



# Rapid Mental Health & Psychosocial Support Situational Analysis

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# Section 1: Objectives

The primary objectives of this mental health and psychosocial support (MHPSS) rapid situational analysis are to:

1. obtain an understanding of perceived and identified needs among Ukrainian refugees arriving and staying in Poland;
2. identify key needs for MHPSS services; and
3. provide recommendations to strengthen the MHPSS humanitarian response in Poland.

# Section 2: Methodology

The methodology for this assessment included a desk review, interviews with key informants and focus group discussions with residents in five geographic locations.

A **desk review** of relevant assessment reports and policy documents included:

1. Humanitarian situation reports:
  - [UNHCR's Situation Reports on the emergency response in Poland and Ukraine](#)
  - Assessment Report Border and Reception Areas UNICEF UNHCR March 2022
2. [Care's Rapid Gender Analysis Ukrainian Refugees in Poland](#), 2022
3. [WHO's Mental Health Atlas, 2017. Poland profile](#)
4. [Multi-Agency Guidance Note for Mental Health and Psychosocial Support for Refugees, Asylum Seekers, and Migrants on the Move in Europe](#), 2015
5. MHPSS assessment reports:
  - WHO's MHPSS Rapid Situational Analysis in Poland for Ukrainian Refugee Response 2022<sup>1</sup>

Key informant interviews (KIIs) and site visits were conducted by International Medical Corps MHPSS Technical Advisor, Georgina Campbell, and a researcher and interpreter from Polish Migration Forum Foundation (Fundacji Polskie Forum Migracyjne, PFM), Magda Kondas.

We obtained verbal consent from participants in focus groups and KIIs at the beginning and told participants that they could stop the discussion/interview at any time if they felt uncomfortable.

We based the interview questions on free-listing questions described in the IASC MHPSS assessments in humanitarian crisis toolkit. [Tool 2: participatory assessment: perceptions by general community members](#).

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<sup>1</sup> The WHO report, "MHPSS Rapid Situation Analysis in Poland for Ukrainian Refugee Response" is available by contacting the author, Selma Sevkli, WHO/EURO Mental Health and Psychosocial Support Consultant, [sevkli@who.int](mailto:sevkli@who.int).

## 2.1 Site visits and focus group discussions/KIIs

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1. Site visits to three border crossing points between March 7–10: Medyka, Hrebenne and Krościenko.
2. Site visits to three reception centers near the Polish/Ukrainian border between March 7–10: the sports center in Medyka-Szeginie, the primary school in Hrebenne-Rawa Ruska and the full market reception center in the city of Rzeszów.
3. Site visits to two railway hubs near the border in Rzeszów and Przemyśl between March 7–10.
4. Between March 14–19 in Warsaw, site visits included the Central and Western train stations and three reception centers in the Central Sports Centre Torwar, Ptak Warsaw Expo and the Global EXPO Centrum, and visits to six Ukrainians staying in private accommodations around the city of Warsaw.

We gathered information through three focus group discussions (FGDs) with a total of 18 people (16 females and two males) in the Warsaw reception centers. The first group consisted of five women between the ages of 40 and 70. The second group consisted of seven people (six females and one male) between the ages of 14 and 40. A third group discussion was held with two families living in a hostel space that had been donated by a national museum, including three females, one male (between the ages of 40 and 70) and two children (girls between the ages of 8 and 13).

To understand the perceived needs of service providers, we held ad hoc and informal KIIs with 10 (six women and four men) volunteers working at transportation hubs and reception centers, and representatives from four local Polish NGOs delivering MHPSS and protection services.

## 2.2 Limitations

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Due to the majority of Ukrainians arriving in Poland being female it was difficult to engage men in the focus groups discussions. When asked, they usually declined.

Similarly, no third-country nationals (TCNs) leaving Ukraine were interviewed for this report. This is a voice of refugees who are so far missing from the conversations and planning. One reason for this is that, during the assessment, TCNs did not seem to be present in the reception centers, at the borders or in the accommodation sites. But representatives from the International Organization for Migration (IOM) have been participating in the MHPSS Technical Working Groups and are in the country, and are focusing more resources on ensuring that the needs of TCNs are also understood.

Due to the volunteers and service providers being busy, it was difficult to find a time or private space to follow structured key informant interviews (KIIs).

# Section 3: Background & Context

## 3.1 Refugee and Migration Crisis

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In recent years Poland has transformed from a country with net emigration to net immigration, due to the arrivals of both foreigners and returning Poles. Up until 2022, temporary immigration outweighed permanent immigration; however, this may soon change. In 2020, out of 14,386 temporary residence permits issued, 67% were for work, 14% for studies and 12% for family reunification. Most came from neighboring states Ukraine (72%) and Belarus (3%), as citizens of both of these countries have easy access to the Polish labor market on the basis of the employers' declarations (which waive the requirement for a work permit) or on the basis of the so-called [Card of the Pole](#) (acquired through Polish ancestry or other proven ties with the country).<sup>2</sup> Before 2022, there were an estimated 2 million Ukrainians living in Poland. There were also a sizeable number of Belarussians living in Poland, as well as immigration from countries such as India and Georgia.<sup>3</sup>

Due to the Russian Federation's military offensive, which began February 24, millions of refugees have been forced to flee Ukraine, while millions more have been displaced internally within the country. Humanitarian needs are increasing exponentially. Many people remain trapped in areas of escalating conflict and, with essential services disrupted, are unable to meet their basic needs, including safety, shelter, food, water and medicines.

Poland has received the majority of Ukrainian refugees fleeing the conflict. Polish authorities responded quickly, passing a law to allow Ukrainians to stay in Poland for 18 months and receive an identification card that facilitates access to cash assistance and services. TCNs fleeing Ukraine may enter Poland, but they have to leave Poland within 15 days of their first entry.

The Polish government also announced that all persons fleeing Ukraine do not need to register or worry about formalities at reception points. The same applies to Ukrainian citizens staying in Poland whose residence permits have expired. As a result, Ukrainians who have arrived since February 24 have not been registered by Polish authorities. To date, the Polish border guards have had the most accurate data on the number of Ukrainians crossing. Considering the scale and pace of the border crossings, the absence of registration procedures has enabled people to cross quickly to safety. However, it also omits the type of screening usually built into the registration of displaced people. There is no collection—and therefore no analysis—of data disaggregated by sex/gender, age, disability, nationality and destination point.

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<sup>2</sup> [https://ec.europa.eu/migrant-integration/country-governance/governance-migrant-integration-poland\\_en](https://ec.europa.eu/migrant-integration/country-governance/governance-migrant-integration-poland_en)

<sup>3</sup> <https://worldmigrationreport.iom.int/wmr-2022-interactive/>

## 3.2 Estimated Refugee Demographics

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According to World Bank data in Ukraine, females make up 54% of the population, while males make up 46%.<sup>4</sup> At this time, there is a martial law in Ukraine that forbids men 18 to 60 years old to leave the country. Accordingly, those Ukrainians arriving in Poland are predominately women and children. UNHCR's Ukraine response situation operational update on March 11 stated that 90% of refugees arriving in Poland are women and children.<sup>5</sup> There also are older people—predominantly women—as well as persons with disabilities and chronic pre-existing health conditions, LGBTQI persons and TCNs, that are arriving in Poland, each with distinct needs.

A March 10 survey by HelpAge International in Moldova found that 83% of older Ukrainian refugees are women, while 10% are men and there are no data on the remaining 7%. 62% of all older people reported that they are traveling with children, and 10% travelling alone. Assuming similarities with those arriving into Poland, this indicates a fundamental change in the social fabric of the Ukrainians arriving, with a generation of young and middle-aged men missing, and older men being represented in smaller numbers, along with men with pre-existing medical conditions that would prohibit them from joining military forces.

## 3.3 Health and Protection Needs of Ukrainians Arriving in Poland

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The Polish government announced that Ukrainians are eligible to apply for a PESEL number (the Polish acronym for “Universal Electronic System for Registration of the Population”), which means that Ukrainians will be eligible for state support, including cash assistance, access to health services and the ability to register with doctors, banks and schools.

Such access should be available until at least the end of the year. Information from the UN Health Cluster clarifies that primary and emergency health services will be covered in theory, but not “additional services.” Clarity is needed on whether refugees will be able to access the full package of mental health and psychosocial support services in Poland. The Health Cluster notes that, in theory, TCNs should have access to health services during the 15 days they can stay in the country.

After two years of the COVID-19 pandemic, the increase in Ukrainians seeking help will most likely put additional strain on an overstretched Polish health service. In *Maternal Neonatal Child Health*, UNFPA reports that an estimated 80,000 women in Ukraine will give birth in the three months beginning in March, many of whom will not have access to adequate maternal healthcare. In addition, 12,000 of that 80,000 will require lifesaving emergency obstetric and newborn care for complications in pregnancy. In the absence of any registration at the Polish border, it is unclear how many pregnant, breastfeeding or new mothers have arrived, where they are located and how they can be referred for critical

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<sup>4</sup> <https://data.worldbank.org>

<sup>5</sup> <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwir6a3Nr-H2AhWbQkEAHYoqAygQFnoECAwQAQ&url=https%3A%2F%2Fdata2.unhcr.org%2Fen%2Fdocuments%2Fdownload%2F91432&usq=AOvVaw2Pw9ozblYpmTlq11Gtfa5t>

services to prevent maternal and newborn mortality. This has the potential to disrupt or deny them access to necessary support.

Medical facilities at border crossings and reception centers all appeared to provide testing for COVID-19 and other infectious diseases, and were distributing masks, though uptake was low. Given relatively low rates of COVID-19 vaccine coverage and the fact that routine childhood vaccinations for polio and measles are below target among children in Ukraine, the spread of infectious diseases is a concern. As of February 2022, just 36% of Ukrainians had had a first dose of a COVID-19 vaccine. COVID-19 is particularly concerning for older people and people with underlying health conditions, as they are more at risk of experiencing severe illness and death.

Reports are emerging of sexual violence by Russian soldiers against Ukrainian women and girls in the country, as well as those fleeing it. There also are reports of sexual violence against Ukrainian women and girls staying with people in Europe. As in most displacement scenarios, women and girls are at very high risk during this refugee response and require support.

The lack of enrollment of new arrivals and no clear standard operating procedures (SOPs) or coordination in how new arrivals are received, plus the lack of vetting and verification of volunteers, means that there is a very high risk of exploitation and abuse, including woman and child trafficking from border posts, reception centers and in transit.

There also are trafficking concerns at transportation hubs and reception centers. There are very limited anti-trafficking movements in Poland and they need support in scaling up their support. Recently UNHCR representatives, border guards and others have started to give trafficking prevention messaging and flyers to refugees at the border, but more efforts are needed.

Unaccompanied children and women and children separated from their families also are vulnerable and at risk. At some border points it has been reported that border guards are letting only mothers and children pass. Therefore, children trying to cross with siblings, grandparents or other caregivers are not being allowed through.<sup>6</sup> There also are reports of children from large orphanages in Ukraine crossing the border together, but it is unclear how they are being supported and housed in Poland and neighboring countries. With the lack of enrollment and SOPs on the borders and in the reception centers, there are reports that people are unsure what to do and how to help unaccompanied children. More information is needed on the child protection mechanisms and systems within the Polish government.

### **3.4 Health and Mental Health Policies and Systems in Poland**

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Poland offers a free public healthcare system in which every Polish and EU resident has the right to accessible healthcare, supported by the National Health Fund (NHF). The main source of funding for public and free health insurance comes from a [mandatory contribution](#)

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<sup>6</sup> Assessment Report Border and Reception Areas UNICEF UNHCR March 2022.pdf

(an 8.5% deduction from individual income) from every Polish citizen. Poland offers private health insurance as well.

National health institutes and clinics of medical universities provide services at the national level. This division of responsibilities across these levels of government and levels of care makes the coordination of services more difficult, which has prompted an increase in private providers working at the primary healthcare level.

The primary care physician is typically the entry point into the health system, steering patients as necessary to more specialized care. Primary care physicians also provide a number of preventive services, such as screening and vaccinations. The role of primary care in the Polish health system has grown, as evidenced by the increased use of primary care services.

However, while preliminary diagnoses are meant to be conducted at the primary care level, the system of financial incentives in place in Poland means that doctors often push the cost of investigation onto specialist providers. This has implications for the care of people with chronic conditions in primary care and at the level of avoidable hospitalizations. In summary, the coordination of services—the role expected of a family doctor—is rarely performed.

Most hospitals are publicly owned, while outpatient (or ambulatory) care is predominantly delivered by private providers contracted by the NHF. On referral from primary care or specialist outpatient care, patients have a choice of hospitals for elective surgery, but face waiting lists that are often very [long](#).

### 3.5 Health and Mental Health Policies and Systems in Poland

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The Mental Health Care Act, which was introduced in 1994, places an emphasis on prevention, treatment and rehabilitation, rather than institutionalization of people living with mental health disorders. As a result of this act, mental health care is provided under primary and specialist healthcare, especially psychiatric healthcare, in the form of ad-hoc aid, outpatient care, day care, hospital care and community care in mental health clinics as well as in nursing homes.

Services for substance-use conditions are run through addiction therapy clinics, day units, withdrawal day units, hostels and longer-term accommodation for adapting to life without substances, as well as harm-minimization and substance-use reduction programs.

In 2018, a pilot community mental health care policy was bought in whereby community mental health centers were opened in some locations around the country. In these centers, the psychologist plays the role of gatekeeper and conducts initial assessments before referring people to doctors or psychiatrists. In the case of emergencies, such appointments can be arranged within 72 hours. Psychologists in these centers also offer longer-term psychological interventions, such as evidence-based talking therapies (psychotherapy). These new centers place more focus more on early identification of mental health issues, and coordinate community care to facilitate prevention and recovery in the community.

For locations without a community mental health center, the quickest way to access mental health services are through a visit to a GP and a referral to a psychiatrist.

There are often long waiting times to see psychiatrists. The psychiatrist will decide if a person requires hospitalization or if they can be treated in the community. If they require hospitalization, then people can go to a psychiatric hospital or a psychiatric ward in a general hospital. Upon leaving the hospital, they can receive support through outpatient units and mental health care clinics.

There are private psychological and psychotherapy organizations and clinics that offer private services, but they can be prohibitively expensive.

Because Polish Ministry of Health (MoH) has identified a lack of child and adolescent mental health services in Poland, including an insufficient number of services for children and adolescents with developmental disorders, 343 community centers for psychological and psychotherapeutic care for children and adolescents have been opened since 2020. There also are 38 psychiatric wards, 45 day wards and 153 psychiatric outpatient clinics around the country. The MoH is currently developing standards for diagnosing and treating children and adolescents with mental health disorders at the primary, secondary and tertiary healthcare levels, and are training new staff to work as child and adolescent psychotherapists. During a recent presentation to the MHPSS Technical Working Group, representatives from the MoH explained that Ukrainians also will have the right to access care from this new segment of mental health services in the country.

## Section 4: MHPSS Coordination

Coordination and collaboration is led by WHO, UNHCR and local Polish NGOs through Polish Humanitarian Action (PAH), which also is liaising with the Ministry of Health.

The MHPSS Working Group was established in March 2022; the terms of reference are in the process of being finalized and will be disseminated. Currently, there are weekly online meetings on Thursdays at 11 a.m. CET.

International Medical Corps, Plan International and Save the Children, with support from UNHCR, are co-chairing a capacity-building subgroup to establish ways to roll out effective and efficient training, especially in psychological first aid (PFA) for both adults and children, throughout the country.

Ongoing 4Ws MHPSS service mapping is underway, including international and local NGOs.

## Section 5: Assessment Results

### 5.1 Polish Refugee Response

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Polish civil society mobilized swiftly in response to the war, with an estimated volunteer presence of 200,000 people. These individuals organized themselves through Facebook,

Telegram, Instagram, WhatsApp and other social media platforms. Some have taken annual leave from their day jobs; some work shifts around their daily routines and daily jobs.

These volunteers wear high-visibility yellow jackets with name badges indicating which languages they speak. These jackets have become a recognizable symbol throughout Poland for help. This was referenced during the FGDs, when participants asked if they could find that clear sign of help and support in different countries.

At border crossing points, volunteers are joined by local social organizations, such as the scouts, which take shifts welcoming the Ukrainians and offering them food and drinks. Some of the volunteers share information, but information generally is very limited and communicated through handwritten posters, megaphones or by volunteers in an ad-hoc manner. A joint assessment report by UNICEF and UNHCR reported that many of these volunteers and civil society organizations felt that they did not need any training or capacity building support.

At some of the border crossings there are tents set up by Polish Humanitarian Action (PAH) and Polish Red Cross and Caritas. We were told by volunteers that those tents were for medical assistance, but were unable to talk to the people in them. At other border crossings, members of the Polish fire services provided basic medical care.

Different crossing points are busier depending on what is happening in Ukraine, where the conflict is and what is happening at the border itself. Long queues have been reported, with people abandoning their cars and choosing to walk, and people arriving by train and walking from the train stations to the border—a walk that can be 15 km long.

Once across the border in Poland, in addition to the basic help offered by volunteers, civil society and local NGOs, a high number of individuals—observed to be almost exclusively men—have been offering refugees free rides to, and accommodation in, Polish and other European cities. Though the majority may be well-intentioned, their presence adds to confusion at the sites and provides a perfect cover for preying on refugees, many of whom arrive tired and disoriented.

After crossing the border, the Ukrainians have an option to go to reception centers in smaller towns and cities near the border. They *do not have to go* to these reception centers, and many have managed to organize private accommodation through friends of friends, and/or private accommodation offered by Polish families who are happy to host Ukrainians. Similarly, there have been local initiatives by business owners and enterprising individuals to create “hostels” or private accommodation for family groups, repurposing empty office spaces, museums, churches or libraries into living spaces for as many as 200 people. The quality of these living spaces varies depending on the buildings available, what they were before and how they have been repurposed. In the hostel visited by the author of this report, there were two to three families living with one room each to sleep in, a shared communal kitchen, a shared living space, and two bathrooms and a washing machine—all in the archives of a museum.

There also are reception centers all over the country, in cities and towns of all sizes. In Rzeszów, there is a reception center hosting 500 people in an empty department store. In the border town of Hrebrenne, the local authorities have given access to a school (because Polish students are having their classes online). This reception center can host more than

500 people. In the border town of Medyka, the reception center—located in a school gymnasium— can host more than 1,000 people. In Warsaw, the reception centers are in large expo centers in the middle and outskirts of the city, and can host upwards of 2,000 people.

If people decide to go to the reception centers, they are now more likely to be met by a few members of the Polish military/territorial army or police, who are beginning to restrict the number of people who can come and in and out. There usually is a coordinator for the reception center who is a representative from the local authorities (or one of the business owners, in the case of the expo center). There also are large numbers of volunteers who wear high-vis yellow jackets.

When a person arrives, they register with the reception centers—but it is unclear where that information is kept, and by whom. Ukrainians are given wrist bands to wear, so they can be identified and are able to go in and out of the reception center. They also are given a free Polish SIM card and free/cheap phone contracts, to get good access to data and phone services.

Within the reception centers, large halls and spaces are dedicated sleeping areas, where camp beds are placed in rows and people are given bedding. Separate areas are dedicated to food. Volunteers are in charge of cooking and organizing three meals a day, addition to free snacks and drinks that are provided by ongoing donations from the local and international community. There are clothes and shoes that people can choose from, whenever they need them. There are large amounts of push-chairs, baby milk formula, bedding and clothes, stored in separate spaces and made available for people who need them. The reception centers often place white boards outside the centers with a detailed list of needs; people then meet those needs with donations. The Ukrainians arriving are met with warmth and support, but these reception centers are designed to host people for 1 to 48 hours, not long-term. This is evidenced by the fact that, although basic needs (such as food, clothes and a place to sleep) are met at the center, there are not enough WASH facilities for long-term accommodation.

There are often spaces in these halls for young children, with toys and activities, drawing materials and the chance to watch some cartoons or engage in different activities run by volunteers and some of the Ukrainians themselves. Some mothers feel safe enough to send their children to these spaces, but others were observed to want to keep their children close by their sides. In the Warsaw reception centers, Ukrainians know that they are only expected to stay for between 24 to 48 hours; however, some people are staying for longer (up to two or three weeks, and counting), saying that they don't know where else to go. Though volunteers are sharing information in the reception centers about possible accommodation and travel to different locations through loudspeaker announcements and handwritten messages on notice boards, this is leaving many people confused, and they are struggling to make a decision and seeking information online.

At the transportation hubs, such as train and bus stations, volunteers have created information points with handwritten signs where they give people different options about where and how they can travel to different locations in Poland and Europe.

Staff members of the Polish fire service are often present to offer medical support and help to coordinate transport. However, coordination between the fire service and volunteers is unclear.

Again, there is a high number of individuals—observed to be almost exclusively men—present at these transportation hubs and reception centers, offering refugees free rides and accommodation in Polish and other European cities. Though the majority may be well-intentioned, their presence adds to the confusion at the sites, and provides the perfect cover to prey on refugees, many of whom arrive tired and disoriented.

## 5.2 Current Problems and Stressors Among Refugees

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The majority of people leaving Ukraine have described how difficult it was to make the decision to leave, but finally decided to leave for different reasons. Some said:

- they did not want to sit and do nothing while conflict raged around them;
- they felt that if they stayed they would be left deciding to “die by bullets or die by hunger”;
- their husbands had pushed them to leave while their husbands stayed to protect their houses and their property, and to fight for their country; and
- they felt guilt and shame about leaving Ukraine, feeling that they left “too early” or they “should have stayed.”

Many people talked about their own experiences of war, including making reference to the noises and sounds of shelling and bombing. Others described their shock that there was a full-blown invasion; they described spending their times before leaving repurposing bottles into Molotov cocktails, something they had never imagined they would do.

Everyone talked about wanting to go home to Ukraine as soon as they could, while feeling relieved and supported by the warmth and welcome offered by the Poles.

**During focus group discussions the most common problems and stressors identified were:**

**Lack of access to cash.** People talked about Ukrainian currency being “worthless” against the Polish zloty, and found it hard to exchange cash. If they have bank accounts with euros or dollars, they could use Polish ATMs; however, most people do not have those types of bank accounts, so they cannot take out money. If they have bank cards with Visa or MasterCard, they can pay for items with their Ukrainian bank cards, but their money does not stretch far against the Polish currency. They said that not being able to access cash is stressful, as they want to find accommodation and places to go but can’t do that without money.

**Lack of clear information.** People talked about not having enough information about Poland before they decided travel there; not enough information about what it would be like when they got there; not enough information about where to go in Poland or Europe, and what other countries would be like once they got there; and not enough information about how they can work, enroll in schools, access cash and register for their PESEL numbers.

On the point of getting a PESEL number some people said that they “felt very confused by the lack of information because I felt like there was something really important that I had to do, and I knew I had to do it but I did not know how to...it felt like something was sitting on my back and I couldn’t get it off me”. The result of not having enough information or only finding bits and pieces here and there is that people are then left to put those pieces together and they can get things wrong. Or they can end up spending hours searching for information which is also creating stress.

**Lack of long-term accommodation.** All participants used positive language about their life in Poland, such as, “I want to work,” and “I want to live a life.” The foundation of this, they said, starts with stable and secure accommodations.

Some participants who had lived with a Polish family in the initial weeks after leaving Ukraine said that they were overwhelmed by the kindness of these strangers, but they felt it was an awkward situation. They would cook and clean to try and reciprocate the kindness shown, but it was awkward for all parties.

People currently living in the reception centers also talked about finding accommodations. They explained that although they felt grateful for the accommodations provided, it lacked privacy and dignity. For example, there is no space for people to get dressed and undressed unless they go to the showers—but there are only four showers for more than 500 people. As one person explained, “I wake up at 4 a.m. to make sure I can wash and get dressed.”

In addition, they said that there were no lockers, so they did not know what to do with their possessions. They described having to ask their neighbors to watch their possessions if they wanted to go anywhere, or just walking around with their most valuable items at all times. They explained that there were starting to be thefts and robberies. In the reception centers there were sometimes a separate sleeping space for mothers with babies, but other times everyone was in the same space: men, women, girls, boys and families of all ages.

**Problems with sleep.** Participants described having problems with their sleep for different reasons.

In the reception centers, some said that the place was too noisy (examples were given of dogs barking and babies/children crying), too crowded and too light to sleep (there were discussions about when and if the lights were switched off), and so people were not getting any rest even though they were staying there for weeks.

In another focus group, participants said that they felt tired, exhausted and overwhelmed by everything that was happening, and all they wanted to do was sleep. Those staying in the hostel described some families arriving and sleeping for a week because they were so overwhelmed.

In the reception centers, in spite of the noise and business, many people seemed to spend their days lying on their beds either watching their phones for news or sleeping. They said they did not know what else to do. Others said they were trying to sleep during the day as it would get too cold at night. They talked about people getting sick because it was cold.

**Loss and separation.** All participants shared their experience of loss and separation, including the sadness and distress at having to leave their male family members (husbands, brothers, sons, uncles and nephews) behind in Ukraine or at the border. They talked about

their eagerness to stay connected and to talk to their loved ones, but also about the fear that this instills in them.

Participants described feeling ashamed and frustrated at the loss of their daily routines, their jobs, their education, their property and their beloved possessions.

Some of the university-aged young people talked about trying to stay connected to their education by attending online remote classes with their universities, but in the reception centers they could not find a quiet place to do this. Some of the women talked about feeling confused about what to do with their jobs, thinking of ways they could remain connected and employed remotely.

**Fear and worry.** People reported feeling scared of what they had experienced, and worried and unsure about the future. They described their worry about their family and friends in Ukraine, questioning if they should go back or whether they did the right thing by leaving. They worried about what is going to happen to them. Many said that they are worried about how long this welcome will go on, as they are aware that there are so many people with the same needs—they worry that the Polish and European people will be overwhelmed and start to feel negatively toward them.

**Health.** Mothers talked about being worried about the health and well-being of their children. They also talked about the health of older adults who were arriving with pre-existing health conditions and did not know how to access care in the Polish healthcare system. For example, during a field visit there was an elderly man who needed dialysis for kidney disease. He was asking the paramedics and ambulances at the reception center both from private and national health systems for help, but there was no clear coordination or decisionmaker to help him. After pressure, a private firm decided to take him to a hospital, but whether he received care is unknown. The lack of clear coordination and authority over how to make these services available is creating confusion and distress among the Ukrainians.

Those staying in the reception centers said that there is a place to get medical services, but there are not very many medicines in it, so it is hard to get something as basic as paracetamol for headaches. In addition, those people in the medical points do not speak Ukrainian, so it is hard to communicate. They also talked about wanting access to psychologists.

**At-risk groups.** Vulnerable groups include mothers with young children, as well as unaccompanied children and adolescents. There were some examples of 17- and 16-year-olds crossing the border by themselves and living in reception centers, with volunteers unclear how to help or what steps were needed to find support for these young people.

### 5.3 Common Coping Strategies

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**Keeping busy and finding distractions.** People described trying to keep as busy as possible. Participants described trying to find accommodations and transport, and making decisions about where to go and where and how to start their new lives in Poland. Many talked about wanting to enroll in Polish language classes or going to signing/dancing/exercise classes to make themselves feel better. They also looked for

support finding work and getting a more normal daily routine for their children, including enrolling them in schools. Those that could were still attending remote classes with their schools back in Ukraine.

**Forming new friendships for social cohesion and support.** Participants in the reception centers as well as in private accommodations talked about the benefits of finding solidarity among fellow Ukrainians. Mothers talked about how they are staying close to others' mothers, so if they find work they can share childcare duties with each other. Young people talked about feeling supported by finding new friendships and meeting new people their own age.

An older woman talked about the equality she felt between the refugees. For example, she said that in Ukraine there were divides in society about how much money and education you had, but in the reception centers everyone felt equal and everyone was supporting each other.

When reflecting on social relationships, some people pointed out that there were also clearly some stresses and problems happening between families, and one saw families fighting with each other in the reception centers, but said that people just mind their own business when this happens. Some people talked about thefts happening between Ukrainians, as well as the fear that this might undermine social cohesion, especially if they have to live in reception centers for months.

One woman described feeling quite frustrated by seeing men at the reception centers, then clarified this by saying she meant younger men, not older men, as she felt the younger men should have stayed in Ukraine to fight.

**Religious beliefs.** Ukraine is a religious country and people spoke about their faith and how engaging with local churches might make them feel better. They also described wanting access to Ukrainian communities' centers and hubs so that they could practice their religious beliefs.

**Limiting the amount of time they spend searching for information and watching the news.** Some participants recognized that they were spending too much time watching the news and trying to find out what was happening. They said this was having negative impacts on their health and mental health so they had started to limit the amount of time they spend looking for information.

## 5.4 Input from Service Providers

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**Available services and service providers.** Ad-hoc and informal KIIs with reception center volunteers described the different services available at the centers.

Volunteers had clear aims and stated that their roles were to offer basic needs (clothes, shoes, food, hygiene and baby items), information and help finding transport and longer-term accommodation.

Many of the service providers we consulted stated that they offered the following services.

- Psychology-led mental health support (similar to PFA but referred to as crisis interventions).

- Psychology-led helplines, which offer support to Ukrainians and to Polish families and volunteers who are burning out and becoming overwhelmed.
- Some offered psychological interventions for children and adolescents, while others did not have the capacity for that and focused more on support for women, especially survivors of domestic violence and gender based violence. This involves psychological support as well as help accessing legal services and sometimes crisis housing.
- Those service providers who have worked on migration in Poland for many years highlighted the need to offer support integrating migrants into Polish culture, as this is not a priority of the government. Therefore, there is a need for intercultural assistants who could support children and adolescents in the Polish school systems and provide advocacy services.

Service providers and some volunteers highlighted that in this current response they needed:

- **A structured vetting and registration process for volunteers and service providers.** Volunteers recognized that “anyone could put on a high-vis jacket, write volunteer on the back and are free to move anywhere.” Although the volunteers were very proud of what they had achieved, some recognized that they felt conflicted about the processes that had been set up. For example, one volunteer said that after getting to know and caring for a family for 48 hours, she helped them get into a van to go to another city, yet “no one vetted that van, no one really knew who the people were or if they would arrive where they should. But they can’t stay here....It is strange.”
- **Training, especially in psychological support.** More established MHPSS service providers recognized that some people had degrees in psychology and were calling themselves clinical psychologists, but did not have the training. There was a fear that these people could do more harm than good. Similarly, there was a tendency among volunteers and some service providers to view all Ukrainian refugees as traumatized, instead of recognizing what were normal emotional reactions to abnormal and distressing events. Over-pathologizing this way creates risks that people could miss out on the help they need.
- **Self-care.** Volunteers and service users alike identified that they were overwhelmed and tired, and needed some support and help.
- **Language services.** Volunteers and service providers recognized the need for help with language and interpretation. Though they often tried to listen to people and help them feel supported, they knew that they could not really communicate or be understood. This demonstrates the urgent need to recruit Ukrainian psychologists in particular, but risks overwhelming them with too much work.
- **Education.** Service providers explained that providing help for integrating Ukrainians into Polish schools will be important.
- **Childcare.** Creating safe and regulated childcare and kindergarten facilities will also be a need as Ukrainian mothers start to find work. Kindergartens are already in short supply in Poland, so this will be an area in need of support.

In general, there is strong capacity among local NGOs; however, they were all open to receiving help to learn how to scale up their interventions and services in efficient and effective manners, and know when and how to scale down when the crisis calms.

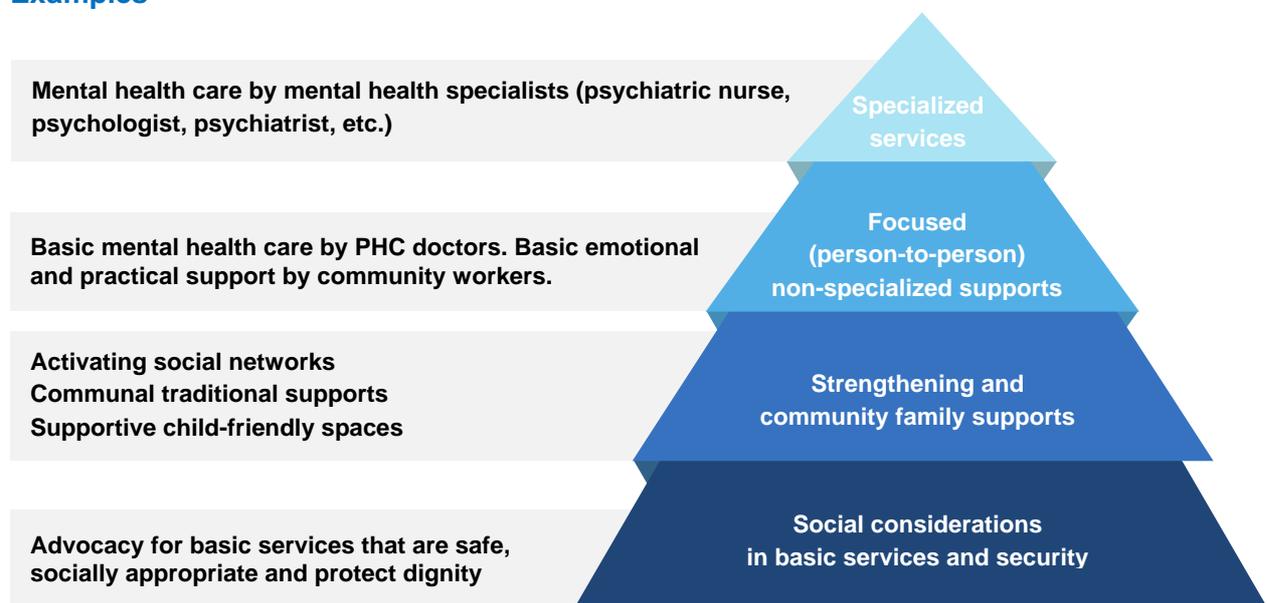
## 5.5 Global MHPSS Recommendations

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Global standards outlined in the [Inter-Agency Standing Committee \(IASC\) Guidelines on Mental Health and Psychosocial Support in Emergency Settings \(2007\)](#) include recommendations on different levels of mental health and psychosocial intervention using a pyramid approach, with basic needs and social considerations at the foundation, and increasingly advanced services at the top with specialized mental health services. Additionally, key recommendations have been outlined in the Multi-Agency Guidance Note for [Mental Health and Psychosocial Support for Refugees, Asylum Seekers, and Migrants on the Move in Europe \(2015\)](#). We make the following recommendations to address the various MHPSS gaps identified throughout this assessment, including ways in which the availability, accessibility and coordination of MHPSS services could be strengthened and the capacity of MHPSS staff and other support staff could be enhanced.

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### Examples



## 5.6 Introduction to Recommendations

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When conducting key informant discussions with service providers there is always a risk of over-pathologizing the refugee experience and perceiving that all people are traumatized. This view can focus care in one direction while ignoring other common mental health presentations that occur after distressing events, such as normal stress reactions to abnormal events. Though these emotions will be felt intensely by the individuals, it is social interventions—such as strengthening family support systems and strengthening social supports and connections—that will support these people. Specialized trauma-based services are not always appropriate.

There are various types of social and mental health problems in any large emergency.

### Social problems

1. Pre-existing: e.g., poverty and discrimination of marginalized groups;

2. Emergency-induced: e.g., family separation, lack of safety, loss of livelihoods, disrupted social networks, and low trust and resources; and
3. Humanitarian response-induced: e.g., overcrowding, lack of privacy and undermining of community or traditional support.

### **Mental health problems**

1. Pre-existing: e.g., mental disorders such as depression, anxiety, schizophrenia or substance-use conditions, including the harmful use of alcohol;
2. Emergency-induced: e.g., grief, acute stress reactions, harmful use of alcohol and drugs, and depression and anxiety, including post-traumatic stress disorder; and
3. Humanitarian response-induced: e.g., anxiety due to a lack of information about food distribution or about how to obtain basic services.

Most people affected by emergencies will experience distress (e.g., feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger and/or aches and pains). This is normal and will for most people improve over time. However, the prevalence of common mental disorders such as depression and anxiety can more than double during a humanitarian crisis. The burden of mental disorders among conflict-affected populations is extremely high: [WHO's 2019 review](#)<sup>7</sup> of 129 studies in 39 countries showed that among people who have experienced war or other conflict in the previous 10 years, more than one in five people (22%) will experience depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia. According to WHO's review, the estimated prevalence of mental disorders among conflict-affected populations at any specific point in time (point prevalence) is 13% for mild forms of depression, anxiety and post-traumatic stress disorder, and 4% for moderate forms of these disorders. The estimated point prevalence for severe disorders (e.g., schizophrenia, bipolar disorder, severe depression, severe anxiety and severe post-traumatic stress disorder) is 5%. It is estimated that one in 11 people (9%) living in a setting that has been exposed to conflict in the previous 10 years will have a moderate or severe mental disorder. In conflict-affected settings, depression and anxiety increase with age, and depression is more common in women than in men.

Designing and developing MHPSS services that take into account normal stress reactions to distressing events and seek to mitigate them by providing basic social considerations (Layer 1 of the IASC pyramid) and strengthening community and family supports (Layer 2 of the IASC pyramid) in every stage and area of the response will promote positive mental health, and enable the Ukrainian refugees to support themselves and each other. For those whose stress reactions are more severe and that stop them from being able to function in their daily lives, the MHPSS programs designed to offer focused person-to-person non-specialized support (Layer 3 of the IASC pyramid) and, in some cases, specialized services (Layer 4 IASC Pyramid) are also needed.

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<sup>7</sup>New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta analysis. Fiona Charlson, PhD., Mark van Ommeren, PhD, Abraham Flaxman, PhD, Joseph Cornett, BS, Prof Harvey Whitford, PhD, Shekhar Saxena, MD. Lancet, 2019 Open Access Published: June 11, 2019DOI: [https://doi.org/10.1016/S0140-6736\(19\)30934-1](https://doi.org/10.1016/S0140-6736(19)30934-1)

All of these services cannot be implemented by one single organization. Instead, there should be regular coordination and linking to different services and different organizations, to ensure that the MHPSS programming implemented is comprehensive and high-quality.

The following recommendations are described according to the different levels of the IASC guidelines. They are not exhaustive but give some general ideas about different programmatic areas that will promote positive mental health and increase access to quality MHPSS services.

## **5.7 MHPSS Recommendations for the Refugee Response in Poland**

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### **5.7.1 Layer 1: Social Considerations in Basic Services and Security**

A month into the crisis it is clear that the refugees are not transiting through the reception centers as quickly as they once were. Therefore there needs to be advocacy for their basic needs, to promote dignity in those reception centers or provide a chance to find solutions to this housing crisis. Stakeholders must do the following.

- Advocate to local authorities and the government of Poland for more long-term sustainable accommodation in Poland that promotes dignity and enables Ukrainian refugees to start living and working.
- In existing reception centers, advocate for the promotion of dignity by asking for lockers to be provided for people to store their valuable items and feel a sense of safety for their goods.
- Advocate for privacy by providing curtains or private spaces for people to get dressed and undressed.
- Advocate for better hygiene and WASH facilities at reception centers.
- Advocate with volunteer coordination groups and expo/business owners to switch their focus from meeting basic needs of individuals to viewing this accommodation as less transitory and short-term, because people could stay for weeks or months, rather than days. With this switch of focus, it is important to advocate for more complete child-friendly spaces, and women's and girls' safe spaces. There should be more structured and routine activities for adolescents to engage in, including space to engage with online education from Ukraine, as well as Polish lessons, English lessons and classes that will help them move on from reception centers. Empowering Ukrainian refugees to perform some of the care and response activities themselves, such as cooking, will help them offer support and care to each other.
- Advocate for dignity and appropriate support for older people in reception centers. Many older men (60 years and over) and older women who are looking after children are arriving. Consider their needs with regards to mobility, visual impairments, hearing, etc.
- Use psychoeducation materials (leaflets, booklets, adverts, etc.) and support to find appropriate activities and other means to engage older people, to promote positive mental health as well as integrate into family and social supports.

- Use psychoeducation materials and community/group discussions to promote positive mental health by discussing normal stress reactions, psychosocial well-being and positive coping strategies.
- Support the creation of effective and efficient information-sharing websites and hotlines. Include information on what different countries are offering to Ukrainian refugees and what they can expect if they go there.
- Provide clear information on what is available to them in Poland, including how to access their PESEL number, health services and school. Provide clear information on their rights as refugees and on their rights as Ukrainians being able to work in Poland.
- Find ways to coordinate the information being shared at the border with information being shared in the cities, to ensure there is a clear line of messaging.
- Advocate for the integration of child protection (CP) and gender-based violence (GBV) basic principles into the rollout of all interventions, as there are so many vulnerable women and children, focusing specifically on engaging with and supporting local and international anti-trafficking organizations to share materials.

### **5.7.2 Layer 2: Strengthening Community and Family supports**

Unaccompanied children, children separated from their families and multiple children travelling with different family members represent a large number of people seeking safety in Poland. Women also have been forcibly separated from their husbands and elder sons as a result of the Ukrainian marshal law forbidding men aged 18 to 60 from leaving the country. Therefore, the family structure and systems of the Ukrainians arriving in Poland is ruptured, leaving the children and women at risk and vulnerable. Strengthening these social and family supports will promote positive mental health and will give people the safety and structure they need to manage their emotions and find positive ways to cope with their current situation.

- Train local Polish NGOs and volunteers (Polish and Ukrainian) on the basic principles of child protection and GBV in humanitarian crises.
- Support the mental health and psychosocial well-being of parents and people stepping into parental roles. Parents are coping with persistent high levels of stress. Supporting their mental well-being will enable them to support the emotional and physical needs of children and young people.
- Support efforts to build the capacity of child-friendly spaces, childcare options, and women's and girls' safe spaces in reception centers and temporary accommodation sites. This will become especially important as Ukrainians start to find jobs but may be scared to leave their children.
- Support local Polish NGOs, and local Ukrainian centers and hubs, to create spaces for families to connect and regularly come together in culturally appropriate ways.
- Support local Polish NGOs, and local Ukrainian centers and hubs, to enable people to be able to grieve for their losses in a culturally appropriate way.
- Support Polish education sector efforts to integrate Ukrainian children into schools using intercultural assistants who can help the children learn Polish.

- At reception centers and in local cultural centers, support Polish language lessons so that the children and families can begin to integrate into Polish society.
- Support income-generating and job-finding opportunities for Ukrainians, enabling them to take back some control, find a daily routine, earn some money and provide for their families.
- Support activities that promote social cohesion among Ukrainians, and between Ukrainians and the wider Polish community.

The best way to strengthen social supports is to ask Ukrainians refugees what they would like to do, observe what is already naturally occurring and include them in the response to build and strengthen those social supports.

### 5.7.3 Layer 3. Focused person to person non-specialized support

KIIs with local service providers and the organizations attending the Poland MHPSS Working Group have highlighted that many volunteers and organizations already are providing basic emotional and practical support to refugees arriving in Poland, similar to the methods described in PFA, through the use of psychologist-led interventions and helplines.

There is a need to find ways to scale up that support to meet a larger number of people, and to ensure that the type of emotional support offered does not cause any harm, as many of the volunteers providing services are untrained and unsupervised.

- Conduct PFA training of trainers (ToTs) with local Polish NGOs, local municipalities and volunteer coordinators, to create a cohort of PFA trainers (both Polish- and Ukrainian-speaking) who can then provide regular PFA training and supervision to volunteers and first responders. This PFA approach also should include an emphasis on self-care for the volunteers. This can be done by adapting interventions from [Doing What Matters in Times of Stress](#) to teach the volunteers and first responders how to look after themselves through the use of grounding and relaxation techniques, and to offer these practical interventions to refugees.
- Support local Polish NGO efforts to adapt PFA to their helplines, including adapting basic emotion-management techniques to be delivered over the phone, such as the grounding and relaxation techniques from *Doing What Matters in Times of Stress*. Support the recruitment and training of staff to keep the helplines open for longer, while protecting the well-being of the staff. Strengthen crisis management SOPs; if someone phones the helplines in distress, staff on the helplines should know where the caller should be referred, especially in cases of suicidal ideation. Strengthen and name clear referral pathways, so that staff on the helplines know how best to support, link and direct people seeking different sorts of support.
- Support local NGOs and service providers in efforts to provide spaces for people to feel sad and grieve.
- Ensure that helplines are provided in Ukrainian, Polish and the languages of third-party nationals who seek help.
- Recognize that the majority of the refugees arriving in Poland are women and children, and that these are vulnerable groups. Train local Polish NGOs in the basic [principles of GBV](#) (including the GBV pocket guide App) and [CP in emergencies](#), to ensure that the

interventions offered are multidisciplinary and integrated to support all the varied needs of these vulnerable groups. Begin these discussions by engaging with partner organizations working in GBV and CP, such as UNICEF, UNFPA, women's rights groups and more. Attend CP and GBV Technical Working Group calls. Highlight and discuss referral pathways and ways to collaborate.

- Train local Polish NGOs and volunteers to recognize the specific needs of the elderly, as there are many elderly male and female refugees arriving in Poland. Examine different ways to use mobile PFA teams to meet their emotional and practical needs, including referrals into health services
- Support the rollout of [Self Help+ \(SH+\)](#), WHO's five-session stress management course for large groups of up to 30 people delivered by supervised, non-specialist facilitators who complete a short training course and use pre-recorded audio and an illustrated guide (*Doing What Matters in Times of Stress*) to teach stress management skills. The course is suitable for adults who experiences stress, wherever they live and whatever their circumstances. It has been shown to reduce psychological distress and prevent the onset of mental disorders. The format of SH+ makes it well-suited for use alongside other mental health interventions, as a first step in a stepped-care program or as a community intervention delivered alongside broader community programming.
- As the crisis unfolds and the expected number of people experiencing depression and anxiety increases, train local NGOs in WHO's Problem Management Plus ([PM+](#)), including how to adapt it to provision over the phone and through helplines. PM+ is an evidence-based scalable psychological intervention that can be used to treat depression, anxiety and stress for both individuals and groups. It can be delivered by non-specialist healthcare workers and is typically delivered over six weeks of weekly sessions.
- Strengthen capacity of local Polish NGOs to offer basic emotional support to men. Although the majority of the refugees are women and children, there are still some older persons and middle-aged men with three or more children who were allowed to leave Ukraine, even under marshal law. They may be experiencing guilt and a sense of shame for not staying behind. Volunteers and local NGOs should be trained to find ways to support these men, with a focus on positive coping strategies. Support referral pathways for those who need services including for substance abuse.
- Train and support local Polish NGOs and volunteers to organize activities that promote positive mental health and well-being, such as peer-support activities that use music, religion and culturally appropriate activities.
- Advocate for and support the integration into primary healthcare services of [mhGAP](#), a WHO initiative to train health workers at the primary health level to identify, assess, manage and follow up people with MNS conditions. Train MHPSS staff to work alongside those mhGAP-trained health workers to monitor and support people in the community.

#### 5.7.4 Layer 4: Specialized services

For those refugees in severe distress and who may develop mental, neurological or substance use (MNS) disorders, or have pre-existing MNS disorders, there should be a concerted effort to strengthen the Polish mental health system to respond to the needs of the refugees. This must include increasing access to available mental health services in the

community (potentially through building the capacity of primary healthcare). It also must include establishing referral pathways and close collaboration between local Polish NGOs and INGOs to refer people to mental health services as well as support people as they live in the community. And it must include up-to-date information about where people can access prescriptions for MNS disorders. Finally, it must focus on promoting respect dignity and human rights for all people living with an MNS disorder.

- Collaborate with the Ministry of Health to support the needs of people with pre-existing MNS disorders (including where to get prescriptions and how to continue prescriptions and routine care).
- Create strong referral pathway mappings, to understand the referrals routes into and out of mental health services. Work closely with the MoH to understand how local NGOs and INGOs can support and strengthen existing mental health services.
- Support the recruitment and training of interpreters to work with local healthcare providers to overcome language barriers between refugees and healthcare providers. These interpreters will be trained in MHPSS with a focus on mental health, so that they can accompany refugees seeking more specialized support, help them navigate the care system and support efforts by local NGOs to accompany them as they integrate into the community.
- Train local MHPSS NGOs and volunteers in how to detect and refer people with MNS disorders into the Polish specialized mental health care system. This will improve referrals and promote positive mental health at the community level.
- Train local MHPSS NGOs and volunteers about their role in supporting people who are recovering from MNS conditions, including how these MHPSS organizations and volunteers can support recovery and promote positive mental health among these people once they have been discharged from the Polish mental health care system.
- Support the local Polish health systems in strengthening child and adolescent mental health care, as unaccompanied children—including children and adolescents with developmental disorders—are a vulnerable group.