The Commission on mental health in Ukraine: areas for development

Lancet Psychiatry 2024
Published Online
October 4, 2024
https://doi.org/10.1016/S2215-0366(24)00312-2
See Online/The Lancet Psychiatry Commissions
https://doi.org/10.1016/S2215-0366(24)00241-4

The decade-long Russian aggression and ongoing full-scale war have triggered a profound mental health crisis in Ukraine, which is expected to worsen as the conflict continues. Studies conducted in 2022 found a 54% prevalence of anxiety in Ukraine,[1] with 26% of the population meeting the criteria for post-traumatic stress disorder.[2] In response, a *Lancet Psychiatry* Commission was convened to assess the current mental health needs in Ukraine and provide recommendations for building an evidence-based, efficient mental health system aligned with human rights values and international standards.

The Commission[3] rightly identifies a key structural issue in Ukrainian mental health: the legacy of Soviet-era psychiatry, which relied heavily on a biomedical approach and institution-based care. Therefore, a key recommendation and overarching theme of the Commission is the development of a comprehensive community-based mental health system. Combined with a stepped-care approach, this model aims to scale up low-intensity interventions in non-specialised health-care facilities and other settings, reduce reliance on institution-based services, and address the imbalance across mental health-care levels. Although this recommendation is not new—it has been prominently featured in key national strategic documents (the Concept for the development of the mental health system in Ukraine until 2030,[4] and two corresponding Action Plans, to which some of the Commission authors contributed)—it remains relevant. However, some caveats in the specific recommendations should be noted.

Key recommendations include scaling up mental health services in primary care settings, expanding community mental health teams, and establishing community mental health centres. These strategies have been endorsed by national stakeholders and are included in the Action Plan for 2024–26. The Concept and the corresponding Action Plans are approved by the Cabinet of Ministers, which confirms the political will and commitment of the Government. But, importantly, these documents were developed by a multisectoral working group, which included governmental and non-governmental sectors, health-care providers, international expert organisations (facilitated by WHO), and patient organisations. In brief, the three recommendations emphasise community-based care, which should be independent of psychiatry according to WHO. However, we argue that the three service models cannot function without a psychiatrist or without a psychiatric hospital in the current context in Ukraine. Therefore, we would contend that these models cannot be truly community-based.

A deeper reform is needed reduce the dependence of these models on psychiatry, but the Commission did not mention this. Currently, primary care providers can screen for mental disorders but cannot make a diagnosis, which remains a psychiatrist's role. In case of depression, primary care physicians can initiate and continue treatment based on screening results,[5] but for other common mental disorders,[6] treatment cannot be prescribed before a diagnosis is made by psychiatrists. This barrier to community-based care will persist until the law on psychiatric care is changed: a call for such a change should be added to the Commission's recommendations.

Similarly, community mental health teams can only serve patients with a psychiatric diagnosis, must include a psychiatrist, and can only be established by health-care facilities with a psychiatric licence. The proposed mental health centres, according to the Action Plan 2024–26, are going to be based at cluster (inter-district multidisciplinary) hospitals with psychiatric licences. Due to the ongoing health financing reform (especially the establishment of a national insurer and the pay-for-service principle), which makes larger health-care facilities more profitable, many independent psychiatric hospitals have had to merge with larger cluster hospitals. These mergers suggest that many mental health centres might operate under a different label but within the same psychiatric institutions.

The Commission's recommendations on resourcing the future of mental health are based primarily on the analysis of expenditures by the National Health Service of Ukraine, which pays for services provided by licensed health-care facilities. The analysis did not

For more on the **2021–23 Action Plan** see https://zakon.rada.gov.ua/laws/show/1215-2021-%D1%80#Text

For more on the **2024–26 Action Plan** see https://zakon.rada.gov.ua/laws/show/572-2024-%D1%80#Text

include services funded by other ministries, including social policy, defence, veterans' affairs, and education, as well as by international donors.[7] As a result, the current spending on mental health relative to overall health spending is underestimated. However, the conclusion that mental health funding is insufficient and unbalanced is hard to dispute. Although the National Health Service of Ukraine programme is a flexible and efficient tool for improving the balance between inpatient and outpatient mental health services, the programme cannot fund services based in other health-care facilities and thus in other ministries' domains. Given the challenges of reallocating budgets between ministries, the recommendation to shift funds from inpatient facilities to supported living or other community-based services will probably face resistance. A more feasible approach would be to seek alternative funding sources for non-health-sector services.

For more on **National Academy of Pedagogical Science for 2024** see https://naps.gov.ua/ua/activities/research/fundamental/

The existing health sector workforce providing mental health services in Ukraine includes 2312 psychiatrists, 254 child psychiatrists, 541 clinical psychologists,[8] and 25 385 primary care physicians[9] (80% of whom are planned to be trained through WHO's mhGAP programme), which is clearly insufficient to serve an estimated 9·6 million people in Ukraine who might need mental health services.[10] Therefore, the non-specialist and non-health-sector services are a top priority in the current context; however, the section of the Commission on training and education of the mental health workforce focuses largely on psychiatric training, with only brief mention of the extended mental health workforce. This bias is explained by the under-representation of non-medical professionals in the Commission, as acknowledged in the text. 147 universities in Ukraine offer degree programmes or courses in psychology, suggesting that the pool of psychologists trained in the past decade might exceed 10 000. These professionals are already working in various institutions, including educational, military, and social sectors, although the numbers are not known. The non-specialist workforce, which forms the foundation of the stepped-care approach, also includes teachers, police officers, religious workers, social workers, peer counsellors, and family members. Ensuring the inclusion of non-specialists, psychologists, and health sector workers other than psychiatrists in the training needs assessment and the National Mental Health Workforce Plan proposed by the Commission will be crucial.

In the section on rebuilding mental health research capacity and infrastructure, the Commission focuses on medical research funded by the National Research Foundation and the Ministries of Health and Science, overlooking substantial research done by psychological academic institutions and non-governmental organisations funded by international donors. Thus, the number of currently funded mental health research projects is closer to 20–30 per year, not one to two. The recommendation to increase domestic research funding for mental health in both the medical and non-medical sectors should be treated with caution, since existing funding mechanisms are not transparent, and the quality of funded research is questionable, as evidenced by the scarcity of Ukrainian-led publications in peer-reviewed literature. International funding for collaborative mental health research might be available. To ensure efficient use of this resource, having a consensus on research priorities in Ukrainian mental health is essential. The Commission's general recommendations (eg, implementation science) should be complemented by national consultations involving people with lived experience, who should identify priority topics (some are already mentioned in the Action Plan) and communicate them to international partners.

In summary, the Commission provides a valuable overview of mental health priorities in the context of protracted war in Ukraine. The key recommendations align well with the latest national strategic documents, reflecting substantial political will, and progress in the right direction. However, in some areas, the recommendations suggest a general direction rather than specific actions, requiring further elaboration by national and international stakeholders.

We declare no competing interests.

*Kostyantyn Dumchev, Vitalii Klymchuk
dumchev@uiphp.org.ua

Ukrainian Institute on Public Health Policy, Kyiv 01054, Ukraine (KD); National Psychological Association of Ukraine, Kyiv, Ukraine (VK)

1 Levin Y, Bachem R, Hyland P, et al. The association between daily life changes and anxiety among Ukrainians following the Russian invasion. *Psychiatry Res* 2023; **329:** 115530.

2 Karatzias T, Shevlin M, Ben-Ezra M, et al. War exposure, posttraumatic stress disorder, and complex posttraumatic stress disorder among parents living in Ukraine during the Russian war. *Acta Psychiatr Scand* 2023; **147:** 276–85.

3 Pinchuk I, Leventhal BL, Ladyk-Bryzghalova A, et al. The *Lancet Psychiatry* Commission on mental health in Ukraine. *Lancet Psychiatry;* published online Oct 4. https://doi.org/10.1016/S2215-0366(24)00241-4.

4 The Cabinet of Ministers of Ukraine. The Concept of development of mental health system in Ukraine until 2030. 2017. http://zakon2.rada.gov.ua/laws/show/1018-2017-%D1%80 (accessed Aug 28, 2024).

5 Ministry of Health of Ukraine. Unified clinical protocol of primary, secondary (specialized), and tertiary (highly specialized) medical care: depression. 2014. https://www.dec.gov.ua/mtd/depresiya/ (accessed Sept 12, 2024).

6 Ministry of Health of Ukraine. Unified clinical protocol of primary and specialized medical care: acute stress disorder, posttraumatic stress disorder, adaptation disorder. 2024. https://www.dec.gov.ua/mtd/posttravmatychnyj-stresovyj-rozlad/ (accessed Sept 12, 2024).

7 Mental Health and Psychosocial Support Technical Working Group. MHPSS Services in Ukraine—summer 2024. 2024. https://app.powerbi.com/view?r=eyJrIjoiZTM1MzRjMDAtOTlmNS00ZmNmLWJmZTMtMmI3NmIzNDdjYmY3IiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9 (accessed Sep 06, 2024).

8 National Health Service of Ukraine. Health care providers in the field of "Psychology and psychiatric care": Analytical dashboard. 2024. https://edata.e-health.gov.ua/e-data/dashboard/pmg-psychiatry (accessed Aug 28, 2024).

9 National Health Service of Ukraine. Statistics on declarations with providers of primary care: analytical dashboard. 2024. https://edata.e-health.gov.ua/e-data/dashboard/pmg-psychiatry (accessed Aug 28, 2024).

10 WHO. Scaling-up mental health and psychosocial services in war-affected regions: best practices from Ukraine. 2022. https://www.who.int/news-room/feature-stories/detail/scaling-up-mental-health-and-psychosocial-services-in-war-affected-regions--best-practices-from-ukraine (accessed Nov 1, 2023).