023, the Coordinating Center for Mental Health took on the role of the co-chair of the group. MHPSS TWG in Ukraine contributes to the coordination of humanitarian aid and provides expert support to the implementing organizations. To this end, the MHPSS TWG works in seven key areas:

1. Support for the technical working group activities.

¹³⁹ Mental Health and Psychosocial Support Technical Working Group website [Source](#)

2. Information management.
3. Establishing relationships between stakeholders.
4. Capacity building, knowledge sharing, and peer support.
5. Monitoring and Evaluation.
6. Promoting Long-Term Sustainability.
7. Advocacy for MHPSS.

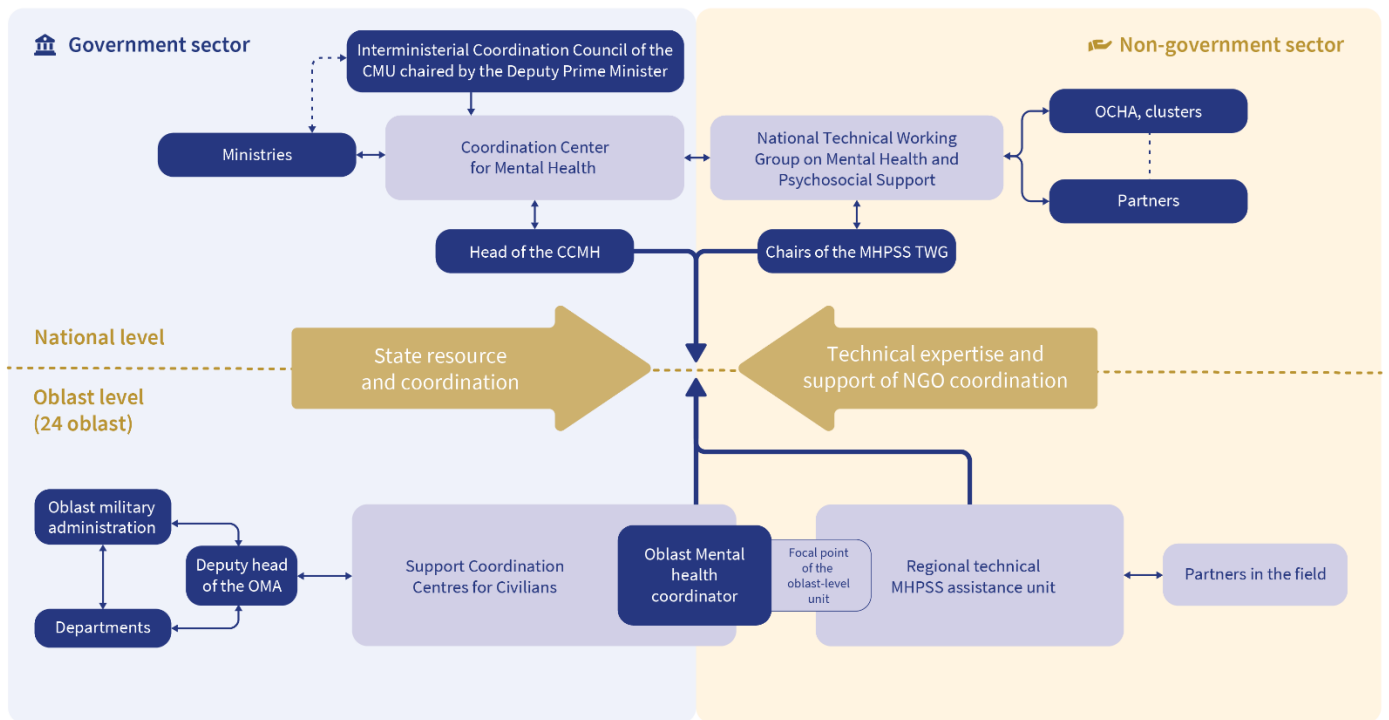
The following task groups have also been established as part of the MHPSS TWG in Ukraine:

- mhGAP target group
- Stress Management Task Force
- MHPSS target group in education
- Task force on MHPSS of Veterans

In general, cooperation with the non-governmental sector enables to:

- **Establish Coordination Mechanisms:** interdepartmental working groups, task forces, and other cooperation structures.
- **Define Clear Roles and Responsibilities:** each organization, governmental or non-governmental, must have clear roles and responsibilities in the system, which will ensure that there is no overlap or duplication of effort.
- **Exchange Information,** including data on the mental health and psychosocial needs of the population, the available resources and ongoing activities.
- **Mobilize Resources:** the public sector provides the funding, staff and infrastructure for MHPSS services, while the non-governmental sector can complement these resources by providing expertise and additional support.
- **Ensure Even Distribution of State Projects and Projects of Non-Governmental Organizations** in order to ensure even coverage of services, to exclude duplication of resource spending and support, relying on the non-governmental sector primarily in the regions and communities in which resources and opportunities of the public sector are lacking.
- **Standardize Practices and Guidelines** to ensure that services are evidence-based and of high quality, regardless of whether they are provided by government or non-government organizations.
- **Provide Training and Develop Capacity:** both sectors must invest in the training and capacity building of their staff to ensure they have the necessary skills and knowledge to deliver services effectively. It is effective to engage the expert support of international organizations for the training of personnel in the field of health care according to the WHO mhGAP action program (mental health gap action program), other large-scale interventions of the WHO for specialists in the fields of education, social protection, the security and defense sector, and for specialists of the first line of contact.
- **Establish Joint Monitoring and Evaluation Mechanisms** to ensure that services are effective and meet the needs of the population.
- **Combine Coordination Efforts to Develop and Advocate for Legislation,** policies and standards in the field of MHPSS.

In general, constructive coordination between the governmental and non-governmental sectors in the MHPSS system is essential to provide comprehensive assistance to those in need, especially in times of war. Such cooperation guarantees the efficient use of resources, the availability of services and the priority of the well-being of individuals, families, and communities.



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Fig. 16. Coordination of the system at all levels with the non-governmental sector

Appendix 6. Knowledge Base of the System

Data and Research

Knowledge is one of the resources of the system that are necessary for its sustainable functioning, transformation, and ensuring the quality of mental health services. Data management in ministries is a continuous process of accumulation, processing, and exchange of information about mental health with the aim of increasing the engagement of the staff of ministries, service providers, and other stakeholders for the common objective—creating conditions for improving the condition of mental health of the population of Ukraine.

The audit of resources of the system for the provision of mental health services has identified the following gaps:

- There are no maps for the collection, updating, and dissemination of mental health data. Those responsible for public policy sectors may be unaware of the impact of the results of their work on the population mental health, that is, this factor is not taken into account when planning, implementing, and analyzing the effectiveness of measures.
- A lack of historical information about mental health reform: the plan and report on the actions taken to transform the system; the analytical data that informed decision making; the vision for further steps. Each ministry relied on the personal memory of its key mental health staff.
- In most ministries, information on assessment of needs and resources is absent or scattered and unavailable for use by service providers. There is no information on the planning of the network of service providers in the field of mental health for the following years in general and compared to the actual and expected need.
- No multi-agency research is conducted on a systematic basis, while it is scientifically proven that the implementation of mental health measures in one sector can affect the effectiveness of another sector (costs for services, numbers of service seekers, etc.).
- Ministries do not have any registers, libraries with evidence-based methods for the provision of mental health services, certification standards for trainers and service providers, research bases that confirm the effectiveness of certain methods in providing services to the population of Ukraine, etc.
- There are no regular measures for the exchange of information in the field of mental health between the ministries, their subordinate institutions, and other organizations involved in the provision of services.

The target system for providing mental health services includes a complete set of historical, analytical, and management data. The examples of data sets are listed in the table.

Table 1. Suggested examples of datasets to address gaps identified during the audit

Purpose of creating data	Examples of datasets	Key data managers	Key data users
Ensuring the sustainability of changes in the long run	<ul style="list-style-type: none"> • Information on transformational measures within the framework of the reform (draft legislation and regulations and their changes, standards, etc.). 	The Deputy Minister and the main experts of the Ministry that are involved in state policymaking on mental health.	Staff of the Ministry, other central executive bodies whose activities are directed and coordinated by the Minister, members of

	<ul style="list-style-type: none"> Analytical materials, which informed the previous decisions regarding the transformation of the system, and the vision for further changes. Analytical materials with the analysis of international experience that is relevant for Ukraine. A map of factors that impact the mental health activities of the Ministry and its subordinate institutions. 		inter-agency working groups.
Justification for Policies and Budgeting	<ul style="list-style-type: none"> (Resources) Information about professionals and organizations providing mental health services (quantitative and qualitative composition, geographical location, etc.). (Needs) Information about the target audiences of services (quantitative and qualitative composition, prevalence of various psychological conditions and mental health risks*, etc.). 	Heads of departments of ministries involved in organizing services in the field of mental health and psychosocial support.	Staff of the ministry, other central executive authorities, whose activities are directed and coordinated through the minister, regional coordinators, representatives of coordination centers for assistance to the civilian population.
Implementation of effective inter-agency projects	<ul style="list-style-type: none"> Research materials on the impact of measures implemented in one sector on other sectors of public policy. For example, the impact of prevention in educational institutions (education and science sector) on the prevalence of mental problems among young people aged 18-25 (health care sector). 	The Deputy Minister and the main experts of the Ministry that are involved in state policymaking on mental health.	Staff of the Ministry, other central executive bodies whose activities are directed and coordinated by the Minister, members of inter-agency working groups.

<p>Providing access to evidence-based methods of service provision</p>	<p>Central national repository:</p> <ul style="list-style-type: none"> • A library of manuals (possibly in the format of a compendium ¹⁴⁰), methodological recommendations, electronic documents containing methodological and practical information on various aspects of service provision. • Recommended list of valid methods that can be used for psychological diagnosis and certification standards. • List of evidence-based methods of psychotherapy, psychological counseling, evidence-based psychosocial support methods, etc. • Research results proving the effectiveness of the methods in Ukraine. • Verified (evidence-based) educational programs, certification standards and a list of reliable providers of educational services in the field of mental health. • Verified self-help techniques for service providers and the public. 	<p>The Deputy Minister and the main experts of the Ministry, who are involved in the state policymaking on mental health.</p>	<p>Service providers, employees of the Ministry, other central executive bodies whose activities are directed and coordinated by the Minister, members of inter-agency working groups.</p>
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* these include assessments of common mental disorders (depression, anxiety, developmental disabilities, psychosis), suicide rates, psychological distress and behavioral problems, key risk factors (substance use, bullying, violence, teenage pregnancy), as well as data on population statistics and the provision of social, administrative, and other services.

KNOWLEDGE BASE RECOMMENDATIONS

- **Integrate mental health indicators into the regular information systems** of the health, education, social protection, and security and defense sector.
- **Improve mechanisms for timely analysis, reporting and sharing of data** within and between sectors to support the implementation of MHPSS and continuity of psychosocial support for persons at risk.
- **Invest in further research** to understand demand-side needs, barriers and benefits to service provision, and build evidence for concrete action and implementation of effective service delivery models.

¹⁴⁰ “A Compendium of Resources. A Supporting Document to UNICEF's Operational Guidance: Community-Based Mental Health and Psychosocial Support”, 2020. [Source](#)

Appendix 7. A List of Evidence-Based MHPSS Methodologies

1. Some evidence-based approaches to psychological care (based on information from the MHPSS Minimal Service Package manual):

- Cognitive-behavioral therapy (CBT) in its various forms, such as behavioral activation, cognitive processing therapy, exposure-based approaches (e.g., narrative exposure therapy), and third-wave CBT approaches (e.g., acceptance and commitment therapy)
- Stress Management / Relaxation Training
- Psychological problem-solving counseling / problem-solving therapy
- Interpersonal therapy (interpersonal psychotherapy)
- Eye Movement Desensitization and Reprocessing (EMDR) Therapy

Caution! (does not apply to the Security and Defense Sector) Do not conduct **one-time** psychological debriefing as an early intervention after an adverse, terrifying, or life-threatening event, including conflict or natural disaster. Evidence suggests that psychological debriefing is ineffective and suggests that it may be harmful for some people. People in critical condition who have recently experienced an adverse event should be offered basic psychosocial support (e.g., psychological first aid; other measures are listed in section 3.2. of the MHPSS MSP manual) rather than psychological debriefing.

2. Evidence-Based Educational Programs on Social-Emotional Intelligence for Preschool, Primary and Secondary Schools

Educational environments are some of the key places for the implementation of preventive measures and the development of psychological resilience. Some of the competencies and cross-cutting skills that children should master during the educational process are social competence, critical and systemic thinking, stress management, the ability to constructively manage emotions, assess risks, solve problems, the ability to cooperate with other people, including in stressful situations. Successful systems address this task by means of social and emotional learning (SEL).

The purpose of social and emotional learning is the development of social and emotional competences of students, which lay the foundation for personal development, happy life, successful careers, economic growth and social development of the state. Social and emotional competences are also commonly represented as "life skills" necessary for individual well-being and social development.

Currently, there is only one set of manuals for the SEL curriculum in Ukraine¹⁴¹. But currently, within the framework of the All-Ukrainian mental health program, the adaptation of the educational course from the USA for students of grades 1-6 in 2024 is underway. A set of materials for younger grades is expected to be available¹⁴².

¹⁴¹ SEEL in Ukraine, EdCamp. [Source](#)

¹⁴² MES "The Ability to Cope with Stress Is Something That Can and Should Be Learned." [Source](#)

Table 1. Links to manuals on evidence-based interventions

Manual	Title and summary	Link
	<p>Manual of WHO and Interagency Standing Committee Publications.</p> <p>Guidelines and tools by the World Health Organization (WHO) and the United Nations Inter-Agency Standing Committee (IASC) for mental health and psychosocial support, as well as for improvement of mental health systems and services.</p>	 <p>143</p>
	<p>Basic Skills of Caring for Self and Others</p> <p>In a stressful situation, we seem to lose our usual radars and supports, we can blame ourselves and devalue our achievements. This guide offers techniques to help others and helping oneself first, just like in other emergencies we put on the oxygen mask first.</p> <p>The guide is based on WHO materials and is an adaptation of the guide "Basic Psychosocial Skills. A Handbook for Those Involved in the COVID-19 Response."</p>	 <p>144</p>
	<p>Manual "MHPSS Minimum Service Package" Initiation or strengthening of psychological interventions. Relevant guidelines, standards and tools</p> <p>The MHPSS MSP outlines a set of measures with the calculation of the costs that are of the highest priority in view of meeting the immediate urgent needs of the population groups affected by the emergency situation, based on existing recommendations, the available evidence base, and the consensus of experts.</p>	 <p>145</p>
	<p>Doing what matters in times of stress: an illustrated guide.</p> <p>This five-chapter book introduces readers to innovative ideas and practical techniques for managing stress and increasing psychological well-being.</p> <p>Each chapter contains a specific concept and technique that is easy to learn and requires just a few minutes a day to incorporate into one's routine.</p>	 <p>146</p>

¹⁴³ "Посібник з публікаціями ВООЗ та Міжвідомчого постійного комітету." [Source](#)

¹⁴⁴ Manual "Basic Skills of Caring for Self and Others." [Source](#)

¹⁴⁵ Manual "MHPSS Minimum Service Package." [Source](#)

¹⁴⁶ "Important Skills in Times of Stress: An Illustrated Guide." [Source](#)

Appendix 8. Recommended Topics for Teaching MHPSS

WHO, the Interagency Standing Committee, UNICEF and other international organizations offer a wide range of free, evidence-based tools in the field of mental health and psychosocial support adapted to different levels of care guidance (see Annex 7 of this document). At the same time, in the view of the scale of needs in combination with the acute shortage of specialists in the field of mental health, non-specialists may be involved in providing help and support.

Psychological interventions (and psychosocial support) can be effectively delivered by non-specialists, such as social workers, if they are trained and supervised. However, the quality of training and supervision may vary, leading to less effective care¹⁴⁷. Therefore, it is necessary to add assessment and monitoring of trainees' competencies to the training process in order to improve training and supervision and create safe, effective and high-quality services.

To ensure the quality of training and control, WHO and UNICEF developed the platform "Ensuring Quality in Psychological Support" (EQUIP¹⁴⁸). It provides tools for evaluating the acquired skills¹⁴⁹, the development of which is the key task of education. With the support of WHO, test translations of three **basic skills** assessment tools were prepared for providers of MHPSS services working with adults, children, and groups¹⁵⁰.

Table 1. Common Core Competencies in the field of MHPSS according to the WHO EQUIP program for providers working with the adult population (example)

No	Competence
1	Non-verbal communication and active listening
2	Verbal communication
3	Explanation and assurance of confidentiality
4	Building relationships and getting to know each other
5	Analyzing and normalizing feelings
6	Demonstrating empathy, warmth and sincerity
7	Assessing risks of harm to self or others, harm to others, and developing a joint plan for responding to such risks
8	Connection to social functioning and impact on life
9	Exploring how the client and his/her social circle explain the problem (causal and explanatory models)
10	Appropriate involvement of family members and other significant others
11	Setting goals together and meeting client expectations
12	Cultivating realistic expectations for change
13	Taking into account coping mechanisms and previous decisions
14	Psychoeducation and use of terminology adapted to the local context
15	Receiving feedback in response to advice, suggestions and recommendations

Table 2. Curriculum topics that are mandatory for all service professions

¹⁴⁷ "WHO and UNICEF release EQUIP—a new platform to increase the quality of psychological support", WHO, 2022. [Source](#)

¹⁴⁸ Ensuring Quality in Psychological Support (EQUIP) platform. [Source](#)

¹⁴⁹ Tools for assessing the competences (skills) of persons employed in the provision of services in the field of MHPSS (in English). [Source](#)

¹⁵⁰ Test translations of basic skills assessment tools for providers in the field of MHPSS, WHO, 2024. [Source](#)

Health Sector	Education Sector	Social Protection Sector	Other Service Provider Sectors
mhGAP for primary health care	Social and emotional learning, stress management techniques for children	Detection of early signs of mental disorders, provision of basic psychosocial support and referral	N/A
N/A	Trainings of teaching staff on stress in children and adolescents, prevention of the use of psychoactive substances	Problem Management Plus (PM+) for social workers	
First psychological aid			
Doing what matters in times of stress			
Basic psychosocial skills (see the list of skills in the assessment tools ¹⁵¹)			

¹⁵¹ Test translations of basic skills assessment tools for providers in the field of MHPSS, WHO, 2024. [Source](#)

Table 3. Recommended Topics for MHPSS Training

Topic	Social workers providing support			Frontline responders, volunteers, and community leaders	Improving the skills of legal representatives for the development of children in distress	Teachers and other pedagogical staff	Staff providing support to legal representatives of children and to pedagogical staff	Officials and other staff doing their job	Labor inspectors and occupational health specialists
	Adults	Children and their legal representatives	GBV victims						
1	2	3	4	5	6	7	8	9	10
1. Understanding MHPSS and Employee Well-Being									
1.1. Identification and response to distress; professional burnout	X	X	X	X		X	X	X	X
1.2. Identification of persons who need additional MHPSS services (knowing when and how to refer)	X	X	X	X		X	X	X	X
1.3. Self-awareness and self-help for stress	X	X	X	X	X	X	X	X	X
1.4. Peer-to-Peer support	X	X	X	X			X	X	X
2. Communication skills and basic psychosocial support skills									
2.1. Engagement, raising concerns, and building relationships	X	X	X	X		X	X	X	X
2.2. Normalization of feelings, validation, and compassion	X	X	X	X	X	X	X	X	X
2.3. Active listening	X	X	X	X	X	X	X	X	X
2.4. Avoiding judgment	X	X	X	X	X	X	X	X	X
2.5. Communication with adults of different ages	X		X	X			X	X	X
2.6. Interview skills (open questions, reflections)	X	X	X	X			X	X	X
3. Providing services for people with common MHPSS problems									
3.1. Stress management, relaxation techniques	X	X	X	X		X	X		
3.2. Problem management for adults	X	X	X						
3.3. Responding to crises, suicide and self-harm (a crisis management procedure should be developed at the stage of program development)	X	X	X	X		X	X		
3.4. Support for adults during the period of grief and loss	X		X	X			X		

3.5. Supporting adults with context-specific vulnerabilities (e.g. life-changing trauma, including victims of explosive devices and sexual/gender-based violence)	X		X	X			X		
3.6. How to access technical support/supervision on MHPSS	X	X	X				X		
4. Referrals and links to available services and support									
4.1. Knowing which services and support are available, and facilitate referrals	X	X	X	X		X	X		
4.2. Know how to identify and refer children, adolescents and adults with severe and persistent signs of distress and/or signs of mental health conditions	X	X	X	X		X	X		
4.3. Know how to document and follow up on redirects	X	X	X	X			X		
4.4. Understanding and implementing informed consent/permission and confidentiality	X	X	X	X			X		
4.5. Understanding the needs of people with disabilities (e.g., how to communicate with people with different kinds of disabilities), veterans, etc.	X	X	X	X			X		
4.6. Providing support to at-risk and/or marginalized groups (e.g. Victims of gender-based violence, minorities, older adults, unaccompanied children, etc.)	X	X	X	X			X		
5. Services aimed at providing care to children									
5.1. Understanding child development, protection, and risks		X		X	X	X	X		
5.2. Communication with children of different ages and abilities		X		X	X	X	X		
5.3. Support for children of different ages during the grieving period		X				X	X		
5.4. Management of complex behavior of different age groups		X					X		
5.5. Helping children manage strong emotions (for example, anger and fear)		X			X	X	X		
5.6. Detection and response to distress in children of different ages		X			X		X		
5.7. Psychosocial management of developmental, behavioral and emotional disorders (see mhGAP module:		X					X		

Mental and Behavioral Disorders of Children and Adolescents)									
5.8. Positive communication / positive discipline		X			X	X	X		
5.9. Education of legal representatives on children's reactions to stress and coping strategies		X			X	X	X		
5.10. Context-sensitive support for children and adolescents with specific vulnerabilities (e.g. children associated with armed forces and armed groups, survivors of gender-based violence) and their legal representatives		X				X	X		
5.11. Problem solving skills for children					X	X	X		
6. Services aimed at helping victims of gender-based violence									
6.1. Training of social workers in the field of GBV to implement case management (CM) stages within victim-centered care and compliance with GBV guidelines			X						
6.2. Root causes, consequences and impact of gender-based violence, victim-centered principles and skills, and capacity to support survivors of violence			X						
6.3. Identifying, impacting and responding to adults and adolescents who have experienced violence, with a particular focus on men, adolescents, children, persons with disabilities who have experienced violence			X	X					
6.4. Understanding intimate partner abuse, the 'cycle of abuse', self-reproach and healthy relationships			X						
6.5. Understanding and responding to intimate partner violence			X						
7. Topics focused on helping combatants, veterans, their families									
7.1. Knowledge on "safe and sensitive topics" and the ability to start a conversation	X			X					
7.2. Supporting people with PTSD and showing empathy	X			X					
7.3. Understanding the stages of adaptation of a combatant/veteran to civilian life	X			X					
8. Additional study topics recommended for consideration									
8.1. Understanding trauma and common responses to trauma			X						

8.2. Impact of oppression, marginalization, and abuse of power (including but not limited to gender inequality) on psychosocial well-being			X						
8.3. Support for survivors of violence in managing strong emotions (anger, sadness, etc.)			X						
8.4. Identifying and managing triggers/trauma reminders and interventions (e.g., flashbacks, night terrors)			X						
8.5. A review of psychological interventions	X	X	X						
8.6. Psychological management of priority (common) conditions	X	X	X						
8.7. Identification and response to children and adults with intellectual disabilities/disabilities due to developmental disorders and other cognitive impairments	X	X	X						
8.8. Social and Emotional Learning (SEL)					X	X	X		
8.9. Behavior and classroom management: harmless teaching/facilitation practices						X	X		
8.10. Psychosocial support and psychological first aid at the workplace (Officials and other staff in the process of work, as well as pupils, cadets, trainees and students of educational institutions during vocational and professional training, who are trained and tested on labor protection issues; labor inspectors and occupational health specialists)								X	
8.11. Advocacy and promotion of the introduction of workplace psychosocial support (Labor inspectors and occupational health specialists)									X

Appendix 9. Creating Services for At-Risk Groups and Ensuring Their Accessibility

In order to implement the UN Convention on the Rights of Persons with Disabilities (CRPD) ratified in Ukraine in 2009 and to ensure equal rights, the government introduced the philosophy of "barrier free", which is reflected in the National Strategy for Barrier-Free Environment in Ukraine and concerns a wide range of people: persons with disabilities; older people; parents of children under 7 years of age, etc.

The National Strategy for Barrier-Free Environment in Ukraine was developed within the framework of the Barrier-Free initiative of Olena Zelenska and in compliance with the decree of the President of Ukraine dated December 3, 2020 No. 533/2020 "On Ensuring Barrier-Free Environment in Ukraine."¹⁵² The government approved the document in April 2021.

This decree was a logical continuation of the nationwide discussion among government officials, representatives of the CSIs and experts about equal rights and opportunities for all citizens, which began in the spring of 2020 at the initiative of First Lady Olena Zelenska.

The strategy was the result of the combined efforts of representatives of the authorities, CSIs, and experts. It includes initiatives to remove barriers in various spheres of life, increase opportunities, and ensure equal rights for all Ukrainians.

Barrier-free is a philosophy of a society of equal opportunities, intolerance to discrimination, and respect for diversity.

When organizing psychosocial services, it is necessary to comply with all barrier-free requirements in order to ensure the availability of services for all populations.

The recommended algorithm for increasing the availability of psychosocial services:

1. Study of the service and the needs of its target audience.
2. Conducting an audit on accessibility with the involvement of specialists and target audience representatives.
3. Development of solutions to eliminate the identified barriers based on regulations, manuals, and recommendations outlined in Table 9 (including all aspects of barrier-free approach).
4. Discussion of solutions with the participants of the barrier-free audit.
5. Implementation of solutions.
6. Improving accessibility focusing on the needs of the clients.

¹⁵² Decree of the President of Ukraine dated December 3, 2020 No. 533/2020 "On Ensuring Barrier-Free Environment in Ukraine." [Source](#)

Table 1. List of barrier-free areas

Area	Description	Regulation, manuals, recommendations
Physical accessibility	All facilities of the physical environment are available to all social groups regardless of age, health, disability, property status, gender, place of residence, and other features.	<ul style="list-style-type: none"> ● DBN V.2.2-40:2018 Inclusiveness of buildings and structures. Substantive provisions. With amendment No. 1 ● Barrier-Free Solutions Album¹⁵³ ● Universal Design in the Community: Environment, Objects, Information, and Services¹⁵⁴ ● State standard DSTU ISO 21542:202X (ISO 21542:2021, IDT) "Buildings and Structures. Accessibility and Ease of Use of the Built Environment" ● State standard EN 17210:2021, European Requirements for Accessibility and Usability of the Built Environment
Information and digital accessibility	People, regardless of their functional impairments or communication abilities, have access to information in a variety of formats and technologies, including Braille, large print, audio description, sign language interpretation, subtitling, screen-readable formats, simple language format, easy reading, means of alternative communication.	<ul style="list-style-type: none"> ● Barrier-free language, communication, etc. in the "Barrier-Free Handbook"¹⁵⁵ ● State Standard DSTU EN 301 549:2022 Information technologies. Requirements for the accessibility of ICT products and services (EN 301 549 V3.2.1 (2021-03), IDT) ● Web Content Accessibility Guidelines (WCAG) 2.1¹⁵⁶
Social and civil accessibility	Ensuring equal opportunities for the participation of all people, their associations and specific social groups in the life of communities and the state, equal access to socio-political and cultural life, a favorable environment for physical development and self-realization, as well as an inclusive environment as a prerequisite for participation in all forms of social life and public activity.	<ul style="list-style-type: none"> ● "Improving Access to Services for Marginalized Groups: Toolkit for Equality, City Policy Against Racism"¹⁵⁷
Education accessibility	Ensuring equal opportunities and free access to education, in particular lifelong education, as well as the acquisition of another profession, professional development, and acquisition of additional competences.	<ul style="list-style-type: none"> ● When developing / planning online educational components and other educational courses, study their accessibility for all populations with engagement of target audience representatives
Economic accessibility	All citizens, regardless of age, gender, marital status or health status, have conditions and opportunities for employment, obtaining financial and other resources for entrepreneurship or self-employment.	<ul style="list-style-type: none"> ● When developing / planning services, study their accessibility for all populations with engagement of target audience representatives. ● Plan support for employers with the purpose of setting up workplaces, etc.

¹⁵³ "Barrier-Free Solutions Album" of the Ministry of Infrastructure. [Source](#)

¹⁵⁴ Booklet "Universal Design in the Community: Environment, Objects, Information, and Services." [Source](#)

¹⁵⁵ "Barrier-Free Handbook" website. [Link](#)

¹⁵⁶ Web Content Accessibility Guidelines (WCAG) 2.1. [Source](#)

¹⁵⁷ Guide "Improving Access to Services for Marginalized Groups." [Source](#)

Table 2. An example of a simplified description of the requirements for all components of the service

<p>Requirements under martial law</p>	<p>In the conditions of martial law, the organization of events of any scale requires increased attention to security issues. When preparing for an event, it is necessary to make sure that warnings about danger are available to everyone (sound signals are duplicated with light signals, an alert system and visual aids, etc.) and to inform participants about the volume of the signal and light effects. Find out where the nearest shelters are located (see the navigation section), check if they are accessible to people with limited mobility (availability of the required ramps, elevators, equipped entrances, seating areas, toilets, etc.) and whether they are equipped with the necessary supplies and equipment (water, food, primary means of fire extinguishing, medical aid kits, communication and notification means, backup artificial lighting, etc.). In the event of an air raid alert, proceed to shelter.</p> <p>It is important to develop (in case of absence) and test several options for evacuation routes from the premises, prepare the necessary equipment (including navigation) and identify those responsible for the implementation.</p>
<p>Requirements for room accessibility and universal design elements</p>	<p>The area around the premises is flat.</p> <p>The entrance is equipped with a stationary ramp with railings. The first and last steps are marked with a contrasting strip of PVC, which warns of the beginning and end of the stairs. The width of the entrance door is at least 0.9 m to ensure the unhindered passage of people in wheelchairs and people with baby carriages. The material of the door is glass or transparent plastic, on which a special contrasting marking sticker is applied. To the left of the door at the standard height there is the staff call button.</p> <p>A lavatory is equipped for people with musculoskeletal disorders, and tables and telephones are within reach, at a height of no more than 0.8 m.</p> <p>Navigation. For convenient orientation in the location where the event takes place, it is necessary to configure the navigation system. Information signs should contain comprehensive information. When developing the design of information signs, it is worth using a large font and a contrasting color scheme. If possible, place mnemonics at the service location. This will enable clients to easily navigate the space. The information provided on the tactile map must also be provided in audio format and duplicated in Braille. Take care to install both internal and external navigational signs (including direction signs leading to the shelter, and escape routes). They are indicated by simple and clear icons, executed in a contrasting color scheme, in a large font and duplicated in Braille. All elements of the navigation system must be well lit.</p> <p>Corridors that are at least 1.8 meters wide, with a flat floor for comfortable passage of wheelchair users and people with baby carriages. Tactile navigation is provided all the way from the entrance to the premises—aluminum cones with a contrasting yellow polyurethane center that is 5 mm high, with a diameter of 35 mm, and a double tactile pad made of an aluminum profile with elastic polymers inserts.</p> <p>In the rooms, computers are located near the walls, which enables adaptation of the workplace to the needs of wheelchair users and provides sufficient space for convenient maneuvering.</p>

<p>Equipment requirements</p>	<p>The barrier-free space is equipped with office and soft furniture without sharp corners, office equipment, an interactive whiteboard and specialized equipment, including a computer (hereinafter—PC) with a Braille display and the JAWS program.</p> <p>The braille display has 28 rows of modules, arranged in the form of a string of 14 characters long, on which information from the computer screen is displayed in the form of raised-dot braille font. The keyboard consists of 8 keys corresponding to braille characters.</p> <p>JAWS screen access program with speech synthesis and tactile interface using a Braille monitor, with text-to-speech functionality, enables a visually impaired person to perform any action on a PC. Unlike other products (for instance, NVDA)</p> <p>GoogleTalk Back voices the user's actions, reminders and messages that may emerge during individual work or participation in group activities for career guidance, educational training, seminars, and workshops, while a smartphone can receive and execute voice commands well.</p> <p>Connect by BeWarned enables speech-to-text and text-to-speech functionality.</p>
<p>Requirements for the provision of services (process, methods used, conditions of provision taking into account the needs of different types clients, in particular the limited mobility population)</p>	<p>At the entrance, visitors are met by a specialist competent in accompanying persons with disabilities. For better organization of work, avoiding waiting lines and situations with a lack of space for a comfortable stay of clients from groups with limited mobility, there is a possibility of pre-registration for events and reserving time for working at the computer.</p> <p>Current seminars and trainings are adapted to the needs of different populations, namely, for people with visual impairments, greater emphasis is placed on auditory perception, and for people with hearing impairments, on the contrary, on visual perception. The texts are written in simple, understandable language (without the use of borrowed slang words and professional jargon), understandable for the elderly. Presentations and infographics are designed in a format that is easy to read and understand, with large font and rich colors.</p> <p>When necessary, a sign language interpreter is involved in group activities; video materials are subtitled.</p> <p>Particular attention is paid to the organization of events that contribute to changing public perceptions of disability. Persons with disabilities who, despite existing barriers, have achieved success in various walks of life are invited to share their experiences. Joint events are held for employers and persons with disabilities, where they have the opportunity to communicate in person, start partnerships and get rid of negative stereotypes about each other.</p>
<p>Requirements for personnel (knowledge and skills, in particular for serving representatives of groups with reduced mobility)</p>	<p>Persons who work in a barrier-free space have knowledge of the principles and requirements of universal design and accessibility, correct vocabulary for communication with persons with disabilities, persons in difficult life circumstances, and war veterans. Full-time employees should not impose their assistance, but provide it effectively when necessary (ask about the need and format of assistance).</p>

	<p>For effective support and communication with hearing-impaired people, co-working space master the basics of sign language (commonly used signs and sign expressions).</p> <p>The entire staff should be informed about: availability of additional devices that facilitate the perception of information, movement, etc.; the main location features, elevators, etc.; evacuation routes and emergency instructions.</p> <p>The staff has skills in working with the Connect by BeWarned software installed on a smartphone and knows how to use special equipment—the braille display with JAWS software, an interactive set (whiteboard, projector).</p>
<p>Requirements for the organization of communications, presentation of information for different types of clients</p>	<p>Partnerships have been established with public organizations that take care of the problems of such people.</p> <p>Representatives of low-mobility groups, people with mental disorders and problems are involved in advertising of events.</p>

