



**World Health
Organization**

European Region

**Mental Health and Psychosocial Support (MHPSS)
activities in countries hosting refugees from Ukraine:
implementation of the international minimum
standards for MHPSS**

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Abbreviations

CC – Community Center

CDZ – Community Mental Health Center (Czechia)

EU – European Union

GBV – Gender-Based Violence

GP – General Practitioner

HoHHs – Heads of Households

INGOs – International Non-Governmental Organizations

IPIN – Inter-Agency Psychosocial Intervention Guidelines

ISCG – Inter-Sector Coordination Group

MhGAP – Mental Health Gap Action Programme

MHPSS – Mental Health and Psychosocial Support

MoE – Ministry of Education

MoH – Ministry of Health

MoI – Ministry of Interior

MoL – Ministry of Labor

MSNA – Multi-Sector Needs Assessment

NCPHA – National Center of Public Health and Analysis

NGO – Non-Governmental Organization

PFA – Psychological First Aid

PM+ – Problem Management Plus

RCF – Red Cross and Red Crescent Movement

SRH – Sexual and Reproductive Health

TF – Task Force

TWG – Technical Working Group

UNHCR – United Nations High Commissioner for Refugees

UNICEF – United Nations International Children's Emergency Fund

WHO – World Health Organization

WV – World Vision

Introduction

Mental Health and Psychosocial Support (MHPSS) Technical Working Groups (TWG) operate within the Refugee Coordination Forum (RCF) and Inter-Sectoral Coordination Group (ISCG) in Bulgaria, Czechia, Hungary, Moldova, Poland, Romania and Slovakia. In the 2023 Refugee Response Plan, MHPSS is categorized as a cross-cutting area under the regional and country chapters. Each TWG is co-chaired by a permanent member of the Refugee Inter-Agency Coordination Working Group to ensure that MHPSS matters are discussed and prioritized across sectors.

This review seeks to ascertain the extent to which the work of the emergency response actors within national mental health systems in refugee-receiving countries (RRCs) is aligned with the established principles of quality and effectiveness in humanitarian response. This information can in turn inform efforts to address any observed gaps and ensure that the mental health and psychosocial needs of refugees are met in a dignified and comprehensive manner. For the purposes of this exercise, the nine standards for mental health from the Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response¹ have been used.

On the whole, MHPSS activities provided in RRCs are aligned with the minimum standards, with no major concerns identified. For some standards, such as orienting staff on psychological first aid (PFA), the observed activities achieved full compliance. In particular, coordination of MHPSS services was initiated rapidly at the start of the war, with most countries setting up TWGs within the first few weeks with the expert support of WHO, which remains a co-chair on all TWGs.

All countries have employed innovative ways to engage and recruit mental health professionals from Ukraine, despite some serious challenges such as recognition of qualifications, licensing regulations and language barriers. Moreover, refugee-led initiatives were instrumental to RRCs' achievement of many of the standards, as was the active participation of the many international and national non-governmental organizations (I/NGOs) involved in the response.

These organizations have also helped to identify and address gaps in achievement of the standards, particularly in the protection of marginalized groups within the refugee population, such as ethnic minorities, people with disabilities, people with substance use problems, and third-country refugees. In several countries, the multisectoral needs assessment identified a gap in accessibility of MHPSS services. Furthermore, full achievement of some standards is often hindered by challenges such as an overall shortage of mental health professionals and long waiting lists for specialist mental health services.

While most countries have ongoing national mental health reforms, all have seized the opportunity presented by the crisis to introduce further improvements in their mental health care standards. Across all countries, there is consensus that respect, protection and fulfillment of human rights of people with psychosocial and intellectual disabilities is of critical importance both during emergencies and in times of stability.

Advancing the implementation of the MHPSS Minimum Service Package (MSP)² across RRCs will be a priority in the coming period, with a progress report planned for 2024.

¹ [What are humanitarian standards? | Sphere Standards](#)

² <https://mhpssmsp.org/en>

Summary of the implementation of the minimum standards for MHPSS in selected refugee-receiving countries as of June 2023

Bulgaria

<i>Standards</i>	Number of refugees from Ukraine as of 12 June 2023: 165,575
<i>Coordinate mental health and psychosocial support across sectors</i>	The inter-agency MHPSS TWG was established in February 2023 and is co-chaired by WHO and a permanent member of the Refugee Inter-Agency Coordination Working Group. It remains a challenge to communicate across ministries to ensure joint planning and an inter-sectorial approach to MHPSS.
<i>Develop programs based on identified needs and resources</i>	In March 2023, WHO and MoH conducted and presented an assessment of the Bulgarian health system's needs within the context of the crisis in Ukraine ³ . The assessment identified several areas of concern, in particular the lack of financial and human resources to adequately meet the basic needs of migrants and refugees, including access to MHPSS services. A set of recommendations has been shared with institutional and humanitarian stakeholders to address these concerns.
<i>Work with community members, including marginalized people, to strengthen community self-help and social support</i>	Women refugee-led community-based organizations are very active in providing services and supporting refugee integration. As part of the national response, programs were developed to support children to integrate into local schools, adults to find occupational opportunities, and older people to access primary and secondary health services. The refugee reception and community centers include services that foster resilience, self-help and social support. Other populations in need, such as migrants, refugees from other countries and local minorities such as Roma, need more social support and resources to access basic health services and education.
<i>Orient staff and volunteers on how to offer psychological first aid</i>	Many organizations engaged in MHPSS activities are providing psychological first aid (PFA) training to their staff members, covering both the module for adults and that for children. IOM, among other organizations, is providing PFA supervision services to staff in some recently established local organizations. Capacitating these new organizations in PFA and other MHPSS interventions remains an important area of investment in the coming period.
<i>Make basic clinical mental healthcare available at every healthcare facility</i>	Bulgaria has 12 state psychiatric hospitals, 12 mental health centers, and 21 psychiatric wards in multispecialty hospitals, totaling about 4,000 beds. Additionally, there are 22 child psychiatrists available and three inpatient wards specifically for children, located in Sofia, Plovdiv, and Varna, with a total of 29 beds. Outpatient services for children are available in Rousse and Sofia and are provided by state psychiatric hospitals, mental health centers, and university psychiatric clinics.

³ <https://www.who.int/publications/i/item/9789240070707>

However, accessing specialized mental health services can be challenging for refugees and migrants in Bulgaria, particularly for those who do not speak Ukrainian, Russian, or English. Limited information about the availability of services, difficulties in accessing general practitioners (GPs), and other cultural and economic barriers are additional challenges. Continuity of care is also a complex issue for refugees, asylum seekers, and migrants, as they often require ongoing psychiatric treatments and access to psychotropic medications. Integrated, specialized community-based and recovery-oriented services are rare, but have potential for future scalability and could be piloted to improve the referral systems for refugees, asylum seekers, and migrants. One notable gap in Bulgaria's mental health system is the lack of integration of mental healthcare into primary healthcare services.

Make psychological interventions available where possible for people affected by prolonged distress

The National Insurance Scheme partially covers psychiatric services but not services provided by psychologists. Only 40% of psychotropic drugs are covered under the NHIF scheme and the essential psychotropic drug list has not been cross-checked with the Ukrainian list. Consequently, refugees, asylum seekers, and migrants rely primarily on emergency healthcare centers and facilities, which are easier to access and free of charge. However, it is necessary to assess whether staff in these centres can capably identify signs and symptoms of mental, neurological, and substance abuse disorders. MHPSS hotlines catering to both adults and children are provided by humanitarian organizations, but their quality, accessibility, utilization and user satisfaction have not yet been evaluated.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

In 2018, the European Psychiatric Association (EPA) published a report on the Bulgarian mental health care reform process, detailing alleged repeated violations of the basic human rights of patients in public psychiatric facilities. In many of the facilities visited, patients completely lacked privacy and lived in unsafe environments with no staff at night and multiple ligature points. Most facilities appeared to have little or no activities available to patients, with most patients sitting aimlessly on their beds regardless of the time of day. Facilities for people with severe chronic disorders were often inadequate, characterized by overcrowding, a lack of privacy, a lack of purposeful rehabilitative activities, poor maintenance, poor hygiene, and understaffing. The service culture was described as 'therapeutically hopeless' in some facilities, with little evidence of discharge planning. Structural reforms, including the 2020 EU-funded National Recovery and Resilience Plan, involved allocating funds to improve the quality of psychiatric institutions; these upgrades are in progress.

Minimize harm related to alcohol and drugs

Members of the MHPSS TWG have raised concerns regarding the observed increase in alcohol consumption among Ukrainian refugees, which is in part due to prolonged displacement and unmet expectations of returning home. Although these concerns are currently based on

anecdotal evidence, they warrant urgent attention. The MHPSS TWG is supported by the Mental Health and Addiction Prevention Directorate of the National Center of Public Health and Analysis, which is responsible for coordination of activities related to substance use prevention, harm reduction, and treatment. Collaboration between the MHPSS TWG, WHO and NCPHA, particularly for activities addressing potential issues among migrants and refugees in Bulgaria, should be strengthened.

Take steps to develop a sustainable mental health system during early recovery planning and protracted crises

Different stakeholders have emphasized the need for cooperation and joint planning between the ministries of health, social affairs, and education in terms of emergency preparedness, response, and recovery, including in the EPA report of 2018. Structural reforms and strategies, such as the 2020 EU-funded National Recovery and Resilience Plan and the National Strategy for Mental Health 2020-2030, are in place, but their implementation is lagging. There is general consensus that the opportunity to “build back better” following the Ukraine refugee crisis and develop a cross-sectorial, sustainable, integrative, and inclusive national mental health system must not be wasted.

Czechia

Standards

Number of refugees from Ukraine as of 18 June 2023: 345,880

Coordinate mental health and psychosocial support across sectors

The inter-agency MHPSS TWG, co-chaired by WHO and MoH, has members from the health (WHO, MoH, National Institute of Mental Health), protection (UNHCR and Mol), child protection (UNICEF), and education (National Pedagogical Institute, MoE) sectors. The Metropolitan Health Services of the City of Prague, the Czech Red Cross, and the Fire Brigade are also members of the MHPSS TWG as first responders.

Develop programs based on identified needs and resources

WHO, UNHCR, and other international donors have supported different national organizations, such as the National Institute of Mental Health, the TRIGON Association, CDZ Alliance, and SOFA, on projects such as summer camps for children, the development of community mental health center and its' activities for refugees, and capacity-building activities for teachers and caregivers.

Work with community members, including marginalized people, to strengthen community self-help and social support

Community support for marginalized people is primarily provided through the national social welfare system. The government has passed legislation on community mental health centers (CDZs), which are responsible for delivering both health and social support services. Funding for CDZs remains relatively stable, with healthcare sector regulations governing payments for health services and a grant system regulating payments for social services.

WHO is supporting community-based MHPSS services offered by CDZs in seven regions, including social support and engagement with marginalized populations, such as those experiencing poverty and homelessness. Additionally, the Metropolitan Health Services of the City of Prague are actively engaged in providing services to marginalized groups in the city. In the Moravian-Silesian region, the TRIGON Association has created a self-help group specifically for Ukrainian refugees. Organizations such as IOM, UNICEF, and AMIGA are also contributing to self-help and social support initiatives focusing on both Ukrainian refugees and the host population.

Orient staff and volunteers on how to offer psychological first aid

A comprehensive orientation on PFA has been provided to first responders such as the Fire Brigade and the Czech Red Cross. The PFA guide was translated into Czech and made available to volunteers and staff from various mental health organizations, both national and international. CDZs implement PFA in their daily activities to identify Ukrainian refugees who require additional psychological or social support and are ensuring that they receive the necessary assistance or appropriate referrals. Moreover, the existing system of low-threshold outpatient clinics (known as "Ukraine points") for adult and pediatric patients also incorporates PFA principles.

Make basic clinical mental healthcare available at every healthcare facility

GPs in primary healthcare settings can provide essential clinical mental healthcare and are authorized to prescribe psychiatric medications. The integration of mental health into primary care is well underway in Czechia. Specialized mental healthcare services are available in psychiatric units within general hospitals, psychiatric hospitals, and through the network of community mental health centers (CDZs) across the country. Czechia has taken an important step by allowing all temporary protection holders, including Ukrainian refugees, to access the public health insurance system and utilize healthcare services, including clinical mental healthcare, at the same standards as the Czech citizens. However, waiting lists for specialized services are already rather long even for the local population.

Make psychological interventions available where possible for people affected by prolonged distress

According to the latest mapping of psychosocial services by the National Institute of Mental Health (NUDZ), supported by the WHO CO, MHPSS interventions for people affected by prolonged stress are available throughout Czechia⁴. There are 370 such interventions available and around 100 new service providers were contacted during March 2023⁵. To date, NUDZ has contacted 520 services to check their availability to provide MHPSS services.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

A representative of the Office of the Government, Commissioner for Human Rights, participates at MHPSS TWG meetings. Czechia has a stand-alone policy and action plan for mental health⁶, and both are in line with international human rights instruments. They promote transition towards community-based mental health services (including mental health care integrated into general hospitals and primary care) and pay explicit attention to the protection of the rights of people with mental health conditions and psychosocial disabilities as well as other at-risk populations. They also include a range of services and supports to enable people to live independently and be included in the community (e.g. rehabilitation services; social services; educational, vocational, and employment opportunities; and housing services and supports).

Minimize harm related to alcohol and drugs

Alcohol policy is part of the country's addiction policy, which since 2014 has integrated the topics of legal and illegal substances and non-substance dependence. Responsibility for implementation of this policy lies with the Government Council for Coordination of Drug Policy⁷. The main strategic document determining the focus of the addiction policy is the National Strategy for Prevention and Reduction of Harm Associated with Addictive Behavior 2019–2027 and its Action Plan for

⁴ <https://www.mapotic.com/mapa-psychosocialni-pomoci-ukrajincum>

⁵ <https://mapa.nudz.cz/>

⁶ <https://www.mzcr.cz/narodni-akcni-plan-pro-dusevni-zdravi-2020-2030/>

⁷ https://www.emcdda.europa.eu/drugs-library/government-council-drug-policy-coordination-czechia-2020-czechias-action-plan-2019-21-national-strategy-prevent-and-reduce-harm-associated-addictive-behaviour-2019-27_en

2019–2021, which also includes targets and activities for alcohol. The availability of alcohol is restricted by law, with bans on the sale of alcohol to minors, remote sales of alcohol unless the purchaser's age can be verified, the sale of toys imitating the shape and appearance of alcoholic beverage packaging, and the sale or serving of alcohol in health care facilities, schools, and educational establishments and at events for persons under 18. The WHO CO has been informed of an increase in alcohol consumption by Ukrainian refugees and it supports activities organized at community mental health centers to tackle this issue.

Take steps to develop a sustainable mental health system during early recovery planning and protracted crises

The influx of over 400,000 Ukrainian refugees in Czechia in 2022 put additional pressure on the health and mental health services, straining the previously sustainable system. In response, the Czech Ministry of Health initiated the "Ukraine Crisis" project to provide primary healthcare, including mental healthcare, to Ukrainian refugees while minimizing the impact on healthcare availability for Czech citizens. The project involves expanding the existing system of low-threshold outpatient clinics for adults and children. However, the integration of mental health into primary healthcare is still not fully functional despite ongoing reform efforts since 2013. To address this, the country has piloted a community-based model of mental health care that utilizes multidisciplinary teams and emphasizes the importance of psychosocial factors. The implementation of this model has been supported by the European Union's Structural and Investment Funds. Currently, Czechia seeks to further develop its community-based mental health system and sees the Ukraine refugee crisis as an opportunity for progress in this respect. In early recovery planning, WHO has committed to strengthening community mental health services by financially and technical supporting the multidisciplinary teams in CDZs across seven regions of the country.

Hungary

Standards

Number of refugees from Ukraine as of 18 June 2023: 52,335

Coordinate mental health and psychosocial support across sectors

The inter-agency MHPSS Task Force (TF), co-chaired by WHO and a national NGO, Trauma Center, was established in March 2022. The Government of Hungary appointed the Head of the National Hospitals and Primary Care as a focal point for MHPSS coordination in September 2022. However, the limited representation of protection, education, and child protection actors in the MHPSS TF meetings makes it challenging to coordinate across sectors. The MHPSS TF currently has 34 members from 20 organizations, meeting on a monthly basis.

Develop programs based on identified needs and resources

According to the MSNA⁸, 41% of 512 respondents reported that they or members of their household were currently experiencing some form of psychological issue, such as anxiety, stress, difficulties sleeping, or depression. Of them, 54% thought that they or other members of their household would benefit from psychosocial support, but two out of three were unable to access such support, primarily because they did not know where to look for help. In response, MHPSS actors initiated awareness-raising activities to promote available MHPSS services for refugees. Furthermore, summer camps for schools, interpretation services for specialized mental health services, and community-based psychosocial support activities have been implemented.

Work with community members, including marginalized people, to strengthen community self-help and social support

Refugee-led organizations have been actively engaged from the beginning, mostly in providing direct assistance to families in need and social cohesion activities. Some families are supported by Ukrainians who have lived in Hungary for years and can provide information and support to newly arrived refugees. The focus is on supporting refugees in their basic needs, accessing services, and providing mental health and psychosocial support, as well as fostering community integration. For example, local NGOs are engaged in fundraising and distributing food vouchers to families across the country (HunHelp), organizing community events, providing information sessions and language classes in Budapest (Lexis), and providing daycare and informal education (Unity), also in Budapest. The Foundation of the Ukrainian Greek Catholic Church in Budapest provides education activities and daycare for children, in addition to offering spiritual support and organizing events for integration.

Orient staff and volunteers on how to offer psychological first aid

In the initial stages of the response, various organizations including WHO, IFRC, UNICEF, IOM, Semmelweis University, Trauma Center, and Cordelia conducted multiple PFA trainings and PFA training of trainers (ToT). These trainings primarily targeted volunteers, staff from community-based organizations, and national associations. The MHPSS TF played a crucial role in coordinating these training efforts among the

⁸ <https://data.unhcr.org/en/documents/details/97062>

agencies involved. Additionally, the MHPSS TF translated the WHO PFA guidelines into Hungarian and shared these with members for wider dissemination and utilization.

Make basic clinical mental healthcare available at every healthcare facility

Mental health services are delivered through a comprehensive network of outpatient clinics, hospitals, and community-based services. There is, however, significant variation in the range and quality of services provided, with larger hospitals in urban areas generally offering a wider selection of mental health care services. Hungary has a total of 62 hospitals with government-funded mental health facilities. In terms of outpatient and community care, there are 217 services providing various forms of government-funded mental health care across Hungary. Mental health care primarily operates within the public health system and as such is funded by the government; while private mental health services are available, they tend to be more costly and may not be covered by insurance. Hungary has provided all temporary protection holders with access to public health insurance.

Make psychological interventions available where possible for people affected by prolonged distress

Based on the latest service mapping conducted in March 2023⁹, 31 organizations are providing nine MHPSS services in eight different counties. These organizations include Budapest Pride, Cordelia, Trauma Center, EMDR Hungary, Hungarian Interchurch Aid, and the Hungarian Psychological Association/Section for Disaster Psychology. Their initiatives include raising awareness about mental health issues, providing psychosocial support to aid workers, offering focused and specialized mental health services, and conducting community-based interventions. They target diverse populations, including refugees, LGBTQ+ individuals, children, and people with disabilities. Psychological interventions are delivered using both in-person and remote approaches, harnessing the expertise of psychologists, clinical psychologists, psychotherapists, social workers, and other professionals, to ensure that they are accessible to those who require them, effectively address the challenges posed by prolonged distress and promote mental well-being in affected communities.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

The rights of psychiatric patients are specified in Act CLIV (145) of 1997 on Health Care,¹⁰ with an emphasis on the protection of human rights within the healthcare system. Psychiatric patients in Hungary are granted safeguards for their rights throughout their treatment and care. Restrictions on patients' rights can only be imposed in cases where there is a clear and direct threat or danger. However, access to health documentation may be limited in exceptional cases, particularly when such access would endanger the patient's recovery or violate the privacy rights of others. Any imposition of restrictions on patients' rights must be thoroughly documented and justified. Admission of psychiatric patients to institutional medical treatment in Hungary can occur on a

⁹ <https://data.unhcr.org/en/dataviz/299?sv=54&geo=10783>

¹⁰ https://www.patientsrights.hu/dokumentumletoltes.php?tip=letoltesek_eng&kod=1&file=1997_cliv_tv_eng.pdf

voluntary basis, in emergency situations, or on the basis of court order depending on the patient's condition and behavior.

Minimize harm related to alcohol and drugs

In Hungary, cannabis is the most used illicit substance among the general population, particularly among young adults aged 18–34 years. However, the most recent data points to a decrease in last year's cannabis use among young adults. The Hungarian Police actively participated in the international day against drug abuse and illicit trafficking in 2018. The campaign reached over 37,500 individuals through drug prevention lectures and dissemination of information about available assistance. In addition, the Hungarian Police has implemented several programs for crime and drug abuse prevention among various age groups.

Take steps to develop a sustainable mental health system during early recovery planning and protracted crises

Under the framework of the EU Joint Action on Mental Health and Wellbeing, key stakeholders from participating countries, including Hungary, have worked with representatives of relevant European mental health organizations to develop a framework for action on community-based and socially inclusive approaches to mental health. Within this framework, special emphasis has been placed on the transition from institutional to community-based care for people with severe mental disorders, which is part of the commonly endorsed action framework on mental health and wellbeing in Europe.¹¹ Additionally, WHO will be supporting health professionals' education, especially on suicide prevention, destigmatization, and service transformation, through the WHO pan-European Mental Health Coalition.

¹¹ https://health.ec.europa.eu/system/files/2019-02/2017_towardsmhcare_en_0.pdf

Moldova

Standards

Number of refugees from Ukraine as of 18 June 2023: 110,885

Coordinate mental health and psychosocial support across sectors

The inter-agency MHPSS Technical Reference Group (TRG), co-chaired by WHO and a national NGO program, MENSANA¹², coordinates closely with Protection, Health, GBV, and Livelihoods. Efforts are being made to strengthen coordination with Child Protection and Education. The TRG currently has 120 members from 49 organizations. MENSANA also coordinates meetings with various government ministries on an ongoing, periodic basis.

Develop programs based on identified needs and resources

At the beginning of the crisis, a broad range of actors quickly appeared in the country to address the anticipated needs of refugees from Ukraine. Actors initially focused on launching activities in locations with the highest concentrations of refugees. Early on, coordination between actors was poor, with MHPSS services overlapping or being duplicated in some areas and lacking in others. The MSNA helped identify the greatest needs among refugees, of which mental health was one. According to the 2022 MSNA, 7% of respondents stated that they needed MHPSS services, while 9% said they would not utilize such services. The need for MHPSS support remains high, while utilization of specialized services offered through the MoH Community Mental Health Center remains low. It is unclear whether this is due to a lack of interest, cultural relevance, accessibility of services, or otherwise.

To better understand refugee MHPSS needs and preferences, a series of 11 focus group discussions were conducted between May and June 2023 with 83 Ukrainian refugees living in Refugee Accommodation Centers (RACS) and 5 communities. Participants reported that MHPSS services were necessary and helpful for dealing with the stress of living in a foreign country and being separated from their families and normal routines. Many stated that their attitudes towards mental health care had shifted since the beginning of the war: in Ukraine, mental health services were unappealing as they were entrenched in an institutional approach based on the medical model; in Moldova, however, they appreciated the community-based model that focused on building resiliencies and developing skills in a non-stigmatizing manner. Although utilization of specialized services is still low, participants reported they would access such services if they felt the need, and they were extremely grateful that the services were widely available. Participants reported that gaps remained in terms of services for people with disabilities and in more remote locations.

Work with community members, including

Several larger INGOS are implementing activities through small, local NGOs, and this has increased buy-in, strengthened local capacity, and

¹² <https://doi.org/10.1016/j.healthpol.2019.11.007>

marginalized people, to strengthen community self-help and social support

increased the inclusiveness of services. Ongoing humanitarian activities are targeted mostly toward Ukrainians. However, because Ukrainians are mostly living in communities, services are also benefiting the Moldovan population. It is not clear to what extent Ukrainians are being encouraged or supported to take the lead on these activities, although some partners seem to be embracing this approach. In some initiatives, partners are already incorporating peer support activities into their activities or are utilizing refugees – as employees or volunteers – to conduct activities. This is an opportunity that should be further explored and developed.

Orient staff and volunteers on how to offer psychological first aid

During the initial phase of the crisis, numerous actors conducted PFA workshops targeting diverse groups such as border guards, emergency medical technicians (EMTs), and workers from various sectors. The most recent PFA training workshop – as reported in the Working Group meetings – occurred in December. Currently, there are no immediate plans for future workshops on this topic. However, PFA has been recognized in the contingency plan as a preparatory measure for future crisis events. Considering ongoing staff turnover and the importance of PFA, it would be beneficial to deliver additional training sessions on PFA to frontline workers across various sectors on a preparatory basis.

Make basic clinical mental healthcare available at every healthcare facility

MENSANA plays a crucial role in integrating mental health care into the overall health care system as part of the ongoing reform plan. However, there are still some gaps and challenges to be addressed to fully realize this integration. To support the integration process, MENSANA provides mentorship sessions to healthcare personnel and is in the process of delivering select WHO mhGAP (Mental Health Gap Action Program) modules to healthcare workers. Currently, the focus is on suicide prevention, with some 2,000 personnel targeted for training. World Vision also recently conducted a 5-day workshop on Problem Management Plus (PM+), and they have plans to conduct a Training of Trainers (ToT) version of this scalable intervention later in 2023. Access to government health care services has been extended to those who are registered under the Temporary Protection status. However, the number of registered individuals is so far quite low, with fewer than 7,000 people applying for or obtaining this status. Nevertheless, MENSANA reports that the registration status does not act as a barrier to accessing mental health care and individuals can still access these services when needed. In addition to its training initiatives, MENSANA has also focused on strengthening the capacities of all Community Mental Health Centers (CMHCs) operating under the Moldovan MoH. These centers play a vital role in providing specialized mental health care and support to the local community, ensuring that these are accessible and available to those in need.

Make psychological interventions available where possible for people

The MHPSS service mapping revealed that services are present in numerous communities in Moldova in a variety of different modalities, including safe spaces, mobile teams, and hotlines. These services are

affected by prolonged distress

being provided by several local and international partners. In addition, MENSANA maintains 40 CMHC centers (1 in each region) where people can access specialized services (according to MENSANA, the wait time is 1–2 weeks). Thanks to this network, specialized services are readily available throughout the country; however, utilization by Ukrainians has been consistently low. The topic of service gaps is often discussed at TRG meetings, but the only specific geographic area where a gap has repeatedly been identified is Transnistria. The proposed situational analysis will include a gap analysis to help pinpoint where there may still be a shortage of providers in Transnistria and other locations.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

The ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) by the Republic of Moldova in 2010 marked important changes in the field of disability. The goal of the MENSANA reform program is to enable people with mental health conditions to achieve their recovery goals and lead meaningful lives in their communities. Three specific objectives have been delineated to achieve this: First, the reforms aim to improve access to appropriate mental health care by establishing a country-wide network of integrated community-based mental health services to ensure equitable access to quality and affordable care that is responsive to user needs. The sustainability of this network hinges on creating an enabling policy environment. To that end, the second objective is to introduce changes in the legal and organizational framework, led by decision-makers from the health and social sectors at the national and district level. The third objective focuses on strengthening community support and acceptance of mental health issues. In addition to these reforms, other steps taken to address human rights in Moldova include the National Mental Health Law, anti-stigma campaigns, and Human Rights Monitoring.

Minimize harm related to alcohol and drugs

Alcohol abuse has been increasing, but it is often dismissed as not being a problem. This is potentially for cultural reasons as alcohol is widely used by both Moldovans and Ukrainians. IOM offers a program for substance abusers; however, no one has yet availed themselves of this service. Among MHPSS TRG partners, very little has been reported in terms of substance abuse harm reduction or treatment. At the national level, the National Anti-Drug Agency is responsible for implementing national policies and strategies related to drug control and prevention, and the provision of education and support services to individuals and families affected by drug abuse. The Center for the Prevention of Alcoholism and Drug Addiction provides counseling and support services to individuals struggling with addiction and raising awareness. Ultimately, the Ministry of Health is responsible for developing and implementing policies related to alcohol and drug use. They do so by working closely with healthcare professionals and community organizations on prevention and harm reduction initiatives.

Take steps to develop a sustainable mental health

Since 2014, Moldova has been implementing reforms to its mental health system through the MENSANA program. The first phase spanned

*system during early recovery
planning and protracted
crises*

2014–2018 and the second 2018–2022. The program is now in its third phase, which will last until 2026. The third phase will focus on strengthening the progress achieved in phases 1 and 2 and ensuring the overall sustainability of the reforms. Through the program, MENSANA has progressively developed the capacities of the CMHCs by providing mentoring and training, while also supporting the transition from an institutional model of care to a decentralized, community-based model.

Poland

Standards

Number of refugees from Ukraine as of 13 June 2023: 994,775

Coordinate mental health and psychosocial support across sectors

The inter-agency MHPSS TWG, co-chaired by WHO, UNHCR, and the Institute of Psychiatry and Neurology (IPIN), coordinates with the Ministry of Health (MoH) on the overall health situation and needs. TWG also works closely with the Ministry of the Interior and Administration (Moi) as a key counterpart for refugee-related matters to ensure cross-sectoral coordination. Presently, it has more than 250 participants from over 80 organizations, including 36 INGOs, 25 NGOs, eight policymakers, five UN organizations, and six academic institutions.

Develop programs based on identified needs and resources

A rapid MHPSS situational analysis was conducted by WHO in March 2022¹³, which was followed by a rapid MHPSS needs assessment conducted by IMC.¹⁴ These assessments identified the following key needs and gaps in services:

- ensure humanitarian partners use key IASC/WHO MHPSS resources in Polish and Ukrainian languages;
- ensure inclusion of MHPSS in Protection and Health assessments as well as programming;
- ensure access to PFA, Basic Psychosocial Support and Self Care trainings for responders;
- ensure that accurate and up-to-date information is shared with refugees regarding their rights and responsibilities and what services are available to them in Poland and the EU; and
- coordinate with relevant ministries in developing MHPSS services at all levels.

In the summer of 2022, the TWG organized a training needs assessment and prepared a capacity-building workplan for frontline workers and MHPSS respondents in Poland. This work plan is being successfully implemented.

In August and September 2022, the RCF undertook a multi-sectoral needs assessment (MSNA¹⁵) for refugees from Ukraine in Poland, interviewing 1,252 refugee households from Ukraine (1,147 refugees outside of collective centers and 105 in collective centers) in person. The findings indicated that 13% of interviewees felt upset, anxious, worried, agitated, angry, or depressed to the degree that it affected

¹³ <https://reliefweb.int/attachments/c9c4432e-570e-30f0-bf2e-c1f0b6df6b7d/updated.WHO%20Poland%20MHPSS%20Rapid%20Situation%20Analysis%20Report.16%20March2022%20%281%29.pdf>

¹⁴ <https://reliefweb.int/attachments/c9c4432e-570e-30f0-bf2e-c1f0b6df6b7d/updated.WHO%20Poland%20MHPSS%20Rapid%20Situation%20Analysis%20Report.16%20March2022%20%281%29.pdf>

¹⁵ <https://data.unhcr.org/en/documents/details/97651>

their daily functioning. Moreover, 86% stated that they had obtained MHPSS services.

Work with community members, including marginalized people, to strengthen community self-help and social support

The Ukrainian refugee community in Poland receives social support through various channels, including the employment of Ukrainian MHPSS professionals by local municipalities and NGOs. Temporary licenses are available for medical professionals from Ukraine to practice in Poland. Various integration activities involving the host community and refugees are taking place on a regular basis. However, there is a lack of targeted projects for marginalized groups within the refugee community, such as Roma, people with disabilities, and those residing in common shelters. This gap may lead to discrimination and further marginalization. Of particular concern are reports of rights violations occurring at the Polish-Belarusian border, including the violations of the rights to seek asylum and to personal security¹⁶.

Orient staff and volunteers on how to offer psychological first aid

Since March 2022, INGOs have been providing PFA trainings and PFA ToT sessions to civil society members, including first-line responders. In March 2023, WHO CO Poland organized PFA ToTs for psychologists from the State Fire Service and members of the MHPSS TWG. Additionally, IFRC and the Polish Red Cross have established a pool of PFA trainers and supervisors. In collaboration with WHO CO Poland, Polish Red Cross conducted PFA orientation sessions for Fire Service Cadets in Poznań. Furthermore, WHO CO Poland partnered with the Institute of Sport and the Olympic Refugee Foundation to deliver a PFA Sport ToT, targeting sports teachers, coaches, and school psychologists from each voivodeship (regions). Those who have completed training are being supervised by experienced PFA supervisors from IFRC.

Make basic clinical mental healthcare available at every healthcare facility

In early 2022, Poland initiated a mental health reform, transitioning from institutional to community-based mental health care. As part of a pilot project, many community mental health centers were established throughout the country, offering accessible outpatient consultations with psychologists and psychiatrists. Earlier this year, the WHO CO facilitated a series of workshops aimed at adapting WHO mhGAP to the Polish context.

Make psychological interventions available where possible for people affected by prolonged distress

All temporary protection holders in Poland have equitable access to healthcare, including mental healthcare. MHPSS services are available to Ukrainians through a range of NGO and municipal programs. There are also 22 hotlines offering support, of which six specifically deal with suicidality. Prescriptions for psychotropic medications issued in Ukraine are also valid in Poland. A leaflet was prepared to inform people in Ukraine about this possibility so that they could prepare before leaving Ukraine and bring their prescriptions with them. These leaflets were disseminated in Polish, Ukrainian, and English both online and in printed

¹⁶ <https://hfhr.pl/upload/2023/02/report-eng.pdf>

versions at reception points in Poland (Blue Dots run by UNICEF and UNHCR) and in Ukraine.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

The Commissioner for Patients' Rights is a central body in the governmental administration, reporting directly to the Prime Minister. One of the laws addressing the protection of the rights of patients with mental health conditions is the Act of 19th August 1994 on Psychiatric Healthcare.¹⁷ This law protects the basic rights, including the right to informed consent, confidentiality and refusal of treatment for all patients; however, these rights are still often violated in practice. Many NGOs in Poland have dedicated their work to protection of the rights of patients with mental health conditions. Examples include the Foundation efKropka¹⁸, which strives to change the prevailing negative public perception of mental disorders as well the negative self-perceptions people with mental health conditions often have of themselves. The Polish Institute of Open Dialog Foundation¹⁹ (an NGO which promotes, among others, deinstitutionalization, a recovery approach and destigmatization) runs a pilot project aimed at building a network of community-based mental health centers²⁰ for adults.

Minimize harm related to alcohol and drugs

The main documents regulating alcohol and substance use are the Public Health Bill²¹ and National Health Program for 2021-2025²². The State Agency for the Prevention of Alcohol-Related Problems is a government agency established in 1993 under the authority of the Minister of Health. Its main responsibilities include developing laws and action plans related to alcohol consumption, preparing national programs, providing information and education, and overseeing municipal and provincial authorities. The agency engages in public and professional education to raise awareness and knowledge about alcohol-related issues. It has organized several public awareness campaigns, including initiatives against domestic violence, alcohol abuse, violence against children, access to alcohol for minors, and alcohol consumption during pregnancy. The National Bureau for Drug Prevention is responsible for implementation and coordination of national policies to reduce the use of narcotics and psychoactive substances. In 2022, the Bureau ran a hotline to assist individuals from Ukraine with addiction problems.

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Numerous actors involved in refugee response activities are investing in strengthening their capacity for MHPSS coordination in emergencies. They have also taken steps to promote and implement scalable psychological interventions such as Problem Management+, Self Help Plus+, and Doing What Matters in Times of Stress.

¹⁷ https://archiwum.rpp.gov.pl/gfx/bpp/userfiles/_public/about_us/ustawa19081994.pdf

¹⁸ <https://ef.org.pl/in-english/about-us/>

¹⁹ <https://otwartydialog.pl/>

²⁰ <https://czp.org.pl/>

²¹ <https://www.gov.pl/web/zdrowie/ustawa-o-zdrowiu-publicznym>

²² <https://www.gov.pl/web/zdrowie/narodowy-program-zdrowia-2021-2025>

Romania

Standards

Number of refugees from Ukraine as of 18 June 2023: 136,075

Coordinate mental health and psychosocial support across sectors

The inter-agency MHPSS sub-Working Group (SWG), co-chaired by WHO, MoH, and a national NGO, the Estuar Foundation, has strong collaboration with UNICEF, UNHCR, and IOM to ensure cross-sectoral coordination. As co-chair, WHO has been participating in the meetings of the other working groups such as Youth and Adolescents, SRH, GBV, and Protection. The MHPSS SWG currently has 70 members from 42 organizations.

Develop programs based on identified needs and resources

According to MSNA²³, out of 118 households, 14% of heads of households (HoHHs) believed that at least one person in their household had mental health concerns that affected their daily functioning. Of the household members that sought support, 38% received it, while 44% reported that they did not and 18% did not know. A subsequent assessment conducted by WHO revealed language barriers and a degree of hesitation among Ukrainian refugees in seeking psychological assistance from Romanian psychologists. Consequently, WHO established a network of cultural mediators who are fluent in Ukrainian or Russian. These trained mediators offer a range of valuable services, such as community-based psychosocial support, individual and group counseling, social support and networking, and capacity building.

Work with community members, including marginalized people, to strengthen community self-help and social support

The government initiated a pilot project "Out of Care for Children" to provide psychological services to children with special needs, with the intention of integrating such services permanently within the national system. Other organizations, such as the Romanian Association for Health Promotion and the Romanian Federation of NGOs for Development, are assisting marginalized communities, promoting community health programs and sustainable development. For instance, in Mures, many activities aimed at strengthening community self-help and social support for marginalized populations are implemented by cultural mediators. The Romanian National Agency for Roma implements policies and programs for the social inclusion of Roma communities, including self-help and social support initiatives, community development, education and training, and social assistance programs.

Orient staff and volunteers on how to offer psychological first aid

The provision of PFA plays a vital role in addressing the needs of individuals affected by conflict and displacement. INGOs and organizations such as ACF, Medicine du Monde, IFRC, WV, and IOM have developed PFA training programs specifically for their staff and volunteers working in the region. Recognizing the importance of PFA,

²³ <https://data.unhcr.org/en/documents/details/98371>

WHO has also developed a digital app to support first responders in providing PFA and to serve as a valuable practical resource.

Make basic clinical mental healthcare available at every healthcare facility

Romania faces a shortage of qualified mental health professionals, sporting a professional-to-patient ratio that is below the European average, particularly for clinical psychologists and social workers. Ukrainian refugees in Romania have the same rights and access to mental health services as Romanian citizens. However, due to language barriers, it can be challenging for refugees to access the available services. Efforts are being made to address these language barriers and ensure that refugees can effectively access the mental health services they are entitled to.

Make psychological interventions available where possible for people affected by prolonged distress

WHO has supported the development of the MHPSS Cultural Mediators Network in Romania. Available MHPSS services include individual and group counseling as well as community-based interventions (support groups and resilience-building activities), which are offered by a variety of public and private providers. The national health insurance system covers some mental health services, but access to care can be limited, particularly in rural areas. Private providers also offer MHPSS services, but such services may not be affordable for all.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

The Mental Health Law²⁴ from 2016 supports protection of the rights of people with mental health conditions, including the right to informed consent, the right to confidentiality, and the right to access medical and social services. Romania has begun to focus on deinstitutionalization, which involves the gradual closure of large psychiatric hospitals, shifting towards the development of community-based mental health services and supports. There are several organizations in Romania that monitor the treatment of people with mental health conditions in hospitals and institutions and advocate for their rights. For example, the Romanian Association for the Promotion of Mental Health works to promote the rights of people with mental health conditions and to improve the quality of mental health care in Romania.

Minimize harm related to alcohol and drugs

Romania shows high rates of alcohol abuse (alcohol consumption has a cultural component) and drug addiction. As a result, considerable efforts are being made to minimize harm related to alcohol and drugs, in line with the legal framework²⁵ that regulates the production, distribution, and sale of alcohol and drugs. Romania has also implemented measures to reduce the availability of alcohol and drugs, including restrictions on advertising and sales to minors. The National Anti-Drug Agency in Romania is responsible for monitoring drug use trends and developing evidence-based policies and interventions to address drug use and related harms. Currently, the Jesuit Refugee

²⁴ <https://legislatie.just.ro/Public/DetaliiDocumentAfis/178134>

²⁵ <https://legislatie.just.ro/Public/DetaliiDocument/66456>

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Service started implementing Addiction Help Groups (AA groups) for Ukrainian refugees.

Concrete steps are being made to build a sustainable mental health system in Romania, involving government agencies, healthcare providers, and service users. The goal is transition from a centralized to a decentralized system of mental health care, with better integration of community services, primary health care and specialized services. Efforts are also being made to prevent unnecessary hospitalization, reduce hospital stays, and educate communities about the role of primary care centers.

Slovakia

<i>Standards</i>	Number of refugees from Ukraine as of 18 June 2023: 118,907
<i>Coordinate mental health and psychosocial support across sectors</i>	The inter-agency MHPSS sub-Working Group (SWG), co-chaired by WHO and a national NGO, the League for Mental Health, closely coordinates with RCF, the Steering Committee of the Slovak Government for Migration, and other national authorities. The TWG currently has 84 members from 39 organizations, including government agencies, NGOs, international organizations, and refugee-led initiatives.
<i>Develop programs based on identified needs and resources</i>	Overall, 27% of households living in collective centers (CCs) and 31% of those living outside of CCs reported having mental health needs in the last 30 days. Among them, 33% in CCs and 46% outside of CCs needed psychological counseling and psychosocial support. Among those who sought this support, 31% living in CCs and 52% outside of CCs were not able to obtain any when they felt they needed it. In response to the findings from the MSNA ²⁶ and the Public Health Situation Analysis and Needs Assessment for Refugees from Ukraine ²⁷ , a comprehensive set of services has been implemented to address the diverse needs of the affected population. These initiatives include the establishment of MHPSS service desks at refugee reception centers, MHPSS hotlines and the creation of referral pathways to connect vulnerable individuals and families with appropriate resources. Additionally, efforts have been made to expand community-based psychosocial support activities, offer focused psychosocial support services, and raise mental health awareness.
<i>Work with community members, including marginalized people, to strengthen community self-help and social support</i>	Several organizations have designed and implemented projects addressing the needs of Ukrainian refugees at the community level. They include the League for Mental Health, TENENET, People in Need, Ukrainians for Ukrainians, Integration Centre of the City of Kosice, IPCKo, Equita, Slovak Red Cross, IFRC and IOM. Opportunities have been created in these activities to allow refugees to participate in decision-making processes and have their voices heard. The Ministry of Labor, Social Affairs and Family, in collaboration with UN agencies, is operating a cash assistance program and several national projects addressing the specific needs of refugees from Ukraine.
<i>Orient staff and volunteers on how to offer psychological first aid</i>	Significant efforts have been made to provide training support to volunteers and staff of organizations involved in responding to the refugee crisis. The training focused on PFA, the MHPSS frameworks and standards, GBViE and Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH). The complete set of Inter-Agency Standing Committee (IASC) Guidelines has been translated with the support of WHO and introduced at the national level. As the needs of the affected

²⁶ <https://data.unhcr.org/en/documents/details/96557>

²⁷ <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-5169-44932-63918>

population continue to evolve, there is now a growing demand for expanding integration programs and providing more comprehensive recovery-oriented support.

Make basic clinical mental healthcare available at every healthcare facility

Refugees from Ukraine have been granted access to emergency medical care, including mental health care, in life-threatening situations since the beginning of the war. Since January 2023, all refugee children under the age of 18 are acknowledged as having the same rights and access to healthcare as Slovak children. However, there are still major issues regarding access to clinical mental health care for adult refugees because of the limited health insurance coverage and for all in general due to limited access to information, service capacity as well as language barriers. Efforts are being made by organizations such as the League of Mental Health, TENENET, Equita, and other NGOs active in providing specialized support to refugees, to increase accessibility of care and build capacity for community-based mental health care services.

Make psychological interventions available where possible for people affected by prolonged distress

Available MHPSS programs involve a range of interventions, including individual and group counseling, cognitive behavioral therapy, trauma-focused therapy, and psychosocial support services provided by TENENET, League for Mental Health, IPCKo, IFRC and other partners. These interventions are designed to be culturally sensitive and tailored to the unique needs of refugees, considering their experiences of displacement, trauma, and cultural adjustment. Access to specialized mental health care services, including more complex psychological support, remains challenging due to financial and language barriers.

Protect the rights of people with severe mental health conditions in the community, hospitals, and institutions

The rights of people with mental health conditions are protected by law, ensuring that they receive appropriate care and treatment and have their personal freedoms and autonomy protected. An integrated plan for mental health is being prepared at the national level under the leadership of the Ministry of Health of Slovakia as part of the ongoing mental health care reform to address the needs of the national population as well as refugees seeking safety in the Slovak Republic. Stronger advocacy is needed to ensure that individuals with severe mental health conditions can fully exercise their rights and receive the care and treatment they need.

Minimize harm related to alcohol and drugs

The government has taken a proactive approach to minimizing the harm caused by alcohol and drug use. They have implemented prevention programs targeting young people and raising awareness about the risks involved. Legislation has been passed to regulate the availability and use of substances. Age limits for alcohol purchases and strict penalties for driving under the influence have been enforced. Families of individuals dealing with addiction can access support services, including counseling and other forms of assistance. Recognizing the importance of international cooperation, Slovakia collaborates closely with other countries in the European Union and the United Nations by sharing best practices and conducting joint research. In the context of the refugee

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response, MHPSS service providers are extending their efforts to address the needs of host communities, in addition to those of refugees.

Slovakia has taken significant steps to improve its mental health services and supports for citizens. A new mental health policy was adopted in 2014, focusing on enhancing access to care, reducing stigma and integrating mental health into primary health care, while a national Mental Health Reform is under preparation. Slovakia also actively participates in international initiatives, such as the WHO pan-European Mental Health Coalition.