Increase in stress-related conditions in conflict-affected areas of Ukraine

Ukraine Humanitarian Assistance Response Program

August 2023
Since the full-scale invasion of Ukraine began on February 24, 2022, Ukrainians from all walks of life have been significantly affected by the conflict — in a diverse array of ways. FHI 360 is working with the Ministry of Health of Ukraine to support existing health and mental health services and expand those services to conflict-affected areas adjacent to the front lines of the conflict. The physicians, nurses, psychologists and social workers providing these services have observed in the intervening time an increase in stress-related physical and emotional conditions among the communities they serve.

A destroyed health post in Kherson oblast*.  
*Oblasts are administrative subdivisions, or regions, in Ukraine.

FHI 360’s teams have collected qualitative and quantitative data that offers a first glance at some of the increases in physical and emotional conditions associated with the stressors of war. Based on this data, FHI 360 proposes recommendations for addressing the increasing mental health care needs resulting from the conflict.
There was no way for them to get medication, to get support.”
Kateryna Korina, nurse at the Ministry of Health of Ukraine

According to a 2022 Physicians for Human Rights report, there have been 292 attacks on health facilities in Ukraine. Of those 292 attacks, 186 facilities were damaged and 32 were destroyed. The report also documented attacks on health workers and other health infrastructure, including ambulances, pharmacies, blood centers, dental clinics, and research centers. In some areas, nearly all of the health facilities were affected, leaving many people without medical care for months.

Moreover, as a result of the war, communities in conflict zones are experiencing high levels of stress, trauma, and psychosomatic and other mental health conditions. These increases in stress-related conditions have created a demand for mental health services that has exceeded the current capacity of the health system.

Ukraine Humanitarian Assistance Response Program

In August 2022, FHI 360 launched the Ukraine Humanitarian Assistance Response Program (UHARP) to provide medical care and mental health care and psychosocial support services (MHPSS) to local communities in conflict-affected areas — specifically rural and hard-to-reach areas that were occupied during the early months of the war and subsequently retaken by Ukrainian forces. The project is funded by the U.S. Agency for International Development’s Bureau for Humanitarian Assistance (USAID BHA) and conducted in coordination with the Ministry of Health of Ukraine.

Through UHARP, FHI 360 supports 10 mobile medical teams in six regions (see graphic on next page): Dnipropetrovsk, Donetsk, Kharkiv, Kherson, Mykolaiv and Zaporizhzhia. Initial humanitarian needs assessments in these regions revealed that many areas had lacked consistent access to primary health care services for several months. Increased patient demand and reduced staffing and resources had overwhelmed government
facilities. To meet urgent needs, our mobile medical teams are providing health services and MHPSS to communities throughout these regions that do not have sufficient access to health care.

UHARP’s mobile teams provide a wide range of health services, including medical consultations with primary care doctors and specialist doctors, medications, electrocardiograms and ultrasounds, and health education. The teams hold clinic hours at existing health posts that are no longer functioning due to the conflict and make home visits to provide care for people with limited mobility.

In addition, FHI 360 is strengthening the national health system’s capacity to respond to the increased needs that have arisen from the conflict. In close partnership with regional and local governments, FHI 360 procures and distributes pharmaceuticals, medical commodities, heaters and generators to primary health care facilities; trains health care workers in emergency pre-hospital trauma care and mental health service delivery; places psychologists in primary health care facilities; repairs damaged facilities; and provides health and hygiene kits to local communities to help reduce the spread of communicable diseases.

FHI 360 also facilitates psychosocial support groups at collective centers for people who have been displaced and for frontline service workers caring for vulnerable populations. Working with HealthRight International, FHI 360 has established response and care units within urban primary health care centers that provide mental health and psychosocial support, legal aid, and case management services to conflict-affected populations, including survivors of gender-based violence.

FHI 360’s mobile teams provide health, mental health and psychosocial support services in six regions: Dnipropetrovsk, Donetsk, Kharkiv, Kherson, Mykolaiv and Zaporizhzhia.

Graphic credit: Oleksandr Kovalenko, UHARP health program manager.

Stress-induced health and mental health needs

Most of the communities supported by FHI 360 have been exposed to continuous or recurrent stressors. While living under occupation, individuals witnessed active fighting, regular shelling, and rockets and missiles striking the areas where they live. Individuals reported worrying about the safety of their families and friends in conflict areas, as well as the loss of their livelihood, which has affected their ability to meet their basic needs.
I wake up at night afraid the occupiers will come back in through the windows.”

Ukrainian woman (name withheld)

Patients who received services from the mobile medical teams reported experiencing fear that they or their loved ones might be conscripted, feeling lonely, and missing family members and friends who fled to other places. Many individuals reported having been previously displaced due to the 2014 conflict.

When stress accumulates at a faster rate or higher volume than the brain and body can process and manage, it can manifest as a combination of physical, emotional and cognitive symptoms and often triggers the onset of mental and physical illness.

From February–July 2023, FHI 360’s mobile clinics observed a steady increase in the number of patients presenting with stress-related conditions in frontline and formerly occupied areas, many of which have experienced frequent shelling since they were retaken (see graph above).

The number of patients seeking consultations with FHI 360’s mobile clinic psychologists increased sharply from February to July 2023, from 191 patients in February to 585 patients in April and 1,732 patients in July. Most commonly, patients presented with anxiety, acute stress or trauma, insomnia, psychosomatic symptoms, feelings of hopelessness, and post-traumatic stress disorder. In many cases, patients sought care for these and other symptoms from doctors and nurses on the mobile team and were referred to the psychologist when no somatic cause was identified.

War is a time of uncertainty. And all people experience a variety of worries. And they feel anxiety, fear. And it’s necessary to understand this is normal. They should differentiate between anxiety, stress, fears, and know different ways to manage and cope with this negative experience.”

Oksana Lapinska, psychologist with FHI 360
Reducing stigma around mental health support

The formerly occupied communities supported by FHI 360 have predominantly older populations. Younger residents left the conflict areas earlier in the war or left rural areas prior to the war in search of greater economic opportunities. Initially, the psychologists on FHI 360’s mobile medical teams found that older populations more hesitant to seek psychological services due to lack of awareness about the benefits of such support. FHI 360’s health promotion volunteers, social workers, and psychologists worked with local community leaders to create awareness about how seeking mental health services can help address issues that many people are dealing with. Psychologists on the mobile teams found that conducting informal awareness-raising sessions for patients waiting during clinic hours was helpful for engagement.

FHI 360's integration of medical and psychological services in the mobile clinics has likely been a key factor in increasing the uptake of mental health services among the older population throughout the six regions. Older people coming to the mobile

The percent of the mobile team’s psychological consultations that were provided to people over 50 years of age increased from 46% in February to 77% in July.

“The biggest change was in the perception of psychologists. Before the war started, not many people came to the psychologist to talk about their issues. But this has changed since the war started. Now, we’re receiving lots of people and, what’s important, people of different ages, even the elderly.”

Ukrainian psychologist

A Ukrainian psychologist demonstrates using bubbles to teach mindful breathing.

Photo credit: Ivan Fomichenko for FHI 360
clinics for medical services were more receptive to seeing a psychologist after receiving a referral from the clinic's medical team.

**Recommendations**

More data is needed to better understand the short- and long-term effects of continuous exposure to war-related stressors on communities. Still, the evidence available to FHI 360's teams has painted a clear picture of communities experiencing mental and physical health needs as a result of profound and prolonged stressors.

The war and resultant humanitarian crisis have created a need for Ukraine's primary health care system to have a stronger capacity to provide mental health services, particularly in rural and hard-to-reach areas of conflict-affected regions.

Drawing upon the learnings from UHARP, FHI 360 recommends humanitarian implementers and funders coordinate with the Ministry of Health of Ukraine to address the increasing mental health care needs in conflict-affected Ukrainian communities as follows:

- Place psychologists within all major primary health care centers (expanding upon what FHI 360 has piloted).
- Increase the frequency of mobile outreach visits to rural and previously occupied areas, providing an integrated package of health, mental health and psychosocial support services.
- Accelerate ongoing efforts to support primary health care doctors and nurses in providing mental health care and treatment services (such as through the WHO Mental Health Gap Action Programme).

“There are a lot of people currently who have accumulated anxiety, a lot of people who developed panic attacks and many people who got stuck at the stage of grieving. And unfortunately, this will be a huge challenge for psychologists after the war, because even after the war, a lot of people will be left without any emotional reserves because the war has consumed all their resources. And while in occupation, many people were very mobilized, very tense, didn't let a shred of their emotions out. Now, after the occupation, they still experience some emotional burnout.”

Oksana Lapinska, psychologist with FHI 360

**About FHI 360**

FHI 360 mobilizes research, resources and relationships so people everywhere have access to the opportunities they need to lead full and healthy lives. With collaborations in more than 60 countries, we work directly with local leaders to advance social and economic equity, improve health and well-being, respond to humanitarian crises, and strengthen community resilience. We share data-driven insights and scalable tools that expand access and equity so communities can effectively address complex challenges, respond to shocks and achieve thriving futures. To learn more, visit [fhi360.org](http://fhi360.org).

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