TARGETED MODEL 3.0

SYSTEM OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN UKRAINE

Strategic priorities and guidelines for the development of the mental health system in Ukraine, third edition, supplemented in terms of services for children, adolescents and youth.

HOW ARE U? | Ukrainian mental health program initiated by Olena Zelenska

World Health Organization Ukraine

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

NGO BARRIER-FREE

The document was developed and streamlined by the Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine.

Authors' group:
The project manager and co-author is Oksana ZBITNEVA, Head of the Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine.

Authors:
Viktoriia GORBUNOVA, Doctor of Psychological Sciences, Chairman of the National Committee EuroPsy of the National Psychological Association;

Vitaliy KLYMCHUK, Doctor of Psychological Sciences, Secretary of the National Psychological Association.
Compilers and co-authors: Yulia MAZUR, Valeriy GAUF.

Co-authors:
experts of the Coordination Center: Bohuslava BOROVETS, Anastasia GOLOTENKO, Olga GORBANYOVA, Viktoriia KOLOKOLOVA, Ivanna NAHORIANSKA, Anastasia ODINTSOVA, Anna SOKOLENKO, Lyubov CHYGRYNSKA.

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The electronic version of the Target Model can be downloaded on the platform "How are you?".

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FOREWORD

We live in a time when hardship is not something exceptional. It has become part of everyday reality for every Ukrainian man and woman. Full-scale war has not only destroyed infrastructure — it has shaken our inner foundations, leaving cracks in the heart of society and in people's minds. Scientists call what we are going through collective trauma. But for us, it is not a term, it is an experience. It is pain that we are going through together.

This experience is not new to Ukraine. It is deeply embedded in the memory of generations — the Holodomor, repression, wars, disasters, losses. But each time, Ukrainians responded to these challenges with humanity. They did not allow darkness to extinguish the flame of compassion. Resilience is our choice. Not just to survive, but to remain human.

That is why we are developing a system that will help people preserve themselves. The All-Ukrainian Mental Health Programme, which I initiated, should not only respond to the consequences. Its focus is prevention. Because caring for mental health should not be an exception, but the norm. This is a new culture, where a person's inner state is as important as their physical well-being.

The new model of the mental health system that we are presenting today is not just a technical document. It is a vision that was developed jointly with experts, specialists and citizens. It has already gained recognition among the Ukrainian and international professional community. And it demonstrates that the reconstruction of Ukraine encompasses not only external restoration, but also internal — human — revival.

This model is about people. It is about preserving their integrity, dignity and strength. It is about protecting what is most valuable — mental health. Because it is the foundation of each individual's resilience and, therefore, the strength of the entire country.

We are rebuilding people. And with them, we are rebuilding Ukraine.

Olena Zelenska
First Lady of Ukraine, initiator of the All-Ukrainian Mental Health Programme "How are you?"

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The key provisions of the document were agreed upon within the framework of the Interdepartmental Coordination Council on Mental Health and Psychological Assistance to Persons Affected by the Armed Aggression of the Russian Federation against Ukraine, in close cooperation with relevant ministries and experts.

The document was developed and compiled by the Coordination Centre for Mental Health of the Cabinet of Ministers of Ukraine.

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SUMMARY

The Targeted Model of the Mental Health and Psychosocial Support System 3.0 is a conceptual document that outlines the strategic priorities and guidelines for the development of the mental health system in Ukraine.

The document is based on **the practical experience of implementing the All-Ukrainian Mental Health Programme "How Are You?"**, initiated by First Lady Olena Zelenska, and **the recommendations of international partners**. First and foremost, **the World Health Organisation**, whose expertise ensures that the Target Model is in line with modern, scientifically based approaches and best international practices. The provisions **of the Concept for the Development of Mental Health Care in Ukraine** for the Period until 2030 (2017), the Operational Roadmap "Priority Multisectoral Actions for Mental Health and Psychosocial Support in Ukraine during and after the War" (WHO, 2023), and the provisions **of the Law of Ukraine "On the Mental Health Care System in Ukraine"** (2025).

Unlike the previous version (Targeted Model 2.0), which primarily served a conceptual and programmatic function, Targeted Model 3.0 **offers a comprehensive vision of a system that is developing in the context of war and responds to the multi-level challenges of today**. These include the increased prevalence of depressive and anxiety disorders, an increase in cases of conditions connected to stresses and traumas – PTSD, adaptation disorders, acute stress disorders, prolonged grief disorders, and suicides, problems with addiction, professional burnout among educators, medical professionals and social workers, as well as the specific needs of children, adolescents, the elderly and people with disabilities. Stigma, which prevents people from seeking timely help, and a lack of personnel and resources in communities remain significant problems.

The response to these challenges has been **the development of a new model that combines evidence-based approaches, proven solutions and multi-sectoral coordination**. It builds on the experience of the All-Ukrainian programme "How are you?", which includes the work of a network of Resilience Centres and Mental Health Centres, the implementation of the mhGAP programme at the primary healthcare level, "Lessons of Happiness" and "Active Parks" initiatives in education and communities, hotlines and national information campaigns, as well as the "How Are You?" portal as a digital resource for disseminating self-help knowledge and skills. These tools have proven their effectiveness and have become the basis for adapting approaches to Ukrainian realities.

Targeted Model 3.0 **focuses on the development of local services and partnerships in communities, as well as on the systematic integration of prevention and the formation of a culture of caring about mental health and psychological well-being**. It provides for strengthening human resources, introducing mechanisms to support specialists, developing interagency coordination, and creating a continuous continuum of services — from prevention and early intervention to rehabilitation and resocialisation. Particular emphasis is placed on protecting human rights and involving families, carers and people with personal experience of mental disorders in shaping policies and practices. **New priorities include the development of scientific research in the mental health area, comprehensive work on addiction, suicide prevention, and strengthening the support system for children and adolescents**.

The document focuses on six strategic areas that ensure the integrity and systematic nature of development:

- **Leadership, management and interagency coordination** — creating an effective management architecture that ensures coordination and partnership among all stakeholders at the national and local levels.
- **Knowledge, research and innovation** — evidence-based decision-making, identification of national research priorities, implementation of innovative approaches and development of a monitoring system.
- **Resource provision: standards, financial stability and human resources** — building financial stability, developing human resources and implementing modern professional standards.
- **Accessible and person-centred services** — building an integrated network of assistance from primary care to highly specialised services, focused on human needs and paying particular attention to vulnerable groups.
- **Prevention and early intervention** — systematic implementation of prevention and early risk detection measures aimed at preserving mental health and preventing the development of disorders.
- **Promotion of mental health and formation of a culture of caring about mental health and psychological well-being** — reducing stigma, developing a culture of care and psychological resilience at the individual, community and state levels, and implementing effective communication policies.

Each of these areas defines the priorities of state policy and specific steps, and **the roadmap for implementation** provides guidelines for both short-term actions and long-term tasks over a 10-year period. This allows for the formation of a single vector of development, ensures coordination of actions between different sectors, and lays the foundation for the gradual formation of a sustainable system.

The document is intended for state authorities, local self-government bodies, professional and public organisations, educational and scientific institutions, international partners and donor organisations. It has practical significance: it serves as **a guideline for the creation of strategic documents, programmes and projects in the field of mental health**, contributing to the formation of a unified and coordinated policy and the effective coordination of efforts by all interested parties.

LIST OF ABBREVIATIONS

AA/AN	—	Alcoholics Anonymous / Narcotics Anonymous
Armed Forces	—	Armed Forces of Ukraine
ART	—	Antiretroviral therapy
CAS	—	Centre for Administrative Services
CBT	—	Cognitive Behavioural Therapy
CEA	—	Central executive authority
CMU	—	Cabinet of Ministers of Ukraine
ESPAD	—	European School Survey Project on Alcohol and Other Drugs
EU	—	European Union
GBD	—	Global Burden of Disease
GDPR	—	General Data Protection Regulation
IDP	—	Internally displaced persons
KPI	—	Key Performance Indicator
MES	—	Ministry of Education and Science of Ukraine
MGP	—	Medical Guarantees Programme
mhGAP	—	Mental Health Gap Action Programme
MHPSS	—	Mental health and psychosocial support
MIA	—	Ministry of Internal Affairs
MOH	—	Ministry of Health of Ukraine
NAMS	—	National Academy of Medical Sciences
NAS	—	National Academy of Sciences
NEET	—	Young people who are not in employment, education or training
NHSU	—	National Health Service of Ukraine
OAT	—	Opioid-Assisted Therapy
PHC	—	Primary health care
PHCC	—	Primary Health Care Centre
PS	—	Psychoactive substances
PTSD	—	Post-traumatic stress disorder
RLA	—	Regulatory legal act
SDS	—	Security and Defence Sector
SEL	—	Social and Emotional Learning
SESU	—	State Emergency Service of Ukraine
SRO	—	Self-regulatory organisations
TM	—	Targeted model
UHHRU	—	Ukrainian Helsinki Human Rights Union
UN	—	United Nations
UNDP	—	United Nations Development Programme
UNHCHR	—	United Nations High Commissioner for Human Rights
UNICEF	—	United Nations Children's Fund
USAID	—	United States Agency for International Development
WHO	—	World Health Organisation

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chapter 1

MENTAL HEALTH CARE IN UKRAINE:

achievements and challenges

ALL-UKRAINIAN MENTAL HEALTH PROGRAMME "HOW ARE YOU?"

The COVID-19 pandemic and full-scale war have sharply worsened the mental health of the Ukrainian population, while highlighting the need for systematic psychosocial support. Applying WHO global estimates of mental health in populations affected by conflict (Charlson et al., 2019) to Ukraine, it is expected that approximately 9.6 million people (22.1% of the population) may have mental disorders, of which approximately 3.9 million have moderate or severe symptoms. At the same time, since mental health needs are not limited to diagnosed disorders, and given the stigma, lack of specialists and limited access to services, the actual scale of needs is likely to be even greater.

A significant part of the population is under pressure due to forced displacement, job loss, combat experience, destruction of homes and prolonged stress. There are about 3.6 million internally displaced persons in the country, and they are one of the most vulnerable groups in terms of developing anxiety disorders, depression and PTSD. Most veterans, whose numbers, together with their families, may reach 5 million, report a need for psychological support (UFW, 2024). Military personnel, security and defence sector personnel and their families are also at increased risk. They need assistance both during combat missions and after returning to civilian life. At the same time, military psychologists face a heavy workload and need more professional support. Young people are also at risk: although mental health is recognised by young people as one of the key issues, about 44% of them do not seek help for fear of judgement, damage to their reputation or family relationships.

At the same time, infrastructure is also being severely affected. Since the start of the full-scale invasion, the WHO has recorded nearly 1,940 attacks on the health system, of which about 42% are directed at primary health care (WHO, 2024). According to Insecurity Insight, in 2024 alone, there were more than 500 incidents against medical facilities, including 359 cases of direct damage (Insecurity Insight, 2025). These attacks damage not only medical facilities, but also educational and social facilities that play an important role in providing psychosocial support. Recent attacks, such as the June 2025 strikes on maternity wards and residential areas, which resulted in deaths and injuries, only exacerbate the crisis.

In response to the extraordinary circumstances facing the country, Ukraine's First Lady Olena Zelenska initiated the creation of **the All-Ukrainian Mental Health Programme "How Are You?"** in 2022. The public organisation "Barrier-Free" became the implementation partner, and the Coordination Centre for Mental Health of the Cabinet of Ministers of Ukraine provides strategic support for the implementation, with the support of the WHO, governments of the Netherlands, Canada and France. The programme is based on an ecosystem approach: the government, public organisations, businesses, higher education institutions and international organisations (WHO, UNICEF, USAID, Swiss Cooperation Office in Ukraine, World Bank, etc.) have joined forces to develop solutions.

The strategic vectors of change cover three interrelated levels. At the national level, the programme provides for the development of a unified strategy, policy coordination and ensuring priority attention from the state leadership. The regional level focuses on adapting decisions to specific local needs, in particular through the creation of coordination centres and the implementation of special programmes in communities. At the local level, the key is the direct work of professionals in communities aimed at supporting internally displaced persons, veterans, children, people with injuries and other vulnerable groups.

KEY ACHIEVEMENTS OF THE PROGRAMME

Institutional and regulatory achievements

- The Law "On the Mental Health Care System in Ukraine" was adopted, which defines the principles of intersectoral policy, establishes quality standards, introduces a model for the certification of specialists, and provides for the creation of a National Commission on Mental Health, which reports directly to the Cabinet of Ministers of Ukraine and acts as the coordinating body of the system, responsible for interagency and intersectoral cooperation.
- An Operational Roadmap was developed: "Priority Multisectoral Actions for Mental Health and Psychosocial Support in Ukraine during and after the War: Operational Roadmap" (2023).
- Regional mental health action plans have been approved in all regions of Ukraine, and mental health issues have been integrated as a separate area into all key state policies: education, social protection, veterans' affairs, security and employment.
- The procedure for providing psychosocial support in the health sector has been regulated, and professional standards for "Military Psychologist", "Clinical Psychologist", "Social Protection Institution Psychologist" and "Psychotherapist" have been approved.

Support ecosystem and service accessibility (as of 01.08.2025)

- More than 280 Resilience Centres have already been established in 306 communities — accessible spaces where residents, including internally displaced persons, war veterans and their families, can receive comprehensive psychosocial support.
- As part of the Medical Guarantees Programme, 147 mental health centres in 24 regions and Kyiv (as of 10 October 2025) have been opened. These centres provide outpatient and outreach care in the form of a multidisciplinary team. Some centres also provide inpatient care.
- Since 1 January 2025, mental health services have been part of the basic package provided by primary healthcare facilities. Free mental health care is now available at all primary healthcare facilities that have signed a contract with the National Health Service of Ukraine (NHSU). All doctors providing primary healthcare in facilities contracted with the National Health Service of Ukraine are required to undergo training under the WHO mhGAP programme. This programme provides basic knowledge and clear clinical algorithms for working with patients with common mental disorders. As of 09.08.2025, according to the NHSU, 6,719 primary healthcare facilities are operating in Ukraine.
- As of early May, more than 125,000 professionals had received certificates for completing at least the first part of the online course within the WHO mhGAP programme, of which more than 22,000 were primary care physicians (family doctors, therapists and paediatricians), more than 65,000 were nursing staff, and more than 14,000 were specialist medical care physicians. Ukrainian medical professionals can also complete the second level of online training on the management of common mental disorders at the primary care level using the mhGAP guidelines. It deepens knowledge about the detection and management of psychosis, dementia, substance use disorders, suicidal behaviour, mental health conditions in children and adolescents, and other issues. More than 83,000 professionals have already completed this course and received certificates, including more than 18,000 primary care physicians (family doctors, therapists, and paediatricians), more than 29,000 nursing staff, and more than 6,000 specialised medical care physicians (Ministry of Health, 2025).

Education, youth, prevention

- Knowledge about mental health has been integrated into the school curriculum (Lessons of Happiness for grades 1–7).
- A network of youth centres in 18 regions has become a new hub for prevention among young people (individual consultations, group activities, resilience training).
- The programme includes a large-scale communication campaign called "How are you?", which is its key element. It has reached millions of Ukrainians, from simple advice and self-help techniques for everyday life to posters in transport, supermarkets, educational and government institutions.
- The consortium of universities that implement mental health and psychosocial support to students was established.

Support from specialists, knowledge management

- Training courses have covered more than 800,000 specialists — doctors, educators, social workers, police officers, lawyers and community leaders.
- Online resources and educational portals have been created, including on the "How are you?" platform, to train specialists and inform the public. Large employers (Oschadbank, PrivatBank, ASTERS, Ukrposhta) have also joined this initiative, launching their own online educational portals on mental health.
- Webinars for specialists and all who are interested in mental health and all who are interested in mental health are held regularly with the participation of leading scientists and world-class experts, ensuring the integration of the latest international practices into the Ukrainian context.
- Training programmes based on the WHO mhGAP Intervention Guide 2.0 were adapted for integration into the medical education.

Innovation, partnerships and international cooperation

- The Ukrainian experience has been recognised as an example of effective reform of the mental health system during wartime, which has been presented at global forums and in journals (in particular, the Lancet Psychiatry 2024 report).
- Close cooperation has been established with international partners: WHO, UNICEF, USAID, institutions in Israel, Canada, Great Britain, Australia, and Poland to adapt the best rehabilitation programmes, train specialists, and scale up evidence-based psychotherapeutic tools.

SCALE OF IMPACT AND SUSTAINABILITY

- Approximately 900,000 Ukrainians have mastered self-help techniques.
- 98% of employers recognise the importance of mental health, and 68% have already implemented employee support programmes.
- Over 51% of the population is ready to seek psychological help if needed, which is way more than before the war (Bezbar'ernist, 2024).

The All-Ukrainian Mental Health Programme "How Are You?" has become a catalyst for profound reform of the mental health support system. For the first time, Ukraine has implemented a systematic, cross-sectoral, inter-agency approach at all levels, open to innovation, international partnerships and the dissemination of best practices. The programme is constantly evolving in line with society's demands, successfully adapting global experience and creating a new culture of mental health care.

CHALLENGES THAT REQUIRE SPECIAL ATTENTION

The mental health of Ukrainians is under unprecedented pressure due to the war and chronic stress. The most common challenges are depression, anxiety, post-traumatic stress disorder, substance use disorders, and high levels of suicidality. Children and adolescents, older people, people with disabilities, veterans and their families remain particularly vulnerable. Additional risks include professional burnout among specialists, stigma associated with seeking help, forced displacement, gender-based violence, digital addiction and chronic fatigue.

These factors form a multidimensional crisis — from individual suffering to threats to the stability of society and the state. The scale of the problems shows that isolated measures are no longer capable of providing an adequate response.

DEPRESSION, ANXIETY AND POST-TRAUMATIC STRESS DISORDERS

These are the most common mental health problems resulting from war and chronic stress. They manifest themselves in depressive states, increased anxiety and symptoms of post-traumatic stress, reduce work capacity and quality of life, increase the risk of disability, suicidality and somatic diseases, create an additional burden on the health care system and social institutions, and pose a threat to national stability.

According to the results of a cross-sectional WHO survey of 4,000 adults, formed by random generation of mobile numbers and approximating the current demographics, 72% reported mental health difficulties over the past year. In particular, 62% reported irritability and excessive anxiety; 60% reported low mood, sleep disturbances and concentration problems; and 54% reported severe stress (WHO, 2025). The figures are self-assessments and are not equivalent to clinical diagnoses.

36% of Ukrainian adults have symptoms of at least one mental disorder (Martsenkovskyi et al., 2024). Generalised anxiety is observed in more than 15% of the adult population. High levels of post-traumatic stress in adults range from 15% to 41% (Chaban, 2023; Yasenok et al., 2025). Mass collective trauma creates risks of intergenerational transmission of trauma (Gorbunova & Klymchuk, 2020; Chaban & Khaustova,2025).

Systemic and long-term measures for prevention, early detection and support are needed, integrated into the areas of health care, social protection, education and security, with a particular focus on communities and groups at increased risk.

SUBSTANCE USE DISORDERS

Substance use disorders have become a hidden epidemic in Ukraine, exacerbated by war, social problems and a lack of accessible care. They lead to serious health consequences, increase the risks of HIV/AIDS and hepatitis, disability and mortality, place a burden on families and the health care system, and contribute to crime and social instability. The situation is particularly dangerous among children and adolescents, as early onset of use forms persistent patterns of risky behaviour and exacerbates other mental health problems.

- In 2024, **172,059 people** received treatment in healthcare facilities for disorders related to psychoactive substance use, of which **105,068 were due to alcohol** (Centre for Public Health, Ministry of Health of Ukraine, 2025).
- Only **11.3% of opioid users** receive OAT; most people with addiction remain outside the care system.
- In 2024, the number of patients receiving OAT increased by **5.7%**, but coverage remains critically low (Public Health Centre of the Ministry of Health of Ukraine, 2025).
- According to ESPAD (2024), **15.8% of Ukrainian adolescents** report lifetime experience of drug use, mostly cannabis and psychostimulants; **6.5% used substances for the first time before the age of 14**.
- Specialised programmes for adolescents are almost non-existent: services for the treatment and rehabilitation are absent in the healthcare facilities for children.

There is a need to expand access to evidence-based treatment and harm reduction programmes, create specialised services for children and adolescents, and introduce systemic prevention programmes.

SUICIDE PREVENTION

Suicide is a serious public health problem in Ukraine, which has been exacerbated by the war. It leads to premature loss of life and deepens the trauma experienced by families and communities. Of particular concern is the increased risk among veterans, internally displaced persons and young people, for whom suicidality is often associated with PTSD, loss, isolation and economic instability.

In 2021, the suicide rate in Ukraine was **21.21 per 100,000 population,** more than double the global rate (**9.0**) (GBD 2021 Suicide Collaborators, 2025; Macrotrends, 2024).

According to WHO estimates, for every completed suicide, there are up to **20 attempts**, which indicates that thousands of people are at risk (WHO, 2021).

Regional data from the Chernihiv region showed **a 14% increase in suicides** in 2023 compared to 2021. Men are twice as likely to commit suicide, while women are twice as likely to attempt suicide (GBD 2021 Suicide Collaborators, 2025). The highest mortality rates among men in Eastern Europe in 2021 reached **34.2 per 100,000**, which is also relevant for Ukraine.

A national approach to prevention is needed, including the adoption of a suicide prevention strategy, the development of hotlines and crisis services, the training of gatekeepers in communities, the integration of mental health into primary healthcare, school programmes on mental health education, and systematic work to reduce stigma.

PROFESSIONAL BURNOUT AMONG EDUCATORS, SOCIAL WORKERS AND MEDICAL PROFESSIONALS

Professional burnout manifests itself in emotional exhaustion and reduced job satisfaction. The most vulnerable are frontline professionals — teachers, school psychologists, medical professionals, social workers, police and rescue workers who deal with traumatised children, parents, displaced persons, veterans and other groups of people affected by the war. Many of them live in affected communities themselves, which exacerbates the impact of stress and reduces access to support resources. The war has dramatically increased their workload while simultaneously reducing support resources. The consequences of burnout include chronic stress, sleep disorders, depression, a decline in service quality, and an exodus of personnel from critically important professions.

According to WHO and UNICEF (2024), emotional exhaustion and reduced job satisfaction are common among educators, medical professionals, and social workers. Psychologists from the State Emergency Service report high levels of stress among rescuers, medical professionals, and educators in the combat zone (United24 Media, 2024). Studies show that educators are forced to work without electricity or internet, or even in shelters, which creates additional pressure and risks of mental exhaustion (Dzhus & Golovach, 2022). Systemic measures are needed to support and prevent burnout, including psychological support programmes, supervision, professional development, adequate funding and organisational support, especially for workers in communities and combat zones.

SUPPORT FOR PERSONS WITH DISABILITIES

People with disabilities are among the most vulnerable groups in the context of war. They face double barriers — physical and psychological. The war has created new challenges: difficulties with evacuation and access to shelters, interruptions in treatment and rehabilitation, and social isolation, especially among people with hearing, speech or intellectual disabilities. Military personnel and civilians with newly acquired disabilities often experience a crisis of self-esteem, depression and PTSD. Barriers to inclusion and widespread stigmatisation increase their vulnerability and risk of social exclusion.

There are **over 2.7 million people an assigned disability status** living in Ukraine, a significant proportion of whom have limited access to medical services and psychosocial support (UNHCHR, 2023). By mid-2024, more than **100,000 amputations** will have been performed, creating a huge demand for physical and psychological rehabilitation (WHO, 2025).

There is still a high level of **stigma surrounding mental health** in Ukraine, which makes life particularly difficult for people with disabilities, as they often face double discrimination (Gaschet et al., 2025).

There is a need to provide continuous medical and psychosocial care, develop rehabilitation programmes and overcome barriers to inclusion. Particular attention should be paid to people with newly acquired disabilities, as well as to supporting their social integration and professional fulfilment.

People with psychosocial, cognitive and intellectual disabilities need to be provided with continuous medical and psychosocial care, accessible rehabilitation, support in decision-making and accessible communication (including sign language and easy-to-understand information), as well as the development of community-based services as an alternative to institutional care.

MENTAL HEALTH OF CHILDREN AND ADOLESCENTS

The mental health of Ukraine's younger generation is under extreme pressure as a result of the war. Children face constant danger, separation from their families, disruption to their education, forced displacement and life under occupation. This leads to depression, anxiety, PTSD, somatic manifestations of stress, and impaired learning and social adaptation. Large-scale trauma in children creates long-term risks for their development, as well as for social cohesion and the future human capital of Ukraine.

- Approximately 1.5 million children are at risk of developing mental disorders or are already experiencing them (UNICEF, 2023).
- As of June 2025: at least 631 children have been killed, more than 1,975 wounded, 2,244 missing, 19,546 deported to Russia, and more than 1.6 million children remain in temporarily occupied territories (Prosecutor General's Office, Ministry of Foreign Affairs).
- According to Save the Children (2024), 43% of children under the organisation's care showed signs of having experienced trauma.
- Almost 4 million children were forced to change or interrupt their education, 600,000 of whom do not have access to face-to-face learning (UNICEF, 2023).
- In 2024, there were only 257 child psychiatrists working in 330 medical institutions in Ukraine, which is critically low for a country with millions of children (Ministry of Health, 2024).
- In the first nine months of 2024, 353,000 patients sought mental health care from family doctors and paediatricians, including 54,000 children (Ministry of Health, 2024).

There is a need for systematic expansion of the network of child psychologists and psychiatrists, integration of mental health into schools and communities, and development of psychoeducational programmes for parents and teachers.

MENTAL HEALTH OF OLDER PEOPLE

Older people are one of the least visible but most vulnerable groups in terms of mental health during the war. They often remain alone in combat zones or after displacement, with limited access to medical, social and psychological assistance.

Loneliness, isolation, loss of family and reduced mobility lead to high levels of anxiety, depression and feelings of hopelessness. For Ukrainian society, where family ties are traditionally strong, such isolation is particularly traumatic.

The deterioration of older people's mental health increases the risk of premature death, including suicide, and complicates their daily lives.

More than **14% of people over the age of 60** worldwide live with mental disorders, and this age group accounts for **27.2% of all deaths from suicide** (WHO, 2023).

- In Ukraine, 62% of older people have difficulty meeting their basic needs
- **2 out of 3** live in unsatisfactory housing conditions;
- **32%** do not have safe housing due to war damage;
- **44% of people aged 70+** live alone;
- **80%** report anxiety and distress, with more than half of them reporting a significant impact on their daily lives (HelpAge, 2025).

Programmes are needed to overcome social isolation, ensure access to medical and psychosocial care, and develop a support system in communities. Particular attention should be paid to basic needs and creating conditions for maintaining social connections.

STIGMA AND BARRIERS TO SEEKING HELP

The stigma associated with seeking help from a psychologist or psychiatrist remains deeply rooted in Ukrainian society, especially among men, military personnel, rural populations and older people. This creates barriers to timely access to help, leading to delayed treatment when disorders become chronic or to self-medication with alcohol or psychotropic drugs. Stigma exacerbates the effects of war, increasing the scale of psychological suffering and reducing the effectiveness of the mental health system.

Approximately **60% of Ukrainians** believe that seeking psychiatric help "is a sign of weakness" or "can damage one's reputation" (Gaschet et al., 2025). Stigma is most pronounced among men, military personnel, rural populations, and older people. It is reinforced by a lack of positive public examples of seeking help and confusion in terminology (confusing psychologists and psychiatrists). No less stigmatised is the appeal to social workers for psychosocial support due to the widespread, narrow understanding of the content of social work, which is reduced only to the provision of material assistance.

Barriers to timely seeking help arise at several levels: individual, social and systemic. In addition to stigma, a person's decision is influenced by the availability and quality of services, trust, confidentiality issues (particularly in military and work environments), financial and logistical barriers (transport, waiting times), awareness of care pathways, and previous experience of interacting with institutions.

An effective response requires a combination of approaches: training first responders; integrating mental health into primary care with clear referral pathways; ensuring confidentiality and non-discrimination in work, education and the security sector; developing a peer-to-peer approach to providing assistance; reducing financial and logistical barriers; and national communication initiatives that shape safe models for seeking help.

OTHER CHALLENGES RELATED TO THE WAR

The war has created unprecedented social challenges that directly affect the mental health of the population. Mass displacement, loss of homes, families and livelihoods, experiences of combat, violence or captivity lead to deep psychological trauma and an increased need for support. Veterans and military personnel, their families, women in the perinatal period, victims of gender-based violence, people with disabilities, homeless people, persons in places of detention, and residents of rural and remote areas are particularly vulnerable. For many of them, a combination of several vulnerability factors creates a cumulative risk of mental disorders and requires individualised approaches.

- There are over **4.59 million internally displaced persons** registered in Ukraine (Ministry of Social Policy, 2025).
- There are over **5.7 million Ukrainian refugees** abroad, most of them in EU countries (UNHCR, 2025).
- As of June 2025, **19,546 children have been deported**, over **2,244 are missing**, and **631 have died** (Prosecutor General's Office, Ministry of Foreign Affairs).
- Women who are raising infants or waiting for their husbands to return from the front lines have been found to have elevated levels of anxiety and depression.
- According to HelpAge (2025), **44% of people aged 70+** live alone, and **80%** report anxiety and distress.
- **Digital addiction and cyberbullying** are widespread among teenagers, increasing the risk of mental disorders.
- **Sleep disorders and poor self-regulation** are becoming a problem for all age groups, creating a vicious circle of chronic stress.

A comprehensive and coordinated response is needed from the state, communities, the professional community and individuals themselves. This includes developing a system of flexible, context-sensitive services that take into account the specificities of different groups and combinations of vulnerability factors; developing specialised programmes for veterans, women, children, people with disabilities, displaced persons and rural residents.

These issues are not exhaustive, but together they form a set of challenges that require a coordinated response from the state, communities, the professional community and the people themselves.

SYSTEMIC CHALLENGES

The mental health system crisis goes beyond individual suffering and poses a strategic threat to the development of the state. Mental health is a critical resource for social stability, economic productivity and national security. The fragmentation of the system, staff shortages, unequal access to care and insufficient funding undermine the country's ability to respond to the growing needs of particularly vulnerable groups.

According to OECD estimates, the economic losses from mental health problems can reach **4% of GDP**, mainly due to reduced labour productivity and employment rates.

In Ukraine, millions of people have been traumatised by the war, which means **potential annual losses of billions** for the economy.

As of 2024, there are only **257 child psychiatrists** working in 330 medical facilities in Ukraine — critically few for a country with a child population of several million.

A significant proportion of people with disabilities, older people and low-income individuals do not receive adequate psychosocial support.

Investing in the development of an effective mental health care system is not a social expense, but a strategic investment in human capital, national resilience and the economic future of the state. In wartime, mental health becomes a critical resource on which society's ability to remain functional and its potential for recovery depend. Therefore, its development must be an unconditional priority of state policy in both the short and long term. Ways to overcome these challenges are detailed in the strategic directions of the Targeted Model, which define the priorities of state policy and specific steps for the development of the mental health system.

chapter 2

TARGET MODEL OF THE MENTAL HEALTH CARE SYSTEM

This section defines the key elements, principles and goals for the development of the mental health care system in Ukraine.

PURPOSE AND OBJECTIVES OF THE MODEL

The targeted model for the mental health and psychosocial support system in 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 disease or infirmity (Fundamentals of Ukrainian Legislation on Health Care) and the definition of mental health as "a component of overall health and well-being, not merely the absence of mental and behavioural disorders, in which every person can realise their potential, cope with life's challenges, learn and work productively and fruitfully, and contribute to their community" (Law of Ukraine "On the Mental Health Care System in Ukraine").

The goal of this model is to ensure the formation of a comprehensive, effective, accessible, and person-centred mental health care system in Ukraine that guarantees every person the opportunity to receive scientifically based, high-quality care in a safe and dignified environment, taking into account their rights, needs, and personal experiences — throughout their entire life cycle, in peacetime, in times of crisis and during war.

All areas and recommendations are linked by a common logic of integration: building sustainable cross-sectoral links, coordinated care pathways and a system that works for people. This refers to integration in both policy and practice — in people's lives, in communities and in the actions of the state.

KEY OBJECTIVES OF THE TARGET MODEL

- To create an effective system of leadership, management and inter-agency coordination at the national and local levels with a clear division of roles and the involvement of civil society.
- Implement practices based on modern knowledge, research and innovation, and provide analytics and monitoring for effective management decisions.
- Ensure sustainable resource provision, including service standards, funding, staff development and training, as well as compliance with quality standards, monitoring and supervision.
- Ensure the development of accessible and person-centred services for different population groups through the development of a multi-level support network — from prevention to rehabilitation.
- Develop and implement comprehensive prevention and early intervention measures involving various sectors to prevent mental disorders, especially among children, young people and vulnerable groups.
- Promote a culture of caring about mental health and psychological well-being through systematic educational and informational activities at the individual, community and national levels.

WHAT VISION DOES THE TARGET MODEL SHAPE?

Mental health should be clearly recognised as a national priority, and this is already enshrined in the new Law of Ukraine "On the Mental Health Care System in Ukraine". The powers of key ministries and communities defined by law create the necessary foundation, but real change will only be possible if they are further reflected and detailed in subordinate legislation regulating the practical implementation of the policy.

Mental health programmes and measures must not only function but also receive adequate funding as key investments in human capital that directly affect economic stability, the well-being of the population and the country's recovery strategy.

It is important to remember that mental health is not only a consequence but also a determining factor of social and economic activity. People who have support and have higher psychological well-being are more inclined to learn, work, care for their loved ones and actively participate in community life. At the same time, policies in other sectors — education, employment, social protection, security, and the environment — directly affect the mental health of the population. That is why, without interagency cooperation and integrated approaches, it is impossible to achieve a sustainable transformation of the mental health system.

WHAT APPROACHES UNDERPIN THE MODEL?

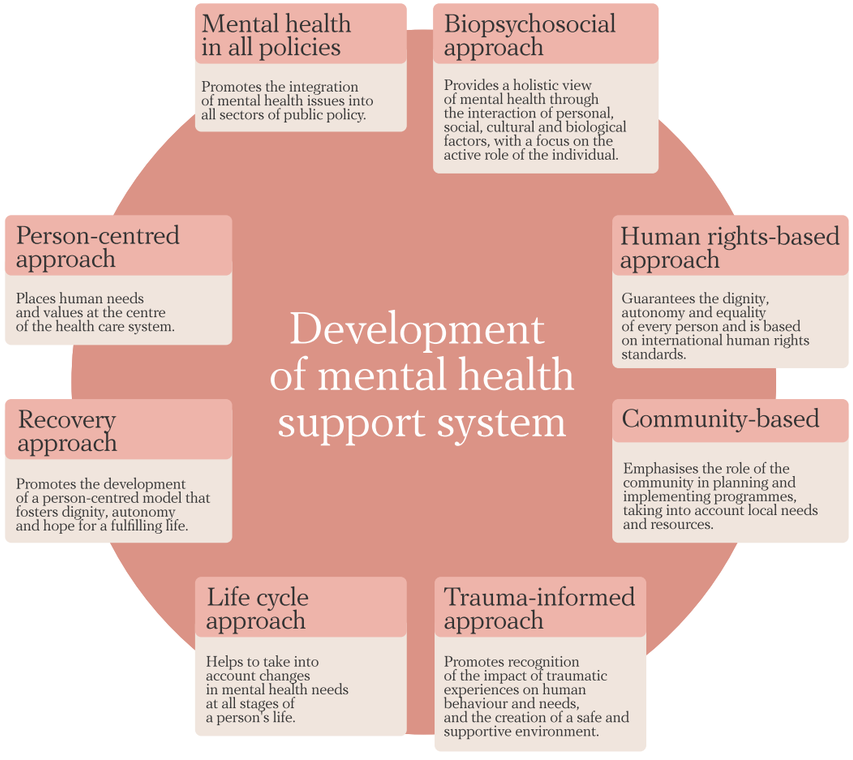

Figure 1. Approaches to the development of the mental health system

The development of the mental health system involves the comprehensive implementation of eight key approaches that form the strategic basis for transformation. They must be integrated at all levels — from national policy to practical interventions at the community level — and cover prevention, promotion, service development and monitoring mechanisms. A detailed description of the approaches with examples of their implementation can be found in Appendix 3.

WHAT WILL CHANGE FOR INDIVIDUALS? FOR THE POPULATION OF UKRAINE AS A WHOLE?

The implementation of the Target Model of Mental Health Care and Psychosocial Support means that every person will be able to receive support where they live, study or work — in a timely manner, without judgement, with respect for their experience, dignity and choice.

For individuals

This means being able to seek help in a familiar and safe environment — from a family doctor, at school or in their community. They will be able to choose services independently and participate in planning support according to their own needs and life priorities. People will receive not only treatment, but also comprehensive assistance in adaptation, education, employment and restoration of social ties. This guarantees systematic support in cases of traumatic experiences, displacement, loss or the need to care for loved ones, while the implementation of a rights-based approach protects against coercion, stigmatisation and discrimination.

At the community level

Local capacity will be strengthened at the community level: tools, resources and partnerships will emerge to organise local support without the need to refer people to regional centres or isolation-type institutions. Public trust and engagement will increase as assistance becomes accessible, understandable and culturally sensitive. Communities will become spaces of strength and care — not just places to live, but communities that support mental health through schools, cultural initiatives, social services and mutual support. At the same time, new opportunities for employment and professional development will open up, particularly for paraprofessionals, psychosocial support specialists, facilitators and community leaders.

For the population as a whole

This means strengthening the psychological resilience of society and reducing the burden of mental disorders through early intervention, prevention and support. Support should be provided on a stepped approach basis, including basic psychoeducation and self-help skills, primary psychological support in communities, and specialised assistance for people with significant needs. This approach allows for an effective response to different levels of demand and ensures that support is accessible to all. This will contribute to increased economic activity by engaging people in education and work, supporting employability and developing human capital. A safe and compassionate environment will be created in educational institutions, communities and workplaces where psychological well-being and mutual support are valued. This means developing a network of local services and social capital so that help is available nearby and society is based on trust, mutual support and cooperation. It is also about establishing a culture of support in which mental health is not taboo but is seen as a natural part of everyday life, education, social and economic policy.

At the state level

A comprehensive, managed system will be established with clearly defined roles for ministries, institutions and authorities, enshrined not only in law but also in subordinate legislation, a system

of indicators and budget programmes. Mental health will become an investment in human capital and national resilience, as it will ensure productivity, defence capability, learning ability and social cohesion. Thanks to the development of prevention, early detection and support in communities, the costs of reactive measures — treatment, institutionalisation and crisis intervention — will be reduced. Ukraine's international standing will be strengthened through the implementation of modern, person-centred and rights-based approaches that meet WHO and EU standards and sustainable development goals. Policies in various sectors — education, labour, environment, economy, security and defence — will be integrated, taking into account their impact on the mental health of the population.

WHO SHOULD BE INVOLVED IN THE MENTAL HEALTH SYSTEM

For the mental health system in Ukraine to truly work, it must be based on cross-sectoral cooperation, i.e. it must include everyone whose activities directly or indirectly affect human well-being. No institution can cope on its own. Only coordinated efforts will ensure sustainable results.

Key participants include

1. **The state and politicians (**the Verkhovna Rada, the Cabinet of Ministers, relevant ministries (Ministry of Health, Ministry of Social Policy, Ministry of Education and Science, Ministry of Defence, Ministry of Internal Affairs, Ministry of Veterans Affairs, etc.) formulate policy, legislation and funding; coordinate the system; and guarantee accessibility, quality and respect for human rights.
2. **The health sector** (Ministry of Health, National Health Service of Ukraine, healthcare institutions) provides medical and psychological assistance, conducts diagnosis and treatment, implements standards, and engages in early detection and rehabilitation.
3. **The social protection sector** (Ministry of Social Policy, National Social Security Service, Social Insurance Fund, child welfare services, social service centres, resilience centres, etc.) provides psychosocial support, assistance with daily living, care and support, and promotes reintegration and employment, supports the vulnerable groups in communities, and implements prevention and awareness raising.
4. **The education and science sector** (Ministry of Education and Science, educational institutions of all levels, National Academy of Sciences, research institutes) raises awareness from an early age, develops self-regulation skills, creates a safe environment, trains personnel, conducts research and monitors effectiveness, and provides scientific and methodological support for the mental health system.
5. **The security and defence sector** (Ministry of Defence, General Staff, Ministry of Veterans, law enforcement agencies) provides medical, psychological and social support to military personnel and veterans during their service and after discharge.
6. **The youth and sports sector** (youth organisations, sports structures) promotes resilience, team support and active youth engagement.
7. **Media and culture** (MCC, media, cultural institutions, artistic initiatives) shape public discourse, reduce stigma, and promote a culture of psychological well-being and support.
8. **The law enforcement and judicial system** (Ministry of Internal Affairs, Ministry of Justice, National Police, judicial institutions) provides legal regulation and protection of rights, implements rehabilitation and resocialisation programmes, and works with people in crisis situations or in conflict with the law.
9. **The finances, economy and business** (Ministry of Economy, Ministry of Finance, employers, trade unions, investment funds, public-private partnerships) create financial stability for the system, shape a culture of psychological well-being in the workplace, and implement corporate support programmes, and develop actionable co-financing mechanisms.
10. **The digital development sector** (Ministry of Digital Transformation, IT companies, start-ups) develops digital services for telemedicine, consultations and support, monitoring and research, and creates e-platforms for training and management, and fosters awareness of the ethical use of AI.
11. **Local authorities and communities** (local government bodies, municipal institutions) coordinate the actions of partners, develop infrastructure, and ensure the availability of services and support in line with local needs.
12. **Civil society** (NGOs, professional associations, patient and veteran organisations, volunteer initiatives, religious organisations, youth and cultural communities) provides feedback, advocacy, information campaigns, support services and community mobilisation, participates in development, implementation and monitoring of mental health policies.
13. **International partners** (WHO, UNICEF, UNDP, UN agencies, donors, grant and expert consortia) provide expertise, resources, technical assistance and Ukraine's integration into the global space of knowledge and practices.
14. **Mental health service users**, veterans, and people who have survived captivity or other traumatic events have different but valuable perspectives on how the system works. Their participation in shaping policies and programmes makes them more equitable, responsive to needs, and effective.

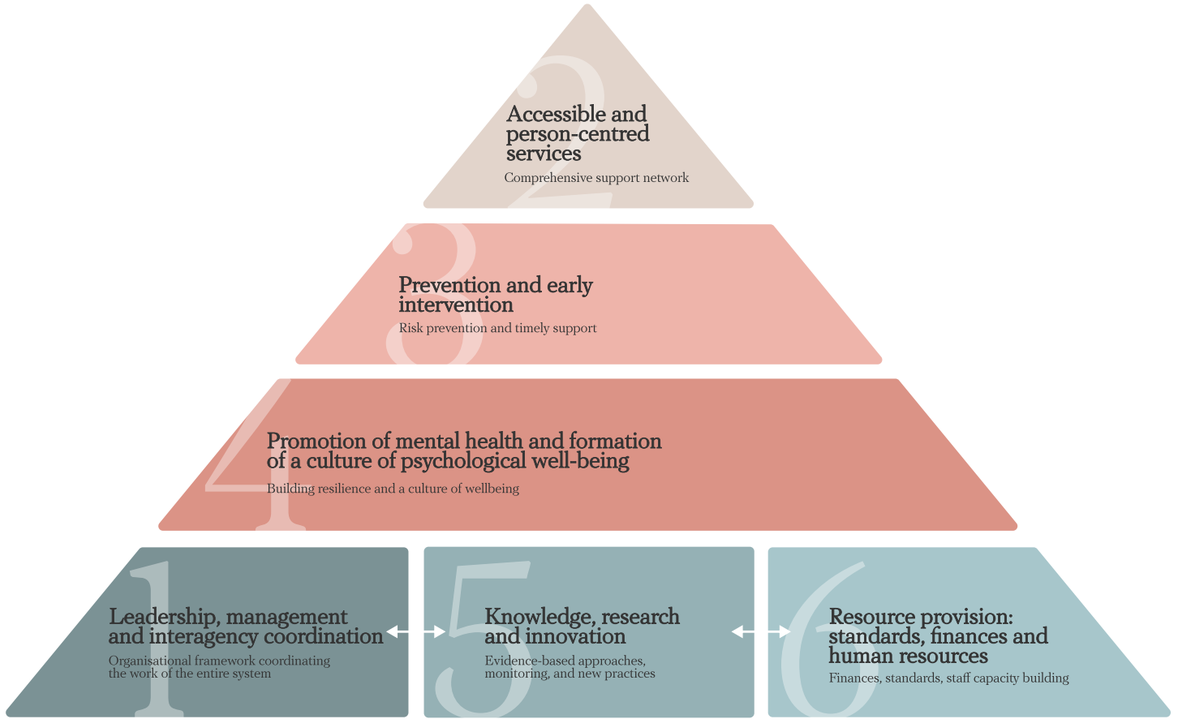

Figure 2. Key components of the targeted model

KEY COMPONENTS OF THE TARGET MODEL

The target model is based on six strategic areas that interact with each other and ensure the effective functioning of the system. They can be divided into cross-cutting system-building areas and service-oriented areas.

System-building areas form the organisational, resource and knowledge base for the implementation of the entire model. They support and influence all other areas; provide conditions for their successful implementation; operate in parallel and continuously, rather than within a single project or initiative; and are essential components of the system's sustainability: without them, other areas cannot function effectively.

Leadership, governance and inter-agency coordination define the management architecture, mechanisms for interaction and coordination of actions of all stakeholders at national and local levels.

Knowledge, research and innovation ensure evidence-based decision-making, innovation and an effective monitoring system.

Resource provision (standards, financial sustainability and human resources) ensures sustainable funding, training and implementation of standards.

Practical, service-oriented areas directly determine the content and quality of care:

- **Accessible and person-centred services** support creating a network of services from primary care to highly specialised care, taking into account the needs of vulnerable groups.
- **Prevention and early intervention** involve implementing preventive measures to reduce the risks of developing mental disorders.
- **Promotion of mental health and the formation of a culture of caring about mental health and psychological well-being** strengthen psychological resilience and a culture of psychological well-being at the individual, community and national levels.

chapter 3

Leadership, management and interagency coordination

Strategic direction 1

Figure 3. Components of the management system

VISION FOR THE FUTURE

Ukraine has an effective mental health management system based on interagency coordination, strategic planning and transparent management, covering all levels from government to communities. National, regional and local structures interact clearly, have defined powers, responsibilities and stable cross-sectoral cooperation.

Mental health is integrated into all areas of public policy — education, labour, security, environment, social protection — through a modern regulatory framework based on human rights and principles of inclusiveness. The strategic planning system responds to challenges, is based on data, key performance indicators and monitoring, and ensures the participation of specialists, communities and people with personal experience of mental disorders in policy-making and service development.

Leaders at all levels — in central government, local government, medical and social institutions, and civil society organisations — have change management skills and are supported through leadership development programmes, training, supervision and mentoring.

The voices of people with lived experience of mental disorders are heard, and their contribution is an integral part of a sustainable, open and innovative mental health system in Ukraine.

SECTORS INVOLVED AND KEY PARTICIPANTS

- **Government and policymakers**
- **Health sector, social protection sector**, security and defence sector, digital development sector, youth and sports sector, law enforcement and judicial system
- **Local authorities and communities**
- International partners
- Civil society

KEY TASKS AND RECOMMENDATIONS

1. Development of the regulatory framework and integration of mental health into all policies

It is important to implement the provisions of the Law of Ukraine "On the Mental Health Care System in Ukraine" by **developing and adopting relevant subordinate legislation**. This will allow for the detailing of mechanisms for the realisation of rights, the establishment of standards for quality, requirements for certification and continuous professional development, and will ensure legal certainty in the work of specialists.

Review and **amend the Law of Ukraine "On Psychiatric Care"** (2000) ensuring its compliance with international standards, in particular by enshrining equality before the law and legal capacity for persons with psychosocial disabilities and introducing supported decision-making as an alternative to guardianship; guaranteeing autonomy and informed consent (right to refuse/withdraw), as well as preventing unjustified restrictions and coercion with clear procedural safeguards and judicial oversight; ensuring access to justice and effective complaint mechanisms; provide for the development of community-based services, rehabilitation and non-discrimination, and respect for human rights in all forms of support.

Update and expand the regulatory framework in three critical areas: **mental health of children and adolescents** (policies in educational institutions, algorithms for early risk detection, protocols for responding to suicidal behaviour); **suicide prevention** (requirements for the media, response and post-incident protocols); **comprehensive work on addictions** (consolidation of interagency response, uniform standards for prevention, screening, treatment and referral, psychosocial support and rehabilitation). Special attention should be paid to war veterans and their families.

Continue **reviewing existing regulations** to remove barriers to accessing services and introduce uniform quality and monitoring standards.

When developing these documents, it is critical to take an inclusive approach and **involve all stakeholders**, including people with experience of mental disorders and mental health services, people with experience of combat, captivity, etc.

2. Development of a national and regional coordination mechanism

Proper interagency coordination at the national and regional levels is a key condition for building a comprehensive, effective, and sustainable mental health system. It is necessary **to ensure the launch and stable functioning of the National Commission** on Mental Health by formalising its powers and working procedures.

Ensure effective cross-sectoral coordination of the mental health system at the regional and local levels through the creation and operation of coordinating bodies with the participation of local authorities, executive authorities, civil society organisations and the professional community. Local authorities should implement state policy in the field of mental health, ensure the accessibility of services, integrate people with mental disorders into the community, promote deinstitutionalisation and develop inclusive support models. Local governments should organise the provision of quality services through health care and social protection institutions, implement a multidisciplinary and intersectoral approach, develop and implement local programs, inform the population about their rights and available services, and carry out measures to overcome stigma and discrimination.

At the national level, there should be coordinated interaction between central government bodies in the areas of healthcare, education, social protection, youth policy, justice, security, ecology, and digital transformation to develop **joint cross-sectoral strategies and programmes for prevention** and integration of preventive measures into the policies of each sector.

To ensure consistency in mental health and psychosocial support, efforts must be systematically coordinated with the Technical Working Group on Mental Health and Psychosocial Support (TWG on MHPSS), which is guided by the recommendations of the MHPSS Reference Group of the UN Inter-Agency Standing Committee and operates within the Cluster System.

Ongoing interaction with non-governmental organisations, professional associations, people with experience, employers, educational institutions, law enforcement agencies and rescue services should be ensured through **sustainable partnership mechanisms** (coordination councils, cooperation agreements, regular consultations) and joint planning and evaluation of interventions, which guarantees that policies meet the real needs of the population.

3. Strategic planning and change management system

The current strategy in the field of mental health is the Concept for the Development of Mental Health Care in Ukraine for the Period until 2030, a regulatory act approved by Order of the Cabinet of Ministers of Ukraine No. 1018-r of 27 December 2017. Due to its limited duration, it is advisable **to start preparing a new long-term strategy for the period up to 2040** in the near future. To this end, it is necessary to introduce a unified procedure for the development, approval, implementation and monitoring of the National Mental Health Strategy, as well as to ensure its integration into the budget cycle.

The key instrument for implementing the strategy should be **a 3- or 5-year strategic plan** that sets out the objectives, responsible implementers, implementation stages, resources and key performance indicators. Linking such a plan to the budget cycle will ensure funding for priority areas, while annual analysis and monitoring will allow for progress to be assessed, goals to be reviewed, and policies to be adapted in line with the results obtained.

Based on existing experience, it is important t**o continue developing sectoral mental health strategies**, ensuring that the needs of different social groups are taken into account and that there is equal access to support without discrimination. First and foremost, a cross-sectoral suicide prevention strategy should be developed that brings together all stakeholders and coordinates their efforts. At the same time, separate sections on mental health, in particular children and adolescents, suicide prevention, and addiction should be included in the strategies and policies of various sectors (education, health, social sphere, labour, etc.). At the same time, the already approved State Drug Policy Strategy should be fully implemented, with an emphasis on reducing the use of alcohol and other psychoactive substances.

From an organisational perspective, the preparation of the plan for the next period should begin immediately after the approval of the current strategic plan. This approach ensures **continuity in planning**, avoids gaps between implementation cycles, and allows for the timely consideration of monitoring results, new challenges, and changes in the socio-economic context.

The creation of strategic plans in the field of mental health should be carried out **under unified coordination as a priority of state policy**. To this end, central executive authorities need to ensure interagency cooperation, form permanent working groups or specialised units with clear tasks and resources, as well as **engage qualified experts** and use centres of knowledge and practical experience, which will guarantee the quality of plans and their compliance with international standards.

4. Leadership and system capacity development

Leaders create change, promote it, keep things moving in the right direction, and stay true to their values and perseverance, even when the path is complicated by difficulties or resistance. That is why **nurturing leadership** in mental health is so important. It is not only about developing managerial and cross-sectoral competencies, but also about creating space for leaders to grow through active participation in change, innovation, learning about best practices, and fostering an atmosphere of trust, inspiration, and belief that positive transformation is possible.

This applies not only to leaders working in the field of mental health, but also to all community leaders. An open demonstration of commitment to mental health by leaders at all levels can help overcome stigma and increase employee motivation and commitment to best practices in this area.

The leadership skills of national, regional and local leaders in the field of mental health can be improved through general training programmes on change management, cross-sectoral coordination and effective interaction with communities, as well as specialised training programmes on leadership in mental health, interregional and intergovernmental exchange programmes, etc.

Self-regulatory organisations (SROs) will be key players in building a capable mental health system, particularly in the context of leadership development. As professional associations of specialists, SROs will play an important role in shaping professional ethics standards, self-control mechanisms, and the implementation of quality and safety principles, as well as promoting the development of a rights-based approach to mental health. **Support should be provided to SROs as platforms for capacity building among professionals, ensuring the formation of a sustainable professional environment** focused on the implementation of innovations and best practices, and activating the participation of professional communities in the processes of transforming the mental health system.

Particular attention should be paid to **the development of clinical leadership**. Directors of institutions, heads of departments, divisions and teams must master modern principles of management in the field of mental health, practices for protect-

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ing the rights of persons with mental disorders, and standards of quality and patient safety. Training should combine theoretical preparation with practical tools for implementing change.

It is also necessary **to develop supervision and mentoring systems**, as support from experienced colleagues helps young professionals not only to grow professionally but also to maintain motivation and resilience in difficult conditions. Leadership schools and cross-sector incentive training can be effective tools, for example, in the format of crisis scenarios covering different locations (school, hospital, community). Such training enables managers to practise coordinated interaction in emergency situations.

In the context of leadership and **the involvement of children and young people**, it is important to recognise them not only as a target group, but also **as full participants in the processes**. This involves their representation in advisory and coordinating bodies, the creation of platforms for expressing their views, and the development of youth leadership programmes. Involving children and young people in decision-making increases the legitimacy of policies and ensures that they meet real needs, while building a generation of partners in building a sustainable and inclusive society.

5. Ensuring inclusiveness in policy development and implementation

To improve mental health, it is necessary to build an open society where diversity is respected and the rights of every person are upheld. Strengthening medical and social systems alone is not enough. According to WHO recommendations, **people with mental disorders and disabilities and their organisations should play a key role**.

Service users and representatives of the community of people with mental disorders, as well as young people, must be systematically and consistently involved in all stages of the system's development. An important principle of the modern mental health system is the slogan **"Nothing about us without us"**. People who have experienced/have mental disorders or have sought help, including young people and those who have survived suicide attempts or are overcoming substance use disorders, have a unique perspective and experience that complements the clinical and managerial view. Their life experiences are a valuable resource for improving the system — from ensuring that services meet real needs to increasing humanity, sensitivity and respect in approaches.

Such networks and organisations exist in Ukraine, and one course of action could be t**o involve their representatives in the work or in relevant groups**, departments, etc. It should be noted that their participation may require additional resources in the form of fair compensation for travel expenses, working time, and reasonable accommodations to ensure equality.

They can conduct **advocacy campaigns** aimed at changing public attitudes and practices in the field of mental health. Another important area of focus is engaging with international human rights mechanisms to monitor government actions. In addition, such organisations can develop educational programmes on mental health, disability and human rights. They can provide services directly, ranging from crisis support and peer-to-peer assistance to professional integration programmes.

It is important to create **mechanisms to support the capacity and sustainability of such organisations** and develop their leadership, while maintaining their independence and protecting them from political interference. Possible solutions include transparent state financial support with clear conditions and conflict of interest prevention, as well as prioritising multi-year funding to ensure sustainable development. Another important area is the diversification of funding sources through partnerships with foundations, charities, research institutions and donors.

To promote the idea of involving people with experience, additional steps may be needed, such as **establishing requirements, mechanisms and standards for the representation of people with experience** of mental disorders and their caregivers in relevant groups, organisations or service provision, in advisory bodies, in strategy development, local, regional and national policy, standards, training programmes and research.

An important step is to open up opportunities for **formal employment of people with experience**, in particular as peer counsellors, with equal rights to other employees (e.g. through a system of professional qualifications). It is also advisable to establish the mandatory participation of such persons in the development and implementation of training programmes, research, organisational policies, educational and anti-stigma measures.

It is recommended **to involve caregivers of people with mental disorders in the development of training programme content**, as well as in the conduct of training, supervision, intervision and other forms of professional training. Their practical experience of care and interaction with the mental health system is a valuable resource that enhances the empathy, sensitivity and effectiveness of professionals.

Mechanisms need to be created **to involve users in the planning and evaluation of services and the development and implementation of preventive measures** (as advisors, members of working groups or experts who shape the vision of what help should look like in practice and provide feedback from the recipients of help themselves).

chapter 3

Knowledge, research and innovation

Strategic direction 2

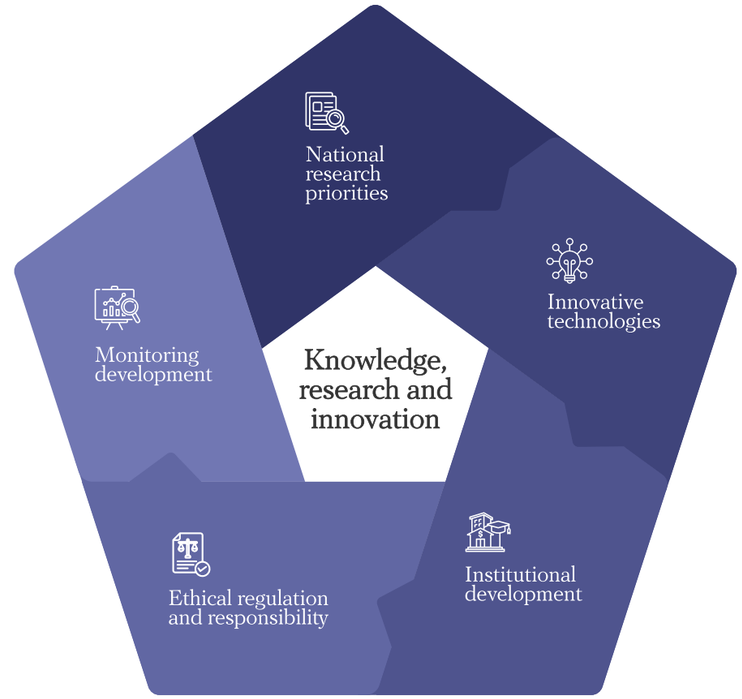

Figure 4. Components of an interdisciplinary research system

VISION FOR THE FUTURE

Science, innovation and technology are becoming the basis for the systematic development of mental health in Ukraine. An interdisciplinary research ecosystem is being formed, covering medical, social, educational, legal and humanitarian aspects. The state supports sustainable scientific programmes implemented in partnership with academic institutions, communities and people with experience of mental disorders. Thanks to a comprehensive infrastructure of knowledge, innovation and technology, decision-making in the field of mental health is based on data, new approaches are implemented responsibly, and support becomes accessible, high-quality and focused on human dignity.

Innovative solutions (telemedicine, mobile applications, AI solutions, VR technologies, neuroscience developments, and others) are integrated into the care system in compliance with ethical and safety standards.

A national network for centres of excellence in mental health is created as a coordination, expert and translation hubs, ensuring the interconnection between research, policy development, services, professional training and the practical implementation of solutions.

The best international evidence-based practices are applied in accordance with the Ukrainian context. All innovations are subject to monitoring of effectiveness, adaptation and scaling according to the needs of people and communities.

SECTORS INVOLVED AND KEY PARTICIPANTS

- **Education and science, health care**, digital development, social protection, economy and business, law enforcement and the judicial system
- **International partners**
- Civil society

KEY TASKS AND RECOMMENDATIONS

1. Formulation of national research priorities and support for science

In order to develop an effective decision-making system in the field of mental health, it is necessary **to identify and approve national research priorities**. Particular attention should be paid to studying the mental health of children and adolescents, the consequences of war, depression, suicide, addiction, and the social determinants of mental health.

The development of suicide and self-harm-related research should be based on the systematic study of the causes of suicide, the evaluation of the effectiveness of preventive interventions, and the creation of a national system for the collection of data on suicide attempts. Such studies are necessary for the formation of a comprehensive crisis response system and informed decision-making at the national and regional levels.

Support for addiction research should include studying the epidemiology of chemical and non-chemical addictions, barriers to seeking help, the role of stigma, and evaluating the effectiveness of treatment and rehabilitation models. This will lay the groundwork for developing innovative, evidence-based approaches to helping people with addictions.

As part **of expanding research on child and adolescent mental health**, it is important to focus on integrating mental health into the educational space and on the impact of war and digital environments. Partnerships between educational institutions, the health care system, social services, and research centres need to be developed in order to design effective interventions focused on children's needs.

Research centres and non-governmental organisations should be involved **in the development and implementation of preventive programmes**, as well as in the independent auditing of the effectiveness and economic justification of preventive, treatment and rehabilitation initiatives.

Ukraine lacks high-quality **psychodiagnostic tools**: most foreign methods are paid for, distributed in Russian translations without regard for copyright, and the number of validated tools remains limited. To solve this problem, it is necessary to develop our own Ukrainian methodologies, conduct official adaptation and validation of international tests on representative samples, ensure state and donor support for licensing, create a single register of recommended tools, and implement training programmes for specialists to ensure their correct application.

Support for multidisciplinary research involves creating favourable conditions for cooperation between specialists in various fields, such as psychiatry, psychology, psychotherapy, sociology, economics, social work, pedagogy, epidemiology, etc.

Particular **attention should be paid to research based on the experience of service users (**user-led/participatory research). Involving people with experience of mental disorders in knowledge creation helps to increase the relevance of research and implement changes based on real needs.

To ensure high-quality data for research, **regulated, ethical mechanisms for accessing medical and social databases should be established**. This will enable the formation of a sound scientific basis for policies and interventions.

2. Innovative technologies in mental health

It is necessary **to develop telemedicine platforms** integrated into Ukraine's electronic health care system to provide remote consultations, crisis response and supervision.

It is important to develop **mobile applications for psychoeducation, self-help, symptom monitoring,** treatment reminders, and prevention of complications. Their development should involve users and comply with the principles of security and accessibility.

Artificial intelligence can be a useful tool for identifying risks, preventing relapses and optimising care pathways, but its use must comply with clear ethical standards, ensuring transparency of algorithms, protection of personal data and appropriate professional supervision.

Crisis chatbots and automated suicide risk detection **systems** should become part of the digital support infrastructure. Their operation should complement human resources in situations of increased workload.

Online support platforms for people with addictions should provide anonymous access to self-help, mutual support groups and therapeutic tools. The use of CBT modules and motivational counselling can help to increase the effectiveness of such platforms.

Digital solutions for children and adolescents should be adapted in terms of age, language, content and design. The use of gamification, interactive elements and feedback opportunities will help to increase engagement and the effectiveness of interventions.

E-learning and professional support platforms should provide continuous access to up-to-date knowledge, supervision, and a community of peers. This will reduce the isolation of professionals, increase their competence, and promote the implementation of innovative practices.

3. Institutional development for scientific progress and innovation support

To strengthen coordination in the field of mental health, it is necessary to create **a National Network of Centres of Excellence in Mental Health as a hub for science and innovation**. This network should serve as a platform for knowledge sharing, research coordination, testing new approaches, and supporting cross-sector partnerships, including with civil society, academic institutions, and business.

Innovation should be funded through open public competitions, grant programmes, and public-private partnerships, particularly in the field of information technology. This will create a sustainable environment for the implementation of modern solutions that take into account the needs of different population groups.

Particular attention should be paid to **microgrants for schools, youth centres and community organisations** that develop and test new approaches to mental health support. Such decentralised support will help engage communities and find innovative local solutions.

Piloting new models of assistance, such as mobile services, peer-to-peer support programmes and others, will allow their effectiveness to be tested in different contexts and prepare the ground for scaling up. These models should be sensitive to the cultural, age and social characteristics of communities.

To ensure the sustainability of innovations, **criteria for assessing their effectiveness, safety, acceptability and scalability should be developed**. This will help to make evidence-based decisions and avoid the implementation of risky or ineffective approaches.

4. Ethical regulation, digital rights and responsibility

It is necessary **to invest in culturally and linguistically adapted content on social media**, which will be moderated by peer communities and certified facilitators. This approach will promote self-help mechanisms and emotional regulation skills, reduce stigma by rejecting sensational memes and live streams, and disseminate verified information about official support services and hotlines.

The development of ethical standards for digital interventions in mental health is a prerequisite for their safe use. These include the principles of confidentiality, informed consent, transparency, and respect for user autonomy.

Artificial intelligence tools in the field of mental health should be subject to special regulation. Their implementation should be accompanied by requirements for explaining decisions, preventing discrimination and ensuring the transparency of algorithms. Particular attention should be paid to independent auditing, especially when working with vulnerable groups.

Protecting the rights of users in the digital environment, especially children, persons with disabilities and representatives of marginalised groups, should be a priority of ethical policy. This involves the implementation of technical solutions, including restrictions on data collection and the mandatory involvement of users in the development, testing and evaluation of digital services **(co-design)**, which ensures their greater acceptability and effectiveness.

Standards for tools used in suicide prevention, support for people with addictions and interventions for children are particularly important. They must take into account the risks of re-traumatisation, inspire trust and be adapted to cultural and age contexts.

It is important that **digital solutions in the field of mental health are convenient, safe and accessible** to all. They must be integrated with public services, guarantee the protection of personal data, support the Ukrainian, Crimean Tatar and other languages, and be adapted for people with visual, hearing or intellectual impairments.

Strategic direction 2. | Knowledge, research and innovation

5. Monitoring innovative development

For systematic monitoring of innovation activity, it is necessary **to introduce indicators that cover both quantitative and qualitative indicators**. This will allow for the evaluation of the effectiveness of investments, institutional support, scientific productivity, and implemented solutions.

A national open catalogue of innovations and best practices used in the field of mental health should **be created**. Such a resource should support the exchange of knowledge, the dissemination of successful practices and the reduction of duplication of efforts between regions and sectors.

Monitoring global innovations and adapting relevant solutions to Ukrainian realities will help Ukraine stay in line with modern approaches and keep up with global trends. It is also important **to develop and maintain international cooperation networks**.

Separate indicators need to be developed **to** assess the effectiveness of innovations in **suicide prevention, support for people with addictions**, and digital solutions for **children and adolescents**. For digital tools, especially those aimed at young people, it is important to provide for regular review of risks and benefits with the involvement of users through youth advisory councils, focus groups or other feedback mechanisms. At the same time, it is important to implement systematic analysis of data from applications (frequency of use, risk signals, duration of interaction) in order to adapt content and improve recommendation algorithms.

chapter 3

Resource provision: service standards, financial sustainability and human resources

Strategic direction 3

Figure 5. Components of resource provision

VISION FOR THE FUTURE

Ukraine is implementing a mental health system in which psychological well-being and human dignity are central values, and resource provision is a reliable foundation. The system is sustainable, well-managed and based on coordinated planning of human, financial, institutional and digital resources focused on long-term sustainability, quality of care and people's needs. When planning resources, priority is given to community-based services, with inpatient care used only when clinically necessary and for the shortest possible time, and continuous community-based support is guaranteed after discharge.

Every professional has access to interdisciplinary training, professional development and supervision. Educational and professional standards guarantee competence, ethics and respect for the rights of service users and providers.

The financial system provides a guaranteed basic level of support from the state and regional budgets and is supplemented by other mechanisms — targeted funding, vouchers, co-financing, and the involvement of public and international organisations with a shift in incentives from funding inpatient services to outpatient, day and mobile services; funds follow the person. Investments in human resources and institutions are seen not only as expenses, but as a key resource for long-term sustainability, social cohesion and economic development.

SECTORS INVOLVED AND KEY PARTICIPANTS

- **Education and science sector**, Health sector, Economy and business, Digital development sector, Social protection sector, Law enforcement and judicial system
- **International partners**
- **Civil society**

KEY TASKS AND RECOMMENDATIONS

1. Improving service, professional and educational standards

To improve the quality of services, promote access to better interventions for people with mental disorders, and support the professional development of specialists, it is necessary **to continue the practice of developing clinical protocols and standards of medical care**. A series of protocols for the treatment and support of people with all common and severe mental disorders should be developed and approved in accordance with the current edition of the ICD in which the priority of providing services outside the hospital will be clearly defined, with clear criteria for hospitalisation and transition from hospital to community services.

It is important to ensure that professionals **have access to modern clinical protocols and guidelines** in the field of mental health by translating, adapting and officially approving them.

It is important **to provide adequate resources for the activities of working groups involved in the development and adaptation of clinical protocols and guidelines** in the field of mental health, including funding, expert support and access to international sources of knowledge.

In the field of social work, it is important **to review existing standards for the provision of social services from the perspective of mental health support** and to synchronise them in the context of human rights, overcoming stigma, discrimination against people with mental disorders and deinstitutionalisation.

In the field of education, it is important to implement **standardised protocols for screening and supporting the mental health of children and adolescents in educational institutions**, including proven screening tools and recommendations for their use, as well as referral procedures to various sectors.

Professional standards that define the requirements for the competencies, responsibilities and qualifications of employees are important for ensuring the quality of mental health services. **Professional standards need to be developed and approved for specialists in all professions in this field**, including: medical psychologists, psychiatrists, child psychiatrists, psychiatric nurses, peer support workers in the field of addiction, peer support workers in the field of mental health, mental health social workers and others.

Existing higher educational standards in psychology, social work and health care should **be reviewed and improved** in terms of their compliance with professional standards (once these have been developed). An additional educational standard for a master's degree in clinical psychology should be developed, based on the professional standard that has been developed.

Strategic direction 3. | Resource provision: service standards, financial sustainability and human resources

Interdisciplinary approaches that combine knowledge and skills from different fields — medicine, social work, psychology, and human rights — **should be integrated into the system of professional and educational standards**. This will allow specialists to respond more effectively to the complex needs of service recipients.

It is advisable **to develop and implement ethical and technological standards for the use of digital solutions in mental health** — telemedicine, mobile applications, chatbots, and artificial intelligence tools. It is important to define the principles of confidentiality, consent, and ethical intervention, as well as the requirements for the digital literacy of specialists.

All standards must be synchronised with the principles of non-discrimination, gender equality, language accessibility, and cultural sensitivity. In particular, mandatory elements of such approaches should be included in the development of protocols and service quality assessment.

To ensure service quality, it is necessary **to implement quality monitoring systems and mechanisms for evaluating their effectiveness** (KPIs, user feedback, economic efficiency).

2. Investment in human resources and continuous development

It is important **to develop and implement a National Human Resources Development Programme** that will contribute to the formation of a sustainable, qualified and interdisciplinary community of specialists capable of responding effectively to the psychological well-being needs of the population, and to develop a national model for forecasting the need for specialists for 10–15 years, taking into account demographic trends and epidemiological data.

It is necessary **to ensure a sufficient number of specialists in various fields** — from family doctors and nurses to clinical psychologists, psychotherapists, psychiatrists, social workers, etc. — and to create conditions for their professional growth.

Targeted support and promotion programmes and a system of incentives from the state and medical education institutions are needed, as well as specialised training/retraining programmes for **specialists in child and adolescent mental health**. The training of such specialists should become a separate component of state education policy.

In the context of continuous professional development at the primary level, **family doctors, therapists, paediatricians and nurses need training in the assessment and management of patients with common mental disorders** (e.g., according to the WHO mhGAP programme). Although many specialists have already undergone such training, the need is still significant, especially for offline training and supervision. In addition, those who have completed basic training need additional training in specific areas, including developmental disorders in children, mental and behavioural disorders in adolescents, dementia, psychosis, epilepsy, substance use disorders – using screening tools for alcohol, tobacco and drug use, as well as conducting brief psychosocial interventions based on the screening results.

Specialists in multidisciplinary teams (both outpatient and mobile) **need further systematic training in teamwork** and role distribution, a recovery-oriented approach, crisis interventions, a combination of evidence-based psychosocial and pharmacological interventions, and cross-sectoral collaboration.

Specialist doctors (cardiologists, gynaecologists, neurologists, oncologists, etc.) **need training on mental health issues** specific to their patients in order to better identify and provide appropriate care.

Emergency and urgent care personnel need training in recognising and responding to **acute mental health conditions**, providing them with resources to assess and stabilise individuals, and de-escalation techniques, for example, under the WHO QualityRights programme.

Frontline professionals — family doctors, social workers, police officers, teachers, and others — need systematic training in mental health that is

tailored to the specifics of their work. It is necessary to develop a diversified system of continuous professional development that meets international standards and to include basic knowledge of crisis intervention in educational programmes for these professionals.

Specialists should regularly learn to use new digital tools, improving their digital competence in order to effectively combine traditional and online working methods.

It is important to implement **a systematic improvement of specialists' English language skills** to enable them to familiarise themselves with advanced international experience without barriers.

A comprehensive system of professional and psychosocial support for mental health specialists must be implemented. It should include regular supervision, intervision, coaching sessions, support groups, mentoring and professional clubs. It is important that **supervision becomes a structural element of the professional development system**, with developed standards, certification of supervisors, payment mechanisms, and mandatory requirements for certain categories of employees. Such a system will help improve the quality of services and prevent emotional burnout, especially among those who work with severe trauma, violence, or military experience.

It is necessary **to create decent working conditions, opportunities for professional and career development, and to apply other forms of motivation** (financial incentives, welfare support programmes, recognition of professional achievements, mentoring and access to international exchange of experience). This will help retain specialists in the profession and prevent a "brain drain" abroad.

To ensure that the rights of all parties in the field of mental health are protected, it is necessary to guarantee the protection of the rights of employees who provide relevant services. This includes creating a safe working environment, ensuring proper working conditions, supporting professional development and participation in decision-making processes, and providing legal protection.

It is advisable **to introduce state and regional scholarship programmes for students who choose scarce specialities** in the field of mental health, in particular child psychiatry and clinical psychology. It is also important to provide incentives for employment in Ukraine after graduation.

People with experience of mental disorders should be involved in developing training programmes for specialists, based on the "expert by experience" model. This will allow the perspective of service users to be taken into account and will improve the quality of professional training.

3. Ensuring sustainable and transparent funding

Priority funding for mental health services should be provided from state and local budgets, supplemented by alternative sources (contributions from businesses, charitable donations, grants and other mechanisms permitted by law). It would be advisable to create a state fund or a separate budget programme for stable funding of prevention, promotion, research and innovation. At the same time, **systematic monitoring and evaluation of effectiveness** should be introduced (regular interdepartmental meetings, annual programme audits and publication of open reports with recommendations for improving the strategy).

It is necessary **to create a separate code of economic activity for mental health professionals**, which will allow for the compilation of accurate statistics, the planning of educational directions and personnel policy, and the development of development programmes. At the same time, a separate code will contribute to the legalisation of their activities, open up opportunities for contracting with the National Health Service of Ukraine and local authorities, and attract state and grant resources.

It is necessary **to expand the list of mental health services included in the Medical Guarantees Programme**, in particular by integrating elements of psychological assistance into existing service packages. This involves bringing the scope of services, procurement conditions and staff requirements into line, as well as making changes to the service packages, taking into account the differentiated involvement of mental health professionals. Special attention should be paid to regulating the workload of psychologists in healthcare facilities, which is currently not regulated, creating risks of overload and reduced quality of care.

Expand funding for mobile teams and mental health centres, introduce a separate payment logic for community-based services that takes into account their specific nature (field work, case management, inter-agency cooperation) and makes them economically viable for providers. Provide basic stable funding with elements based on results and quality, as well as transitional support for the deployment of teams in communities with high needs. It is also advisable to consider different organizational and legal models of the functioning of such teams — subject to quality standards, accountability and interagency coordination.

Review incentives so that inpatient psychiatric treatment is used when clinically necessary and for the shortest possible time, with a subsequent transition to community services. Introduce the principle of “funds follow the person”: allocate a portion of the resources freed up by repeated hospitalisations to outpatient, day and mobile services. This will create a coordinated shift of the system from a bed-centred model to community-based care.

A guaranteed minimum package of mental health services for children and adolescents should be defined at the primary and specialised healthcare levels, with an emphasis on support and prevention.

It is advisable **to introduce targeted funding based on the principle of "money follows the service recipient"**, which allows individuals to independently choose a provider from among accredited institutions or certified specialists. This can be implemented through vouchers or co-financing models, which not only ensure greater transparency and accountability, but also motivate recipients to become more actively involved in the process of support, treatment or rehabilitation. It is important to accompany these mechanisms with clear accreditation rules, quality control and guarantees of equal access for vulnerable groups.

It is necessary **to ensure adequate and stable funding for psychological support and rehabilitation measures in the security and defence sector**. This refers not only to individual assistance programmes, but also to systemic funding for a comprehensive psychological recovery model that covers prevention, intervention, rehabilitation and resocialisation. It is important that budgetary decisions are aligned with projected needs and based on international practices, in particular NATO standards and doctrines, which guarantee compatibility, effectiveness and trust in the system.

It is important **to create transparent funding mechanisms for civil society and professional organisations** through grants, preferential terms or government procurement. This will enable them to be effectively involved in mental health promotion and prevention, innovation development and support for the population.

It is advisable **to create a public system for monitoring budget expenditures in the field of mental health**, for example, in the form of an online dashboard, which will ensure transparency and accountability at the community, institutional and sectoral levels. At the same time, **a systematic assessment of the economic efficiency of programmes and interventions** should be introduced, taking into account their cost and effectiveness, in order to justify investments and optimise budget decisions.

Strategic direction 3. | Resource provision: service standards, financial sustainability and human resources

chapter 3

Accessible and person-centred services

Strategic direction 4

Figure 6. Components of the provision of human-centered services

VISION FOR THE FUTURE

Ukraine has a comprehensive, integrated and person-centred mental health system in which every person, regardless of age, gender, place of residence, social or legal status, has guaranteed access to timely, high-quality and dignified care — from prevention and primary support to specialised, crisis and rehabilitation care.

The system is based on human rights, scientifically sound approaches and professional standards, and operates according to clear care pathways, with transparent referral and cooperation mechanisms between levels, while flexibly adapting to people's needs, providing care exactly where and when it is needed. Cross-sectoral interaction between health care, education, social protection, justice and local government ensures continuity, coherence and effectiveness of support.

Advanced digital tools and mobile formats for assistance expand coverage and make services accessible even in the most remote communities.

SECTORS AND KEY ACTORS INVOLVED

- **Health sector, social protection sector, local authorities and communities**, education and science sector, security and defence sector, law enforcement and judicial system, economy and business, digital development sector
- Civil society
- International partners

KEY CHALLENGES AND RECOMMENDATIONS

1. Comprehensive, person-centred and integrated service delivery

Mental health services should be person-centred, respectful of human rights and dignity, and **provided as close to home as possible**. It is important to ensure confidentiality, informed consent and safety in order to guarantee quality, context sensitivity and support for recovery and full participation in society.

The system should provide a comprehensive continuum of care — early identification of needs, crisis response and short-term support, if necessary — short-term specialised assistance to stabilise the situation; followed by rehabilitation, resocialisation and community support. The key is **to integrate medical, social, educational and community services** to ensure continuity of support and coordination between the different parts of the system.

A stepped approach to providing support should be implemented. The level of intensity of intervention is determined individually, based on an assessment of the person's condition and needs. Support begins with the least intensive intervention that is likely to be effective and is increased or decreased as necessary. This approach ensures access to the optimal level of support, flexibility, effectiveness and respect for the person's autonomy.

It is necessary **to ensure the availability of mental health support at the primary care level**, involving family doctors and nurses trained in basic care and patient referral.

The network of outpatient mental health centres based in healthcare facilities should **be** actively **developed and scaled up**.

It is advisable **to develop crisis psychiatric services** by implementing early intervention programmes for psychotic episodes and other acute conditions to provide timely assistance and reduce the risk of disorders becoming chronic.

It is necessary to ensure that, if hospitalisation is required, **preference is given to psychiatric departments within multidisciplinary hospitals** with a short, clinically justified stay (target benchmark — approximately 14 days) and a pre-arranged transition to community services: based on indications, the mobile team establishes contact during the hospital stay and makes the first visit within 7 days after discharge; or there is a transfer to a designated outpatient team.

The integration of mental health services into the general health care system needs to be expanded, in particular by introducing psychological support into OAT, ART, tuberculosis treatment, mental health care in the perinatal period, and the development of consultative psychiatry in somatic hospitals.

Early detection of problems and timely interventions are key to preventing addiction and suicidal behaviour, forming the basis for a healthy and sustainable future for children and adolescents. There is a need **to develop mental health services and specialised centres for children and adolescents on a large scale**, combining early detection and intervention programmes for autism and other neurodevelopmental disorders with services to support children with emotional and behavioural difficulties. Such services should include psychological and educational support, school counselling, psychotherapeutic interventions and assistance to families.

A system of crisis services for individuals and their families in the event of suicidal crises should be implemented, including emergency psychological assistance, crisis chats and hotlines, mobile teams, and post-crisis support.

It is advisable **to ensure further integration of addiction treatment into the mental health system** at all levels, from primary care to specialised services. This should include medication, psychosocial support, counselling, rehabilitation and resocialisation in close cooperation with other services. A key area is the development of addiction studies as an interdisciplinary field combining medical, psychological and social approaches.

It is necessary to develop an integrated network of services for psychosocial rehabilitation, supported living and professional integration aimed at restoring the functionality, autonomy and active social participation of people with mental disorders, involving the social, educational, health care and other sectors.

It is critically important **to modernise the system of services for persons with disabilities due to mental disorders and/or intellectual disabilities in accordance with the CRPD**. This involves the development of community-based services (supported living and others),, the deinstitutionalisation and repurposing of residential facilities, and the introduction of functional rehabilitation programmes. Such programmes should focus on developing independent living skills, supporting social integration and restoring independence, in particular through supported employment.

Mental health support systems in the workplace should be developed, covering burnout prevention, crisis response, training in self-regulation skills, work-life balance policies and access to counselling services. It is important to train managers and employees to recognise the early signs of stress and to create a safe, supportive environment, as well as implementing non-discrimination policies, return-to-work procedures and reasonable accommodation of workplaces, in particular for veterans and people with disabilities related to mental, intellectual or cognitive impairments.

It is necessary to ensure the high-quality, **continuous operation of 24-hour hotlines and crisis lines**, both nationally and in communities, including at multidisciplinary healthcare facilities, to provide immediate support and assistance to individuals in acute distress or crisis.

It is important **to further build the capacity of psychological services within the defence sector**. This involves developing specialised infrastructure, human resources and tools, as well as creating a mobilisation reserve of psychological specialists through targeted training of higher education graduates. Particular attention should be paid **to creating a comprehensive system of psychological recovery for personnel** at all stages of service — from preparation to return to civilian life, including combat stress prevention, early risk detection, rehabilitation and resocialisation.

The development of services in the non-governmental sector should be supported by removing regulatory and administrative barriers. It is necessary to ensure that non-governmental providers can be involved in the contracting system with the National Health Service of Ukraine and local authorities after the creation of an appropriate regulatory framework. This will expand the availability and diversity of services that are closer to the needs of communities.

Institutionalise peer-to-peer programmes with official status as specialist consultants in the

system. People with experience of recovery from mental disorders can, after special training, work as consultants or mentors in teams at healthcare, social protection or other institutions, providing emotional support, mentoring and practical strategies for overcoming difficulties.

2. Multidisciplinarity and intersectorality in service delivery

Develop and scale a network of multidisciplinary teams of various types (inpatient, outpatient, mobile, in healthcare, education, and social protection institutions) with clearly defined functions and target groups. Priority should be given to genuine teamwork: joint case planning and management, coordinated roles and pathways, regular supervision; at the same time, expand the range of services, including early detection in communities, crisis interventions, interventions during the first psychotic episode, separate teams for adolescents, etc.

It is critically important **to implement a cross-sectoral approach** — effective cooperation between the health care system, education, social protection, law enforcement agencies and local authorities. Such interaction will ensure that no one is left behind: if a problem is identified, for example, at school, in the family or in social services, there will be a clear and understandable referral route to the appropriate service, with timely and appropriate support provided. That is why it is important to integrate mental health care as an integral part of the professional activities of specialists in all of the above-mentioned areas.

Effective mechanisms should **be created to support children, young people and high-risk groups** (with emotional difficulties, suicidal ideations, addictions, etc.). This requires **ongoing interagency coordination** so that education, health, social services and child services operate as a coordinated system with clearly defined roles and a common goal — safety, psychological well-being and recovery. It is important to establish cooperation between inclusive resource centres and specialised mental health centres through information exchange, child referral and joint training for professionals.

3. Services based on evidence-based practices and standards

All mental health interventions should be based on modern standards, evidence-based clinical guidelines. This involves the use of methods and programs whose effectiveness is confirmed by high-quality studies — in particular, randomized controlled trials, meta-analytical reviews — and confirmed by international clinical practice.

The implementation of standards and protocols for the provision of care makes services predictable and high-quality throughout the country. This includes clinical guidelines and protocols for the treatment of mental disorders, as well as **standards for the organisation, quality and ethics of service provision** that meet modern requirements for human rights, non-discrimination and inclusion, as well as standards for social services. Currently, only a limited number of such documents have been developed in Ukraine, and most need to be created, adapted or updated and then implemented in practice.

It is also important **to develop a supportive and development-oriented system for regular monitoring and evaluation of service quality**. This will make it possible to track the results of interventions, the level of satisfaction of service recipients, and to identify areas for improvement in a timely manner. Based on the data collected, it will be possible to promptly update clinical guidelines, protocols and algorithms for

specialists to ensure that they remain relevant and in line with best international practices.

All services at all levels should be organised and delivered using a **trauma-informed approach** to ensure a safe, experience-sensitive environment that promotes recovery, prevents re-traumatisation, and recognises the strength and dignity of each person.

4. Support for families and caregivers

Comprehensive educational programmes for families and caregivers need to be implemented to provide knowledge and practical care skills. These should include training and psychoeducation (in particular, adapted WHO iSupport programmes), covering basic knowledge about mental disorders, effective communication with people in crisis, de-escalation techniques and stress management. This will help families to be active participants in individual care plans and to create a supportive environment at home.

A comprehensive system of psychological and social support for families and caregivers should be established, including mutual support groups, individual counselling, regular supervision meetings, and burnout prevention services. It is important to provide access to respite care, assistance with household chores and transportation, as well as flexible employment or training mechanisms that allow caregiving to be combined with professional development.

It is important **to involve families in planning the individual recovery path of their loved one**, as a partnership between professionals and families significantly increases the effectiveness of care. This is particularly relevant in cases of severe mental health conditions and addictions, where family support can reduce the risk of relapse, promote adherence to the treatment plan, and facilitate social integration.

Families who have experienced attempted or completed suicide require special attention. They should be provided with access to specialised assistance, including psychoeducation and postvention programmes that help overcome the crisis and reduce the risk of recurrence.

4. Emergency preparedness and crisis response:

- **Integrate psychosocial support into national and regional civil protection plans**, ensuring that it is a mandatory component of the response.
- **Clear algorithms for interaction** between the State Emergency Service, the National Police, the Armed Forces, the health care system, social protection and humanitarian structures should be defined to coordinate actions in crisis situations.
- It is necessary to ensure **the training of the management staff and specialists** of the above structures for interaction and provision of psychosocial support in the context of crisis response and emergencies.
- **Develop mechanisms for mobilising mobile teams**, express financing and logistical support for the provision of services in emergency conditions.
- **Response protocols should be adapted to the needs of different population groups**, including children and adolescents, and supplemented with elements of suicide prevention and overdose response (including algorithms for the use of naloxone and rules for the safe escort of patients to healthcare facilities).

chapter 3

Prevention and early intervention

Strategic direction 5

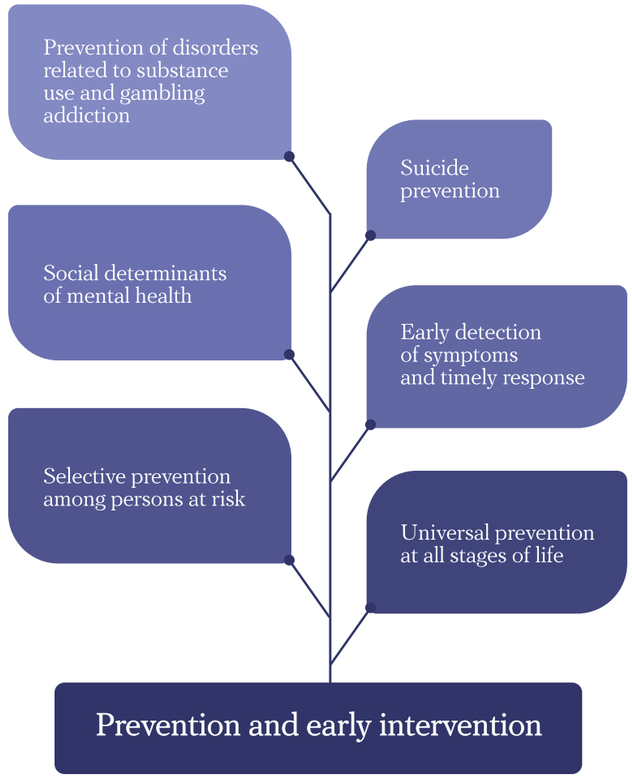

Figure 7. Components of prevention and early intervention

VISION FOR THE FUTURE

Mental health problems prevention and early intervention are implemented throughout life, from early childhood to old age. And in all areas of life — education, healthcare, labour, social protection, justice, media, workplaces, and communities. Prevention is seen as a shared responsibility of the state, society and each individual.

Every person develops emotional and social skills from childhood, parents receive support in creating a safe environment and positive upbringing, and vulnerable groups have access to culturally sensitive, evidence-based services.

Peer-to-peer groups, early intervention programmes, mobile teams, crisis services and digital tools are in place at all levels to ensure timely detection of symptoms and response.

Communities have effective mechanisms in place to identify and address the social determinants of mental health, such as loneliness, unemployment, discrimination and homelessness.

SECTORS INVOLVED AND KEY PARTICIPANTS

- **Health sector, Education and science sector**, Social protection sector, Security and defence sector, Law enforcement and judicial system, Economy and business, Digital development sector
- Local authorities and communities
- Civil society
- International partners

KEY TASKS AND RECOMMENDATIONS

1. Implementation of universal prevention at all stages of life

In the area of support for children aged 0–5, **parents should be provided with access to quality counselling and training on positive parenting and non-violent parenting methods**. It is necessary to implement guidelines on forming secure attachment and developing emotional resilience in children, integrated offline and digital resources for early detection of psychosocial risks. It is advisable to include basic advice on sleep, nutrition and physical activity in standard counselling services for parents and educators, using modern digital solutions to support these tasks.

For children and adolescents aged 6–18, social and emotional learning (SEL) should be systematically implemented from preschool to upper grades in accordance with international standards. Educators should learn to identify signs of distress in students in a timely manner, use trauma-informed approaches, and provide a safe environment. It is advisable to integrate programmes on anti-bullying, stress management, digital safety and gender sensitivity into the educational process. At the same time, youth clubs or peer-to-peer groups should be created for mutual support among peers, the development of trust and social cohesion. The school environment needs a deeper transformation: the educational process should take into account mental health sensitivity at all levels, from the design of the physical space to the style of interaction with students and the content of educational programmes.

Children and young people need **further development of a psychological support system in educational institutions**, focused on early detection, prevention and support of mental health for all participants in the educational process, with the definition of the roles and functions of educational institution psychologists, social educators, school staff, teachers, educators, lecturers and educational institution administrators in supporting mental health and ensuring their professional development with a focus on a trauma-informed approach. It is important for educational institutions to ensure interaction with social services and other organisations to redirect, if necessary, to specialists from outside educational institutions, to organise and conduct joint events for employees and students.

For young people who are not in employment, education or training (NEET youth), training courses on self-management and emotional regulation skills should be organised. Professional support on mental health issues should be provided. It is important to involve this group in volunteer and community initiatives to reduce isolation and feelings of loneliness.

It is important to implement a model of youth spaces that provides inclusive and accessible spaces for adolescents and young people aged 12 to 21. Such centres can provide free and confidential psychosocial support, both individually and in groups, as well as career counselling and quality leisure activities.

For the working adult population, it is necessary to create a working environment that supports mental health and prevents burnout. Support systems should be implemented in organisations (psychological counselling, stress management and self-regulation training, support programmes after illness or crisis). It is important to ensure flexible working conditions (adaptive schedules, ergonomics, work-life balance), as well as to regularly analyse psychosocial risks (overload, mobbing, role ambiguity) and develop strategies to overcome them at the organisational culture level. It is advisable to conduct training for executives, HR specialists and managers on leadership that is sensitive to mental health issues and effective employee support.

For older people, programmes to reduce loneliness should be launched, such as intergenerational mentoring, social groups and volunteer initiatives. It is important to combine social gatherings with access to digital platforms to support and monitor emotional well-being. Regular educational events to promote physical activity and healthy lifestyles should be provided.

Prevention programmes should **be institutionalised at the community level**, integrating them into the activities of local mental health councils or cross-sectoral working groups. This will ensure sustainability, coordination and the inclusion of preventive measures in local policy and planning.

A national digital platform and chatbots should **be created, targeting a wide range of users**, which will provide interactive tools for self-assessment of mental health, self-support mechanisms and referrals to hotlines, crisis mobile teams or online counsellors. The platform should provide access to local and virtual peer support groups (chat and video sessions) and function offline for users with limited internet access.

Regular **physical activity** is a powerful factor in strengthening mental health. It is therefore important **to ensure that such activities are accessible** to community residents by organising free group classes, creating open training grounds and developing partnerships with local sports organisations. At the same time, it is worth conducting educational campaigns that explain the link between physical health and psychological well-being, especially among young people.

Contact with nature has a positive effect on the psycho-emotional state, reduces stress levels and stimulates recovery processes. Therefore, **expanding green areas within the community** (parks, squares, green courtyards) is a strategic task for the prevention of mental disorders. Greening urban spaces, installing amenities (benches, shade, quiet areas for meditation) and involving residents in the joint care of the natural environment create conditions for daily health improvement, recreation and social interaction.

HOW ARE U? Ukrainian mental health program initiated by Olena Zelenska | Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine | NGO BARRIER-FREE

2. Selective prevention among people at increased risk

For internally displaced persons, it is necessary to deploy mobile multidisciplinary teams that will provide psychological support directly in the places of temporary residence of IDPs or at the request of the community.

Scalablety psychological interventions such as Problem Management Plus [2, 87 p.] and Self-Help Plus [3, 87 p.] and others should **be introduced**, adapted to the Ukrainian context and local realities, taking into account the level of access to services.

It is important **to ensure regular access to digital tools** (Telegram bots, mobile applications) that contain practices for reducing anxiety, emotional regulation and stabilisation, as well as to create **local peer support groups** as a safe space for communication, mutual support and the exchange of strategies for coping with stress.

For veterans, military personnel, rescuers and other representatives of the security and defence sector, **psychological support programmes and emotional resilience training should be systematically implemented** through trained, certified facilitators (consultants) to conduct peer-to-peer support groups. It is important to organise supervision and support for facilitators involved in crisis interventions, as well as to create post-service support systems that ensure continuity of assistance during the transition to civilian life. Such systems should include medical, psychological and social assistance, as well as elements of professional adaptation and participation in peer support communities.

For survivors of gender-based violence related to conflict (including domestic and sexual violence), it is necessary **to provide an immediate, safe and clear route to assistance**. Guarantee access to crisis centres with comprehensive multidisciplinary support (psychologist, lawyer, social worker). It is important to implement short-term group interventions focused on restoring a basic sense of security (e.g., support according to the LIVES protocol (part of the WHO mhGAP training), cognitive-behavioural therapy for victims of sexual violence etc.) as well as developing online hotlines and support platforms staffed by trained professionals with experience in crisis intervention, ensuring anonymity, quick access and round-the-clock assistance.

It is necessary to ensure **a comprehensive system for identifying and supporting women in the perinatal period who are at risk of postpartum depression**. To this end, screening using validated tools should be integrated into all facilities providing assistance during this period (women's clinics, maternity hospitals, and outpatient clinics). It is important to introduce peer support groups under the supervision of specialists, as well as to ensure the availability of psychotherapeutic and, where indicated, pharmacological interventions. Regular monitoring of women's mental health during the first year after childbirth should be organised as part of patronage and during visits to the family doctor or paediatrician.

For people with substance use disorders, a comprehensive, integrated model of care needs to be developed. It is important to continue integrating screening programmes for alcohol, tobacco and drug use, as well as conducting brief psychosocial interventions based on the screening results, medication treatment programmes with psychosocial support, including group cognitive behavioural therapy, motivational interviewing and other evidence-based approaches, as well as to implement brief psychoeducational and motivational interventions at the primary care level. It is important to support AA/AN groups.

For persons with disabilities and intellectual developmental disorders, multidisciplinary interventions combining functional rehabilitation, behavioural therapy and independent living skills training **should be implemented**. It is important to adapt information materials and digital tools to the needs of persons with different types of disabilities.

Educational and awareness-raising activities for families and carers are an important part of preventive work. More detailed measures are set out in the task "Support for families and carers" in Strategic Direction 4.

For frontline professionals, including health and social service workers, **systematic psychological support programmes need to be implemented in the workplace**. These should include individual counselling, support groups and training in self-regulation and stress reduction techniques. It is important to ensure regular internal and interdisciplinary supervision, psychological resilience training, and access to digital resources for recovery during shift work.

3. Early detection of symptoms and timely response

For individuals with early psychotic symptoms, **early intervention programmes for psychosis should be implemented**. These programmes should include rapid response from the onset of symptoms, involving multidisciplinary teams providing intensive community support, the use of digital tools for self-monitoring and early detection of warning signs, unimpeded access to medication, individual, family and group psychotherapy during the first 3–5 years after the onset of the disorder, as early intervention reduces the risk of chronicity and improves prognosis. It is important to develop routing between levels of care to guarantee continuity of treatment, prevent prolonged isolation and promote deinstitutionalisation.

For individuals with chronic mental disorders (schizophrenia, bipolar disorder, etc.), it is necessary **to develop a system of long-term and continuous support aimed at reducing the risk of exacerbations and improving quality of life**. Access to mobile multidisciplinary teams that provide regular monitoring, treatment control and psychosocial support should be expanded. It is important to integrate continuous support at the level of primary health care and mental health centres in communities. In addition, it is advisable to develop peer-to-peer networks to reduce the risk of relapse and increase adherence to treatment, as well as to ensure regular access to social services and introduce periodic suicide risk assessment as a standard practice for working with this group. Healthy lifestyle programmes (physical activity, healthy eating) should be integrated into treatment plans.

For children and adolescents with early symptoms of emotional and behavioural disorders, it is necessary to implement **early intervention programmes** in educational institutions **with components of cognitive-behavioural therapy and self-regulation skills training**. It is important to train school psychologists and teachers in methods of early detection of emotional difficulties and basic crisis intervention. Access to digital platforms offering interactive exercises, games and simulations for the development of emotional intelligence should be provided, and peer support groups should be created to support adolescents in difficult situations.

For people with comorbidities (infectious, such as HIV, tuberculosis and others, and non-infectious, such as cancer, etc.), it is necessary **to implement integrated support models that combine somatic treatment with psychological, psychiatric and social assistance**. It is important to use short self-help programmes to reduce anxiety and depression among patients with long-term illnesses. Regular multidisciplinary consultations (doctor, psychologist, social worker) should be introduced to regularly monitor mental health and adjust treatment plans.

Strategic direction 5. | Prevention and early intervention

4. Eliminating negative social determinants of mental health

In the context of financial stability, it is important **to raise the minimum wage to a level that meets the real needs of households** and to expand access to vocational retraining programmes in order to reduce unemployment and income uncertainty.

Expand the capabilities of public employment centres by transforming them into modern employment support spaces that combine career guidance, psychological support and social adaptation through career coaching, peer-to-peer psychological support groups, integration of psychosocial support (psychological counselling, emotional resilience training, etc.), and the introduction of motivational and career guidance programmes tailored to different population groups.

With regard to affordable and safe housing, **social housing programmes for people with multiple and complex needs** should **be rolled out based on the principle of "housing first"**. It is important to introduce effective legal mechanisms to protect them from eviction. Energy-efficient renovations of apartments in old high-rise buildings should be encouraged to reduce utility costs, thereby alleviating chronic financial stress on households.

In the context of quality education and life skills development, it is necessary **to systematically support the development of a psychologically safe educational environment**, free from bullying and stigma, and sensitive to the mental health of all participants in the educational process. It is important to implement and expand "junior-senior" mentoring programmes and create clubs with elements of emotional development, especially for children from families in difficult life circumstances.

The availability of **safe, well-equipped underground shelters in schools** allows for the continuity of the educational process even during prolonged air raid alerts, which is critical for reducing anxiety and maintaining a sense of stability in children.

In the area of social inclusion and community support, it is necessary **to develop infrastructure for forming horizontal ties in communities** as a natural basis for preventing mental disorders and overcoming loneliness. It is advisable to develop networks of resilience centres that offer free group activities (master classes, interest clubs) and mutual support. It is important to implement mental health-friendly initiatives in sports federations, cultural institutions and administrative service centres, as well as to fund intergenerational exchange programmes (third age schools, kindergartens at geriatric institutions) that strengthen social ties and reduce the risk of isolation.

In the field of urban environment and ecology, it is necessary **to integrate approaches that promote psychological well-being into urban planning and environmental protection policies**. Green spaces (parks, squares, green corridors) should be made accessible within a 5-10 minute walk, nature-based interventions (forest, eco, and horticultural therapy for adolescents, veterans and people with anxiety disorders), and reduce air pollution and noise in cities by strengthening standards and controls.

5. Suicide prevention

A national suicide prevention strategy should **be developed and approved** in line with the WHO LIVE LIFE guidelines. It should include restricting access to means of self-harm, responsible media coverage of the issue, training frontline professionals to identify risks and refer people for support, systematic proactive assistance to people with suicidal intentions, and regular data collection and analysis.

It is necessary **to analyse data on common means of suicide and develop measures to restrict access to them**. In particular, in the case of medicines, prescription-only sales or sales limits should be introduced; in the case of household chemicals, controls and mechanisms for regulating their sale should be established.

With regard to responsible interaction with the media, **guidelines for journalists on ethical coverage of suicide** should **be developed/adapted and implemented at the regulatory level**. It is important to train editors and journalists to avoid sensational headlines, provide hotline numbers in their materials, and publish information about prevention resources.

Modules on identifying suicide risk and basic crisis response skills should **be integrated into training programmes for frontline professionals** — family doctors, nurses, social workers, educators, teachers, police officers and other professionals who are the first to come into contact with vulnerable individuals.

In the context of proactive support for people with suicidal thoughts, it is necessary **to ensure the continuous operation of the national LifeLine** through stable funding and capacity building. It is necessary to deploy online resources and mobile applications with self-help tools.

Effective suicide prevention **requires multisectoral coordination and the creation of regional action programmes**. There should be coordinated interaction between emergency medical services, mental health centres, primary care, social services, the police, educational institutions and local authorities. It is advisable to launch and finance regional crisis support centres that will cooperate with national hotlines. Each community should form interdepartmental suicide prevention teams to analyse problems, coordinate preventive actions and take measures to address them, including restricting access to dangerous places.

The responsibilities and areas of responsibility of all links in the system — from teachers and family doctors to emergency services and psychiatrists — should **be clearly defined** to ensure a timely and adequate response to each request.

Particular attention should be paid to educational institutions, which should be provided with clear algorithms for action in three areas: prevention of suicidal behaviour (identification of risks, training of teachers, work with student groups), response to cases of suicidal thoughts or attempts (informing parents, referral to specialists, crisis interventions) and post-crisis support for children, the community, teachers and parents in the event of an attempted suicide or suicide. Similar algorithms should be developed for other organisations (health care institutions, employment centres, youth and sports centres, as well as government agencies) that work with vulnerable groups.

6. Prevention of addiction

Introduce a national programme to reduce alcohol-related harm based on the WHO SAFER package with phased implementation and monitoring: strengthening restrictions on availability (hours, places of sale, age), measures against drunk driving, integration of screening and brief interventions into primary care with referral to treatment, comprehensive restrictions on advertising and promotion, and price increases through index-linked excise duties. Implementation should be ensured through inter-agency cooperation and regular assessment of coverage and impact indicators.

Reducing the use of alcohol, tobacco and other substances, especially among children, adolescents and young people, is an extremely important area of focus. To this end, **national addiction prevention programmes** targeting all age groups **need to be developed and implemented**, with a focus on integrating addiction education into curricula at all levels, from primary school to vocational and higher education institutions. It is important to use social and emotional learning models with an emphasis on critical thinking skills, risk behaviour avoidance and emotional regulation. Parents and communities need to be involved through family training in positive parenting, where practical strategies for preventing substance use and encouraging healthy alternatives are practised.

Prevention of alcohol, tobacco, drug and gambling risks should **be** systematically **integrated into secondary school curricula**. Such classes should be practical, interactive and supplemented with gamified online modules. It is important to organise mass awareness campaigns offline in communities and online on social media, involving health ambassadors who can model healthy behaviour and delicately moderate discussions on mental health preservation. At the same time, a network of extracurricular clubs and groups (sports, arts, science and technology) should be developed, where children and adolescents have safe spaces for self-expression, skill development and social connections.

Training courses on motivational interviewing and cognitive-behavioural prevention should be rolled out **for adolescents from families with cases of psychoactive substance use or behavioural (gaming) disorders**. It is important to create support programmes for people affected by addiction in the family: family counselling, peer-to-peer groups for young people and parents. Access to mobile applications for monitoring risky behaviour and telemedicine consultations with addiction specialists should be provided.

Early diagnosis of psychoactive substance use and gaming addiction should **be implemented** at the primary healthcare level using short, validated screening tools. It is advisable to organise systematic information for parents and teachers about the signs of risky behaviour, "red flags" and algorithms of actions for the timely referral of children and adolescents to specialised care.

It is important to introduce **systematic measures to prevent gambling addiction (ludomania), particularly among young people**. Adopt regulatory restrictions on the advertising and marketing of gambling and gaming platforms. Information and prevention measures on the mechanisms of gambling addiction formation, as well as risk level testing through online scales, should be introduced in schools and universities. A series of short video modules and a mobile chatbot should be created to teach people how to recognise the first symptoms of gambling addiction and refer them to a crisis hotline or specialised services.

chapter 3

Promotion of mental health and the formation of a culture of caring for mental health and psychological well-being

Strategic direction 6

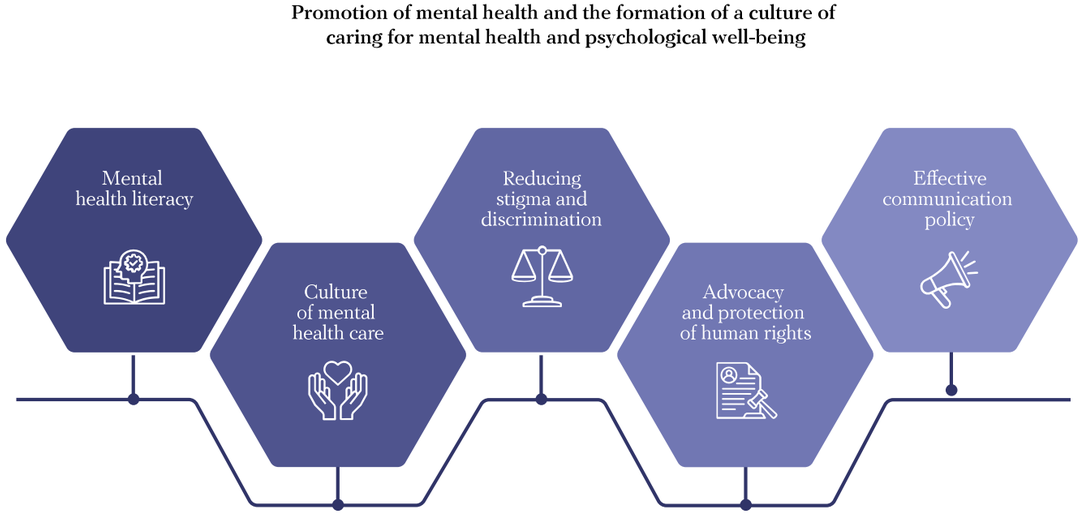

Figure 8. Mental Health Promotion Plan

VISION FOR THE FUTURE

Mental health care is a generally accepted social norm and value supported by all sectors — from education and health care to business, media and culture, and civil society. Openness, empathy, and respect for people's emotional needs replace stigma and avoidance.

Schools, universities, healthcare, social services, and workplaces implement practices of psychological safety, emotional literacy development, and skills for caring for oneself and others.

A support infrastructure is being formed — peer support groups, digital services, verified information in the public domain. People are able to talk openly about their mental health without fear of discrimination or loss of rights. Information about mental health is verified, understandable and widely available in schools, the media, the digital environment and the community. Communication in this area is based on sensitivity and respect for human rights and dignity, using language that is free from stigma.

A culture of psychological well-being is shaped as a shared responsibility of the state, communities and each individual. Caring for mental health is part of everyday life, supporting human dignity, social connections and quality of life in a society that values psychological well-being.

SECTORS INVOLVED AND KEY PARTICIPANTS

- **Education and science sector, media and culture, health sector**, social protection sector, youth and sports sector, economy and business
- **Local self-government**
- **Civil society**
- International partners

KEY TASKS AND RECOMMENDATIONS

1. Improving public literacy on mental health

It is important to continue **implementing national, regional and local information campaigns** aimed at raising public awareness of mental health and improving understanding of common mental problems, their early signs and their impact on individuals, families and communities.

Develop scientifically sound educational materials in various formats (digital resources, printed publications, videos and multimedia products) adapted to the age, gender, cultural and language of the target groups. It is important to ensure their dissemination through educational institutions, healthcare facilities, social services, digital platforms and the media.

In the education system, it is advisable **to introduce scientifically based mental health curricula in schools and higher education institutions** to help pupils and students develop emotional intelligence and self-regulation skills, recognise signs of psycho-emotional exhaustion, and provide knowledge about where and how to get support.

The same applies to mental health for employees — systematic training programmes in the workplace are important for increasing knowledge and reducing misconceptions about mental disorders, burnout, stress and anxiety. Conditions should be created for regular training of employees in various sectors (education, health care, social protection, public administration, law enforcement) on the basics of self-help, supporting others, and skills for communicating with people in emotional crisis.

Public support from prominent cultural, political, sports and other figures who share their experiences or advocate for openness in addressing mental health issues is an important driver of change in this area.

It is necessary to provide extensive training for frontline professionals (family doctors, teachers, community leaders, social workers) on basic mental health support, referral and crisis response. This will be a key step in developing a mental health promotion system.

It is necessary to develop a national digital platform, as well as other secure digital platforms that will centralise verified information and provide access to self-help tools, support services and referrals in the field of mental health.

Social media should be used as one of the key tools for promoting mental health by disseminating accurate and scientifically sound content adapted to different age groups and cultural contexts in convenient formats (videos, podcasts, interactive posts). It is important to ensure the moderation of online communities with the participation of specialists and peer facilitators to prevent stigma and the spread of harmful messages. It is necessary to promote positive examples of seeking help and stories of recovery, fostering a culture of mental health care, as well as integrating official support channels — hotlines, digital services, and mental health centres — into social networks.

2. Fostering a culture of mental health care

We should **encourage the formation of daily habits of caring for mental health** by disseminating simple and accessible self-help recommendations — mindfulness practices, regular physical activity, maintaining social connections, healthy sleep patterns, and other beneficial habits.

It is necessary **to promote practices that support** *work-life balance*, in particular through recommendations for employers and trade unions, as well as through the development of psychological well-being support programmes in the workplace.

Local authorities should be encouraged to create safe, mental health-friendly public spaces that provide areas for relaxation, quiet, accessibility for all population groups, and conditions for social interaction.

Local community initiatives aimed at developing self-help groups, peer-to-peer meetings and informal support networks (including digital ones) **should be supported**. Such initiatives may include regular meetings of residents in interest clubs, peer support, and online and offline experience-sharing groups. It is important to encourage the involvement of different age and social groups in these formats, to provide training for facilitators, and to integrate these initiatives into the broader system of psychosocial support for communities.

It is important **to integrate a culture of mental health care into the communication strategies of education, healthcare, the social institutionssector, business, and the media**. This involves spreading positive narratives about seeking help, using non-stigmatising language, responsible coverage of crisis topics, and regular information campaigns on prevention and self-help.

3. Reducing stigma and discrimination

Culturally and contextually sensitive information and education campaigns need **to be developed and implemented** at national, regional and local levels to normalise seeking help, overcome prejudices and foster a culture of respect for people with mental disorders. It is important to monitor changes in social attitudes through appropriate indicators.

People with experience of mental disorders, as well as well-known figures from the worlds of culture, sport, science and politics, should **be actively involved in anti-stigma campaigns** as role models. This increases trust and sets positive examples.

It is important **to share personal stories of recovery or overcoming difficult emotional states** in compliance with ethical standards of communication, without presenting it through the prism of shock or pity.

Mandatory ethical standards should **be introduced for covering mental health topics in the media**, in particular to avoid sensationalism, hate speech and dangerous descriptions of suicide. At the same time, journalists and editors should be trained in responsible coverage of such topics.

It is advisable **to develop recommendations for employers, educational institutions, and government agencies on creating an inclusive environment** free from discrimination based on mental health status. This may include zero-tolerance policies for discrimination, training programmes for employees, and regular monitoring of compliance with the principles of inclusion.

A**nti-stigma components** should **be integrated into school curricula, corporate training and government information campaigns** to ensure lasting changes in societal attitudes.

4. Advocacy and protection of rights

Advocacy measures aimed at the adoption and implementation of legislation that guarantees the protection of the rights of persons with mental disorders, including anti-discrimination provisions and ensuring parity in the funding of mental and physical health, should **be systematically implemented**.

It is important to create sustainable mechanisms for involving people with experience of mental disorders and their families in the development, implementation and evaluation of policies, services and training programmes (**co-creation approach**).

It is advisable **to hold regular public consultations, focus groups and public discussions** so that public policy in the field of mental health is shaped by the real needs of society and is transparent to citizens.

Local community leaders, businesses and non-governmental organisations should also be encouraged to support human rights and educational initiatives in the field of mental health, strengthening their sustainability through partnerships and coordination.

It is recommended **to introduce systems for monitoring the level of stigma** (sociological studies, surveys, indicators) in order to assess the effectiveness of communication and educational activities and improve them in a timely manner. This will allow for measuring real progress in overcoming discrimination and creating an inclusive environment.

5. Support for the implementation of effective communication policies

I**nteragency coordination** of mental health **information campaigns** should **be ensured** through joint communication plans, coordinated messages and regular exchange of experience.

It is advisable **to integrate mental health issues into state information policy**, especially in times of crisis (epidemics, war, emergencies). **Regular monitoring and evaluation of communication effectiveness** (reach, attitude change, level of trust in services) should **be carried out**, and messages and channels should be adapted to the needs of target groups.

It is important **to improve the professional capacity of specialists working in the field of mental health communication** through systematic courses, training and the use of practical guides.

It is recommended **to promote practices of friendly, non-judgmental communication in medical, social, educational and other services**, using available tools such as "Basic Skills for Caring for Yourself and Others".

chapter 4

ROADMAP FOR IMPLEMENTING THE MODEL — 2035

Stages of Model 2035 Implementation

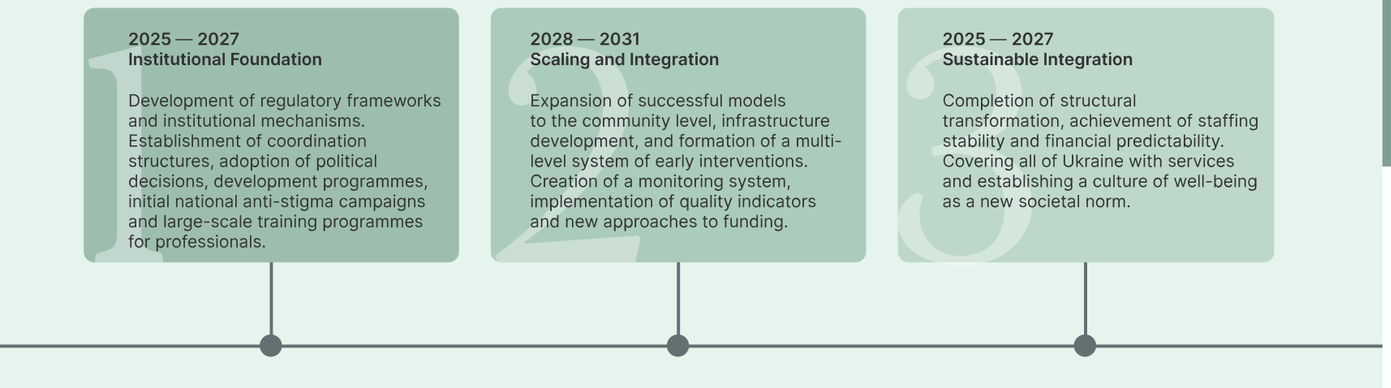

Figure 9. Three stages of gradual implementation of the Model

The targeted model envisages the gradual roll-out of a new mental health system in Ukraine as a long-term transformation process that requires stable interagency leadership, political will, broad partnerships and a focus on sustainability. Given the scale of the changes and the social context, the model is expected to be implemented in stages by 2035. Each stage focuses on specific priorities within six strategic areas.

This allows for not only institutional change, but also cultural transformation, based on the recognition of mental health as a fundamental human right and a social resource for national recovery.

The model envisages a transformation that:

- begins with a political and regulatory foundation;
- moves on to the creation of practical solutions and experimental formats;
- scales up to the entire system with the consolidation of standards and principles of sustainable development.

2025–2027 FORMATION OF THE INSTITUTIONAL FOUNDATION

At this stage, the main focus is on creating the regulatory framework and institutional mechanisms necessary for the sustainable transformation of the mental health system.

LEADERSHIP, MANAGEMENT AND INTERAGENCY COORDINATION	Coordination structures are being formed, and policies, procedures and effective mechanisms for interagency cooperation at the national and regional levels are being developed.
KNOWLEDGE, RESEARCH AND INNOVATION	A regulatory framework and ethical standards for research are being developed, an institutional coordination platform is being created, the collection of basic data and reporting is being unified, personnel are being trained in research and evidence-based practices, and pilot studies and partnerships with international organisations are being launched.
RESOURCE PROVISION	Human capacity development is being intensified through large-scale cross-sectoral programmes for training, upskilling and supporting professionals involved in the mental health system.
ACCESSIBLE AND PERSON-CENTRED SERVICES	Pilot solutions are being implemented, including models of multidisciplinary care, crisis interventions and digital services focused on accessibility and timeliness of care.
PREVENTION AND EARLY INTERVENTION	Basic screening programmes are being introduced, as well as interventions aimed at working with vulnerable groups to prevent the development of mental disorders.
PROMOTION OF MENTAL HEALTH AND THE FORMATION OF A CULTURE OF CARING ABOUT MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING	Nationwide information campaigns are being implemented to reduce stigma, raise awareness and foster a positive attitude towards mental health.

2028–2031
SCALING UP, INTEGRATION AND INSTITUTIONAL CONSOLIDATION

This stage is devoted to expanding effective solutions, integrating them into systemic practices and institutionalising changes that ensure the sustainability of the transformation.

LEADERSHIP, MANAGEMENT AND INTERAGENCY COORDINATION	Scaling up coordination structures at all levels, regulatory and institutional consolidation of mechanisms, uniform standards for management, monitoring and evaluation.
KNOWLEDGE, RESEARCH AND INNOVATION	A system for data collection and analysis is being created, quality and efficiency indicators are being defined, and the volume of scientific research and the use of evidence-based approaches in decision-making is growing.
RESOURCE PROVISION	Human resource capacities are being strengthened, funding sources are being expanded, and new models of quality and sustainability management are being introduced at all levels.
ACCESSIBLE AND PERSON-CENTRED SERVICES	Successful models are being scaled up to the community level, infrastructure is being developed, the availability of psychotherapeutic care, rehabilitation, and resocialisation services is being improved, and interdisciplinary cooperation in the provision of care is being strengthened.
PREVENTION AND EARLY INTERVENTION	Preventive programmes are being implemented in a wider range of educational, health care and social protection institutions, creating a multi-level system for early risk detection and timely response.
PROMOTION OF MENTAL HEALTH AND THE FORMATION OF A CULTURE OF CARING ABOUT MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING	The formation of a culture of caring for mental health is deepening. The participation of communities, youth, business, media and other stakeholders in educational initiatives and anti-stigma activities is intensifying.

2032–2035
SUSTAINABLE INTEGRATION AND CULTURAL TRANSFORMATION

This stage completes the structural restructuring of the mental health system and ensures its sustainable functioning based on international standards and public consensus on the value of psychological well-being.

LEADERSHIP, MANAGEMENT AND INTERAGENCY COORDINATION	The focus shifts to strategic adaptation, knowledge management and alignment with European approaches. Institutional continuity, transparency and accountability are ensured at all levels of management.
KNOWLEDGE, RESEARCH AND INNOVATION	The system is developed on the basis of scientific research, continuous monitoring and improvement of standards. Its ability to adapt to new challenges and the needs of the population is ensured.
RESOURCE PROVISION	Staff stability, financial predictability and effective resource management have been achieved. Conditions have been created for long-term support for the system as a priority of state policy.
ACCESSIBLE AND PERSON-CENTRED SERVICES	Integrated mental health services cover the entire territory of Ukraine and all key population groups. They are becoming an integral part of primary health care, social and educational assistance.
PREVENTION AND EARLY INTERVENTION	Long-term programmes for the development of resilience, emotional literacy and psychological self-help are being established, as well as systematic support for vulnerable groups within the framework of cross-sectoral cooperation.
PROMOTION OF MENTAL HEALTH AND THE FORMATION OF A CULTURE OF CARING ABOUT MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING	Caring about mental health care is becoming an integral part of the culture. Anti-stigmatisation narratives are taking root in society, ensuring the irreversibility of cultural transformation.

chapter 5

CONCLUSIONS

Ukraine is going through the most difficult test in its modern history — **a full-scale war that has brought unprecedented losses, trauma and challenges to the mental health of society**. Mass trauma, increased prevalence of depression, anxiety and post-traumatic disorders, problems with addiction, suicide and professional burnout are the realities that define the present. At the same time, it is **precisely in these conditions that a new quality of public policy is being formed, one that views mental health** not as a peripheral issue, but **as a critical resource** for national resilience, security and recovery.

Targeted Model 3.0 is consistent with WHO recommendations and international approaches, but at the same time **reflects Ukraine's experience of war and recovery. It sets priorities for the coming years and offers a long-term vision focused on building strong human capital — the foundation for victory and the reconstruction of the country**. People, their resilience, and ability to overcome trauma and recover are key to Ukraine's development.

We are aware of **the risks**: the exhaustion of the population and specialists, limited resources in communities, and the threat of new crises and trauma. The response to these risks lies in joint action — **the consolidation of the state, civil society, international partners, and citizens themselves**.

Targeted Model 3.0 offers just such a framework:

- investing in prevention, service development, support for specialists, research and innovation;
- overcoming stigma and shaping a culture of care;
- ensuring the rights and dignity of every person.

This is not just a document, but **a roadmap for change** that should bring us closer to victory not only in the war, but also in the struggle for a healthy, strong and open society.

We believe that through joint efforts, we will be able to build a mental health system that will become the foundation for Ukraine's recovery and development for decades to come.

APPENDICES

APPENDIX 1. LAWS AND SUBORDINATE REGULATORY ACTS

LAWS OF UKRAINE

- Law of Ukraine No. 4223-IX of 15 January 2025 "On the Mental Health Care System in Ukraine".
- Law of Ukraine No. 1489-III of 22 February 2000 "On Psychiatric Care".
- Law of Ukraine of 17.01.2019, No. 2671-VIII "On Social Services".
- Law of Ukraine of 19.11.1992, No 2801-XII "On the Basics of the Legislation of Ukraine on Health Care".
- Law of Ukraine of 3.12.2020, No. 1053-IX "On Rehabilitation in the Field of Healthcare".
- Law of Ukraine No. 1767-VI of December 16, 2009, "On Ratification of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto".

RESOLUTIONS AND ORDERS OF THE CABINET OF MINISTERS OF UKRAINE

- Cabinet of Ministers of Ukraine. (2024, 21 June). On approval of the action plan for 2024–2026 for the implementation of the Concept for the Development of Mental Health Care in Ukraine for the period up to 2030: Order No. 572-r. Official web portal of the Verkhovna Rada of Ukraine.
- Cabinet of Ministers of Ukraine. (2023, 30 March). On the establishment of the Coordination Centre for Mental Health: Resolution No. 301. Official web portal of the Verkhovna Rada of Ukraine.
- Cabinet of Ministers of Ukraine. (2022, 7 May). On the establishment of the Interdepartmental Coordination Council on Mental Health and Psychological Assistance to Persons Affected by Armed Aggression: Resolution No. 539. Official web portal of the Verkhovna Rada of Ukraine.
- Cabinet of Ministers of Ukraine. (2022, 29 November). Certain issues of providing psychological assistance to war veterans, their family members and certain other categories of persons: Resolution No. 1338. Official web portal of the Verkhovna Rada of Ukraine.
- Cabinet of Ministers of Ukraine. (2017, 27 December). On the approval of the Concept for the Development of Mental Health Care in Ukraine for the period up to 2030: Order No. 1018-r. Official web portal of the Verkhovna Rada of Ukraine.

ORDERS OF THE MINISTRY OF HEALTH

- On approval of the Model Regulations on the Centre for Mental (Psychological) Health in Healthcare Facilities: 25 October 2024 No. 1796, registered with the Ministry of Justice of Ukraine on 6 November 2024 under No. 1669/43014.
- On the organisation of psychosocial assistance to the population: (No. 2118 of 13 December 2023, registered with the Ministry of Justice of Ukraine on 25 January 2024 under No. 126/41471).
- On approval of amendments to the Reference Book of Qualification Characteristics of Professions. Issue 78 "Health Care" (No. 138, 2023).
- On approval of the Procedure for conducting forensic psychiatric examinations (No. 865, 2018).
- On approval of the Rules for the application of compulsory medical measures in a specialised psychiatric care facility (No. 992, 2017).
- On approval of the form of the conclusion of the medical commission of a medical institution on the need for constant outside 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 approval of the Procedure for providing psychiatric care in inpatient conditions (No. 2085, 2023).
- On approval of certain forms of documents on psychiatric care (No. 304, 2001).
- On improving the system of preventive anti-alcohol and anti-drug measures and mandatory preventive narcological examinations (No. 339, 1997).

ORDERS OF THE MINISTRY OF SOCIAL POLICY

- On approval of the State Standard for Social Services for Support during Inclusive Education (No. 718, 2021).
- On approval of the State Standard for Social Services for the Social and Psychological Rehabilitation of Persons Addicted to Narcotic Drugs or Psychotropic Substances (No. 677, 2020).
- On the organisation of social services (No. 587, 2020).
- On approval of the Procedure for the provision of social services to persons with disabilities and elderly persons suffering from mental disorders (No. 576, 2019).
- On approval of the State Standard for Social Rehabilitation of Persons with Intellectual and Mental Disorders (No. 1901, 2018).
- On approval of the State Standard for Social Support of Families Raising Orphans and Children Deprived of Parental Care (No. 1307, 2017).
- On approval of the State Standard for social services for supported living for elderly persons and persons with disabilities (No. 956, 2017).
- On approval of the State Standard for social services for the social integration of graduates of boarding schools (institutions) (No. 1067, 2016).
- On approval of the State Standard for Social Services for Social Support in Employment and in the Workplace (No. 1044, 2016).
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- On approval of the Regulations on the Department of Health and Rehabilitation of the Ministry of Internal Affairs of Ukraine (No. 65, 2020).
- On the establishment of the Central Psychological Service and Psychological Support Service of the Ministry of Internal Affairs of Ukraine as a legal entity (No. 398, 2020).
- On approval of the Procedure for organising the system of psychological support for police officers, employees of the National Police of Ukraine and cadets (students) of higher education institutions with specific training conditions that train police officers (No. 88, 2019).
- On approval of the Procedure for psychological support in the State Emergency Service of Ukraine (No. 747, 2017).
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- Professional standard "Psychologist of a social protection institution". Approved on 27 September 2022. Entered into the Register on 5 October 2022.

APPENDIX 2. RECOMMENDED WHO GUIDELINES AND MANUALS

Human rights and mental health

WHO Mosaic toolkit to end stigma and discrimination in mental health Mosaic toolkit to end stigma and discrimination in mental health. Copenhagen: WHO Regional Office for Europe; 2024.

Human rights: WHO QualityRights core training—for all services and all people: course guide. Geneva: World Health Organization; 2019.

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Recovery and the right to health: WHO QualityRights core training: mental health and social services: course guide. Geneva: World Health Organization; 2019.

Strategies to end seclusion and restraint: WHO QualityRights specialized training: course guide. Geneva: World Health Organization; 2019.

Recovery practices for mental health and well-being: WHO QualityRights specialized training: course guide. Geneva: World Health Organization; 2019.

Supported decision-making and advance planning: WHO QualityRights Specialized training: course guide. Geneva: World Health Organization; 2019.

Advocacy for mental health, disability and human rights: WHO QualityRights guidance module. Geneva: World Health Organization; 2019.

Civil society organizations to promote human rights in mental health and related areas: WHO QualityRights guidance module. Geneva: World Health Organization; 2019.

Policies and legislation in the field of mental health

Mental health, human rights and legislation: guidance and practice. Geneva: World Health Organization and the United Nations (represented by the Office of the United Nations High Commissioner for Human Rights); 2023.

Guidance on mental health policy and strategic action plans. Geneva: World Health Organization; 2025.

WHO Guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors (forthcoming, 2025).

Development of mental health services

Guidelines on mental health at work. Geneva: WHO; 2022.

WHO QualityRights toolkit: assessing and improving quality and human rights in mental health and social care facilities. Geneva: World Health Organisation; 2012.

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Supported living services for mental health: promoting person-centred and rights-based approaches. Geneva: World Health Organization; 2021.

Involving people with lived experience of mental disorders and peer support

Heiloo Declaration: peer and lived experience leadership. Global Leadership Exchange; 2024.

One-to-one peer support by and for people with lived experience: WHO QualityRights guidance module. Geneva: World Health Organisation; 2019.

Peer support groups by and for people with lived experience: WHO QualityRights guidance module. Geneva: World Health Organization; 2019.

Transforming mental health through lived experience: Roadmap for integrating lived and living experience practitioners into policy, services and community. WHO Regional Office for Europe. 2025.

Structured psychological interventions

World Health Organization. (2024, March 6). Psychological intervention's implementation manual: Integrating evidence-based psychological interventions into existing services. WHO.

World Health Organization. (2019). CST caregiver skills training for families of children with developmental disorders: Facilitator manual. WHO.

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APPENDIX 3. APPROACHES TO DEVELOPING A MENTAL HEALTH SYSTEM

BIOPSYCHOSOCIAL APPROACH

ESSENCE

This is a holistic view of mental health that encompasses the interaction between personal, social, cultural and biological factors. This approach departs from the purely medical model, proposing to view the individual as an active bearer of experience, which is formed in the context of their interaction with their surroundings, rights, relationships, resources and environment. The psychosocial approach does not deny the importance of biological determinants such as genetics, neurophysiology or physical limitations, but it does not reduce mental health solely to these factors. On the contrary, it emphasises that even in the presence of biological vulnerability, social conditions (housing, employment, security), life experiences (trauma, loss, support) and individual psychological resources can significantly influence the course of mental states and pathways to recovery (MHE, 2023).

At the heart of this approach is respect for human dignity, experience and rights, as well as the recognition that a person is not just an object of intervention, but an active participant in the recovery process. This involves cross-sectoral cooperation, community involvement, combating stigma and fostering a culture of caring for mental health as an integral part of overall well-being.

The psychosocial approach allows for:

- individualise support, taking into account not only symptoms but also life context;
- implement prevention focused on social conditions;
- create an inclusive system that integrates people into society rather than isolating them.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: inclusion of social determinants in care strategies and standards.

Service model: multidisciplinary teams of primary health care providers, case management, referral to social services.

Staff: training of paraprofessionals and non-medical specialists; joint supervision.

Funding: payment for comprehensive support packages, subsidies for communities.

Data: integrated needs assessment, stigma and social integration indicators.

EXAMPLES OF APPLICATION

Methodological recommendations for the implementation of psychosocial support in the workplace, Ministry of Economy of Ukraine, 2024

HUMAN RIGHTS-BASED APPROACH

ESSENCE

This approach places the dignity, autonomy and equality of every person at the centre of the mental health system. It is based on international human rights standards and recognises that mental health is not a privilege but an inalienable right. This approach acknowledges that human rights violations can be both a cause and a consequence of mental disorders. The mental health system must be transformed from outdated, institutionalised, often coercive models to person-centred services provided in the community, with respect for each person's choices, culture and experiences (WHO & UNHCR, 2023).

The main principles of this approach are:

- Non-discrimination and equality — ensuring equal access to services for all persons, including those with psychosocial disabilities, without any form of stigmatisation, discrimination or restriction of rights.
- Autonomy and informed consent — respecting the human right to make independent decisions about one's treatment and support. No intervention may be carried out without voluntary, prior and informed consent, except in clearly defined cases that comply with international human rights standards.
- Participation — the involvement of people with lived experience of mental disorders, their families and representative organisations in the development, implementation and evaluation of mental health policies, programmes and services.
- Accountability — the obligation of the state to guarantee the realisation of human rights through legislative regulation, a monitoring system, independent oversight mechanisms and legal remedies.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: harmonisation of legislation with international standards; independent oversight mechanisms; alignment with the CRPD; legal capacity and supported decision-making; minimisation/replacement of coercion; independent oversight and accessible legal remedies.

Service model: community-based services instead of institutions; mandatory informed consent; priority for community-based services instead of institutions; mobile/outpatient multidisciplinary teams, supported living and peer integration; informed consent, accessibility and trauma awareness.

Staff: systematic training in human rights approaches, de-escalation and non-coercive work; regular supervision; involvement of peer support specialists.

Funding: priority for non-institutional forms of support; rebalancing from inpatient to community care; the principle of ‘funds follow the person’; payment based on quality and results.

Data: register of rights violations, regular legal audits; ethical data collection and protection; monitoring of rights and quality (including cases of coercion, experiences of recipients); disaggregation for high-risk groups.

EXAMPLES OF APPLICATION

Ukraine is implementing a National Strategy for Reforming the Institutional Care and Education System for Children, which provides for a transition from boarding schools to family and community-based forms of support. This means that children with disabilities and psychosocial needs should grow up in an environment that guarantees their right to family and community, rather than in isolated institutions

COMMUNITY-BASED APPROACH

ESSENCE

It focuses on the community itself as an active participant in the planning, implementation and evaluation of programmes related to its well-being. It is based on the recognition that communities themselves know best their needs, resources, vulnerabilities and potential. This approach promotes engagement, trust, sustainability and local ownership, and means that services should be accessible at the community level, adapted to the cultural context, and create conditions in which people can receive support in a familiar, safe environment through mobile teams, self-help groups, paraprofessionals, educational initiatives, etc. (UNHCR, 2008; WHO 2021).

Basic principles:

- Community participation in decision-making — involving community members in shaping policies and services that directly affect them.
- Respect for local knowledge and practices — recognising the value of traditional, cultural and informal means of support.
- Community capacity building — developing local potential to provide assistance and support at the local level.
- Integration with other sectors — coordination of efforts in education, health care, social protection, employment, culture, etc.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: community participation in programme planning and evaluation.

Service model: mobile teams, mutual support groups, paraprofessionals.

Human resources: training community leaders in basic PHC skills.

Funding: local programmes/participatory budgets.

Data: local maps of needs and resources, community surveys.

EXAMPLES OF APPLICATION

Mobile multidisciplinary teams (MMTs) are being deployed in Ukraine as an intensive care service for people with severe mental disorders and significant social difficulties. These teams have a relatively stable number of recipients (in the Ukrainian context, approximately 50 people), who receive regular support in their place of residence.

The main function of MMTs is to provide people with severe mental disorders with flexible assistance at their place of residence, focused on recovery and community inclusion, taking into account human rights. The teams assess mental, physical and social needs, work with the person to develop a recovery plan and individual care plan, provide evidence-based psychosocial and pharmacological interventions, provide support during crises to prevent unnecessary hospitalisations or minimise their duration, and ensure continuity of care after a crisis. They also involve the family and coordinate access to education, housing, employment and social protection.

TRAUMA-INFORMED APPROACH

ESSENCE

This is an approach that recognises that many people, particularly those seeking help, have experienced trauma and that this experience can affect their behaviour, trust, perception of safety and ability to interact. Its goal is to create an environment that does not cause further harm, recognises a person's experience and supports their recovery.

This approach is based on six key principles (SAMHSA, 2014):

- Safety — physical, emotional, and psychological.
- Trust and transparency — clear explanations of actions and decisions.
- Support for choice — respect for a person's autonomy.
- Collaboration — partnership between professionals and people with lived experience.
- Empowerment — recognition of an individual's strengths.
- Cultural sensitivity — consideration of historical, social and gender contexts.

In mental health, this means that all levels of the system — from policy to practice — must be attuned to understanding the impact of trauma. This applies not only to clinical professionals, but also to administrative staff, teachers, social workers, police, and others.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: incorporating T-I principles into standards across all sectors.

Service model: safety protocols, screening for traumatic experiences, routing.

Staff: mandatory T-I training for staff (education, medical, social services, police).

Funding: coverage of burnout prevention and supervision programmes.

Data: indicators of re-traumatisation, clients' sense of safety.

EXAMPLES OF APPLICATION

With the support of UNICEF and the Ministry of Education and Science of Ukraine, teachers undergo training in "first psychological aid" and recognising signs of trauma in children. This helps create a safe and trusting environment in schools where children are not exposed to re-traumatisation.

A LIFE CYCLE APPROACH

ESSENCE

It views human development as a continuous, multidimensional and dynamic process that lasts from conception to death. It recognises that changes in the biological, cognitive, emotional and social spheres occur at all stages of life and that each period has its own significance for personality formation, well-being and adaptation (Idele et al., 2022).

This approach is based on the following key principles:

- Development is lifelong — no age is decisive or "fundamental."
- Development is multidimensional, encompassing physical, cognitive, emotional and social aspects.
- Development is multidirectional — growth and loss can occur simultaneously in different areas.
- Plasticity — the ability to change remains throughout life.
- Contextuality — development depends on historical, cultural, social and personal circumstances.

In the field of mental health, this approach allows for age-specific considerations in service planning (e.g., support for adolescents, adults, older adults), understanding how early life experiences affect mental health in adulthood, and developing personalised support pathways that take into account changing needs throughout life.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: age standards and pathways (children, youth, adults, older adults).

Service model: multidisciplinary age-specific teams, transitional services for 16–25-year-olds.

Staff: specialised training in age-specific areas.

Funding: separate tariffs/packages for age-specific interventions.

Data: age cohort indicators of coverage and outcomes.

EXAMPLES OF APPLICATION

Early intervention programmes for children with special needs (e.g., development of a network of inclusive resource centres) are based on the idea that support in the early years of life has a critical impact on the further development of cognitive, emotional and social skills.

A RECOVERY APPROACH

ESSENCE

It is a person-centred model that recognises that people can live full, meaningful lives even with mental disorders. Its goal is not only to reduce symptoms, but also to restore dignity, autonomy, hope and participation in community life. This approach was shaped by the influence of the movement of users of psychiatric services and people with experience of mental disorders, who demanded a more humane, partnership-based approach (Leamy et al., 2011).

The central element of the recovery approach is the CHIME model, developed based on an analysis of the experiences of people with mental disorders. It includes five key components of personal recovery:

- Connectedness — support, relationships, belonging to a community.
- Hope and optimism — belief in the possibility of change and the future.
- Identity — restoring a positive self-image beyond the diagnosis.
- Meaning in life — a sense of purpose, participation in meaningful activities.
- Empowerment — control over one's own life, decision-making.

This model helps to structure services so that they are not only effective but also humane, inclusive, and focused on people's strengths.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: embed a recovery-oriented approach in national standards and quality requirements; provide for joint planning tools (crisis response plans, advance directives).

Service model: prioritise person-defined goals; include people with lived experience and peer specialists in teams; joint decision-making; continuity of community support (housing, education, employment, social participation).

Staff: training staff to work in a recovery-oriented approach under the WHO programme ‘Specialised mental health services at the community level’ (communication, joint planning, de-escalation) and developing peer specialist roles with regular supervision and clear job descriptions.

Funding: incentives for community services and recovery tools in different sectors (supported employment, training, supported housing).

Data: systematic collection of social participation indicators (education, work, housing), number of people living in the community and receiving outpatient mental health services, including MMT.

EXAMPLES OF APPLICATION

Organisations of people with experience of mental disorders (e.g. communities of people with experience of depression, PTSD or addiction) create support groups. Here, hope is restored and a sense is formed that the person is not alone with their experience, but belongs to a community.

PERSON-CENTRED APPROACH

ESSENCE

This approach puts people, their needs, values, preferences and life context at the centre of the healthcare system. According to the WHO, this is not simply about "better treatment of patients," but about a fundamental transformation of the system — from a focus on diseases and institutions to a focus on people and communities (WHO, 2016).

The main principles of the WHO approach are:

- Holistic: covering all aspects of human health — physical, mental, social — throughout the life cycle.
- Participation: people actively participate in decisions about their own health.
- Coordination of services: support is provided in a coordinated manner, without gaps between sectors and levels of care.
- Accessibility and equity: services should be accessible to all, especially vulnerable groups.
- Respect for dignity and cultural context: individual beliefs, language and traditions are taken into account.

A person-centred approach to mental health involves seeing a person not through the prism of a diagnosis, but as a bearer of unique experiences, values and opportunities. Services should be tailored to a person's life, not the other way around.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: requirement for individual care plans and coordination.

Service model: case coordinators, interagency consultations, seamless pathways.

Staff: training in shared care planning and motivational interviewing.

Financing: payment per episode/pathway rather than per visit.

Data: eHealth integration

EXAMPLES OF APPLICATION

The creation of community-based mental health centres means that care is tailored to the needs of the individual. Here, both medical and psychosocial support can be obtained, reflecting the principle of coordination and integrity.

MENTAL HEALTH IN ALL POLICIES

ESSENCE

This is a strategic approach that recognises that mental health is shaped not only by the health care system, but also to a large extent by policies in other sectors: education, labour, housing, transport, the environment, social protection, etc. Its goal is to integrate mental health care into all areas of public policy in order to create favourable conditions for the well-being of the population (EuroHealthNet, 2023).

Key principles

- Multisectorality: involving various ministries and agencies in the development of policies that take into account the impact on mental health.
- Prevention and promotion: focusing not only on treatment, but also on creating conditions that reduce risks (e.g. combating poverty, discrimination, violence).
- Fairness and non-discrimination: reducing mental health inequalities through targeted support for vulnerable groups.
- Accountability: policymakers should assess the impact of their decisions on mental health and be accountable for the consequences.

INTEGRATION AND DEVELOPMENT IN THE MODEL

Policy: Mental Health Impact Assessment for draft laws/strategies.

Service model: interdepartmental programmes (education, employment, housing, safety).

Staffing: cross-sectoral competence groups and contact persons in ministries.

Funding: interdepartmental budgets/tags in expenditure programming.

Data: cross-sectoral KPIs and public accountability.

EXAMPLES OF APPLICATION

In May 2022, the Ukrainian government established the Interagency Coordination Council on Mental Health and Psychosocial Support, which brought together representatives from various sectors — health, social protection, education, local government, etc. — to jointly plan and monitor an integrated response to the needs of the population in wartime.

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