



MHPSS Rapid Situation Analysis in Poland for Ukrainian Refugee Response

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OVERVIEW

- MoH and international agencies initiating action on MHPSS. Urgent need for mental health care services for people with severe mental health conditions. Limited awareness of IASC/WHO MHPSS guidance.

Coordination with Ministry of Health

- WHO and MOH MHPSS/International Coordination focal points held a meeting on 15 March 2022. MOH agreed to provide an information session on mental health care system to MHPSS TWG next week and will join the 3rd meeting this Thursday.
- MOH informed that the parliament passed a new law a few days ago allowing Ukrainian refugees to access health care and social services. Also, the Ukrainian medical staff are allowed to practice in Poland.

MHPSS Coordination

- DSS-deployed MHPSS coordinator to co-lead Technical Working Group has been selected and will be hosted by UNHCR
- 1st meeting of Technical Working Group on 8 March, 2nd on 11 March. Included UNHCR, IOM, UNICEF, IFRC/Red Cross, IMC, Americares, HIAS, INTERSOS, Polish Migration Forum, Polish Humanitarian Action, MSF Holland, MSF Switzerland, Fondazione Soleterre, Foreign Commonwealth and Development Office UK. WHO also actively communicating with Polish NGOs.

MHPSS Service Mapping

- Service mappings are being put together by Polish NGO's. List of MHPSS counselling professionals in Poland/neighboring countries here: <https://tinyurl.com/2wpbpzau>

MHPSS Programming Plans

- MHPSS structure (inpatient & outpatient care) already overwhelmed before refugees came into Poland. **Extremely limited capacity on child psychiatrists, CAMH specialists** → system has no capacity to deliver timely care
- Few services in Ukrainian, need more care providers specialized for refugees in major cities.
- Strong interest in PFA, Basic Psychosocial Support and Self Care trainings at borders but no plans yet, need better idea of time/space/resource constraints.

- Key IASC/WHO MHPSS resources being translated into Polish, most ready in 1 week

DEMOGRAPHICS & PROJECTIONS ON NEED FOR MHPSS

- More than 1.65 million Ukrainian refugees already entered Poland, about 100,000 per day, mostly women and children and elderly. → WHO has reliable projected estimates¹ for mental health conditions following armed conflicts. The estimate is that the prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) is 22.1% (95% UI 18.8–25.7) at any point in time in conflict-affected populations. The mean comorbidity-adjusted, age-standardized point prevalence for severe disorders (schizophrenia, bipolar disorder, severe depression, severe anxiety, and severe post-traumatic stress disorder) is 5.1% (95% UI 4.0–6.5). Applying the above projections to the Ukrainian refugees entered Poland (based on 1.65 million population), **22.1% (>369,000) expected to have a mental disorder, 5.1% (>80,000) severe mental disorders**

SERVICES PROVIDED AT BORDERS/ RECEPTION CENTERS

- 8 cross-border points between Ukraine–Poland and related reception centers
- Volunteer coordination differs by center, but services provided are similar (basic necessities, food, hygiene, beds)

PROTECTION CONCERNS

- **There are private vehicles waiting at the border who are volunteering to take refugees away. Need follow-up on who is taken where, mindful of human trafficking.** Some reception centers (military and municipality led) screen those drivers and prohibit transport of refugees if in doubt of serosity
- Volunteers say children <8 don't realize danger of situation, children >8 significantly more distressed.
- Accessibility concerns for older adults and people with disabilities and illness

HEALTH CONCERNS

- No systematic way to inform people of medical care service availability at borders and reception centers (WHO works with MoH on a leaflet to be presented to the refugees at the border). COVID-19 prevention measures are not in place, centers are crowded and have poor sanitation.
- Main health issues reported by paramedics are hypothermia, diarrhea, upper respiratory infections, fatigue, anxiety.
- Red Cross paramedic teams (and NGOs not licensed yet in Poland) are present in all reception centers visited, providing 24/7 services. Referrals done only for emergency cases to designated hospitals, not for specialized outpatient care.

MHPSS CONCERNS + RECOMMENDATIONS

- Refugees informed about encounters with Russian soldiers knocking on their doors to leave their homes, witnessing shelling, losing contact with loved ones, second hand reports of rape by Russian soldiers, and almost everyone had spent days in shelters and metro stations with constant security risks and limited access to basic needs. People have two main worries: Where they will go next and if their male family members back home will remain alive.
- People understand that they must follow a process and are usually patient, calm and trusting the goodwill of people assisting them. Their facial expressions of fear and shock change quickly once they are assisted. All want to go back home as soon as possible.

¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext)

- Misconceptions about MHPSS issues caused by emergencies are abundant, limited to PTSD.
- Although doing great work, there is a need to continue capacity building on WHO/IASC guidance, especially providing responders, volunteers, and **Polish host families** with trainings in PFA, basic psychosocial care and self-care.
- **Volunteers, medical teams, and refugees all expressed MHPSS as main concern.** Common mental and physical signs of acute stress reactions visible. Severe mental health conditions seen (e.g., schizophrenia, Alzheimers) along with severe stress reactions triggered by announcements, other refugees, etc. Refugees recount stories readily, limited private spaces for counseling.
- Information about rights and responsibilities in Poland/EU given leaflets but not in standardized way – need **to inform** refugees in a standard and organized way. Also, there is a need to inform responders and volunteers on services and patient rights available for refugees.
- In only one reception center in Łodyna, Ustrzyki Dolne, was a psychologist and kindergarten teacher available to run a Child Friendly Space
- Medical teams lack psychotropic medication, except diazepam in some locations, which is given in injection form for extremely distressed people. **Psychotropic prescriptions and treatment protocols in Ukraine not valid in Poland**
- There is a need to improve coordination at all levels and keep up momentum for MHPSS coordination. Psychological First Aid (PFA) Trainings are in process of being planned by IOM and Red Cross, concrete plans not shared yet. WHO to continue leading MHPSS Technical Working Group until dedicated UNHCR/DSS expert is onboard to co lead while planning with EURO and HQ MHPSS focal points on mid-term plans on WHO's more specific MHPSS response. Focusing on sharing information with each other and brainstorming together on how to overcome challenges mentioned, speed up service mapping where possible.
- We must include major cities in MHPSS assessment plans in addition to borders and reception centers, with plans or follow up on what happens following arrival at destination. Particularly, need for confidential referral for people with specialized MHPSS needs.
- **Need to anticipate more vulnerable population is yet to flee Ukraine.**
- Enable communication with family members in Ukraine or on the move
- Ensure MHPSS is included in the upcoming health and protection assessments in more systematic way.
- Be mindful of triggering people with sensitive issues when doing assessments/ focus group discussions

ACTION POINTS

Recommendations for next three weeks include:

- Disseminate and utilize key IASC/WHO MHPSS resources in Polish and Ukrainian languages
- Ensure inclusion of MHPSS in Protection and Health assessments as well as programming
- Structure MHPSS Technical Working Group with priority objectives including service mapping
- Provide Psychological First Aid, Basic Psychosocial Support and Self Care trainings for responders
- Ensure accurate information is shared with refugees regarding their rights and responsibilities and services available to them in Poland and in EU
- Coordinate with relevant ministries for developing MHPSS services at all levels

Actions beyond the next three months include:

- Promote resource mobilization to extend the MHPSS Coordinator position beyond 3-months deployment
- Work closely with Ministry of Health and other relevant ministries along with national and international actors to establish sustainable mid and long term MHPSS services
- Establish and implement a formal, confidential referral protocol and mechanism for most vulnerable cases with specialized MHPSS needs
- Continue to build capacity among responders through participation in global MHPSS courses and through available IASC and WHO materials on MHPSS in emergencies
- Improve/establish MHPSS services where refugees are mainly residing in major cities in addition to transit areas like borders, reception centers and bus/train stations