PUI Poland
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PUI MHPSS expertise all over the world and in Poland

PUI has over 15 years of MHPSS expertise in design, programming and implementation, with its first MHPSS program started in 2007

- 2022: over 75% missions in PUI have MHPSS component
- Poland is the first PUI mission in which the activities started and remained focused on MHPSS and Protection
Key figures for MHPSS department in PUI Poland:

- **100 % refugee women** from Ukraine (and Bielorussia) composing MHPSS team;
- or, in numbers:
  - **9 persons** in total: 5 psychosocial providers, 2 psychologists, 1 MHPSS Supervisor and 1 MHPSS Coordinator intervening in:
  - **12 reception centers or shelters** (2 shelters in Radymno, 2 shelters in Yaroslaw, 1 shelter in Widna Gora, Tesco transition center (BD) in Przemysl, RFU shelter in Przemysl, Warsaw BD, Warsaw Children Hub, PTAK transition center in Nadarzyn, Krakow BD, Krakow hostel for refugees) located in:
  - **7 cities or villages** (Radymno, Yaroslaw, Widna Gora, Przemysl, Warsaw, Krakow and Nadarzyn) situated in
  - **3 voivodships** (Podkarpackie, Mazowieckie and Malopolskie)

- **For 2292 persons** who received MHPSS within
- **11 full months of PUI operations**
Meaning a highly mobile, productive and flexible team with a required capacity to quickly adapt to any new environment, but also...

- more fatigue accumulating
- some adaptation / buffer time in the projects to be planned
- and regular staff care, technical follow up and managerial care to be budgeted

**What does it practically meant?**

- 1 MHPSS Supervisor (psychologist) per each 6 PSS staff members for daily field support and coaching
- 1 clinical supervisor available for ad-hoc counselling online
- Monthly field visits by MHPSS Coordinator

Please contact [pol.finco@premiere-urgence.org](mailto:pol.finco@premiere-urgence.org) if you are looking for qualified staff with MHPSS profile to get the CVs of the team members available
PUI INTERVENTION RESULTS: HEALTH

- **2292 persons** received MHPSS
- **14 020 persons** received protection services (information about the available services in Poland + assessment of protection risks and specific needs for further support and / or referral)

![Prevalence of medical conditions among other specific needs](image)
PUI INTERVENTION RESULTS: HEALTH

Percentage of people requesting health assistance

- 74.38% Other
- 25.62% Health Assistance
PUI INTERVENTION RESULTS: MENTAL HEALTH
Difficulties related with the following aspects

Reactions and difficulties registered between September and December 2022
PUI INTERVENTION RESULTS: MENTAL HEALTH
Difficulties related to the following aspects: Elderly people

Reactions and difficulties registered between September and December 2022
Short (often one-shot) interventions in transition centers:
- PFA
- Psychoeducation
- One-shot emotional support sessions
- Self Help + (Doing what matters in times of stress) for follow up individual counselling

Longer and a more structured interventions in the shelters:
- Psychoeducation
- Group PSS Activities for children and adults (breathing sessions, mandala creation and colouring, cinema therapy, clay therapy)
- CBT-based protocol for group trauma therapy for children and adults
- Group sessions based on DWMTS (3 and 5)
+ in both cases referrals to a more specialized help
WHERE WE WERE REFERRING TO COMPLEMENT PUI MHPSS / Protection RESPONSE

1. **NFZ hotline**: [800 190 590](tel:800190590) (24/7, RU / UKR speaking operators able to refer to the closest MH or PSS services)
2. **Psychotesto hotline** [669 981 038](tel:669981038) (UKR only, Mon 16:00 -20:00, Wed 10:00 - 14:00, Friday 14:00 - 18:00 bezpłatny telefon kryzysowy Polskiego Forum Migracyjnego): online individual anonymous PSS counselling,
3. **Polish Red Cross PSS hotline** [800 088 136](tel:800088136) (RU / UKR speaking operators, 9:00 – 17:00, 5/7)
4. **Panpolish pilot project for people in need of specialized mental health services** available for adults 24 / 7 [https://czp.org.pl/mapa/#podkarpackie](https://czp.org.pl/mapa/#podkarpackie)
5. **Online platform to provide MHPSS to teenagers** (UKR only) + Telegram bot with relaxation techniques [https://www.notrivia.com.ua/](https://www.notrivia.com.ua/)
7. **Helpline for children and youth** [116 111](tel:116111) (RU / UKR, 14-00 – 18-00, Mon to Friday, for U18, PFA, practical help, referral) 
8. **Centrum Praw Kobiet** (ukr): 800 10 77 77 (Tue 10:00-14:00, Thursday 14:00 – 18:00): PSS (and more) to GBV survivors.
9. **Feminoteka** (ukr/rus): +48 888 88 79 88 (Monday – Friday 14:00-17:00). PSS (and more) to GBV survivors.
10. **Hotline for parents and teachers for child protection** [800 100 100](tel:800100100)
11. **Panpolish hotline for the survivors of violence „Niebieska Linia”** [800 120 002](tel:800120002) (on Tuesdays 17-00 to 20-00 available in Russian)
LOCAL PROVISIONS WE WERE BASED ON DURING OUR MHPSS RESPONSE

1. Mental health protection law (U S T AWA z dnia 19 sierpnia 1994 r. o ochronie zdrowia psychicznego) 
https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19941110535/U/D19940535Lj.pdf: indispensable to take note and to be guided by in order to respect beneficiaries’ rights during the referral to MHPSS specialized services

2. Online service of the Ministry of Health and Public Health Fudn (NFZ) on Ukrainian patients’ rights and limitations 
https://pacjent.gov.pl/tag/pacienti-z-ukraini

3. Rights to free mental health services in the framework of NFZ, and necessary steps to get them are described here 
https://pacjent.gov.pl/opieka-psychiatryczna

4. Blue line procedure and referral alorythm (Niebeska linia): important provisions to follow when facing domestic or gender based violence in Poland, in order not to duplicate already existing local mechanisms
MHPSS needs earlier covered by PUI and handed over to partners:

- need of psychosocial activities for children and adults to help them socialize in the new environment and feel safe together
- need in psychoeducation both for children and adults to help them better understand their and others difficult emotions
- need in trauma-focused interventions for children and adults that may need more time and support to get through the experience
- need in emergency MHPSS for those coming right from the
- need to diversify approaches for different community (Ukrainian-speakers, Russian-speakers, Roma community etc.)
- need in suicide-prevention and adequate response to suicidal risks

As part of the CORE Protection Consortium, co-chaired by VOICE Amplified, ACF, DRC, and Soleterre will be taking over these interventions in Core shelters, and same actors will do so in concert in Unitatem shelters.
Additional MHPSS needs remaining uncovered (neither previously by PUI, nor at the moment)

• The need for **long-term and continuous mental health and psychosocial care** for people with mental health conditions within the public system. Local clinics are reported to be overwhelmed so the level of care is more short-term once they enter the public health system. This means continuous care is often done in out-of-patient regime at collective centers with limited resources and outside the public system.

• At the same time, collective centers provide an environment that often triggers pre-existing MH conditions. However, there remains a lack of accommodation for people requiring specialized treatment (living in collective centers and shared rooms is often the only available accommodation). **People with MH condition require more public social support services for their accompaniment** and soft and gradual reintegration in the new society.