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# Who Cares: Increasing Knowledge and Partnerships on Mental Health and Psychosocial Support for Helpers in Pandemics and Conflicts

## D2.2 Report on National best practices, needs, challenges and gaps

**March 2024**

AUSTRIAN RED CROSS

ARMENIAN RED CROSS SOCIETY

GEORGIA RED CROSS

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## 1. Introduction

Drawing on established networks from previous projects, the WhoCares project is committed to contribute to the MHPSS response in regions affected by armed conflicts. The main objective is to bridge the gap between science and practice by including the expertise of academia, practitioners and authorities in each partner country (Armenia, Austria, Georgia, Ukraine). This way the Who Cares project contributes to ensure that humanitarian response activities (a) are based on a comprehensive, contextualized diagnosis (assessment, monitoring and evaluation) of needs, vulnerabilities and capacities (b) allow for advanced research programs that are guided by needs derived from direct interaction with practice and (c) ensure that MHPSS interventions are efficient and evidence-based by making use of up-to-date research results.

While the response to the COVID-19 pandemic was still ongoing in many countries in 2021 and 2022, armed conflicts at the European borders started to pose new and additional challenges for helpers in affected countries, highly exacerbating existing strains. While the pandemic had already been posing challenges on helpers in critical infrastructures that have shown to negatively affect the mental health of many, the escalation of conflicts put many helpers at even more risk in fluid transition.

## 2. Methods

In order to enhance MHPSS activities for helpers in the current conflict situations, detailed insights are necessary on how working lives are experienced and which factors can positively or negatively impact this experience. The overall aim was to analyze the status quo in the partner countries and identify target groups and their specific needs in MHPSS. In order to gather relevant information and conclude recommendations for evidence-based practical approaches we used a mixed methods approach. Quantitative methods aim at measuring the psychological impact that working in armed conflicts or working with people that have been confronted with conflict situations has on helpers. Qualitative methods aim at exploring stressors, resources and best-practice examples for adequate psychosocial support and give deeper insights into the experiences helpers have under conflict affected circumstances.

The following table lists research questions that we addressed as well as methods that we used to answer these questions.

| **Research questions** | **Methods** | |
|---|---|---|
| What is the measurable impact on mental health of helpers during the crisis response?<br><br>What events/topics have helpers been confronted with themselves?<br><br>What events/topics have helpers been confronted with in providing MHPSS to the affected population? | survey | Quantitative methods |

| | | |
|---|---|---|
| In which way do these experiences impact the mental health outcomes?<br><br>In which way do different groups of helpers differ in experienced events? In mental health outcomes?<br>• SUVs/Trained Staff<br>• Risk vs safe areas<br>• Country specifics<br><br>What coping strategies are used in handling stressful events? | | |
| What are the main changes in personal lives of helpers since start of the crisis/being involved in the crisis response?<br><br>How do MHPSS helpers involved in the response perceive their role as a helper during the conflict?<br><br>What are the main challenges that practitioners have recently perceived? | Focus Groups / in-depth interviews | Qualitative methods |
| What are the main challenges that practitioners have recently perceived?<br><br>What training needs are perceived by practitioners in the field?<br><br>How can the Who Cares project contribute to those needs and challenges from the frontline practitioner's perspective? | Workshop protocols | |

*Table 1. Research questions addressed in the project*

## 2.1 Target groups

We were targeting different types of helpers:

- Medical staff (nurses and doctors)
- Teachers and educational staff
- Social workers and psychologists, MHPSS service providers
- Volunteers (core, non-core)

In the following, we will describe methods and research design in more detail.

## 2.2 Literature and guideline analysis

A literature search was conducted on the psychological impact armed conflicts have on helpers with a specific emphasis on the regions in South Caucasus and Ukraine. Additionally, guidelines were analyzed with an emphasis on:

- new forms of support/interventions adapted to armed conflicts
- new forms of training adapted to conflict situations
- long term support required due to the extended and unusual long duration of the crisis and practices that arise from cascading effects of crises
- best practice examples that cater to the specific needs of affiliated and spontaneous, unaffiliated volunteers

A list of best practices and guidelines can be found in the annex.

## 2.3 Survey

In order to measure the psychological impact, several outcome variables were defined:

<u>Negative outcome</u>

- Trauma
- Burnout
- Risk for depression

<u>Positive outcome</u>

- Wellbeing

<u>Influencing factors</u>

- Coping strategies
- Premorbid conditions
- Trauma exposure or secondary exposure (country specific)
- Gender
- Occupational background/job specifics
- Area of living

A list of tools has been collected and evaluated with regard to length, availability in different languages (Armenian, Georgian, Ukrainian, English) as well as actuality and comparability to the state of the art. Afterwards a survey was developed in collaboration with all partners during several online meetings and translated into Armenian, Georgian and English.

After pilot testing the questionnaire among a small group of helpers in the respective partner countries the surveys were finalized and sent out to helpers over summer 2023.

The first part assessed the **job specifics** of the participants. Participants were asked which job category (doctor, nurse, teacher, social worker, psychologist, MHPSS Service Provider) they identified with and whether they are volunteers affiliated to an organisation (e.g., the Red Cross) or not. Furthermore, they were asked how long they had been working in that occupation/volunteer activity and the frequency of their work with beneficiaries (e.g. clients/patients/students/other receivers of help) that have been affected by armed conflicts. All items were binary, allowing *yes* or *no* responses., with the option to give multiple responses.

The **burnout risk** of each participant was assessed using the 12-item version of the **Burnout Assessment Tool (BAT)** by Schaufeli et al. (2020). The internal consistency is considered good, with a Cronbach's alpha between .92 and .95. Participants were asked to rate statements related to their work situation and how often each statement applies to them (e.g. at work, I feel mentally exhausted.)

The response options were provided on a five-point Likert scale, ranging from 1 (never) to 5 (always).

The general **well-being** was evaluated using the **WHO-5** questionnaire. The WHO-5 is a five-item questionnaire. Used also as a screening tool for Depression, studies showed that the WHO-5 has a high sensitivity = .86 and a high specificity = .81 (Krieger et al., 2014; Topp et al., 2015). The internal consistency assessed from Krieger et al. (2014) was also high, with a Cronbach's alpha =.84. All items are phrased positively, because the WHO equates positive well-being with mental health (Topp et al., 2015). Participants are asked to respond each item based on their feelings over the past two weeks (e.g. I have felt cheerful and in good sprirts), on a 6-point Likert scale (1 = at no time, 2 = some of the time, 3= less than the half time, 4= more than the half time, 4= most of the time, 6= all of the time).

The participants' **primary and secondary exposure** to traumatic experiences was assessed using a war-related stressor list developed by Karatzias et al. (2023). Both primary and secondary exposure were integrated in the same questionnaire (e.g. Someone close to me (e.g., parent, sibling, neighbour. Friend) had their home damaged or destroyed.) The respondents were presented the following options: No; Yes, I experienced this; Yes, beneficiaries experienced this. For the Georgian survey, only the items assessing secondary exposure were included. The statement I chose to was added to Item 5 (I had or chose to move to another part of my country) and item 6 (I had or chose to move to another country). Based on the Ukrainian partners' experience that the distinction between bombing, gunfire and artillery fire is often not made, item 14 (I heard or saw bombing or artillery fire) and item 15 (I heard or saw gunfire) were combined into one item (I heard or saw bombing, artillery, or gunfire). To address the utilization of warning apps, they were added to item 13 (I heard air raid sirens (including via app)) in the Ukrainian questionnaire. At the end of this section participants were asked to identify the experience they found to be the most distressing.

**Traumatisation** was evaluated using the first part of the **International Trauma Questionnaire (ITQ)** by Cloitre et al. (2018). This section assesses the symptoms of PTSD. Participants were asked to reflect the most distressing experience they identified before, and to indicate how much they have been bothered by each problem in the past month (e.g. Having upsetting dreams that replay part of the experience or are clearly related to the experience). Responses were provided on a five-point Likert scale, ranging from 0= Not at all to 4= extremely.

**Coping strategies** of participants were assessed using the **Brief-COPE**. The Brief-COPE is a 28-item questionnaire, developed by Carver (1997). The scale can determine the participants primary coping styles with scores on the subscales problem-focussed coping, emotion-focussed coping, and avoidant coping. Each item is ranging on a four-point Likert scale from 1 (I haven't been doing this at all) to 4 (I have been doing this a lot).

The final section contained questions about the participants **sociodemographic information**. Information regarding gender (male/female/diverse) and age was collected. In addition, the questionnaire asked about long-term illness, health problems or handicaps which limits their daily activities or their work. All Participants are asked whether they live in a rural or urban area. Participants in Armenia and Ukraine were also asked whether they live in an area which is currently involved in combat actions, how often combat actions occur in their territory and how severe or threatening are these combat actions are precepted.

The survey was sent out over summer of 2023. The survey was sent out via google forms. Statistical analyses was done via excel and SPSS. The survey can be found in the Annex.

## 2.4 Focus groups/Interviews

Qualitative data was collected via focus group discussions and in-depth interviews. A focus group discussion format containing open questions as well as a topic checklist that can be practicably adapted to the discussion situation was defined among responsible partners. Focus Group and Interview Discussion guide can be found in the Annex.

In Georgia, 5 focus group discussions, 1 group interview and 5 individual interviews were conducted by ILIAUNI.

In Armenia, two Focus Group discussions and four interviews were conducted with a total of 15 participants.

In Ukraine in total 20 IDIs with the key group's representatives (5 per group) among medical workers, psychologists, educational staff representatives, and volunteers were conducted in August 2023.

## 2.5 Workshops

Workshops were held in November 2023 to discuss and validate findings and discuss with the network partners in which way the Who Cares project can contribute in addressing the needs identified. Table 2 gives an overview of the coducted workshops.

| country | date | place | No. participants |
|---|---|---|---|
| Armenia | 10.11.2023 | Yerevan | 18 |
| Georgia | 23.10.2023 | Tbilsi | 28 |
| Ukraine | 14.11.2023 | Kyiv (online) | 35 |

*Table 2. Workshops conducted to validate research and discuss needs*

## 3. Literature Review

In any type of crisis mental health psychosocial support [MHPSS] professionals are the first who are called and involved to support the victims of the event. There are dozens of guidelines. handbooks, detailed instructions to be used for what, how, when and why. The relevance of the techniques are justified on evidence based approach from practice and elaborated from different theoretical background. The main aim for MHPSS helpers are to support victims of the crisis and broader public to obtain the enough strength to overcome or at least resist the disaster and maintain the subjective wellbeing in terms of rationale judgment and controlling emotions. Needless to say that the first support is oriented to ensure and maintains of necessary conditions for life and security.

However, there are very few research of the subject MHPSS helpers as a target group who themselves are affected not less than victims of crisis due to work overload, stress, burn-out, management issues and other variables than has impact on MHPSS teams. Small number of research, mostly guidelines, are providing some instructions for MHPSS helpers to cope with stress. Guidelines and handbooks provide the list of recommendations how to be aware of risk factors and describe the preventions mechanism of burn-out. It should be mentioned that even though the crisis is a general term for different type of events like armed conflicts/war, pandemic, natural disaster, etc., it is assumed that in all cases there are general conditions how MHPSS helpers provide their service and what are the main issues to be considered. In theory this is true [general agglomeration of the defined schemas], but in practice there is a one dimension that is missed – the cognitive and affective framing of crisis MHPSS helpers are involved as supporters and care givers. War/armed conflicts do not equal to natural disaster or even pandemic. War is man created disaster and the need for finding the meaning why it happened and search for causes clearly disturb additionally MHPSS helpers, particularly those who are representatives of the same society that is in war/armed conflict. Here we are summing up the existing literature about the MHPSS helpers working during the armed conflicts. In parallel we use some research data published amid Covid19 concerning the MHPSS helpers.

The emotions and experiences of MHPSS helpers during the extended period of crisis e.g. armed conflicts/war[1] can be exposed in different feeling like grief, powerlessness and despair[2], emotional exhaustion, depersonalization, altered perception of professional achievement/negative valuation of own work[3], disorientation from the chaos in front of you, stress due to over-exposure to requests such as victims' calls for help, and so many needs to be addressed at once, etc., helplessness or inadequacy, omnipotence and inability to perceive own limits, identification with victims and/or

[1] Examples of emotions provided here are documented in literature on Covid19. Analogy we find is the length of the period of crisis. Also feelings and experiences could be represented in same format in spite of their cause in reality.

[2] Bohan, E., Hannigan, L., Walsh, M. (2020). *Supporting you with your grieving process, during the COVID-19 pandemic.* Brothers of Charity Services Ireland.

[3] Lomonosov Moscow State University. (n.d.). *Recommendations on psychological distress among healthcare workers during the covid-19 pandemic.* The Russian Psychological Society. http://psyrus.ru/en/doc/rec_covid_vrachi_eng.pdf

relatives, frustration and rage for not being recognized and/or for the institutional disorganisation[4], uncertainty leading to stress and anxiety, pre-existing mental health problems and traumatic experience.[5]

All above mentioned distresses impact the MHPSS helpers and increase the risk of self-damage. Importance of maintaining basic needs [i.e. rest or relaxation, nutrition, physical activity, sleep and social connectedness] are the first targets to be addressed.[6] The current war in Ukraine stimulated research on psychological needs and impact of the war on MHPSS helpers. Anjum, G., Aziz, M., & Hamid, H. K. (2023) in their paper discuss in depth two research questions: 1. *how the mental health and well-being of Ukrainian civilians, asylum seekers, and refugees are affected by the war caused limbo;* and 2. what factors affect this process of being stuck in the limbo of war. Authors conclude that it is important to understand victim's feelings, however not to take them as own emotion and not to be involved in client's concerns. The last could increase the feelings to be more stressed by the work. From the other side self-help could be sufficiently increased if one can talk with colleagues and have regular supervision as well to keep breaks between clients and do something that helps the person to cope with distress [taking the walk, breathing, chatting with colleagues, etc.], maintain contact with colleagues and organization one works for or with similar type organizations. Anjum, G et.al. highlight the importance MHPSS helpers' awareness on emotional, social and cultural needs of people who are living in the war time. Authors point on issues of divergences of donors and local authorities' confliction perceptions, relationships and political interest. The necessity for MHPSS helpers to separate humanitarian work from political goals and stay in the framework of humanitarian aid. [7]

Two main symptoms burn-out and depression were traced in Ukraine within the sample of MHPSS helpers [Goto, R. et al.2022][8] . Study found that Ukrainian helpline staff demonstrated signs of compromised mental health amidst the 2022 Russian invasion of Ukraine, with 68% of the 25

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[4] EMDR Europe Association. (n.d.). *Recommendations for first responders: Self-protection for first responders and health professionals*. https://efpa.magzmaker.com/media/documenten/recommendations-first-responders-emdr-europe.pdf

[5] Dalgleish-Warburton, B., Lamph, G., & Tomlin, J. (2020). Psychosocial support for healthcare workers during the COVID-19 pandemic. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.01960

[6] Gonzalez, A., Cervoni, C., Lochner, M., Marangio, J., Stanley, C. & Marriott, S. (2020). Supporting health care workers during the COVID-19 pandemic: Mental health support ınitiatives and lessons learned from an academic medical center. *American Psychological Association, 12*(1), 168-170. http://dx.doi.org/10.1037/tra0000893

[7] Anjum, G., Aziz, M., & Hamid, H. K. (2023, February 17). Life and mental health in limbo of the Ukraine war: How can helpers assist civilians, asylum seekers and refugees affected by the war? Frontiers of Psychology. Review. https://doi.org/10.3389/fpsyg.2023.1129299

[8] Goto, R., Pinchuk, I., Kolodezhny, O., Pimenova, N., & Skokauskas, N. (2023). Mental health services in Ukraine during the early phases of the 2022 Russian invasion. The British Journal of Psychiatry, 222, 82–87. https://doi.org/10.1192/bjp.2022.170

interviewed staff burned out and 40% screening positive for depression. Authors suggest that remote mental health support from outside Ukraine should be considered, as telemedicine and remote consulting are increasingly recognized as an effective tool for specialists to provide healthcare services without the logistical challenges of being based in an area affected by conflict.

Cherpanov, E. [2022] in her field report reflects on the experience of remotely responding to a humanitarian crisis in Ukraine to draw preliminary conclusions on prioritized MH needs, available resources, and the barriers to accessing care[9]. The Author points that in last decade Ukraine has accumulated many well-trained MH professionals and crisis workers. A widespread psychoeducation increased public awareness, educated about psychological trauma and sensitized public in recognizing trauma reactions. The Authors consider that self-organization and problem awareness stimulates MH response of MHPSS volunteers and emphasizes the social cohesion during the war among the MHPSS providers. Cherpanov E. points on increasing role of innovative practices – telemedicine, helping chat groups, chatbots. These services have been started amid Covid 19 and showed big advantages and were successfully continued during the war, particularly virtual chats and support groups on Telegram and Facebook aimed at real-time matching of on-site needs with local and remote resources. In 2020 political crisis in Belarus led to the emergence of self-managed self-help chat groups. They have continued offering their capacity, MH resources, and the services. This model has proven itself useful in the aftermath of the invasion in Ukraine. The Author concludes that the importance of increasing trauma and Psychological First Aid competencies for MH and psychosocial providers, teachers, health care workers, and volunteers are still underscored.

In their paper Tol, W.A, et.al [2023][10] 'Mental health and psychosocial support in humanitarian settings: Research priorities for 2021–30' 20 research questions were prioritized due multilevel and multidimensional selection from experts evaluation [initially 1503 research questions]. Research questions are grouped by topics and measured by significance, answerability and applicability. The identified research questions are presented in Table 3.

[9] Cherepanov, E. (2022, November 4). Mental health providers in Ukraine need support but they are not helpless: Professional self-organization and innovative practices. Frontiers in Mental Health. https://doi.org/10.3389/fpubh.2022.1009431

[10] Tol, W. A., Le, P. D., Harrison, S. L., Galappatti, A., Annan, J., Baingana, F. K., Betancourt,T. S., Bizouerne, C., Eaton, J., Engels, M., Hijazi, Z., Horn, R. R., Jordans, M. J. D., Kohrt, B.A., Koyiet, P., Panter-Brick, C., Pluess, M., Rahman, A., Silove, D., Tomlinson, M., Uribe-Restrepo, J. M., Ventevogel, P., Weissbecker, I., Ager, A., & van Ommeren, M. (2023).Mental health and psychosocial support in humanitarian settings: Research priorities for 2021–30. Lancet Global Health, 11, e969–e975. https://doi.org/10.1016/S2214-109X(23)00128-6

| | | | | |
|---|---|---|---|---|
| implementation and organization | research and information management | benefits of the effectiveness of intervention | Special topics (ie, digital<br><br>technology, COVID-19, and pandemics) | problem analysis |
| How can we strengthen the MHPSS workforce in<br><br>humanitarian settings? | What are the appropriate methods to assess the outcomes<br><br>and effects (ie, short-term and long-term benefits) of MHPSS<br><br>interventions and approaches? | What is the impact of MHPSS interventions in humanitarian settings? | What are the effectiveness and best practices of remote or<br><br>digital MHPSS interventions | How do mental health and psychosocial concerns influence social and economic functioning (eg, economic outcomes, family functioning, social relations)? |
| How can we better develop supervision models and<br><br>strategies to address MHPSS needs in humanitarian settings? | How can we effectively develop MHPSS monitoring, evaluation, and research systems in humanitarian settings? | How can we ensure the sustainability of MHPSS services in various settings and sectors? | | What are the major risk factors and protective factors of MHPSS issues in humanitarian settings?* |
| | How can we develop and adapt tools that are culturally and<br><br>cross-culturally valid? | What should be the minimum or essential set of MHPSS services in humanitarian settings? | | What is the current understanding and what are the gaps in knowledge about MHPSS issues in humanitarian settings? |
| | | How can we develop effective, multisectoral, multilayered interventions in humanitarian settings? | | What are the most important MHPSS problems in<br><br>humanitarian settings? |
| | | What are the comparatively most optimal (eg, effective, efficient, cost-effective, safe) MHPSS interventions or responses to address issues in humanitarian settings? | | What are the correlates of resilience in humanitarian<br><br>settings? |
| | | How can we ensure effective participation of key stakeholders in MHPSS programmes? | | How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations? |
| | | What is the relationship between MHPSS programmes and<br><br>peacebuilding, and how can peacebuilding be effectively | | |

| | | | | |
|---|---|---|---|---|
| | | promoted in MHPSS programmes | | |

*Table 3. Prioritized research questions in MHPSS in humanitarian settings for 2021-2030 according to Tol et al. (2023)*

# 4. Research in Armenia

## 4.1 Results from quantitative Research

In Armenia the survey was sent out from 27th of August until 19th of September 2023.

### The sample

In total 116 participants filled in the survey. 79% of participants were female, 21% male. The mean age was M=34.95 years (SD=13.86). The youngest participant was 14 years old, the oldest participant was 67 years old. 71% of participants live in urban areas, 29% live in rural areas. 32% of respondents live in areas where combat actions are taking place, 68% do not. Of those participants that live in areas where combat actions take place (N=37), 27 say these incidents happen less than once per week, 3 say it happens once or more than once per week, 7 say combat actions take place almost daily. 11 participants rate those actions as very severe, 11 as severe, 12 as mildly severe, 1 participant says it's not severe.

The sample was balanced with regard to job experience. 25 participants (21,55%) have less than one year of experience, 26 (22,41%) between 1 and 2 years of experience, 25 participants (21,55%) between 3 and 5 years, another 20 participants (17,24%) between 6 and 10 years and 20 participants (17,24%) more than 10 years of experience. 65 participants worked as volunteers, 28 participants were MHPSS staff, 33 participants educational staff and 33 participants medical staff. 39 other participants had other jobs.

Most participants (N=68) work less than once per week with beneficiaries directly affected by the armed conflict. 8 about once per week, 13 more than once per week, and 27 participants almost daily.

### Exposure rates

Primary and secondary exposure factors to incidents during the conflict was filled in by 116 respondents. The mean number of exposure factors was M=3,84 (SD=4.17) for primary exposure and M=3.47 (SD=6.76) for secondary exposure. Figures 1 and 2 show the distribution of exposure factors in the Armenian sample.

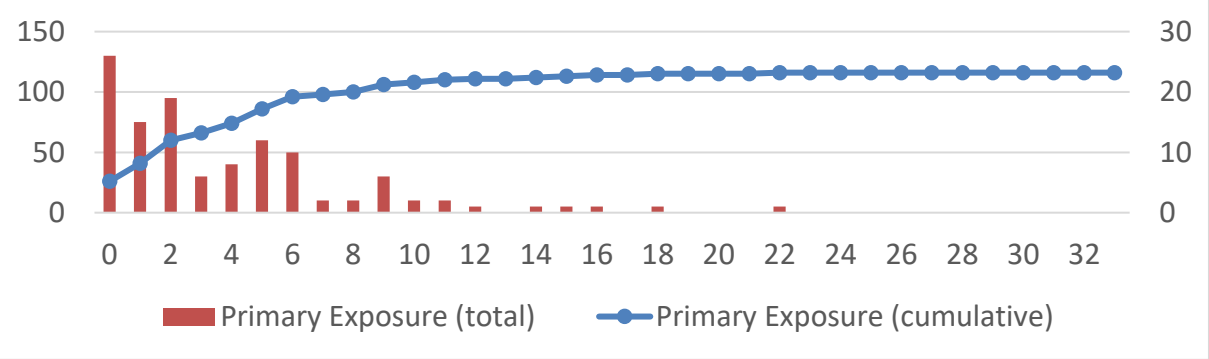


*Figure 1. Number of primary exposure factors that have been experienced by respondents*

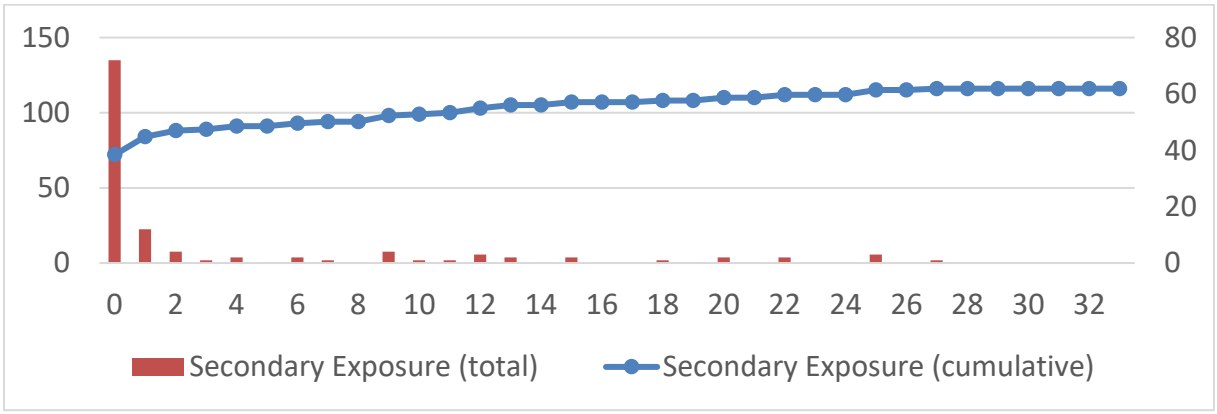


*Figure 2. Number of secondary exposure factors that have been experienced through respondent's clients*

In *Armenia,* the most commonly reported factors were experiencing of prolonged insomnia (N=55), exposure to financial difficulties (N=52), displacement of loved ones (N=51), injury of close ones (N=49), destruction of homes, inability to access necessary medical care, and death of closed ones (N=47) due to the conflict.

The factors that have been experienced most often as most stressful were hearing or seeing bombing, artillery or gun fire, touching dead bodies or mutilated body parts, experiencing injury or death of close ones. For 23.8% of those who experienced hearing or seeing bombing, artillery or gun fire, this was experienced as the most stressful factor (primary or secondary). For 27.3% of those who experienced touching dead bodies or mutilated body parts (primary or secondary), this was the most stressful factor. For 46.7% it was being exposed to death of close ones (primary or secondary), for 20.2% it was experiencing injury (primary or secondary).

## Mental Health Outcomes

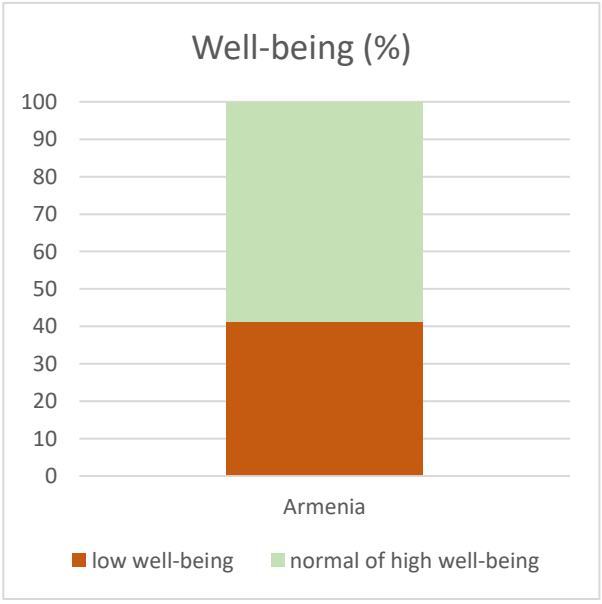


*Figure 3. Percentage of Armenian participants with low well-being*

"The WHO-5 is a short questionnaire consisting of 5 simple and non-invasive questions, which tap into the subjective well-being of the respondents. The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials and has been applied successfully across a wide range of study fields." (Topp et al., 2015)

On a scale from 0 to 100, people with a WHO-5 score of 50 or lower are considered at risk of depression (Topp et al, 2015). According to the European Quality of Life Survey, conducted every 4 years in the EU, 22% of the population were at risk of depression in 2016. In 2011 the percentage was 25% (Eurofound, 2017).

In our study, 41.4% score below the threshold indicating risk of depression. As a comparison, during the IPP project we collected data on well-being using the same scale in Armenian helpers

during the COVID-19 pandemic in 2021. In that study, among 134 participants, 32.8% scored below the threshold, indicating risk of depression in one third of the IPP sample.

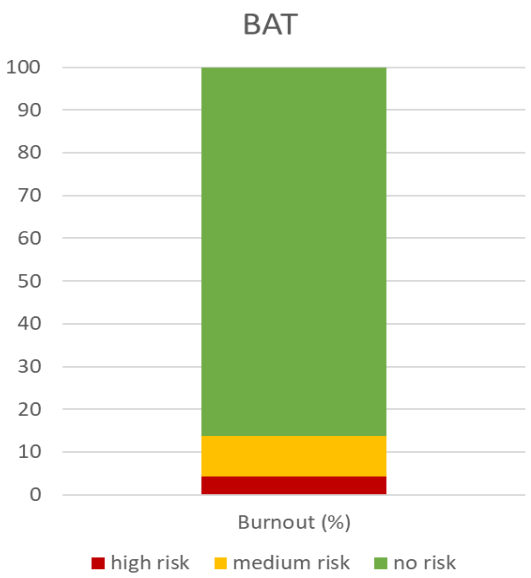


*Figure 4. Overview of Burnout risks in Armenian Helpers*

With regard to Burnout symptoms we see that 86.2% have no burnout risks according to their answers in the areas of exhaustion, emotional impairment, cognitive impairment and mental distancing. However, 9,5% of respondents are at medium risk and 4,3 have high risks of burnout.

According to the respondent's answers on trauma symptoms, we see that 7,8% are below the threshold value indicating suspected PTSD levels.

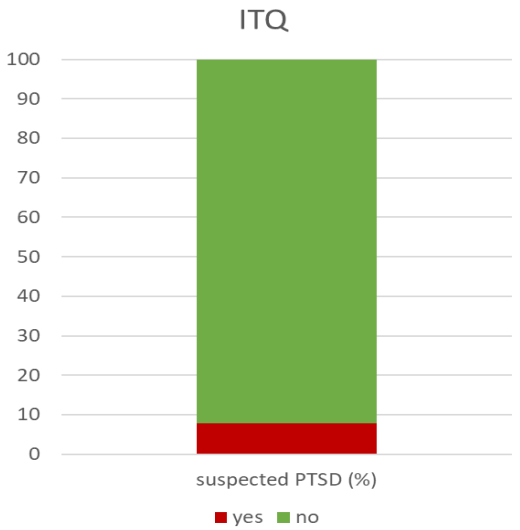


*Figure 5. Percentage of Armenian participants with suspected trauma symptom levels according to ITQ*

## Group comparisons

In group comparisons we did not find any significant differences for male and female participants in either of the use scales for mental health (wellbeing/depression risk, Burnout, Trauma). Furthermore, we couldn't find significant differences in BAT or WHO-5 scores between people who live in areas where combat actions take place and those who do not, and no significant effects of urban vs. rural living areas on BAT or WHO-5 scores. Also, Job Experience or Frequency of work with affected beneficiaries does not correlate significantly with BAT or WHO-5 scores in the Armenian sample.

We found that secondary exposure correlates positively with PTSD symptom levels (r=.20, p<.05), but not with BAT and WHO-5 scores.

We furthermore found, that primary exposure does correlate with higher burnout risks (r=.19, p<.05), but not with PTSD symptom levels or WHO5 scores.

## COPE

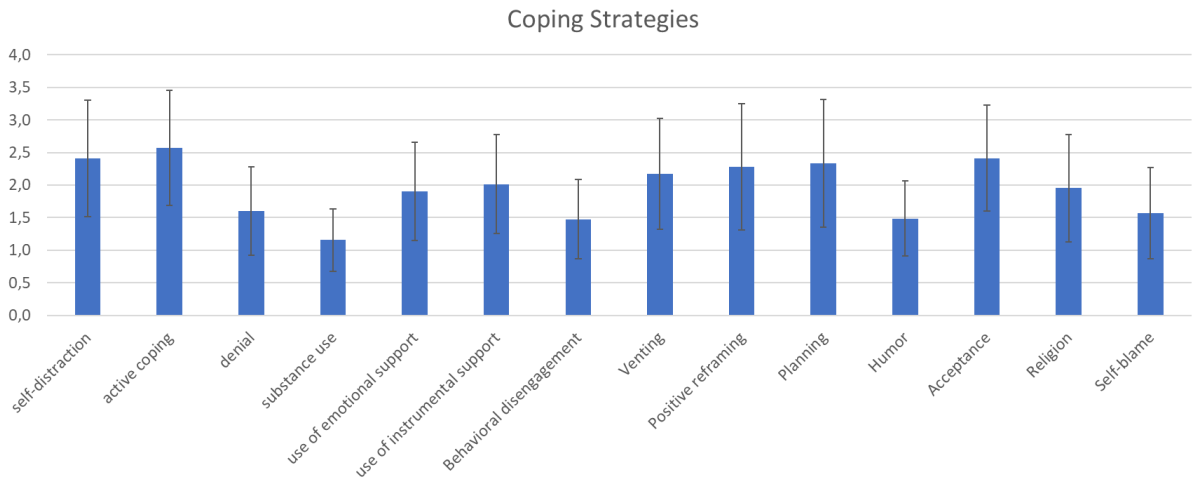


*Figure 6. Overview of Armenian participant's coping strategies measured with the brief COPE*

Figure 6 shows that rather adaptive coping strategies, e.g. use of emotional & instrumental support, positive reframing or acceptance, have been used more often than rather maladaptive such as substance use, self-blame or denial. However, the differentiation of coping strategies with this tool regarding adaptive and maladaptive is controversial, as e.g. for self-blame as a reaction or strategy, the context in which such reactions occur, usually has to be considered.

In correlations with our mental health outcome variables we find the following.

### *Wellbeing*

Wellbeing showed a weak till moderate positive association with acceptance *(r=.200, p < .005) and* positive reframing (r=.295, p < .001.).

### *Burnout*

Burnout was moderately positive associated with using emotional support, (r=.192, p < .005), turning to religion *(r=.218, p < .005), as well as with* behavioural disengagement (r=.197, p < .005), venting (r=.264, p < .001), self-blame (r=.218, p < .005) and self-distraction (r=.265, p < .001).

***Traumatic Stress***

Experiencing traumatic stress was moderately positive associated with active coping (r=.250, p < .001), planning (r=.262, p < .001), acceptance (r=.290, p < .001), positive reframing (r=.185, p < .005), using emotional support (r=.194, p < .005) and venting (r=.248, p < .001). The strongest association showed self-distraction (r=.401, p < .001).

## 4.2 Results from qualitative Research

The qualitative study aimed at exploring stressors, resources and best-practice examples for adequate psychosocial support among frontline helpers, including medical staff (nurses and doctors), teachers and educational staff, social workers and psychologists, MHPSS service providers and volunteers (core, non-core).

Two FGDs and four IDIs were conducted with a total of 15 participants, from all the targeted groups. All the volunteers, physicians and educators were from the affected communities, while the MHPSS workers were both from affected communities and from ARCS Yerevan office working with affected communities. All the FGDs were audio-recorded and summary transcripts prepared. Average duration of the FGDs/IDIs was 42 minutes (ranging from 22 to 75 minutes). During the data collection socio-demographic information was collected from the participants. The mean age of the study participants was 37, the vast majority of the study participants were female, and only one participant was male. The overwhelming majority had higher education, and average work experience was 9 years.

In following, we summarize findings from the interviews.

***Personal conditions and changes over time: wide variety of tasks, unprepared in initial phase, high exposure, personal affectedness/identification, trauma symptoms***

**Volunteers** were mainly involved in social support activities, awareness raising and educational campaigns in their communities. Their activities and community work got more intense after the military conflict.

**MHPSS workers** observed differences in the problems that needed their professional help since the start of the military conflict.

> "The work was very intensive, at the same time quite diverse. It was very hard especially at the beginning: you see soldiers, seriously wounded, parents, who are hopeless. It was very hard and the problems were very diverse. At the beginning you deal with immediate problems, while at later stages, when the situation is settled down, you deal with more in-depth problems, with the long-term consequences". FGD 2, P2, Psychologist

> "Our team was among the first ones to provide immediate psychological support as a result of the military conflict on September 2020. We worked directly in the hospitals. We did not know where we are going, what we are dealing with. There was no time to prepare, it was just time for action". FGD 2, P5, Psychologist 3

**For educators,** it was hard to ensure the continuity of education, given that during armed conflicts the priorities were shifted and it was hard to focus on routine activities and schedules.

For the **healthcare providers** the work got more intense and overloaded, they treated higher number of patients at a given time, and saw more serious cases. It was stressful to deal with the **heavy workload** of serious cases requiring **immediate medical** help.

While living through the armed conflicts, the participants changed their views and perspectives on world in general, they now acquired new way of thinking about the world.

Many of the participants had closed ones and relatives in the army, and it was personally hard for them to go through this.

Furthermore, the participants personally and directly experienced the aftereffects of the conflict, including concerns and worries about their physical safety, mental effects, and sleep deprivation. Even after the military conflict, the worries and fears are still in place.

> "I could not sleep for weeks, I was hearing the sound of explosions in my ears all the time, and up until now, I see either a war in my dreams, or explosions".
> FGD 1, P1, Volunteer

***Challenges: containing emotions for psychologists, responding to inadequate risk perception in population for volunteers***

For **MHPSS workers** it was challenging to provide psychosocial support to others, while they needed such support on their own, because they were also going through the same difficult situation.

> "One of the challenges for me is that sometimes people have this stereotypical thinking that if you are a psychologist, then you should not have any emotions, everything should be under strict control, which is not true. We are all humans".
> FGD 2, P2, Psychologist

> "People sometimes may perceive psychologists as superheroes, but in fact, we are all humans, we have our own emotions. If they notice a psychologist being emotional, or showing emotions, they might think that it's a matter of low level of professionalism".
> FGD 2, P4, Psychologist 4

According to the **volunteers**, the community has very low level of education about safe and recommended behavior during military conflict situations, as well as inadequate risk perception regarding the conflict and its consequences.

> "The only thing our community did was hanging announcements about shelters, however it was so unclear, that it could be hardly understandable. I wish they were engaged in more meaningful activities. They could have done some activities to inform and prepare the community".
> FGD 1, P5, Volunteer

> "It's a pity that currently people do not recognize the seriousness of the situation and have such a poor awareness about safety behaviours during military conflicts. We had cases when children were playing near explosive remnants of the war, and parents were comfortable with that".
> FGD 1, P3, Volunteer 5

***Stress Management: knowledge and information for volunteers, supportive supervision for MHPSS***

According to the **volunteers**, one of the most important factors to effectively managing stress is being knowledge. Having awareness about stress factors, being rational helps to minimize stress, according to them.

> "We had a topic on stress management during psychological first aid training: up until now it serves as a guide for me whenever I am in a stressful situation, be it related to my role of a helper, or in my personal life". FGD 1, P4, Volunteer

The **MHPSS workers** emphasized the importance of self-care, self-reflection, spending time to understand own feelings and emotions.

> "For me spending some time reflecting on my own feeling and emotions is a very effective way to understand what's going on and to better manage stress. Most of the time you are busy with helping others, and you may forget about yourself. It's very important to allocate some time to think about yourself, to do things that you enjoy".
> FGD 2, P6, Psychologist

> "I try to be honest in my feelings. If I am sad, that's ok, I try to accept that. It's not mandatory to feel happy all the time, I let myself feel sad. I then reflect on my feelings".

> "My work time and personal time are separated. I don't imagine working during my personal time anymore. And I came to this separation after the war."
> FGD 2, P4, Psychologist

> "I practice saying "No" to certain situations. I am sometimes guided by the principle of "when you say no to others, you say yes to yourself." Of course, I don't mean being egocentric, this is just about having certain boundaries".
> FGD 2, P5, Psychologist

The **MHPSS workers also** emphasized the importance of supportive supervision as well as small group professional discussions to exchange experiences and view the problem from another perspective:

> "We also need professional group discussions, even this event has some therapeutic effect on us. Having some small group meetings, discussing our common issues and challenges, bringing up some suggestions would be very helpful".
> FGD 2, P6, Psychologist

> "I think it is very important to have supportive supervision in place for the social workers and psychologists. For example, as a professional you might be seriously affected emotionally, and as a result be unable to effectively provide professional support. However, if there is supportive supervision in place, you are able to discuss the case with someone else and find more effective approaches to address the case".
> FGD 2, P1, Social Worker

***Positive aspects: experienced gratitude, visible outcomes***

The volunteers acknowledged the beneficiaries and their attitude towards the volunteers. The gratitude they receive from the people they help serves as an important factor motivating them in their volunteering practices.

"I love everything about my work as a volunteer, I am inspired by everything, by the people's attitude, by the work environment, by my supervisor, I love everything about my volunteering".

FGD 1, P1, Volunteer

The participants underlined the outcome of their work as one of the most important positive aspects associated with their role as helpers.

"When you see a person in need, and your professional background allows you to help, that's already an asset to feel useful".

"As we grow as professionals, we also become more resilient, more tolerant, more flexible and this affects us personally, too".
FGD 2, P3, Psychologist

"Another motivating factor is the environment where I work, the people I work with, the people provide professional support to."
FGD 2, P2, Psychologist

"I feel motivated when I see that the organization I work in results in changes, and you are a part of that change. It's a big motivation when you realize that you can be a helper directly and indirectly on a daily basis".
FGD 2, P5, Psychologist

"I am highly motivated by the [borderline] community members. It's a completely different environment, and completely different feelings. I can't compare the gratitude I received from the community members of one of the borderline communities to anything else. The fact that I know they exists, and that we helped them, is a huge motivation for me".
FGD 2, P6, Psychologist

"We are not the same people, the same professionals anymore, if we compare us before and after the armed conflict. Our perceptions and viewpoints have entirely changed".
FGD 2, P4, Psychologist 7

## 4.3 Workshop Results

In Armenia a workshop was held in Yerevan the 10th of November, in which 18 participants joined.

The participants exchanged their self-care tips and discussed the measures their organizations implement to mitigate the risks of professional burnout. Despite these efforts, some expressed the view that these actions may fall short, particularly in the aftermath of conflict situations.

Suggestions made by the workshop participants for supporting helpers/frontline workers include:

- Conducting supervision sessions for frontline workers/helpers
    - Organizing PSS events focusing on cultural activities, art, sightseeing, and being closer to nature for the helpers
    - Sending regular reminders to helpers about self-care and providing self-care tips

- Encouraging physical activities among helpers
- Offering physiotherapeutic sessions for helpers
- Providing individual counseling sessions for helpers
- Forming Balint groups to support helpers
- Designating appreciation and acknowledgment days for the helpers
- Offering free days in a year for the helpers

## 4.4 Conclusions to be considered in future project activities

The qualitative study delved into the profound impact of armed conflicts on the lives of frontline helpers. Volunteers, physicians, educators, and MHPSS workers from affected communities and working with the affected communities participated in focus group discussions (FGDs) and in-depth interviews (IDIs) to uncover the nuanced challenges, stressors, and positive aspects of their experiences.

Volunteers, actively engaged in social support and educational campaigns, reported intensified efforts post-conflict. MHPSS workers, grappling with the immediacy and diversity of issues during the conflict, noted a shift towards more in-depth problems in the aftermath. Educators faced challenges in maintaining educational continuity amid shifting priorities, while healthcare providers experienced heightened workloads and stress, dealing with an increased number of serious cases.

The study revealed enduring personal impacts on the helpers, with participants changing their perspectives on the world and grappling with sleep deprivation and persistent war-related dreams. Challenges for MHPSS workers included providing support while needing it themselves, highlighting the importance of supportive supervision and professional discussions.

Stress management emerged as a crucial theme, with volunteers emphasizing the role of knowledge and rational thinking, while MHPSS workers highlighted self-care and self-reflection as vital strategies. The study underscored the necessity for ongoing psychosocial support, professional discussions, and education initiatives to address the mental health challenges the helpers face.

Despite the challenges, positive aspects and motivations were evident. Volunteers found inspiration in the gratitude of those they assisted, while MHPSS workers derived motivation from witnessing positive changes and being part of a transformative process.

In conclusion, the study draws a comprehensive picture of the complex and lasting effects of armed conflicts on frontline helpers. The findings underscore the importance of continuous support, education, and self-care to navigate the challenges and foster resilience among those who play a crucial role in rebuilding communities in the aftermath of conflict.

In quantitative research we see high depression risks alongside low well-being, 13.8% with burnout risks and 7.8% with suspected PTSD levels. We see that those helpers who experience a higher number of primary exposure factors themselves are at higher risk for Burnout. Furthermore, we see that those helpers who experience a higher number of secondary exposure factors are at higher risk for PTSD symptoms.

# 5. Research in Georgia

## 5.1 Results from quantitative Research

In Georgia the survey was sent out from 14th of July until 29th of August 2023.

***The sample***

In total 81 participants filled in the survey. 86% of participants were female, 14% male. The mean age was M=41.36 years (SD=14.48). The youngest participant was 15 years old, the oldest participant was 68 years old. 94% of participants live in urban areas, 6% live in rural areas.

The sample was balanced with regard to job experience. 18 participants (22,22%) have less than one year of experience, 22 (27,16%) between 1 and 2 years of experience, 5 participants (6,17%) between 3 and 5 years, another 9 participants (11,11%) between 6 and 10 years and 27 participants (33,33%) more than 10 years of experience. 24 participants worked as volunteers, 14 participants were MHPSS staff, 30 participants educational staff and 14 participants medical staff. 14 other participants had other jobs.

Most participants (N=40) work work beneficiaries directly affected by armed conflicts on an (almost) daily basis, 10 about once per week, 13 more than once per week, and 18 less than once per week.

***Exposure rates***

Secondary exposure factors to incidents related to armed conflicts were filled in by all 81 respondents. The mean number of exposure factors was M=17.77 (SD=7.94). Figure 7 shows the distribution of exposure factors in the Georgian sample.

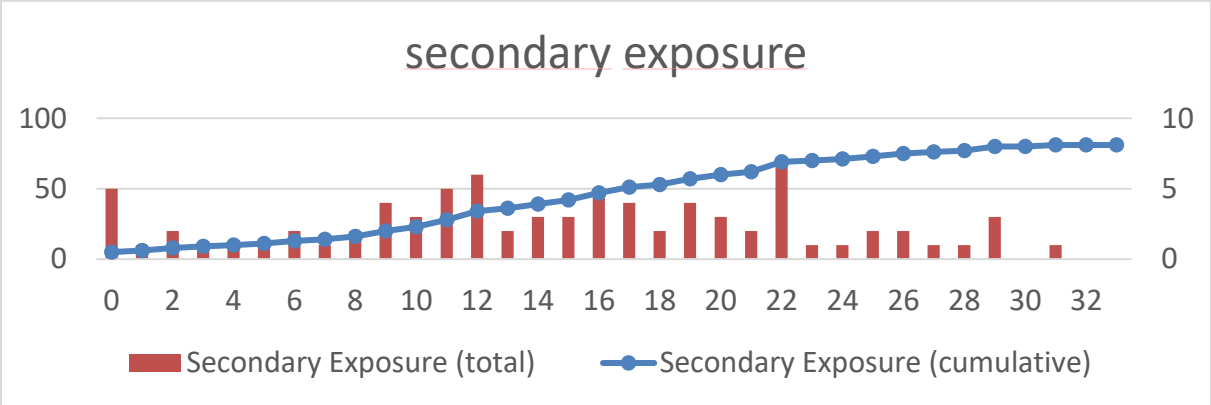


*Figure 7. Number of secondary exposure factors that have been experienced through respondent's clients*

The most common exposure factors were working with people who had to leave their home country (89%), experienced occupation of their hometown (82%), and heard air raid sirens (82%), the least common working with people who had killed someone (4%) shot at enemy forces (7%) or had a miscarriage (themselves or partner) (7%).

***Mental Health Outcomes***

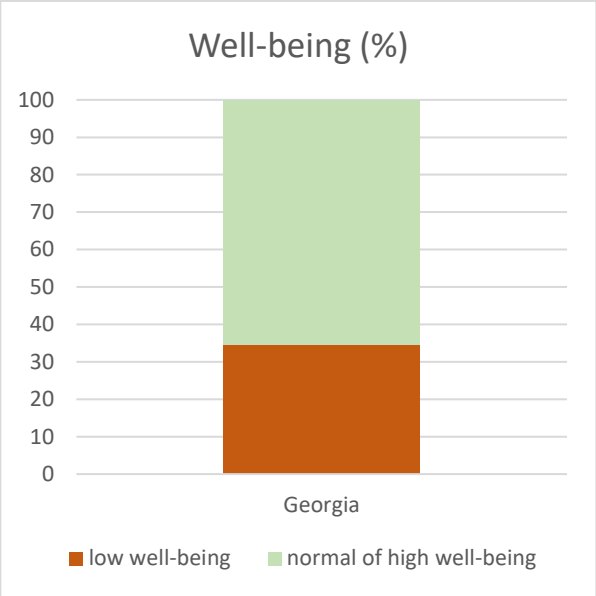


*Figure 8. Percentage of Georgian participants with low well-being*

"The WHO-5 is a short questionnaire consisting of 5 simple and non-invasive questions, which tap into the subjective well-being of the respondents. The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials and has been applied successfully across a wide range of study fields." (Topp et al., 2015)

On a scale from 0 to 100, people with a WHO-5 score of 50 or lower are considered at risk of depression (Topp et al, 2015). According to the European Quality of Life Survey, conducted every 4 years in the EU, 22% of the population were at risk of depression in 2016. In 2011 the percentage was 25% (Eurofound, 2017).

34.6% of Georgian respondents score below the threshold indicating risk of depression. As a comparison, during the IPP project we collected data on well-being using the same scale in Georgian helpers during the COVID-19 pandemic in 2021. In that study, among 210 participants, 47.1% scored below the threshold.

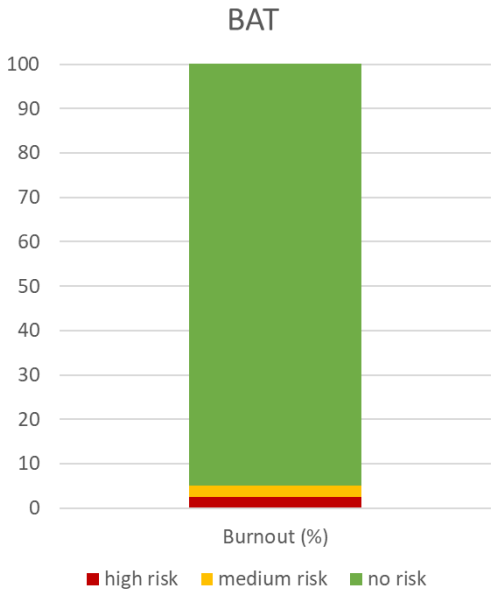


*Figure 9. Overview of Burnout risks in Georgian Helpers*

With regard to Burnout symptoms we see that 95% have no burnout risks according to their answers in the areas of exhaustion, emotional impairment, cognitive impairment and mental distancing. However, 2,5% of respondents are at medium risk and another 2.5% have high risks of burnout.

According to the respondent's answers on trauma symptoms, we see that 11,1% are below the threshold value indicating suspected PTSD levels.

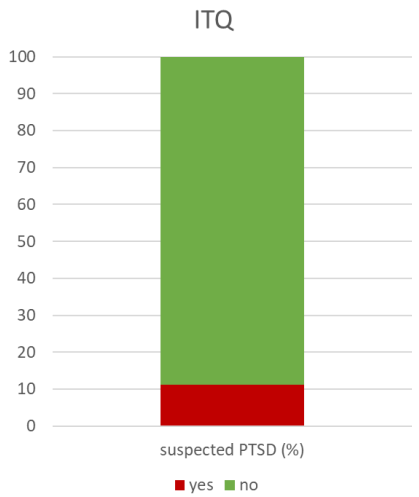


*Figure 10. Percentage of Armenian participants with suspected trauma symptom levels according to ITQ*

***Group comparison***

In group comparisons we did not find any significant differences for male and female participants in either of the use scales for mental health (wellbeing/depression risk, Burnout, Trauma). Furthermore, no significant effects of urban vs. rural living areas on BAT or WHO-5 scores were found.

Also, Frequency of work with affected beneficiaries does not correlate significantly with BAT or WHO-5 scores in the Georgian sample. However, Job Experience does correlate positively with wellbeing (r=.24, p<.05) but not with Burnout scores.

We found that secondary exposure correlates positively with Burnout symptom levels (r=.45, p<.001), but not with PTSD and WHO-5 scores.

***COPE***

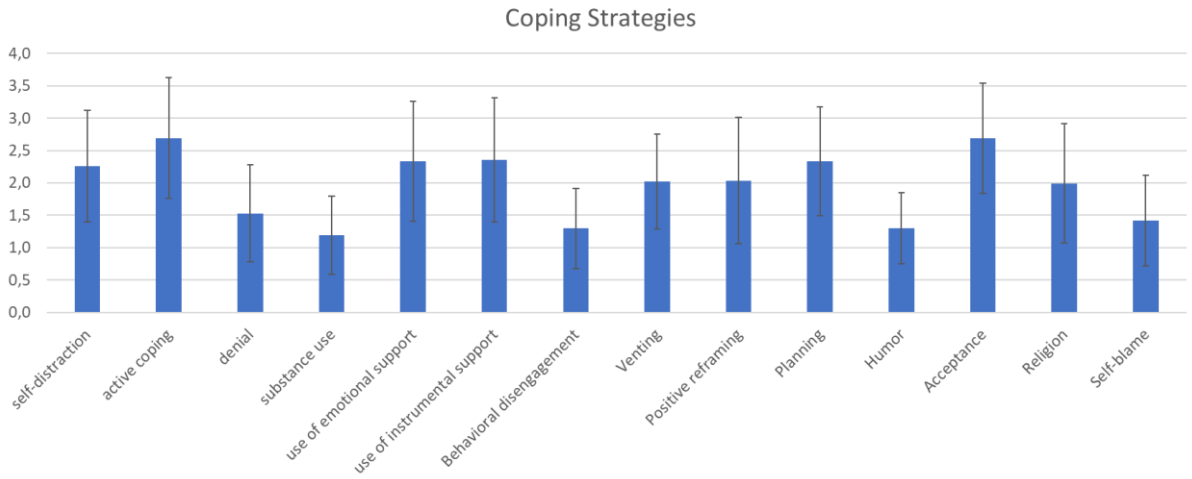


*Figure 11. Overview of Georgian participant's coping strategies measured with the brief COPE*

Figure 11 shows that rather adaptive coping strategies, e.g. use of emotional & instrumental support, positive reframing or acceptance, have been used more often than rather maladaptive such as substance use, self-blame or denial. However, the differentiation of coping strategies with this tool regarding adaptive and maladaptive is controversial, as e.g. for self-blame as a reaction or strategy, the context in which such reactions occur, usually has to be considered.

In correlations with our mental health outcome variables we find the following.

***Wellbeing***

Wellbeing showed a weak till moderate positive association with positive coping styles of planning (r=.232, p < .005), positive reframing (r=.240, p < .005), acceptance (r=.219, p < .005) and turning to religion (r=.288, p < .001).

***Burnout***

*Burnout was positively associated with multiple coping styles.* These included planning (r=.232, p < .005) using emotional (r=.305, p < .001) and instrumental support (r=.255, p < .005), as well as strategies of behavioural disengagement (r=.305, p < .001), venting (r=.350, p < .001), self-distraction (r=.238, p < .001) and denial (r=.267, p < .005).

Strongest correlations of burnout were found with humour (r=.450, p < .001), substance use (r=.461, p < .001) and self-blame (r=.400, p < .001).

***Traumatic Stress***

Experiencing traumatic stress was moderately positive associated with different coping styles of active coping (r=.293, p < .001), planning (r=.309, p < .001), acceptance (r=.272, p < .005), using emotional (r=.278, p < .005) as well as instrumental support (r=.286, p < .001). Further associations were found with substance use (r=.342, p < .001), behavioural disengagement (r=.310, p < .001) and venting (r=.223, p < .005). Self-distraction, (r=.369, p < .001) showed the strongest association.

## 5.2 Results from qualitative Research

In Georgia qualitative data was collected on the experiences of three groups involved in the response to the crisis in Ukraine.

- school teachers
- psychologists
- citizens engaged in volunteer activities

Information was collected through focus groups and interviews, both face-to-face and remotely (depending on participants' preferences).

### Sample

In particular, Georgian WhoCares project partners conducted:

- two focus groups and two interviews with teachers of schools where refugee children from Ukraine study (Tbilisi, Batumi);
- two focus groups with psychologists (Tbilisi);
- One focus group and one group interview [11] with volunteers of the Georgian Red Cross Organization (Tbilisi, Batumi);
- Three interviews with representatives of humanitarian NGOs involved in supporting people affected by the armed conflict in Ukraine (Batumi)
- Two interviews with "self-organized" volunteers involved in helping Ukrainians (Batumi).

Overall, the experience of helpers is quite varied. Some of them have been involved in conflict response since the early days. The experience of some was more episodic and was limited to participation in a program implemented by a specific organization or initiative group. Some of the study participants were affiliated with organizations operating in Tbilisi, and some - with organizations operating in the Autonomous Republic of Adjara (in particular, in Batumi). Some were exclusively involved in response to the Ukrainian crisis, while others' are working (or worked in the past) with other refugees and vulnerable groups.

### Teachers

We conducted two focus groups and two individual interviews with teachers. Participants were of different ages and experience, from schools located in different cities in Georgia - Tbilisi, Batumi and Kobuleti.

[11] A meeting with less than four participants will be referred to as a "group interview" in this report.

In the case of Batumi and Kobuleti, these were schools with Russian-speaking sectors, and in Tbilisi - a school with a Ukrainian sector. The teachers who participated in the discussion are teaching different subjects, such as music, English, Georgian, geography, etc.

***Beginning of the conflict: additional workload through emotional support for children, motivational development, assistance with socializing and adaptability***

Teachers see their role as helpers in the daily lives of war-affected people as very important. According to our respondents, they had to help students both emotionally and technically/economically to establish themselves and start a new life. Teachers' everyday activities included emotional support for children, motivational development, assistance with socializing and adaptability, and so on.

It is clear from both group and individual interviews that during the first period of working with Ukrainian children, the daily lives of the teachers have changed radically. Despite "many years" and different professional experiences, working with children affected by the conflict proved to be a source of additional stress and challenges for teachers. Workload and stress in everyday life have increased significantly.

***Changes over course of time: remaining challenges but situation has stabilized, gain of trust***

Based on the collected information, it can be said that the most difficult period for the teachers is over and the situation has now stabilized. The teachers emphasized a substantial difference in the emotional states of children between September and June, as if they were "warmed up under the sunlight".

Respondents repeatedly noted that teachers provided the greatest emotional resources in the first period. According to them, at the end of the first year, they felt exhausted. They attributed this condition more to the constant need to attuning to students and listening to their war stories, than the challenges in the academic area. Despite the fact that some issues have become easier compared to the first period, many challenges remain important for the teachers. According to the teachers' experiences, the knowledge that “their kids” trust them and are ready to share their tragedy helps them cope with this situation.

***Constant mobilization and vigilance: “putting the personal aside”, endangered professional identity when problems can’t be “solved”***

The challenging situation at school keeps the teachers in a state of constant mobilization and vigilance. According to the respondents, the war in Ukraine had an impact on both their professional and personal lives. Stress and workload have increased and there is less time for family and rest. Due to such discomfort and worries in the educational process, teachers note that they "take school problems with them" when they go home. Teachers constantly highlighted during the discussion that they still "put the personal aside" to meet the needs of the children.

It is important to note that teachers see it as their duty to solve any problem, related to students, and failure to do so puts at danger their professional identity. In conversation, they repeatedly used phrases like "a teacher must" or "if you are a teacher, you must ". Overall, this attitude explains why they perceive collegial mutual support as the most effective and valid coping strategy.

***Main challenges: language barriers, trigger topics in classes, high outdrop/outflow of students, handling special needs and behavioural problems of affected children***

The respondents mentioned that in the first period, they had neither experience nor proper knowledge of working with students who were affected by an armed conflict. Difficulty was the language barrier and, in general, the correct selection of adequate communication topics, approaches, and pedagogical methods. According to the respondents, they had to identify potential problematic topics and think of alternatives to them in order to ensure the learning process. E.g.: They had to watch out for some potentially triggering topics, discussed in the textbooks and avoid mentioning them in the course of the lesson. For example, they had to avoid the topic of family members, because some students' fathers might have been at war at the moment.

Communication with parents was a challenge and a source of help, at the same time. According to the teachers, it took a lot of effort to gain the parents' trust, on the one hand, and somehow to challenge their perception that their circumstances were only "temporary", on the other hand. According to the observations of the teachers, both parents and children regarded their schooling in Georgia as a passing phase, thus, they preferred the online courses given in Ukraine and the Ukrainian educational system as a whole. Consequently, Georgian schools were considered more as places of socialization. According to the respondents, this context made their daily activities very difficult. It is important to note that the outflow/dropout of students, who either moved to another country or returned to Ukraine, was very difficult for them emotionally and had a negative effect on the classroom processes.

A significant challenge was allocating/identifying a proper time and space for students' personal stories and talking about the ongoing war, in general. Teachers report that they mostly acted intuitively. On the one hand, they tried to avoid triggers (although it was not easy), on the other hand, they tried to hold the space for the Ukrainian students without limiting them sharing their stories, which was accompanied by controlling the depth of this sharing and giving emotional feedback.

Based on the data, managing problematic behaviour or special needs of war-affected children (silence caused by the trauma) was a significant challenge for teachers. Teachers mentioned students' aggression, which was manifested in inappropriate behaviour in the classroom. This behaviour was related to the belief that they were here not to get grades, but to socialize, "temporarily". However, this attitude changed in the following periods.

According to the teachers, at first, the challenges were present everywhere, "at every corner", both during the lessons and breaks. According to the study participants, their colleagues who worked with the same target group, had similar challenges and had to deal with them in a similar way.

For instance:

> The music teacher recalls that a student protested studying the work of a Russian composer.

One of the teachers shared her experience when the students threw a ball while playing and accidentally activated the alarm system. This incident triggered students' anxiety that manifested on both emotional and physical levels and it took a lot of effort from the teacher to deal with it.

***Coping in the classroom: informal activities, intercultural project, time for individual communication, involvement of both students and parents***

According to the observations of the teachers, individual communication, emotional support and excursions, with the involvement of both students and their parents, are the most popular and successful coping tactics used in a process. According to the observation of the intentional school teacher their intercultural project was very effective for adaptation and integration. It included various informal activities and served to introduce Georgian culture to the refugee students from Ukraine.

***Coping with challenges and stress: collegial, mutual "peer" support, private contacts for emotional ventilation***

The teachers shared similar experiences of dealing with stress in their daily lives. Mutual support and sharing of experience among colleagues were identified as most effective support practices. However, they repeatedly expressed concern about the lack of time and space for this mutual sharing, due to their very busy schedules.

Teachers agree that emotional support from students is also very important for coping with stress. According to them, seeing that their work is not in vain and that they can change something for the better is a great incentive and source of energy.

As it appeared, family is a place where teachers have the opportunity of emotional ventilation. They recalled some cases of how they turned to their family or a specific family member to relieve negative emotions, accumulated at school. Some of the respondents indicated that in case of sleep troubles or elevated anxiety, they take medication. No instances of relying on psychotherapeutic support were mentioned.

***Training needs: collegial exchange, outdoor events, intervision; rejection of top-to-bottom training approaches in later stages (measures for on-scene support), retrospectively practical, psychological training to be prepared for student's special needs in the beginning (preparedness)***

At the present moment, teachers do not consider training to be an effective way to help them deal with the challenges they face. According to them, taking into account their increased stress and heavy workload, training is a "waste of time" and the fact that someone has to teach them something is an additional burden and stress. Based on their conversation, it could be said that the vertical, top to the bottom approach (implied in the training format) is not comfortable for them. They are more open towards collegial exchange and interaction; however, they cannot find some time for it in their everyday life, due to the workload. They picture for themselves an outdoor event as an ideal way to share thoughts and experience with each other.

From the conversation of the teachers, it is clear that there were some needs that were not/could not be met at the initial stage.

For example, according to the teachers, the work process would be simplified by determining the needs and interests of the students in advance through research, to help increase the awareness of the teacher. It was repeatedly mentioned that the "help of a psychologist" and some practical training, at the initial stage, would have been highly valuable, as it would help them foresee future challenges and increase their readiness. It should be noted, that even now, they do not/cannot consult with the psychologist at their school, as they are, reportedly, very busy.

***Positive aspects: gain in confidence, tolerance, willpower on individual level, more cohesion and support on organisational level***

Speaking about the positive aspects of this experience, the respondents note that dealing with difficulties convinced them of their abilities and capabilities, once again. Seeing the results of their hard work, despite a lot of difficulties and stress, has given them more professional and personal confidence. According to the study members, tolerance, willpower, strength of character are the qualities that they discovered in themselves and through which they overcame difficulties.

A rediscovery of the importance of organizational cohesion and support was mentioned as another positive aspect of teachers' challenging experiences.

When asked about the future prospects, teachers avoided discussing the politics around the armed conflict in Ukraine and possible outcomes (as if it was "none of their business"). However, they made it very clear that they are positioned in favour of peace. According to them, regardless of their political views, or who they may be supporting in this war, they want peace and an end to the war soon.

## Psychologists

Two focus groups were conducted with this target group. All participants had higher education in psychology and were involved in response to the Ukraine crisis. Some participants had experience of psycho-consultation with war-affected and/or displaced people, while for others it was a completely new experience. A few participants could be characterized as "newcomers" who had rather short experience of providing psycho-social services to adolescents or adults, before the war.

***Beginning of the conflict: high demand of activities in rapid response during initial phase – counseling, preparatory training for volunteers, creating resources, meeting basic needs, identifying needs and providing quick referral online***

According to psychologists, the first period of involvement was most intense and complex. The beginning of the conflict was characterized by the research participants as a period when everyone was compelled to do everything they could, regardless of their specialization or previous experience. In the very first months of the war, several psychologists joined forces and created an initiative group that aimed at identifying and carrying out multiple activities as part of a rapid response to the emerging crisis. The psychotherapists, who joined such a group, not only provided psycho-counselling, but also did everything that was necessary at that moment, whether it was preparatory training for volunteers working on the front line, or creating psycho-educational resources in order to spread them through the IDP community. Some of them even participated in distribution of humanitarian aid packages.

According to the participants of the study, the force majeure format of their work at the initial stage of the war was due to the large wave of displaced people from Ukraine, who needed various types of assistance and had no information where to find it. The initiative group created a Facebook group that brought together mental health specialists and Ukrainians. This platform was used for

connecting people, identifying their emergent needs and providing quick referral to the appropriate service provider or individual psychologist. The same platform served as a channel, where psychologists disseminated various self-educational resources concerning mental health. This type of support was relevant during the first year, then the activity of the group gradually decreased.

Both at the initial stage of the war and in the subsequent stages, some study participants were involved in individual and group psycho-consultations. There were also instances of cooperation between Georgian and Ukrainian therapists, where Georgian therapists helped in organizing and conducting group therapies for refugees. Some specialists have been conducting remote psychotherapy sessions for people who are in Ukraine. In some cases, Psycho-consultations were financed by donor organizations, however, psychotherapists also conduct some consultations on a voluntary basis.

***Changes over course of time: prioritization of training modules for specific target groups, personally separation of work and private life***

Along with the refugees prolonged stay, the types of supported services for Ukrainians have changed. According to the research participants, non-governmental and humanitarian organizations started to prioritize creation of training modules that aimed at some target groups from refugee community and had specific, structured agendas, e.g. stress management, positive parenting, assertiveness training, emotional intelligence training, substance abuse prevention, art therapy, and more. The trainings were designed for small groups and lasted for a few months. The target groups were children, adolescents, the elderly, women, pregnant women, war-affected people located in Ukraine and a group of so-called “traditional Ukrainian family helpers” (Hresnics), who were trained to help refugees with everyday issues and cultural adaptation.

Those study participants who do not have children, did not mention significant changes in their personal life, apart from lack of free time in the beginning of the war (which was the case for everyone, involved with war-affected people). One of the participants said she is lucky to have friends who are willing to listen about her professional activities, as they are interested in these topics. However, another respondent, who has minor children, did not have the opportunity to talk out their problems at home and had to contain their emotions, in order to protect the children. Some of them reported that since the war, they feel guilty when interacting with their children - they had the luxury of having them by their side, while some of their beneficiaries had lost everything. Another respondent, whose children are older, reported that they all were involved in volunteering, e.g. in the preparation of aid packages. in some sense, it became a collective coping strategy for the family. The war was affecting their mental well-being and the quality of their personal life, anyways. In this context, being involved in some form helped the family members to feel less guilt for enjoying their lives (e.g. for going to a birthday party).

On the whole, if we compare the target groups with each other, it could be said that unlike "self-organized volunteers" and teachers, the personal and family lives of psychologists' were less affected by work-related stress. Psychologists appear to be better equipped with prior knowledge and experience, and despite occasional doubts, still have the conviction that the separation of work and personal life is rather a necessity if one wants to be an effective helper.

***Main challenges: high influx of IDPs, constant need to improvise, instability in support activities, unresolved need for safety can't be fully met, mistrust in psychological interventions, time management through unstructured workload, fear of mistakes in less experienced psychologists, confrontation with extensive range of negative emotions***

Target group members mention many challenges.

According to the participants of the study, the first stage was characterized by large influxes and outflows of IDPs. In many cases, Georgia was not the final destination of the Ukrainian IDPs. They stayed in Georgia for some time, got involved in some psychosocial support programs, and then moved to another country, thus, quitting the training. These circumstances affected the work of the helpers in a negative way. Those who were leading support and/or training groups, were in a constant/permanent need to change plans and improvise, as some participants might simply not show up on the next session. It was not only harmful for the dynamics of group work, but it was also emotionally difficult for the specialists themselves. They felt as if they missed the chance to help someone due to the situation they had no control over. With time, the situation started to settle, the level of unpredictability decreased and the work of the helpers became more routine.

Some challenges were common. For instance, everyone mentioned how hard it is to come to terms with the idea that they are unable to solve many of the beneficiaries' problems. Just like the volunteers, they had to deal with the feeling that, despite their helping activities, beneficiaries' primary needs for physical and mental safety remained unsolved/unresolved. At the same time, they share frustration about some beneficiaries refusing to be helped, due to the mistrust and defensive attitude towards psychotherapy and counseling. Several participants reported to be adding some components of psycho-consultation to the training modules, designed for other purposes, in order to respond to refugees' evident, but not acknowledged, needs.

Some of the challenges differed, depending on the previous experience of the participants. Those psychologists who had not worked with people with traumatic experiences struggled with confidence, especially in the first stage of their involvement with refugees. They constantly asked themselves, whether they were doing things the right way or not? At the same time, they struggled with time management due to enormous and unstructured workload. They felt consumed by their professional and volunteer activities. Over time, this challenge was resolved - some routines evolved - the initiative group established a work distribution system that made their workload bearable.

Another challenge for the "newcomers" was decline of motivation and/or the crisis of purpose in the later stages of the war. They developed some doubts about the meaningfulness of their efforts. These doubts appeared to be most pressing for those who had no personal contact with the beneficiaries and couldn't get any feedback on usefulness of their work (e.g. preparation and distribution of educational self-help resources on social networks).

Another common challenge was holding to the "professional framework" and protecting their boundaries. On one hand, they had to separate the helping activity from other activities, e.g. teaching, other clinical practices, etc. Another task was mental self-defence. Some psychologists noted that, at times, they could not resist internalization of beneficiaries' emotions. In addition, they had to contain their own emotions, triggered by the interaction. As a result, they had to deal with an extensive range of negative emotions, e.g. shame, guilt, inadequacy, anger, and powerlessness.

Those participants, who have had more solid practice of working with trauma-affected clients, experience less challenge in this regard. To quote one of the psychotherapists, they have built "thick

skin" from so much practice. However, some other participants expressed mixed feelings about engaging in the interaction with beneficiaries "fully armoured", as such approach implies less empathy for the misery of the people.

For instance, one of the study participants mentioned that 20 years ago she worked with a similar group, which, like the Ukrainian refugees, hadn't had their basic needs met and lived in hotels, under very poor conditions. She reported to be retraumatized when she encountered the similar poor condition in the hotel, where the Ukrainian refugees were staying (e.g. problem with electricity in the building, snakes in the yard of the hotel, etc.). It took her considerable time to process her difficult emotions and reemerging memories.

Another participant provided an example of the situation, where guilt is experienced. She said, when she returns home, she feels guilty for having home, for having the possibility to communicate with her son, while some of her beneficiaries are deprived of all of that.

Another participant mentioned several cases of emotional contagion, e.g. bursting into tears, while the whole group of female beneficiaries were crying. The participant reported to feel very uncomfortable about such cases as she is unsure whether her tears are interpreted as a sign of empathy or of weakness by her beneficiaries.

Another respondent mentioned the instances, where patients expressed excessive anger and critique towards Georgians and Georgia. She had similar encounters with Ukrainian colleagues. As the participant recalls, she was very upset and it almost caused her to reciprocate anger. Later, with the help of a supervisor, therapy and support groups, she managed to contain this anger, but at first it was quite difficult for her.

One of the experienced psychotherapists recalled cases that she had never experienced before. These were remote consultations with people who were living in cities that were being bombed. She recalls that once, completely unexpectedly, her patient entered the online session from the bunker and that was a very confusing and stressful experience.

The psychologists did not mention any difference between them and their colleagues, when it comes to the challenges that they face in their work. However, it was mentioned that it makes a difference, if the helper has family and minor children. It is implied that caring for children puts additional weight on the helper's life and makes maintaining the balance between their work and personal life more complicated.

***Coping with challenges and stress: organisationally additional supervision dedicated to conflict related topics, intervision, delegation of work to colleagues, feedback culture individually resources like physical activities and means for distraction***

The participants named psychotherapy, additional supervision for Ukrainian patients, diversification of supervision (for example, for non-Ukrainians), separate physical therapy, a kind of informal

intervision, sharing experiences, episodic attempts as ways to deal with the container of emotions. Of these, physical therapy and mutual sharing were found to be the most effective means. In addition, individual stress release practices were mentioned, such as dancing and rhythmic movement at home, as well as walking on the street or jogging to music. According to them, physical movement promotes the release of stress, as well as the process of processing and understanding emotions.

In a burnout situation, delegating their work to colleagues was mentioned as a coping strategy. For example, one participant mentioned delegating positive parenting training to a colleague. Also, during this period, the solution may be to engage in more pleasant or grateful activities with the target groups (that brings more gratification) or, in the extreme case, to temporarily leave the "service area" and switch to reading books and watching movies. .

According to the research participants, it is important for them to know whether their activities are effective or not. The best measure of this would be the feedback of the beneficiaries themselves, therefore, a challenging situation for them is when they do not receive feedback from the beneficiaries, for example, during the training course. The lack of feedback makes them doubt themselves and feel not enough.

***Training needs: need for modified guidelines for ongoing, prolonged crisis, system when staff resources are overwhelmed (triage), body-oriented interventions, informal supportive meetings, more supervision for staff with lesser experience necessary, approaches to support long-term displacement***

Some of the participants mentioned the need for new, modified guidelines (e.g. on protection from professional burnout), as the existing materials do not fit the present reality, i.e. the ongoing, prolonged crisis, affecting thousands of people. It does not provide answers to the pressing questions, like, what should a professional do when there are more beneficiaries than they (and their colleagues) can cope with? How do you make yourself relax at such times?

Several psychologists would love to learn more about using body-oriented therapy techniques, due to personal positive experience with body psychotherapy.

In addition, they wish to interact with colleagues beyond the formal settings. They consider informal, supportive meetings as a great opportunity for sharing experiences and getting emotional ventilation.

Also, they would love to have informal meetings with the beneficiaries, where they could interact like equal people - listen to their opinions, receive their feedback about their helping activities and collect some positive emotions that will motivate them in their work.

Relatively inexperienced specialists said that they would have benefitted from more support. They received some preparatory training that helped them in their work, however, it was not enough. It would be good, especially during the most intense period, to participate in a therapeutic workshop, get some ventilation and regain their strength.

The target group's vision of the future is blurred. One thing they certainly expect is that the conflict and the resulting crisis will not end anytime soon. They want to be able to continue to help and express their willingness to do so. However, some believe that in the near future the form of "assistance" will need to change, following the changing needs of their beneficiaries. According to them, the beneficiaries will gradually realize that it seems that their displacement (displacement)

may last longer, the resource of resilience will run out, and a crisis will occur, which will require the use of a new approach on the part of psychologists. However, what this new approach should be, they have no knowledge about it and would like to learn about it.

***Positive aspects: self-belief, ability to react quickly in crisis situation, personal growth, "collective story of suffering": suffering in local wars was not in vain***

All participants mentioned some positive aspects of their work. They mentioned some positive changes in their attitudes and skills, e.g. appreciation of their lives, learning about the need for self-observation, **learning how to use their resources in moderation. They gained** the ability to quickly restore emotional balance, **the ability to react quickly in a crisis situation and** do it as a part of a group work. They got close to colleagues and had the opportunity to learn from each other. Also, some of them have broadened their horizons and discovered that there is more to their profession that they thought before.

Strengthening of self-belief was also listed as a positive aspect of their challenging experience. First of all, they can see the results of their work and become more sure of themselves, as professionals. Besides, their personal core beliefs have strengthened. While working with each beneficiary through their trauma, they had to tackle fundamental existential questions, and every time they felt sound about their answers to those questions.

Another positive aspect was the feeling that the suffering of Georgian people in two local wars was not in vain. As one of the participants mentioned, that refugee's stories reopened old injuries, on the one hand, but helped in healing them better, on the other hand. They hope that this time, they can help, and this time the collective story of suffering will have a happy ending.

They also regained the belief that by standing together, Georgian people can reach some higher goals. As one of the participants said, Georgian society has "grown up" - there was disdain and neglect towards "our own" IDPs in the past, while today you can see solidarity towards the Ukrainian refugees. Seeing this change fills them with motivation and energy.

## Volunteers

This chapter describes two types of volunteerism and the unique challenges associated with them. One of them can be described as "institutional volunteering", since citizens are recruited and prepared for volunteering by the organization. In the case of our research, such people were volunteers of the Georgian Red Cross Society. The characteristics of their volunteering experience are institutional support and a clear framework/structure of activities. In particular, these people were trained in advance, received support in the process of volunteering, and were assigned a specific task (e.g., working with children, distributing humanitarian aid packages, conducting telephone surveys), the duration and time frame of which were usually predetermined.

The experiences of volunteers who helped Ukrainians based on self-organization is different. They spontaneously engaged in volunteer work without any psychological training, in contrast to Red Cross volunteers, and they acted without any psychosocial support throughout the later stages. Additionally, they lacked a defined work schedule and decided on the spot who and how to assist.

We held two group meetings with Red Cross volunteers and conducted two individual interviews with "self-organized" volunteers from Batumi, along with an informal observation in the space where their volunteer activities are based (the so-called "Headquarters for humanitarian aid to Ukraine").

***Beginning of the conflict: distribution of humanitarian aid, follow-up satisfaction surveys, needs survey.***

Georgian Red Cross volunteers ranged in age from 16 to 27 and came from Tbilisi and Batumi. Some were schoolchildren, while others were university students. Respondents participated in a range of volunteer activities, including the distribution of humanitarian aid, follow-up satisfaction surveys, and a needs survey. Some of the volunteers were involved in creating spaces where refugee children from Ukraine would have the opportunity to receive psychosocial support, relax, and make new friends.

As for the self-organized volunteers, they are socially and politically active citizens who live and work in Batumi. Previously, in the wake of the conflicts in Georgia (2008) and Ukraine (2014), they were providing aid to refugees and those afflicted by war. Within the first week of the war, they established the so-called "Headquarters for humanitarian aid to Ukraine," where anyone could bring food, clothes, or household items. The headquarters were housed in the office of the opposition political party, "Lelo." The party provided it for free, according to study participants. They managed to provide several hundred people with food, basic supplies, lodging, and health services in the first two months, before the state was able to count the refugees, determine their requirements, and address them. Humanitarian help was brought by both formal entities and regular residents of Georgia and other countries (such as Ukrainians, Belarusians, and Russians). The respondents noted that while this help persisted in the subsequent time as well, the number of citizens offering humanitarian assistance gradually declined.

***Changes over course of time: decrease in citizens offering humanitarian assistance, difficult to solve challenging tasks, high influx of IDPs, providing legal support, hope and political motivation in nonaffiliated volunteers, prioritization of volunteering over professional and private aspects***

The first period was the most difficult for both types of volunteers. However, adaptation was much easier in the case of young Red Cross volunteers who operated within a defined framework and whose workload was standardized.

Red Cross volunteers, at the first stage of involvement in the process, had to work harder to find and develop the best ways to solve the tasks. Despite the preliminary training, they encountered some surprises in the process of volunteer work. For example, the volunteers involved in the "Child Friendly Spaces" program did not expect that all children might have individual needs and preferences. Consequently, at the initial stage of engagement, they were more confused and nervous, and had to work harder to find a common language with the beneficiaries.

The helping activities of the self-organized volunteers were changing along with the change in the needs of the beneficiaries and the course of the conflict. In the first days of volunteering, their activities were aimed at supporting Ukrainian citizens who came to Georgia temporarily (on business or for vacation) and were involuntarily stuck. They expected that the war would end in a few days and that Ukraine would lose, just like Georgia did. The continuation of the war gave them some hope that this time things might develop differently than in Georgia in 2008, and this increased their involvement and motivation to help. Accordingly, they continued to collect humanitarian aid from citizens to send to Ukraine. Later, with the influx of refugees, the scope and tasks of their work increased. On the one hand, they continued to collect humanitarian aid - this time, for refugees. On the other hand, they had to help these people access health services and seek shelter, which was also done with the involvement of private individuals and other volunteers. At the same time,

providing legal support has become an important work direction - in particular, assistance in gathering documents that would allow Ukrainians to move to other countries.

There were no notable changes that the young Red Cross volunteers could recall in their personal life.

The so-called self-organized volunteers held several jobs until February 2022. They participated in political activity and/or were party members in addition to giving lectures at the University and working for humanitarian organizations. When they initially became involved in disaster response, they threw themselves "head-to-toe" in volunteering to the point where their personal lives and careers took a backseat. Sympathy, which was sparked by Georgia's two war experiences, was the driving force behind this extensive participation in the crisis response. An additional factor was negative political attitude towards Russia.

During the first months, due to physical and emotional exhaustion, the self-organized volunteers were unable to perform their daily activities. One of the respondents recalled that she was just making a formal appearance at the university until her colleague offered to take charge of the course instead of her. After that, she stopped going to university altogether.

According to the respondents, they virtually had no personal life for a few months. Practically, they spent the whole day at the Ukrainian aid headquarters. One of the respondents recalls that she used to come home late at night and go to bed without talking to her family members. She thought that keeping quiet and isolating herself would shield the family members from her negative emotions. After three months, they more or less managed to systematize the labour process. They also gradually started to realize that they were emotionally and physically exhausted. According to them, after a year, the situation can be considered stable. One of the respondents mentions that she managed to return to work and is able to communicate with her family members more.

***Main challenges: finding individual approaches, managing anger and mistrust, local's criticism for support activities in Red Cross Volunteers, high workload and difficulties in keeping professional distance in self-organized volunteers***

One of the challenges for the Red Cross volunteers was to find/develop an individual approach to the beneficiaries. While the prior training theoretically prepared them for the challenges ahead, in practice, it turned out that standard approaches did not always work, especially when it came to children. It was confusing for them when a child behaved "differently". Also, it was a challenge to select appropriate topics for individual communication or group activities and to avoid potentially triggering topics and words. Also, it was noted that the children initially reacted very negatively to any physical contact, which created a distance between them and made it difficult to perform certain activities.

Managing the anger and mistrust of adult beneficiaries was another challenge.

At last, several volunteers reported that they occasionally had to put up with the locals' criticism that they exclusively provide support services to Ukrainians.

For self-organized volunteers, there were a lot of challenges over the first two to three months. The difficulties included gathering and distributing humanitarian goods, organizing fundraising efforts, and requesting access to various services for Ukrainians through a variety of public or private institutions. According to them, remaining sane was a challenge, too, in the face of all of this.

Self-organized volunteers report that their sleeping and eating patterns were disrupted. As one of the respondents recalls, she simply forgot to eat. They did not get enough sleep, so at times, they

even fell asleep directly in the room where humanitarian aid was collected. In general, they spent a very long time in that space. Another respondent recalls that sometimes, after going home, it was incredibly difficult to return back to the depressing environment. However, they had no choice, since avoidance would have made them feel worse.

According to one of the respondents, she became so emotionally attached and excessively preoccupied with solving refugees' instant problems that at times, she disregarded other tasks, occasionally helping Ukrainians and other times taking care of family concerns.

Young Red Cross volunteers encountered challenges in the context of both individual and group activities. For instance, they had some challenging experiences in a children's group where minors avoided an autistic child because of their "otherness" and "strangeness." Cases of mistrust from the adult population were encountered, for example, during telephone surveys. A phone call from an unknown person aroused suspicion and aggression in some refugees. There were cases when they refused to participate in the survey. Young people noted that it was quite difficult, sometimes even impossible, to reassure such beneficiaries. Volunteers learned to deal with such challenges by listening and showing empathy. According to the respondents, the formation of trust, both in the relationship with children and adults, is facilitated by remembering the conflict that happened in Georgia and appealing to the similarity of the experiences of the citizens of the two countries.

As for the dissatisfaction expressed by the locals and the difficulty of dispelling it, the Red Cross volunteers face this challenge when talking with their peers as well as with adults. Such cases are not frequent; however, they are very unpleasant. Volunteers have to explain and justify why the children's space and fun activities are only for Ukrainian children and not for locals.

One of the main challenges of self-organized volunteers - pervasive negative emotions - manifested itself practically every day in the first phase of the crisis. Listening to the stories of the refugees caused the most difficult feelings. Sometimes they saw with their own eyes traces of the events that these people went through. Children came to the headquarters wearing house slippers, which was very hard to watch, considering the low temperature and the distance they had walked. Both respondents separately recalled the story when a woman came to the headquarters with a bullet-riddled car and children, some of whose parents died on the way.

Respondents also named many cases that made them feel powerless. They felt very bad when beneficiaries with health problems, who could not afford a doctor, asked for their help. Among them were elderly people with chronic diseases, a child with a broken leg, etc.

Young Red Cross volunteers did not mention any different challenges they see in other volunteers/helpers. Based on their conversation, it can be said that they have a very similar experience, which they deal with through organizational support and helping each other.

Self-organized volunteers mentioned that many volunteers failed to cope with the workload and left the aid process. At first, there were many, but within a month or two there were very few left.

However, our respondents said, they cannot fully blame those who left, because they the burden they took on themselves was too great.

***Coping with challenges and stress: dedicated professionals to support when questions arise during response activities, family support, positive feedback, work experiences***

Overall, according to the volunteers, they were able to cope with challenges and stress on their own. One respondent noted that belief in one's own capabilities and "inner readiness" helped a lot, as did understanding the importance of individual contributions to the collective process. However, volunteers also note the helpful resources that helped them solve particularly difficult tasks. On the one hand, they relied and still rely on each other - on other volunteers - and on the organization itself, whose support they felt throughout the process. For example, a psychologist working in the organization was designated as a support resource, to whom they turned for help when they felt confused and incompetent (e.g. the case of a child with autism).

Finally, the volunteers had emotional support from their families as well. One respondent recalled that family members even helped directly in volunteer activities.

As for the stress management, young volunteers found this issue to be less pressing/of less concern. According to them, in the initial period of involvement in volunteer activity, they were worried - they did not know if they would do well or not. They also felt sadness. However, in their opinion, they did not experience significant stress.

The importance of the organizational framework and support was also highlighted. The preliminary trainings conducted by the Red Cross, as well as the guidance provided in the process, were a very tangible source of support for the young volunteers.

Self-organized volunteers initially worked in such an emergency mode that they did not even reflect on stress. The main way they coped with the challenges was to work harder and refuse to relax. They felt an increase in stress when they were not at the headquarters. The more they did, the more they saw results and that was what gave them the strength to cope.

One of the self-organized volunteers mentioned that the only thing she allowed herself to do when she was stressed was sleep. However, over time, she realized that she had exhausted her physical resources and thus decided to take a vacation, although she later felt guilty about it.

According to respondents, since the fall of 2022, they have gradually developed defence mechanisms. Supportive activities are already carried out on a routine basis, the emotional charge has weakened and they experience less stress. They did not name specific techniques/tactics for dealing with stress. According to them, even before 2022, they had developed a certain resistance to stress due to previous work experiences. One of the respondents mentioned that he had a long experience of working in a stressful environment, he worked as a journalist for years (during the war in 2008 as well).

Finally, both types of volunteers identified the positive feedback they received from the beneficiaries as a very important empowering thing that energizes them and helps them deal with negative emotions. [12]

[12] Virtually, all target groups mentioned the importance of feedback from the beneficiaries.

***Training needs: processing stories volunteers are exposed to, peer support and joint meetings with helpers, using electronic data in phone surveys, better preparedness about nuances of work in different scenarios.***

According to Red Cross volunteers, despite the challenges, they did not experience any psychological harm. However, hearing the tragic stories shared by the beneficiaries was still difficult for them. They think that trainings that will make it easier for them to emotionally process similar stories will help them in their future work.

Self-organized volunteers showed a sceptical attitude towards psycho-counselling and stress management training. Trainings are associated with wasted time; They believe that they have already learned how to deal with problems on their own, and such training is, in a way, overdue. The only desire that was expressed was to organize a joint meeting of the helpers, which would have the purpose of rest, relaxation, and exchange of experiences.

From today's perspective, Red Cross volunteers would like to be more prepared in advance for different "scenarios", to have more knowledge about the nuances of the expected work, which would make them feel more confident in the process. Also, those volunteers who conducted the telephone survey, in retrospect, expressed the wish to have had the opportunity to work with electronic data, where both beneficiary names and telephone numbers were easily searchable. Apparently, some of the data was physically collected and scanned, which slowed down the process of finding a specific beneficiary.

As mentioned above, the self-organized volunteers participating in the study are, at the same time, members of the opposition political party. Thus, it is not unexpected that the ruling party's accountability was brought up first in retrospective criticism of the aid programme. According to them, the state should have responded more promptly to the crisis in Ukraine. Even today, in their view, state aid programs are quite scarce. Although it was noted that several influential political figures of the Autonomous Republic of Adjara made a significant contribution to the aid of refugees, this aid was provided individually, "voluntarily" and not within the framework of the official policy towards refugees.

***Positive aspects: volunteer community as family, skills and personal growth, volunteering "lifestyle"***

Red Cross volunteers demonstrated the most favourable experiences and feelings of all the study's target groups. They see the volunteer community as something close to family that provides them with an opportunity to improve themselves and the lives of others. An additional great experience mentioned was "discovering" the beneficiary children's creativity and appreciating the interaction with them.

Research participants report that volunteering has had a great and positive impact on their lives. For example, volunteers note that they have developed the ability to improvise, have learned to respond promptly to the needs that arise immediately, have learned time management; Also, they developed the ability to correctly summarize information, so that the heard opinion is not "lost" and is correctly reported. Enrichment of interpersonal relationships and involvement in new activities with the perspective of future development were identified as major positive changes. Cooperation with the Red Cross and getting to know like-minded young people led to the expansion of the volunteer's circle of acquaintances and interests. They report that they really like what they do and, moreover, instead of limiting themselves to one-time volunteering, they are encouraged to engage in other volunteering activities. It can be said that volunteering has become a part of their lifestyle.

According to the self-organized volunteers, the positive aspect of their work was that they were doing hard but very worthwhile work. Especially in the first days of the crisis, their contribution was invaluable, and they are convinced of this by the feedback they periodically receive from Ukrainian beneficiaries. This crisis strengthened their belief in the importance of civil activity in general and their own strength in particular. At the same time, according to them, the hope that the failure experienced in 2008 will not be repeated in this case is very strengthening in the process of helping Ukrainians. Based on the interviews, it can be said that the helping activity helps them and other local people involved in the process to deal with the collective trauma of the war. Empathy towards refugees is considered a positive phenomenon, which is supported by a common/similar experience.

At the same time, the direct contact with the refugees made them discover more compassion in themselves and had some impact on their personality - "softened" their character, gave them a feeling of gratitude for what they have, etc.

Though they hope the crisis ends soon, young Red Cross volunteers intend to carry on volunteering. Should this not occur, they will think about the potential to participate in additional initiatives that support Ukrainians.

Self-organized volunteers anticipated that the battle would finish in a matter of days when it started in February 2022. They express hope and faith that the conflict will be resolved in favour of Ukraine and that the refugees will return to their homeland victorious, even though they are unable to determine when this crisis will finish. They are prepared to carry on their helping activities till then.

### 5.3 Workshop Results

The workshop in Georgia was conducted on 23rd of October in Tbilisi and attended by 28 participants from the National MHPSS platform. As a result, the following needs were formulated:

(1) More effective internal communication activities with the volunteers and helpers during and after their field work
(2) Establishment of a particular physical space for specialists (helpers, volunteers, PSS specialists, teachers etc) to discuss their achievements, challenges and to get professional advice and recommendations while also having the opportunity to exchange updated information, guidelines and opportunities
(3) Regular awareness raising initiatives for students (future doctors, helpers) about the topics which are the main focus of the Who Cares project
(4) Development of a platform for experience sharing: in the framework of this initiative, invited specialists (experienced teachers, lecturers, psychosocial specialists, helpers, volunteers) would share their experience, best practices and lessons learned with younger colleagues actively involved in field work.

## 5.4 Conclusions to be considered in future project activities

Summarizing, in quantitative research we see in one third of the sample high depression risks alongside low well-being, 5% with burnout risks and 11% with suspected PTSD levels. Among Georgian Helpers a high amount of secondary exposure factors was reported (M=17). The more secondary exposure factors were reported, the higher Burnout Levels were. Job Experience seems to be a protective factor.

From qualitative research it should be highlighted that Psychologists or affiliated volunteers face challenges such as unstructured and high workload, high influx of beneficiaries and instability in support activities, which is rather common for work in crisis contexts. Affiliated volunteers and psychologists are mostly trained for being confronted with many exposure factors in crisis contexts, but the extent and severity of confrontation changes. In educational staff however, we see that this group faces a lot of additional tasks that are not in the scope of their usual tasks, having to provide e.g. emotional support to traumatized children or supporting with socializing and adaptability of displaced children additionally to their educational tasks. Language barriers or moral issues such as having to be careful with trigger topics in the classroom make usual tasks more difficult to handle.

While in the beginning trainings from psychological staff to be prepared could be helpful, at this stage in time there is rather a demand for exchange among peers, but reluctance regarding traditional trainings. Providing opportunities for exchange among educational staff is something that should be advocated for on organizational level. Trainings on how to react to children/parents/peers in the context of conflicts should not be perceived as an “additional” burden, but could be e.g. integrated into existing curricula.

Quantitatively, no differences could be observed among self-organized and affiliated volunteers to humanitarian organisations, e.g. the Red Cross. Qualitatively, differences can be observed in the needs for training (e.g. red cross volunteers more open for traditional trainings on managing stress while unaffiliated volunteers rather want to have peer support meetings but there is no structure for that). Also, among volunteers moral issues, such as anger and mistrust from beneficiaries or criticism from the Georgian population have been mentioned to be a challenging factor. While self-organized volunteers often are among the first to be confronted with displaced people from Ukraine they are confronted with intense stories and secondary exposure factors. On organisational level, internal communication among the helpers is challenging. Hence, a system on how to organize response activities efficiently while also managing mental health risks for helpers not affiliated to organisations needs to be considered in further activities.

Among Psychological staff a need can be observed for more supportive supervision, modified guidelines for prolonged crisis, e.g. approaches to support long-term displacement, body-oriented therapy techniques esp. in work with language barriers.

# 6. Research in Ukraine

Full-scale invasion started on 24th of February 2022. Armed conflict had different impact on the country's territory: some areas were under occupation of a different length and severity, almost the whole territory is under attacks of the missiles, etc.

Quantitative and qualitative parts of the research were conducted in August 2023, after a year and a half since the war started. Since the situation is rapidly changing research was organized in the relatively small timespan to make it easier for the analysis of the variables impact that can cause the described phenomena.

For that period summer vacations, preparations for the new educational year (usually, in Ukraine in schools and for most courses in higher educational institutions it starts on the 31st of September), and some other recreational activities are characteristic. Interpretation from a broad perspective, not only due to the conflict impact is needed (participants could have some rest after the burnout on summer vacation and took part in survey, but still be under the prolonged stress influence, etc.).

## 6.1 Results from quantitative Research

In Ukraine the survey was sent out from 15th of August until 30th of August 2023.

### The sample

In total 456 participants filled in the survey. 85% of participants were female, 15% male. The mean age was M=40.91 years (SD=11.24). The youngest participant was 18 years old, the oldest participant was 75 years old. 81% of participants live in urban areas, 19% live in rural areas.

40% of respondents live in areas where combat actions are taking place, 60% do not. Of those participants that live in areas where combat actions take place (N=183), 59 (32,24%) say these incidents happen less than once per week, 34 (18,58%) say it happens once per week, 62 (33,88%) more than once per week, 28 (15,3%) say combat actions take place almost daily. 34 (18,58%) participants rate those actions as very severe, 53 (28,96%) as severe, 76 (41,53%) as mildly severe, 20 (10,93%) participants say it's not severe.

The sample was balanced with regard to job experience. 115 participants (25,22%) have less than one year of experience, another 115 (25,22%) between 1 and 2 years of experience, 34 participants (7,46%) between 3 and 5 years, 47 participants (10,31%) between 6 and 10 years and 145 participants (31,8%) have more than 10 years of experience. 220 participants worked as volunteers, 146 participants were MHPSS staff, 150 participants educational staff and 142 participants medical staff. 96 other participants had other jobs.

Most participants (N=278) work with beneficiaries directly affected by armed conflicts on an (almost) daily basis, 79 more than once per week, 41 about once per week and 58 less than once per week.

### Exposure rates

Primary and secondary exposure factors to incidents during the conflict was filled in by 456 respondents. The mean number of exposure factors was M=8.00 (SD=4.59) for primary exposure and M=8.05 (SD=9.66) for secondary exposure. Figures 12 and 13 show the distribution of exposure factors in the Ukrainian sample.

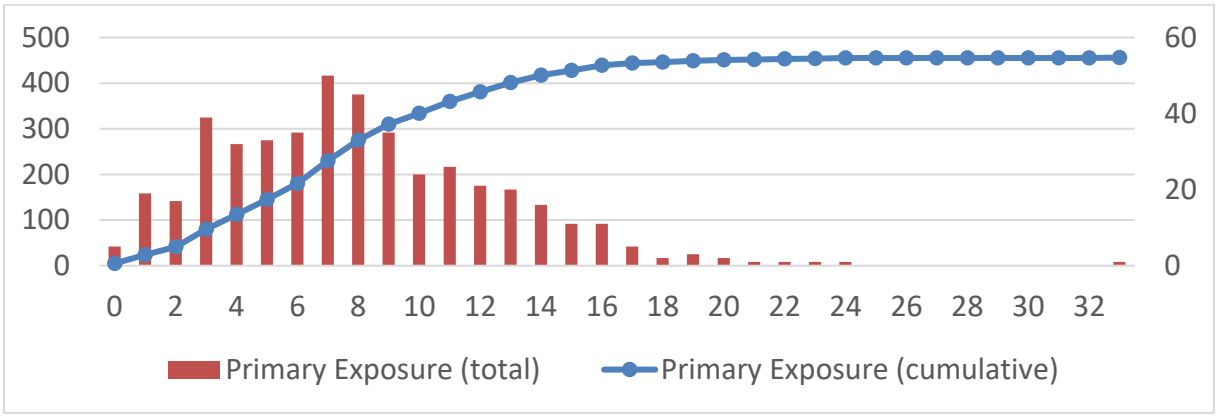


*Figure 12. Number of primary exposure factors that have been expereienced by Ukrainian respondents*

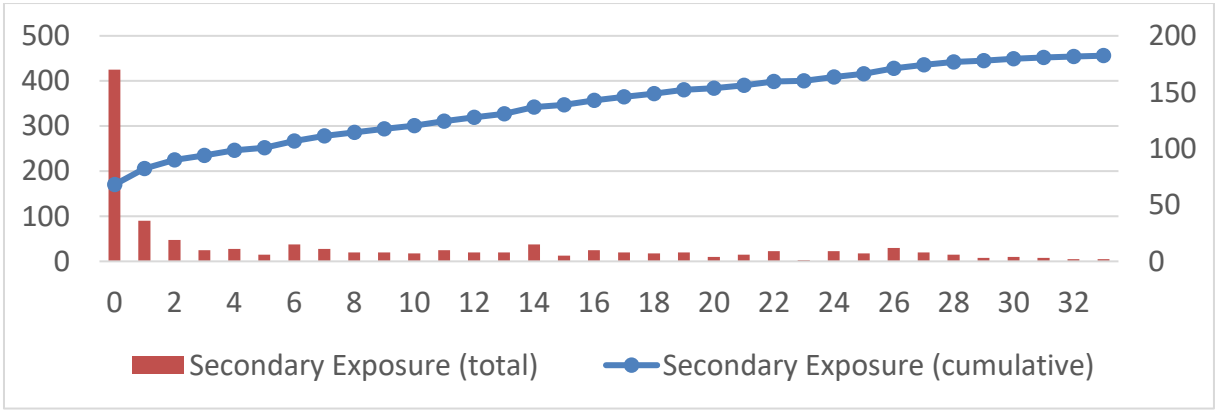


*Figure 13. Number of secondary exposure factors that have been experienced through respondent's clients*

In *Ukraine,* the most common exposure factors were hearing air raid sirens (N=437), destruction of local infrastructure (N=392), seeking shelter in an underground location (N=378), hearing or seeing bombing, artillery fire or gun fire (N=365), and relocation within Ukraine (N=353).

The factors that have been experienced as most stressful were death of close ones or experiencing bomb explosions, artillery or gunfire. For 35.2% of those who experienced death of close ones in the war this was experienced as the most stressful factor. For 27.1% of those who experienced bomb explosions, artillery or gunfire this was the most stressful factor.

## Mental Health Outcomes

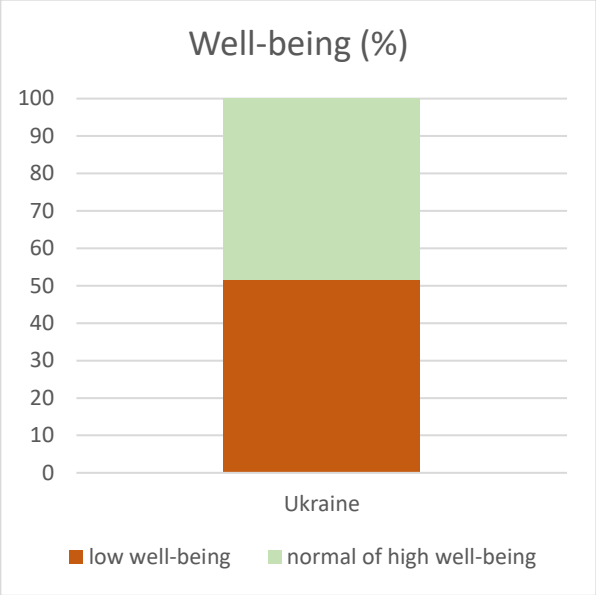


*Figure 14. Percentage of Ukrainian participants with low well-being*

"The WHO-5 is a short questionnaire consisting of 5 simple and non-invasive questions, which tap into the subjective well-being of the respondents. The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials and has been applied successfully across a wide range of study fields." (Topp et al., 2015)

On a scale from 0 to 100, people with a WHO-5 score of 50 or lower are considered at risk of depression (Topp et al, 2015). According to the European Quality of Life Survey, conducted every 4 years in the EU, 22% of the population were at risk of depression in 2016. In 2011 the percentage was 25% (Eurofound, 2017).

In our study, 51.5% score below the threshold indicating risk of depression.

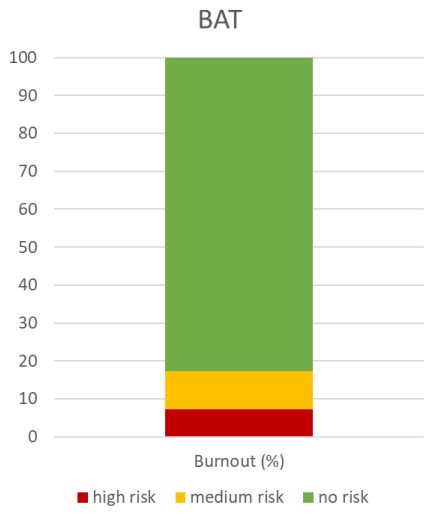


*Figure 15. Overview of Burnout risks in Ukrainian Helpers*

With regard to Burnout symptoms we see that 82.7% have no burnout risks according to their answers in the areas of exhaustion, emotional impairment, cognitive impairment and mental distancing. However, 10.1% of respondents are at medium risk and 7.2% have high risks of burnout.

According to the respondent's answers on trauma symptoms, we see that 25.2% are below the threshold value indicating suspected PTSD levels.


*Figure 16. Percentage of Ukrainian participants with suspected trauma symptom levels according to ITQ*

## Group comparisons

In group comparisons we found higher burnout levels in women than men (t(453)=2,433, p<.05, d=0.32, small effect size). Data also reveals higher scores in PTSD levels in female respondents ($\chi^2(2) = 8.08$, $p = .018$, $\phi = 0.1$, small effect size). However, no significant gender differences could be found with regard to overall well-being /depression risks measured with the WHO-5.

We found that the number of experienced primary exposure factors does correlate with higher burnout risks (r=.12, p<.05), higher PTSD symptom levels (r=.19, p<.001) and lower wellbeing scores (r=.22, p<.001). Data furthermore reveals that secondary exposure correlates positively with higher burnout scores (r=.16, p<.05), but not with PTSD and wellbeing scores. However secondary exposure factors correlate negatively with age in our sample, indicating a tendency for younger helpers to report more secondary exposure factors.

In occupational differences, we that educational staff has higher rates than non-educational staff in PTSD symptom levels ($\chi^2(1) = 10.58$, $p = .001$, $\phi = 0.152$, small effect size) as well as in burnout risks (t(454) = 2.58, p=.01, d=.257, small effect size). We do not see such differences for medical staff, MHPSS staff or volunteers when comparing them to the other occupational groups.

Surprisingly, the frequency of work with affected beneficiaries correlates negatively with Burnout scores ( r=-.09, p<.05). Job Experience correlates positively with Burnout Scores (r=-.1.9, p<.01) and negatively with Well-being (r=-.19, p<.05).

No significant differences in BAT or WHO-5 scores between people who live in areas where combat actions take place and those who do not. However, participants in urban areas have significantly higher Burnout scores (t(148,614)=2,32, p<.05, d=0,25).

## COPE

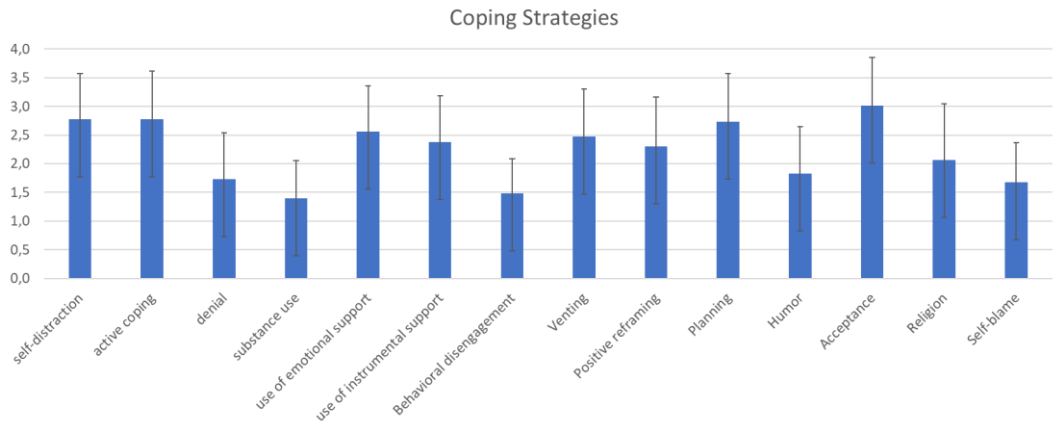


*Figure 17. Overview of Ukrainian participant's coping strategies measured with the brief COPE*

Figure 17 shows that rather adaptive coping strategies, e.g. use of emotional & instrumental support, positive reframing or acceptance, have been used more often than rather maladaptive such as substance use, self-blame or denial. However, the differentiation of coping strategies with this tool regarding adaptive and maladaptive is controversial, as e.g. for self-blame as a reaction or strategy, the context in which such reactions occur, usually has to be considered.

In correlations with our mental health outcome variables we find the following.

***Wellbeing***

Wellbeing showed a weak till moderate positive association with acceptance (r=.116, p < .005) and weak till moderate negative associations with maladaptive coping styles of denial (r=-.114, p < .005) substance use (r=-.269, p < .001), behavioral disengagement (r=-.221, p < .001) and self-blame (r=-.305, p < .001).

***Burnout***

Burnout displayed a weak till moderate negative association with the coping styles of humour (r=-.121, p < .001) and using emotional support (r=-.102, p < .005) and a positive correlation with instrumental support (r=.116, p < .005), behavioral disengagement (r=.256, p < .001), venting (r=.144, p < .001), self-blame (r=.306, p < .001), self-distraction (r=.093, p < .005), denial (r=.226, p < .001) and substance use (r=.236, p < .001).

***Trauma***

Experiencing traumatic stress had a weak till moderate positive association with planning (r=.151, p < .001); positive reframing (r=.153, p < .001), acceptance (r=.127, p < .001), turning to religion (r=.093, p < .005); using emotional (r=.231, p < .001) as well as instrumental support (r=.196, p < .001) and processes of self-distraction (r=.302, p < .001), behavioral disengagement (r=.227, p < .001), venting (r=.222, p < .001), denial (r=.321, p < .001), substance use (r=.155, p < .001) and self-blame (r=-.142, p < .001).

## 6.2 Results from qualitative Research

### Sample

In total, 20 IDIs with the key group's representatives (5 per group) among medical workers, psychologists, educational staff representatives, and volunteers were conducted.

All the IDIs were conducted in August 2023. Since the situation is rapidly changing, they were organised in the span from August 16-23 (roughly 1 week) to make it easier for the analysis of the variables impact that can cause the described phenomena. Despite that, some of the interviews had to be cancelled and rescheduled interviews because of the shellings in the relatively safe locations (for instance, the one that took place in the centre of Chernihiv, a city in the northern part of Ukraine, on August 19th) (https://www.pravda.com.ua/eng/news/2023/08/20/7416362/).

For that period summer vacations, preparations for the new educational year (usually, in Ukraine in schools and for most courses in higher educational institutions it starts on the 3 1st of September), and some other recreational activities are characteristic. So, we saw a tendency that participants already close to burnout or the ones who were already with its symptoms after the vacation were rested and thus were able to participate. Most of the participants claimed that a few weeks earlier asking them the same questions could lead to different answers based on fatigue and other burnout-related symptoms. Thus, in general, we can say that we should interpret participants' info from a broad perspective, not only due to the conflict impact.

IDIs were conducted in person with the participants who were in person in Kyiv or online with the ones who had busy schedule or were in different locations. Usually, the duration of the interview for one person was around 1 hour.

Since research groups representatives had different experiences, we stated that inclusion criteria are not only the people belonging to the relevant professions and/or who conducted relevant activities, but also being from different parts of Ukraine (as a local or an IDP) and abroad (as refugees).

## Challenges common for all groups

Besides having unique experiences some of the further mentioned findings would be common for all the Ukrainian residents, being in Ukraine or abroad. Here we include some basic findings common for all the helpers' groups:

***Contribution to the conflict:***

- increased volunteering (professional and spontaneous);
- increased military service opportunities (and as a result, e.g., division on combatant and civil work specifics even on the same work position);
- paying taxes (level of legalised private businesses increased[4]) and/or making donations from the regular salaries to support different collections for weapons, humanitarian aid, etc. (e.g., it also has an impact on buy behaviour, people can feel guilt when they have to buy something expensive for themselves and not donate or can be blamed or accused in doing so).

***Challenges:***

- being under attacks (at least from time to time, even not being close to the frontline) and having issues with the rebuilding and recovering (ruined buildings, mined territories (https://www.pravda.com.ua/eng/news/2023/01/7/7383886/), unexploded ordinands, etc.);
- hard to wait for the close ones who are combatants (in some cases with unclear understanding of whether they are still alive or not);
- males are not able to leave the country as free as females can (for instance it had an impact on the families in which wives and kids left for safer countries and husbands left alone and do not know when they can see each other again);
- males and their close ones are unsure of the conscription (for example, they can complete medical examinations and be approved to serve, but can wait for the call-up and be in a suspended state being unable to develop long-term plans in civil life and still haven't started military service);
- issues with the occupation and financial stability, need to obtain new skills in the sphere where worked before (e.g., trainings for psychologists on how to work with combatants), or sometimes with obtaining new professions and/or qualifications in general (associated with the direct conflict impact, e.g. with an increased presence of NGOs, or because the previous workplaces are not available now; haven't tried that", etc.);
- questions on the kids, teenagers, and younger generations' safety and development (also including consequences after the COVID-19 pandemic);
- prolonged stress issues such as decreased cognitive abilities (memory, attention, etc.), fatigue, traumatization and other associated with that (e.g., it is much harder to learn, people argue that they are not so passionate then they were before, etc.);
- postponed grieving for a lot of losses (not only material goods and of people but also changed self-concept);

- changed social contacts (people are looking for those who understand them and/or share their values, which also brings issues with sensitive topics, conflicts, and ruined connections);
- existential questions in the individual (understanding of self, vision of the future, etc.) and collective level (Ukrainian identity, history, cultural heritage, and development, etc.)
- issues with Ukrainian language usage (e.g., some of the people know both languages, but got used to speak Russian, so now they have some struggles translating some of the words from Russian into Ukrainian or some need to learn Ukrainian more, Ukrainian-speaking residents can be triggered by some of the Russian speaking, etc.);
- culture and science decolonisation (e.g., some institutions fight for bringing back true biographies of the intellectuals, who were Ukrainians by origin but were claimed to be Russian due to the USSR policies and practices or so; in some institutions, it is a tacit agreement or even directly forbidden even to refer to the Ukrainian professionals' works, which are still not translated into Ukrainian from Russian);
- issues with commemoration practices (e.g., how to make grieving appropriate at the personal level and what will stay on the collective memory, in what forms and what the message of that will be communicated; discussions on the sufficient distance good enough to start reflection and what to do in the meantime, etc.);
- unpredictability, uncertainty, and insecurity in general and/or at least to some extent (people say that COVID-19 pandemic times were quite useful because they enabled adaptation routings, which are also useful in times of war; for example, online education in universities were the best option not only because of the safety issues but also because educational staff had already known how to work in such format and could adapt faster).

***Stress management:***

- qualitatively new activities and practices are used (usually because the previous ones are now not reducing stress to the desired level, not because they are now associated with direct danger, e.g., you can't have a walk in a mined forest or just because it could be dangerous in times of attack, etc.; also because males cannot usually leave the country families have to look for other vacation and holidays options, etc.);
- increased self-care (not only people who work with people understand the need for that, but also it was evident that something should be done in order just to keep the basic level of functioning, not to talk about the enabling of increased productivity level; also people claimed that increased psychoeducation about that in public space enabled that understanding and behaviors to be represented more);
- increased addressing for mental health professionals (more availability of them both online and at places, with mobile clinics or so);
- more passionate approach towards self and others, more compassionate lifestyle and mindset in general; jokes (especially dark humor).

***Positive aspects and outlook changes:***

- new opportunities, people connections, choices, and results of them;
- personal and professional growth, networks establishment;
- understanding that something important and valuable is done;

- understanding that somebody needs you and someone can take care of you, you are not alone, and people can share your experience or at least try to do so;
- re-evaluation of life and mortality, looking for true values and accordingly changing behaviour to act due to them;
- increased interest in everything that is connected to Ukraine and Ukrainian in general (for example, professionals reinvestigate the true history and practices that were in Ukraine and/or created and supported by Ukrainians, but were under USSR censorship or transformed due to propaganda reasons, etc.; this work goes in two directions, both to work with archives and in creation of something new);
- tendency to get rid of the inferiority complex (for example, after spending some time abroad in evacuation some Ukrainians got understanding that digitalized processes on official documents operations, bank transactions, transport purchases, and so on are more user-friendly in Ukrainian apps and services, but before that experience it was more common for them to think that somewhere in Europe or other developed economically countries abroad almost all the services are better);
- purchase behaviour has an increased tendency to focus on Ukrainian businesses based on the desire to support local owners (despite patriotic aspirations it is also motivated by understanding that taxes from the purchases and services will be in the Ukrainian budget);
- hard to plan, so aims differ from the real-life ones and the ones that would be able after the Ukrainian victory (*note: here it will be much more common to use the phrase "Ukrainian victory" rather than just the word "victory" because people believe and would like it to be on our side rather than on the opposite, so Ukrainians claim the same and doing everything for it to be on their side, even so it's understood it can be different outcomes)*.

## Medical Workers

In this group, interviews with 3 males and 2 females of different ages and backgrounds were conducted. Among them were doctors, nurses, and pharmacists. They were representing governmental institutions, private ones, NGOs, and other forms of organizations. They hold positions in the management and as ordinary staff members.

Locations represented (from east to west): Kharkiv, Kyiv, Vinnytsia, Lviv in Ukraine, and relocated Ukrainian participant in Portugal.

### *Contribution to the conflict*

A lot of medical workers continued their work and increased their volunteering activities. From the February 2022 conflict had a different impact on the medical institutions and staff, both in the governmental and private sectors.

On the temporarily occupied territories, it was a question of how to deliver medical services. Reasons to have changes in the usual workflow were: 1) safety issues (ruined buildings in case of shellings, inability to conduct repairment, need to hide in the basement as in the air-raid shelter, some staff members left to the more safe locations, etc.), 2) supply and other logistic issues (more regularly such as lack of certain types of medications or instruments, being able to get to the hospital for workers and patients, etc. and extreme: inability to store dead bodies and/or burry them, etc.), 3) changes in the staff and/or patients' requests (for example, psychiatrists were acting like traumatologists in case of need in some hospitals, need to work with the wounds and other injuries

after the contact with mines, after shellings and shootings, and some totally new conditions such as traumatic brain injuries, etc.

On the territories that are just at risk of possible shelling, it was a new task to organise shelters and how to support them, how to organise procedures for moving to the shelter available in the hospital or where the nearest one is, etc. Sometimes it all resulted in the scope of issues associated with conditions and symptoms provoked by conditions in shelters and/or individual reactions: respiratory (coughing, allergic bronchitis, asthma, etc.), from cold temperature (flew, kidney complications, etc.), psychological (panic attacks, difficulties for people with claustrophobia, not willing to leave the place, etc.). Vice versa when shelter was pretty good it was hard then sometimes to place all the people who would like to hide there.

***Challenges: change of established routings, high exposition to war-specific stories, integration of donations and trainings to local context***

Among the challenges of Medical workers was the need to change established routings due to different reasons

> "We also had difficulties in how to conduct planned operations or proceed with emergencies. We usually could advise to go to the other locations (cities or Kyiv) to conduct necessary examination on equipment that is available only there. Even advice to go to the city was dangerous or not available, because of lack of petrol, lack of transport at all, mined roads, etc. At the same time, local feldshers started to do whatever was possible, even so, we all had issues with salary receiving and or other usual issues after some changes in the healthcare system were provided not a long time ago before the conflict escalated."

A challenge is being highly exposed to war-specific stories, as doctors tend to be people of trust for the population. At the same time, being affected personally and not being able to share them with trusted ones as personnel had gotten used to makes this more difficult.

> "Another thing is to listen to their stories. It was time when the local authorities evacuated, and I had to take care of the whole village. I used to work as an administrator for some time and people trusted me. So, I was a person to whom they could come and talk. But to whom I could go and do the same? My family was completely exhausted morally at the same time, and I couldn't refer my struggles to them. It would be unfair. And what can I say to them? That I have been on the corpse identification and our neighbour is dead?"

The integration of donations from foreign helpers and partners in existing operational procedures makes receiving donations more challenging, this is exacerbated in cases where translation of for example medical information is necessary, among colleagues in medical procedures or towards patients who do not understand the information of medical prescriptions and information. There is also frustration with insufficient information for existing problems in the local context during trainings from foreign colleagues.

> "They have brought us a lot of goods. For example, some systems for tests, examinations, surgeries, etc. But we haven't got the necessary equipment or do not operate in that way. So, we must keep it all stored somewhere, trying to find places where it can be needed. Hoping it

going to be before the expiration date. The other problem was the delivered medications. Not all of us have sufficient understanding of English, not to talk about Spanish, Italian, or Polish, which is sometimes more understandable, but still - medical terms. That's a specific thesaurus. And the reactants - in some cases even after we had help with translation, then it was a question of the protocols and how to do a prescription. Or how to explain to the old lady that the pill I give her is the same as the one which she got used to and can be even better. And all these drug interactions. Sometimes, it all was more frustrating than helpful."

"Once a French practitioner appeared in our hospital offering training on how to work with combatants, who have lost their upper and/or lower limbs in the process of rehabilitation. This lady said that we could use mirroring therapy and she is a specialist in that area, so we can address to her our questions if any. And we do use it in our hospital in multidisciplinary teams, so I have asked my specific question of what to do when the combatant lost also his/her eyesight and is partially or completely blind, so they can't see the mirror itself. She said that it would be better if they could see it. And that was that. Nothing else, she had just skipped it to the other question. I was pissed off. Then of course we have found a solution, but how know to trust some so-called experts – that is a question."

***Stress management: Taking care of important people (co-workers, family, etc.) by organizing spare activities, shared routings, needed trainings, etc.; Special measures to support co-workers (even so there was a risk of manipulation or other issues from the staff side)***

"Since we all have spent a lot of time at work, I have organized a zone for rest, from time to time we had yoga classes or some other types of physical exercises to support our healthy life routings."

"I've organized a special training and communication. Since a lot of patients who are quite nervous and demanding it was a risk of having conflicts and they had them. So, I have organized a couple of trainings on how to speak to patients calmly and still receive desired, such as make them motivated to conduct necessary treatment procedures, be polite and respectful, etc."

***Positive aspects and outlook changes: gratitude from people, communication in general, new experience and understanding of how work can be organized, increased understanding of the need to work with psychologists***

Medical workers express there is more gratitude from people. Differences towards the COVID-19 pandemic are expressed where medical staff often was the aim of stigmatization, being considered as infectious. Also there is a tendency of flatter hierarchies and more needs oriented leadership as a new way of organisational management.

People. I received so much gratitude and that motivation is completely precious. I felt really needed. Probably more than in COVID-19 times. Because then we were considered as infectious and dangerous. But now since the full-scale invasion started, we were back again as

usual doctors. It was like COVID-19 stopped to exist. Of course, it wasn't true, we still were conducting testing, treatment, and all the other routings, but these days it was partially as a relief, even so, other dangers were more evident."

"One of my managers told me that she is here to support my work. Not to tell me what to do from the position as if she knows it better and is more skilled in every other aspect of work. But she is here to support me and it's me who knows my people better. She is here to organize the materials that are needed and other conditions that are under her control to make my work easier and at the same time more productive. For example, she communicated with the other departments involved in our multidisciplinary teamwork which was helpful and didn't disturb me from my direct tasks. So, these days now when I am a manager myself, I try to see people and their needs rather than to be the best and well-known everybody here."

**MHPSS staff**

In this group, interviews with 2 males and 3 females, who were psychologists or social workers were conducted. They were counsellors, psychotherapists, crisis psychologists, and staff representatives from the centres of mental health and psychosocial services. They were from governmental institutions, private ones, NGOs, and other forms of organizations. They hold positions in the management and as ordinary staff members.

Locations represented (from east to west): Kharkiv, Zaporizhzhia, Kyiv, Uzhhorod in Ukraine, and abroad participant was a Ukrainian refugee in Estonia.

***Contribution to the conflict***

"For me, it was hard not to work as a psychologist. Of course, I get the idea that it can be quite hard especially these days to listen to the struggles of the people and to support them. We are in a unique situation. When the person who is a helper is also the one who is affected. We share the same danger and sometimes the same experience. Of course, it's quite hard not to be able to help everyone. Or sometimes when I listen to some of the stories, I can't forget them, and I have to keep it with me. I guess until the last day of my life. Because it is not a story you can forget. But I find it helpful for myself to help other people. I also now allow myself more vulnerability than before. I tried to practice self-compassion and understanding and forgive myself for some of the imperfections I had before. A lot of the connections changed. For now, even the setting is different. If before the war we've practiced one time per week, these days we have crisis consultations or consultations per need, especially when we know there is nobody else to support those people. But that also could be helpful for us to help them at the moment when they are the most vulnerable. A lot of my colleagues are working in humanitarian organizations or as volunteers. I am proud that they have chosen that even though sometimes they are quite unstable, they are so professional at the moment when there is a need. It was such a pleasure to understand that the new material that was given by the foreign colleagues is already familiar to me and to the ones with whom I work. We understood that we are good enough to support our people. And there is nothing to be ashamed of if you yourself need the support."

***Challenges: exposition to and identification with dramatic stories, gender topics, traumatization issues, consultation process in wartime circumstances, broken or transformed connection towards clients/patients, increased need for supervision, language issues (Russian vs Ukraine), burnout symptoms, moral issues related to conflict***

MHPSS staff is highly exposed to dramatic stories, containing issues of high personal identification as staff is affected in different ways themselves during the conflict. Also gender topics are mentioned, as most MHPSS is female and confronted with male, traumatized patients.

"Once I had a consultation with the man after he was kept in a prisoner-of-war camp, and he had described to me the tortures he suffered. He was a young man, and I'm also quite young, at least I consider myself so. And he described the way they were beating him, and some other torchers and it was such an intense story for me that I stopped him. It was the first time in my career for at least ten years to say for my client to stop, but it was more I could hold at that moment emotionally. Actually, I burst into tears and that was also one of those exceptional moments of intensive reactions, and I was also afraid about the possible reaction of that guy towards that. Surprisingly, it was more than okay for him. He even was grateful because he understood, maybe for the first time what a severe and intense experience he had. I was also grateful he had a reaction like this."

"Working in a hospital makes me feel sometimes pretty strange as I am a woman near 50 and have two teenagers. And here I sometimes see young men who are close to the age of my son and to think that he can be at the place of this combatant instead of studying at the university… it's really hard and I try not to think about that too much. From the other point of view, sometimes I understand how uncomfortable this can be for a young male to talk with me about his wounds or consequences of traumas, especially when this is about their penis functioning or something like that. These days we haven't got a male psychologist available, only a social worker, who is male so, it is a tricky thing. Alike difficulties are also true for the young female students who were assisting us as psychologists – sometimes they can be afraid to talk to stout muscular men. Vice versa being sure in themselves still experience a lack of trust from the combatants who judge just on their appearance and don't believe that these young ladies can be helpful, basing their arguments starting from the facts that they are young and females."

Challenges arise when wartime phenomena such as shellings or explosions during the sessions occur or basic infrastructure is damaged. Furthermore, the connection between psychotherapists and clients/patients breaks or is transformed due to the constant existential risks.

"Once I had an online consultation in the first month of the full-scale invasion, usually we had them offline, but at that period it was too dangerous to leave the house and travel somewhere, including that the transport connection was stopped with some of the districts close to the frontline at that moment. So, at first, we heard the sound of an explosion on the side of the client. There was a silent question in the air, whether to go and hide at least in the corridor or not, was it close to the location, or would it be then another one … So many questions, and so little time even to pronounce one of them. Just only closed eyes of still alive person in front of me at the screen of my laptop. After a few moments I heard an explosion at my own location – the echo reached my place. It was a unique moment of connection. We all who were in Kyiv at that time knew that the same explosion could be heard in the span of around 10 kilometres, so we got it was the same explosion."

"I have a few clients in the cities which are close to the frontline and are from time to time under intense shelling. And I do remember how we were taught not to run after our clients or not to disturb them more than our setting assumes. But every fucking moment I read in the news "explosions in Odesa!" my heart missed a beat and I have the thrill to write to them and ask how they are, do they need something or so. Usually, I check the last time they were online, if it is available, or don't wait and write when their district is mentioned as the one, which is hardly damaged. And you know what? In some situations, just probably more due to my intuition than something else, I was so into the moment, that it was even hard to imagine what could be if I hadn't written to them. And that's not only about crisis interventions, but that is also about my well-being and patience. It's counterproductive to wait for the news or a new meeting if you can just ask. Clients usually find that an important moment of caring and sometimes do the same for me if shelling occurs at my place. Of course, it is usually more about caring, rather than crisis interventions from their side. Get me correctly, please. Yes, sometimes it was a symptom of the other conditions they had, but in general ... Gush... We never know what Freud would say about that, but my supervisor approved that! **laughs**"

Other challenges encompass increased need for qualified and well-prepared supervision and intervision groups that can support increasing needs. Also a platform is needed as there is a lot of information given through trainings but a summary of overlapping informations or different topics for different kinds of needs.

Another challenge is the personal emotional change including burnout symptoms and change perception of "every-day" non war-related topics. Especially it is seen in morally loaden topics such as conscientious objections of clients.

"If to be honest, I understand males who are afraid of death and don't want to serve. For example, once a man with a small kid appeared at the consultation telling me he already had ended a contract just before the full-scale invasion started, his wife had just given birth to their second daughter, and he received his medicamental therapy for the adjustment disorder. So, it was understandable he was not ready to go back to the battlefield and had moreover had to take care of his family. But when it is a young healthy young man who would prefer illegally to escape or hide, rather than face the consequences of this choice or do something useful instead of that – this sometimes brings me into anger and makes it hard to accept."

"My brother now serves, so I can much more easily support relatives that wait for their close ones. But it is almost hell to work with people who wait for the Russian world. They rarely come to the support centre, but when it happens I start to think of them as collaborators and think of confidentiality breaking and bringing info about them to the Security Service of Ukraine. Not the typical dilemma and still under the question of what to do then, but it happens."

"I feel so guilty sometimes that I do live here, in the western part of Ukraine, and I have never heard the shellings, explosions, and everything like this in my own ears. Then, this feeling

transformed into curiosity after I had heard a lot of such stories from the IDPs. Once I had a business trip to the centre of Ukraine for training, and it was common, at least some time ago, that shellings occurred there, and it's wrong to say that, but I hoped I could finally hear them. I know how to react, and so many times have told people how to overcome afterward, but I wish to feel it myself. And you know what? I still haven't got such an opportunity. It is not like I seek danger, but I would like to be more like other people around me."

Challenges with language use in clients who need to put much effort to express themselves in Ukrainian also occurs.

"Sometimes my clients start to speak Ukrainian, but then they need to put a lot of effort into the translation of some of the phrases or words from Russian into Ukrainian, and our therapy session can end up as a translation class. But that is a question of discussion with every other person. For some of them that is a crucial question and they ask for time, and some still find their language of emotions as Russian and can use it only in therapy sessions, but elsewhere in the public sphere can use Ukrainian."

***Stress management: new hobbies and ways to find relief***

"After almost a year of work as a humanitarian psychologist on the de-occupied territories or on the territories that are close to the front line, I have a completely shifted sense of what is dangerous or what can be pleasurable. I guess after some time I'm not able even to feel something, that was pleasant or fine for me before that work experience. To be precise, that is a little bit frightening even for me, but I started a lot of new and quite not-so-common hobbies. For example, I started to go to the nudist beaches. And I do understand as a man how weird it is just to say hello to the naked lady that is going in my direction, but I also find it somehow funny or honest and the same time. I dreamed of that before, but another thing is I do look for activities that can give me the same sense of, let's say, adrenalin or sensory acuity. And people around me don't understand that. I already had a trip with my friends to the lake. Girls were swimming, sunbathing, and discussing new t-shirts that they bought at a discount. But I felt that it was so distant from my life. And I can't support those topics and I don't even want to. Only my colleagues from the humanitarian sphere can understand me, but not the people without that experience."

***Positive aspects and outlook changes: personal career growth, change in established practices, desire to share obtained experience, review of wounded healer concept***

"I feel it because I understand how I changed as a professional and as a human being. As far as you know we work using our personalities and I have reflected on some of my changes already, but some still need time to be recognized and understood. Despite that, I even get it as feedback from my clients in regular practice. They find it as a good thing rather than something bad, but sometimes they can worry about me more than they should probably do in a paradigm of a client-psychotherapist dyad."

"We find out that mixed groups are now more practical than homogenous ones. For example, when we talk about the support groups of combatants, the ones who already have experience can help the ones who are new to the field, don't have relevant experience yet, or are afraid of something, etc. We also find out that the more experienced or older combatants are the more supportive they can be, actually even more than we could even imagine."

## Educational staff

In this group, interviews with 2 males and 3 females, who are professionals at different levels of education were conducted: kindergartens, schools, higher educational institutions, private courses, etc. They were representing different subjects, courses, disciplines, etc. Some of them lost their job since February 2022 or changed their work positions and some stayed at the same ones, even adding volunteering activities or some other projects. Among them, some participants are in management positions and general stuff, and some are the ones who are not even paid for the educational services that they provide.

Locations represented (from east to west): Kharkiv, Mykolaiv, Kyiv, and Lviv in Ukraine, and a relocated participant was in Poland.

***Contribution to the conflict***

Mainly educational staff members continue to deliver educational services but face a lot of new issues with beneficiaries and in their own work performance. Some of them lost their job, especially in cities or villages that were under intensive attacks and/or were/are under occupation. Among the main difficulties, issues were associated with new routines and how to organize work, from safety issues to the new lifetime challenges.

***Challenges: air raid siren routines, perception of education as a service, not being able to respond to unrealistic demands of students, online work communication, low salary, moral issues with publications in Russian, difficulties for displaced staff, need to form "wartime norms"***

Among educational staff air raid siren routines and their consequences on the educational activities in the long-term perspective remain unclear.

"It is still a question of what to do when an air raid siren occurs. Usually, we had to stop the lesson and then go to the shelter or make a pause online for students to go to shelters and then wait there. But then we have to give materials and tasks if we completely miss these hours. Sometimes duration of the siren and possible attack is longer than even the time of the lesson. Then it is a question of the quality of the educational process that is raised. You should plan every lesson trying to be ready for every kind of possible scenario, whether it is online or offline. And stress management. Once we had a student who had a panic attack in the shelter. Great we have managed to cope with it, but it was so stressful for all of us."

Mistrust of students in those who provide information along with the perception that education is a service rather than a process of studying leading to unrealistic demands is another issue that is perceived as stressful in educational staff.

> "Once I was presenting students a plan for the semester and one of them told me "And *that* is your plan? You have a master's degree yourself and I am about to obtain it. So, who you are to teach me? What is your experience? For what I pay for?" To say that in the moment I was shocked is to say nothing. I have remembered my times being a student and to say something like that to a lecturer – that was totally impossible. Come on, we even hadn't had a plan for the course and were just following the flow that was presented during it. So, what is the case? I don't say it is ok to disrespect the students or to provide a bad structure, but they should try to respect us at least. Not just because we exist, but as people with whom they are working. And here and now what I see, they just find it as ordering a dish in a restaurant. And the level of questions what are the products you use, who is a chef, how you lay the table, etc. How we have found ourselves at this point is still a question for me."

Online work communication difficulties contain e.g. being approached by students via messengers in the educational staff's free time, but there is also an issue with methodological online issues in educational process such as AI. This and other topics along with low salary compared to high perceived demands.

> "I am close to retiring on a pension due to the age norma, but I guess I have to continue then to somehow earn money and/or have a feeling I have an impact and I can do something. I don't have other spheres where I can imagine my performance. I have worked for more than 45 years, so it is like I don't have any other choice or really like that, you know. But I also understand that online is not something I am good at. These new technologies are for the younger generations, I am the human of an old tradition. So, what can I offer?"

Furthermore, issues with publications that are written in Russian, reactualizing connections with colleagues, universities, etc, including the need to take into account the political situation is being expressed.

> We have an agreement in univ we do not use the publications and ideas provided in Russian, even so written by Ukrainians. We had a Ukrainian scientist who had discovered the concept and was one of the first in the field to talk about that. But now we have to translate his works from Russian into Ukrainian to make them available for citation again. He is already an old retired professor who is not interested in that, but then the question of copyright and translation appears. We still have debates about what to do."

Also not so evident challenges such as difficulties for IDPS in adapting to new surroundings are expressed.

> "I'm a historian I know how to use maps. But it's still hard for me to find some locations in the new city as for the usual person. I've been to some locations before, but it doesn't mean I know how to act in this new city after all these years. And in Kyiv, it's common to show ruined cars and some

other artifacts of the war. Just on the streets of the city as the piece of an exhibition under the open sky. Maybe for Kyiv residents those who haven't seen it in their own eyes, it is ok and more than fine, but for us all those people who have evacuated to Kyiv it's quite retraumatizing. Probably city holders should consider that in some ways. Another quite evident but still thing about what people do not usually talk about is acclimatization. I am from the southern parts of Ukraine and it's obvious that the climate is different there, I've got used to the different summers, to the different warms, etc. Why not mention this also?"

***Stress management: being less demanding, new activities/hobbies, new, e.g. more informal, approaches in professional work***

Changing basic assumptions towards professional work e.g. being not so demanding (especially in situations where intellectual forces are needed) is mentioned as stress relieving. Alongside with new actvitiies balancing high demands of educational work as wellas new approaches, e.g. less formal, in the professional work sphere are perceived as stress relieving.

"If I can't now step into reading and looking for the material for a new publication, I don't judge myself. I am trying to and if a success then continue, if not, I don't call myself a dump person."

"I can go to the book club, where we read fiction. And to discuss what an asshole is a betrayer of my favourite heroine. It's a pleasant point, cause there I don't have to reflect on the status or filter my thesaurus."

"I go to the meetings in one of the museums and discuss art. We there don't know who we are in daily life, and I am free not to interact as a professor and a scientist. I can just reflect on what I see and think of free of any obligations. And that is also a fruitful discussion since we all are from different backgrounds."

"I like walking in the area where I live with my dog. Just me and him and no humans. Sometimes also no connection, so no phone calls, deadlines, etc. My Garden of Eden."

"Sometimes our practical classes are more as an informal talk rather than a strict and formal procedure with marks and estimation in general. I am kidding that like in kindergarten I give them stars as marks and not points. Even so, I have to do that at the end of the semester. Somehow."

***Positive aspects and outlook changes: Changed understanding of what the possibilities are, Changes in skills implementation***

"After I had experience in a humanitarian organization and received that salary, had that approach to me (quite human-cantered with the appreciation of my work), etc., I don't see sense to go back to the university or to the governmental structures where sometimes you're just part of the

system and not valuable as a human at all. And salary. You know, the same qualifications, but now I can afford myself many more things and I can also support my family and give what is needed for my kids."

**Volunteers**

In this group, interviews with 3 males and 2 females, who were volunteers or staff members in different organizations before the full-scale invasion or started their cooperation since February 2022, were conducted. They were trained professionals and spontaneous volunteers. They were from management and ordinary positions, or not associated with any organizations at all.

Locations represented (from east to west): Kharkiv, Dnipro, Mykolaiv, Chernihiv, and Uzhhorod in Ukraine. Some of them are involved in volunteering activities here and abroad at the same time, so can cover our research aims.

***Contribution to the conflict***

"Since the first days of the full-scale invasion, I started to volunteer. For example, I had evacuated people to the relatively safe places. I used my car. I bought the petrol myself. And I shared that info with those who could probably need it. But unfortunately, I can't do the same for my family. Because they are still under the occupation. Besides the risk of occupation, they are close to the Zaporizhzhia nuclear plant, and when there is an increased risk of nuclear danger in that area, I'm not even sure I can see them again. Also, mobile and internet connection is quite poor. Sometimes I don't have contact with them for quite a long time. I hope that if I can help strangers here, some other people can also help and support my family members."

***Challenges: confrontation with beneficiaries stories, own affectedness shifted understanding of danger, loss of social connections, organisational justice, trainings not adapted to local context, difference in reactions of people and reacting towards different need, confrontation with news***

The challenge of own affectedness of the conflict in different ways becomes evident in the volunteer's comments. There are hard personal and beneficiaries' stories with the need to reflect on and sometimes lack of ability to do so.

"My family is quite big, so it turned out that I have my family members at the very beginning of the full-scale invasion in different countries. I was in Ukraine, my elder brother was in Russia, and the other one was in Belarus. So, at some moments, we were all afraid that one brother would need to kill another one. I was the lucky person because they understood how dramatic this situation is. But I can't say the same about some other families. So many of the connections are now ruined because of the propaganda and absence of critical thinking or fears... Sometimes, we don't even have enough time to think about that."

Adjustments in risk assumptions and shifted understanding of danger towards a new normality of regular attacks are perceived, also as part of a psychological defense mechanism.

> “Since we got used to conducting some meetings online a lot of different experiences can emerge. So sometimes the call can start with just actualizing what kind of night it was or when the last shelling occurred in the area where the person is. It could be something of a normal to say, "We just a rocket being shelled half an hour ago, but now it's fine, so what is on the agenda today." People are now reacting to something that could be dangerous as if it's not a danger. Because we have to protect our psychic, but it's still not okay to do this in that way.”

There is a need for information on how to react to psychological reactions of people, while the perception of being in danger is actualized by experiencing those reactions.

> “I am not sure now that I can so easily let my kids go and play outside when no air raid sirens occur. Just a few days ago, I saw a combatant who was about to have a panic attack or PTSD or something, I am not sure. I am not a psychologist to judge. Whatever it was, I felt like I was in danger, so I quickly escaped that location. Then I heard some screams or so and felt partially guilty of not being able to help, but I wasn't sure whether he had some weapons or so, and I was afraid. I guess we need some training on how to behave here. How to explain to our kids what to do and how to protect our lives. Unfortunately, now from people who are around us.”

Social connections are built on the one hand through volunteering activities, however a lot of social connections are shattered for different reasons leaving volunteers with the work environment as the only social resource.

> “I guess a lot of workplaces do lack this feeling of team or family. For example, when people are working in dangerous locations trusting your teammates is crucial. Also, a lot of people lost their friends or family members due to some reasons. They left for other countries, for the military service, etc. And accordingly, your colleagues are now the only close ones that you have. I understand it could differ from person to person. But for those who need it, why not do so? I finished my work in one of the NGOs because the project was closed. And I really miss my work family in the previous workplace. We have all found new jobs, our organisation supported us with that. Which is quite pleasant, especially these days. And sometimes, when we can, we still meet each other or at least try to do so.”

Approach for work and issues in the processes organization are perceived as challenging. Lack of organisational justice from e.g. leading staff towards volunteers in rural areas or in goods supply within organisations or lack of effort from other organisations in supporting local population is perceived.

> “Our higher managers who are usually foreigners are allowed to visit big cities or at the maximum small towns due to security reasons. They do rarely visit villages, especially the ones that are close to the frontline. But our local co-workers usually organise services in those locations. So, it means our leaders do not see the actual work and danger that our local people face, both co-workers and population, which brings questions of fairness and the need to put all of them in additional danger.”

"Sometimes the speed of the processes in my NGO is killing me. I mean we now have a strategic planning session for 2024 and meanwhile, I still haven't received diapers for adults I ordered a few months ago. It makes me feel frustrated."

"At some locations where our key beneficiaries are now at the place are a lot of organizations and some of them just close their targets and don't actually help people. I don't like and don't understand this. When now I am more involved and aware of the humanitarian work and what can be done better, including things with real impact, it is really unpleasant to see such an approach, but at least we can do something for our people in the organization I am currently cooperating with. Yes, it's about spending more time and effort, but it brings the actual help. Hard to see some people are not interested in that."

Trainings on PFA are lacking the Ukrainian perspective and are often not adapted to the local context, while there is existing mistrust or unfamiliarity with psychological approaches.

"Also, the thing is that our foreign and local partners support us, and we are grateful for that. But for example, with foreign colleagues – they can't understand our experience. For example, in the training, they can say that we need to bring the person and conduct the intervention in a safe place. But how can you find a safe place here when every moment a shelling can occur? So, some practices should be updated, even so, I don't know how to and that's a question of the discussion."

"I've been on the training that was proposed by the so-called military psychologist. He had created a bunch of guidelines and some brochures and was spreading them among the people, saying that it was a result of research, discussions, and everything like that. Sounded quite convincingly. But when I showed that to my trusted colleagues who work with military people and are combatants themselves, they were shocked. For example, in that brochure, there was an offer to use the kind of algorithm when you talk to a combatant who is on the frontline. My colleague told me that almost every combatant will recognize you are using an algorithm in your talk or intervention if you are a professional. For them, it would be considered like you are not sincere and honest with them. He also commented on some other points of that brochure and with something I can agree on, and something is still a question for me. I am a civil person, and I don't have that experience. But I would like to learn how not to harm our defenders. So, I guess some kind of verification is needed or standards in general. Demand is already high."

Differences in reactions of people to whom the help is delivered and reacting towards different needs is identified as a challenge. This also contains reactions towards volunteers that are perceived as unpleasant or aggressive.

"In some locations, we see effects that we are slightly afraid of even though we see a lot of things these days. What I am talking about is that still in some locations or in general some people do not understand completely that there is war outside. They live as if nothing has happened. Do not go to shelters, of course, do not make donations to support army or humanitarian services, etc. It is

all like total ignoring and waiting for god knows what. Also, another part is waiting for the volunteers to bring something to them and can argue about the quality of the things we give them. Once, an old lady told me "What a volunteer you are that you don't have the medications I need?!". No one asked that we were giving hygiene kits and not the medications. Sometimes I see how people are still lugging all the things proposed not even thinking about whether they need them or not. And vice versa in some places people are trying to feed us and bring something as a present for us. Something small, such as a few apples, or in summer they even bring us watermelons, also they can offer some self-made honey or other tiny little things trying to be grateful. all of that sometimes brings me into confusion or can result in the scope from burnout and fatigue to the highest motivation I ever had."

High confrontation with contents through news and media is aggravating.

"News are sometimes more aggravating than the situation itself is. All of this possible attacks info and so on… Come on, let me live the day today with no additional struggles and nerves."

***Stress management: creative reinventing of common practices, daily routines linking with life before the war, stop unpleasant communications***

Creative reinventing of the stress management practices common before is reflected in comments.

"I used to colour pictures by numbers (*note: a widespread activity that enables painting already made pictures that are marked on the canvas in the form of a schema where colours are identified and each of them has its number with a corresponding paint already prepared in the kit for painting; even not having skills to paint you can make a nice looking picture)* and had no idea where to place the finished canvas. But since we were told to protect windows with sticky tapes, I decided to paste canvas on glass, so now I have a personal picture gallery in my room. Yes, I live in Kharkiv, and I am still afraid to die naked while having a shower, but my windows are quite fancy."

Some continue doing daily routines that can link with the life before the war.

"I have marked that a lot of people don't understand that it is really crucial to cling to the usual routines that you had before to keep a link with the reality. Before the full-scale war, I had a daily routine in the morning such as going to the shower, doing makeup, and having a coffee. I have continued that even when the shellings started, and I was just staying at home and had no need to go somewhere. I even didn't have an idea what for I do this. I was joking that continuing to do so is needed for my corpse to be good-looking and with nice makeup when the house would have collapsed after the attack. But one of our psychologists at work then explained my brain needed to have a link with the life I had before, and it is an important thing to do. But it is still really frightening when the shelling starts, and you are naked in the shower… we with my friends still consider that one of the biggest fears to meet a rocket while we are in the shower."

Volunteers adjust their assumptions and philosophies, e.g. understanding of their comfort zone, in order to adapt to the new circumstances.

> "Some recommendations claim that you need to go out of your comfort zone. Guys, I think someone once told it, but you get it wrong. I am doing unpleasant things to finally find myself in my comfort zone. I am not a Jesus to suffer. So, I am trying to make my daily routines as comfortable as possible."

Seeking more comfortable communication or withdrawing from unpleasant communication, e.g. on different values was mentioned.

> "My social battery is now quite low and quicker reaches her low, so it's hard for me to support regular prolonged communication. And now when people don't understand that I do leave them easier. It is now much more pleasant to observe ducks in the river close to my house, seeing how their ducklings live their life listening to the pleasant music in the earphones."

> "People with different life views – it is now even more easier to let them go. I don't have enough inner resources to understand them and use additional efforts to talk about different values or opinions that we have."

***Positive aspects and outlook changes: news skills and resources, work experience, transformed look on life plans***

Discovery of the new resources of the body and abilities, e.g. functioning despite sleep deprivation, adjusting to new work hours or communicating in different languages, are mentioned as positive aspects of personal growth.

> "When the war started, I recognized that I could stay without a sleep for almost one week, because of the shellings, and still to function. It was also a new thing to me that I can work a lot and still function. Before the war I thought of myself as an owl type of person (*note: in the meaning of the chronotype, going to sleep and waking up late*), I had my own business and could appear in the office around 11 am. But now I know that I can wake up at 7 am and start to work at 8 am and it's not dog-tired. Also, I have discovered that I can work in English for the whole day, which is also ok, even though it's a foreign language for me. Also, I have found out that I can work with such different types of people in one place. I mean with different backgrounds, experiences, spheres, etc. in one place with almost the same work conditions."

New work experiences, e.g. with regard to the organisation's structure are perceived as a learning outcome.

> "That was the first time for me to see an organization with such a structure. Usually in Ukraine, we have it differently. It is important to see the management functioning of such a type. For example,

here I have learned how to delegate tasks and it is interesting to discover it all in general. I will probably implement this kind of management afterward in the future."

"I have changed a few workplaces in NGOs and it is good to see that in the current one, we have a special officer whose work is to help our beneficiaries register to the different social support programs. This person is aware of all of these paperwork which is truly useful."

Changed and transformed look on life pans become evident.

"I would like to go somewhere, in some other location I mean, to have rest. I am tired of these local landscapes. And here in Kharkiv we don't have McDonalds functioning due to security reasons, so I would like just to eat some food from it as it was in peaceful times. In general, I don't plan my days now."

"I have only one note in my planner "March 22, 2022 – What's next?" It is hard for me to read and learn something new. I have a book with 120 pages, and I have read only a half in a few months. That's incredibly slow in comparison with my usual tempo. I would like to buy a robot vacuum cleaner for my parents. All of these plans are short-term. I was trying to plan a vacation in autumn, but we can't buy railway tickets earlier than 3 weeks for internal trips and to Poland – only before 2 weeks. So how can I plan something even in the middle-term perspective? I am even not sure what I will eat tomorrow."

"I'm sure war will be till the autumn of 2024, it is one more year, but that is a year of my life. And I am not about to become younger, so it's sad. Starting from the coronavirus pandemic it is already almost 4 years of my life in *that.*"

"When at one moment you understand it is not *this life* (*note: in the meaning war mediated*) or *that life* (*note: in the meaning before full-scale invasion*) you can then actually find a link and can continue living now. It will be with us for a long time, so we have to live now also, not somehow later – now. Maybe that's in a different understanding than before, then we have to create a new one. But now."

## 6.3 Workshop Results

During the Workshop the following difficulties and needs were discussed:

<u>Difficulties:</u>

Burnout after the burnout in different professional groups.

Complex personal stories that can influence work.

Difference in personal experiences and how to be with that.

Difference in education and occupational background of the peers.

Shame/fear to share some of the feelings and personal experiences.

Different tendencies in different professional and beneficiaries groups and some shared experiences.

Needs:

Structuring of the present info (centralized informing, proofreading, etc.).

Support in long-term crises and ongoing changeable difficulties.

Places and spaces to share the stories, need to know the other perspective.

Additional trainings on specialized requests (how to work with some beneficiaries' groups, etc.)

Need to clarify professional competencies that are now needed for the helpers in times of armed conflict.

Inclusion of culture-sensitive topics and review of multicultural rules in work algorithms (note: culture as something that shapes behavior in broad understanding, not only as different nations, etc.)

Overall there was high interest in continuous research and methodology of such research. There was also high interest towards a general tendency in comparison to a general sample. Interest in professional exchange, research, and sharing experience was expressed and understanding of the importance of complex and broad research was observed.

### 6.4 Conclusions to be considered in future project activities

After one and a half years into the conflict when the data was collected, we see more than half of respondents with significantly low well-being/depression risks, in total 17% with medium or high burnout risk, and one fourth of the addressed helpers with suspected PTSD levels. For that period summer vacations, preparations for the new educational year (usually, in Ukraine in schools and for most courses in higher educational institutions it starts on the 31st of September), and some other recreational activities are characteristic, which needs to be considered in interpreting the numbers. We see that a higher number of primary exposure factors correlated with negative mental health outcomes among all outcome measures. Also, the amount of secondary exposure factors are associated with higher Burnout. Women report higher traumatic stress and burnout levels than male helpers. Helpers in urban areas tend to have higher burnout rates as opposed to rural areas. Educational staff seems to be slightly more affected by PTSD and Burnout levels than other groups of helpers we addressed in the study.

Qualitatively, we see that among medical staff mainly safety issues, new forms of injuries or being deployed to treating traumatic injuries despite having another professional background are challenges. However, many challenges also are related to supply and logistical issues, such as integration of donations and trainings to local context, also being in the role of handling administrative tasks and thus being confronted with traumatic stories of the population as a trusted person people open up to, often leaves medical staff highly exposed during the conflict.

In Psychological staff, high levels of personal identification as helpers are affected by the conflict in many ways on their own is an issue. Gender-related discomfort, as mainly women work in

psychological professions and treat traumatized men after e.g. combat actions, is perceived as challenging. Furthermore, questions arise around how to keep up the consultation processes in wartime circumstances, when e.g. connection is lost to clients, or shellings occur during therapy sessions. In general, moral distress is emotionally hard to handle for many, when confronted with stories around e.g. participation in combat action. Additionally, language issues arise, when clients have difficulties in expressing emotions in Ukrainian language, so that solutions need to be found in therapy sessions.

In Educational staff the continuity of educational processes, low salary in combination with high workload, high demands and mistrust of students in those who provide information and at the same time having challenges with student's stress reactions are the main challenges that have been mentioned.

In Volunteers there is high exposure to beneficiaries' stories and the need to react to a wide range of needs and stress reactions. At the same time helpers are affected by the conflict their own. A main issue among this group is a matter of organisational justice. Many helpers perceive main needs of population groups or regions but these needs are not addressed by organisations, e.g. when there is insufficient good supply in acute phases but instead they feel that long-term strategies are discussed or when targets are being closed by organisations despite ongoing needs of the population that volunteers on the frontline are confronted with. A communication strategy or feedback loop in these cases should be considered to counteract loss of trust and resignation of volunteers.

Overall, many helpers are exhausted and cognitive functioning is limited in a mostly stressful environment, which needs to be considered in future training activities.

## 7. Outlook for the project

The second half of the project focuses on two aspects in order to address the needs identified.

1) Updating the online media library in order to make needs more visible and advocate for the necessity of volunteer and staff support as well as offering materials in national languages that can be used. Additionally, a social media campaign is running on raising awareness on mental health of helpers.
2) Developing training concepts for multipliers that focus on selected needs of the identified groups of helpers (see conclusions) and evaluate trainings. As training needs differ from group to group, didactical approaches need to be adapted to the relevant groups.

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# 9. Annex

## 9.1 List of guidelines and tools

**I.Recently developed interventions for helpers (2022-2023), adapted to armed conflicts including long term support required due to the long duration of the crisis.**

***Manuals:***

1. **International federation of Red Cross (IFRC) (2023) Community-based Psychosocial Support Volunteer Manual**

Aim: Ensuring that individuals affected by the Ukraine crisis receive timely and high-quality psychological first aid.

**Target Group:** Volunteers

Content: The manual provides information on crises, addressing events and difficulties where social support plays a crucial role. It overviews stress reactions in perilous situations, guiding on how to assist individuals with complex reactions and different types of coping strategies. It also explores the grieving process, complicated grief, and rituals associated with death. The document describes Psychological First Aid (PFA), specifying when and by whom PFA can be provided. Additionally, it describes active listening, psychoeducation, calming techniques, and activities/referrals related to psychosocial support in hazardous situations.

**Event Type:** Armed Conflict

2. **Center for Social Sciences (CSS) (2023) Psychological Crisis Intervention Manual**

Aim: The manual was developed to support refugees living in Georgia due to the war in Ukraine, as a part of the project: “Psychological first aid for people affected by the war in Ukraine: psychoeducation, referral system development and preparation para-specialists”

**Target Group:** Mental health specialists and volunteers

**Content:** The manual provides information and suggestions on Crisis Intervention, describes psychological trauma according to DSM5 definition and criterias, exploring the psychological impact of traumatic events and providing strategies for supporting individuals coping with trauma-related challenges. RAPID model is extensively covered, outlining a systematic approach to responding to individuals in crisis applying rules of rapport and reflective listening, assessing their needs, prioritizing care, providing appropriate interventions, and facilitating disposition and follow-up. Furthermore, the manual underlines the significance of self-care of helpers, by emphasizing the importance of maintaining a healthy balance between professional responsibilities and personal well-being. It provides guidance on establishing boundaries and seeking support when necessary. When addressing the challenges of helper burnout, the manual acknowledges both individual and organizational responsibilities in preventing burnout. It describes how to establish a robust peer-support system within the workplace, ensuring that helpers have the necessary tools and resources to navigate stress and sustain their well-being.

***Training materials:***

1. **WHO Ukraine Strengthening National Capacity for Mental Health and Psychosocial Support During the War:WHO support to Ukraine in 2022**

**Aim:** To assist psychiatric hospitals and community-based mental health services, the initiative includes the introduction of the MHPSS Minimum Service Package and the translation of relevant frameworks and online stress management resources into Ukrainian.

The overall goal is to reduce suffering, improve mental health, and enhance psychosocial well-being for the affected population in Ukraine. This comprehensive approach involves collaboration with government bodies, coordination with partners, capacity building, and the implementation of evidence-based interventions.

**Target group:** Mental health specialists; general population

**Content:** Extensive training sessions had been organized to enhance the skills of service providers in crucial sectors involved in emergency response, enabling them to administer guided self-help psychological interventions. The training program contextualized for Ukraine consists of the four-day training followed by four months of supervision (total four sessions) for trainers. These trained trainers started to train SH+ facilitators, who then continued helping adults how to manage their stress in difficult situations.

2. **WHO Armenia - 2023**

**Aim:** This initiative aimed to enhance an effective preparedness and response strategy during emergency situations in Armenia. Hence, WHO supported training to more than 900 individuals in the community to enable them to offer basic psychosocial support to people in adversity.The training sessions were implemented in partnership with the Armenian Psychoanalytical Association, the civil society organization AMBRA Mental Well Being Center, and regional authorities.

**Target group:** Frontline community members like doctors, nurses, teachers, and caregivers.

**Content:** Participants underwent training on assessing situations, understanding common reactions to crises, approaching and calming distressed individuals, and providing emotional and practical support. These skills not only enhance their ability to respond effectively but also contribute to building resilience within the community.

**We couldn't find the detailed training materials for more information about the content.*

***Guidelines:***

1. **Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap (MHPSS Actions December, 2022)**

**Aim**:

The Roadmap aims to provide a consolidated overview of envisioned MHPSS priorities, informed by the local context and the vision of the Government of Ukraine together with national and international partners, and with the best available evidence and resources, to all MHPSS stakeholders already engaged in or joining emergency response and recovery efforts in Ukraine

**Content**:

Existing resources and structures:

*1.coordination & technical support*

The MHPSS TWG (Technical Working Group) Ukraine has been operating since 2015 to address the needs of the populations affected by the conflict in Donetska and Luhanska oblasts and, since 2021, the COVID-19 pandemic.

Since 24 February 2022, the toll being exacted on the mental health and psychosocial well-being of the population has drawn more than 200 new organizations, including professional and voluntary groups, to Ukraine, in addition to 50 partners who have been operational in the country since 2014.

In the period April–June 2022, five regional-level subgroups were established under the umbrella of the MHPSS TWG Ukraine, to strengthen MHPSS response and coordination at a local level.

*2. MHPSS TWG performs seven main functions:*

• maintaining the technical working group (e.g. regular meetings at national and regional levels);

• information management (e.g. mapping, assessments);

• facilitating links between partners;

• technical guidance, promotion of best practices (e.g. the IASC Guidelines for MHPSS in Emergency Settings, MHPSS Minimum Service Package) and sustainable solutions which contribute to recovery and strengthening of the mental health system;

• facilitation of capacity-building and knowledge exchange;

• monitoring and evaluation(M&E);
• MHPSS advocacy and awareness-raising.

**Recent innovations in the mental health system and services in Ukraine**

In Ukraine, interest in mental health surged in 2014–2015 due to the armed conflict in the eastern region, leading to the development of a national mental health policy in December 2017. Subsequently, a national mental health action plan was approved in October 2021, with objectives including increasing mental health awareness, addressing discrimination and human rights violations

against individuals with mental health issues, and improving care accessibility through deinstitutionalization and community-based services. Additionally, it aimed to integrate mental health into general healthcare and enhance healthcare staff's competencies.

Since 2014–2015, over 50 humanitarian and development partners have collaborated to raise awareness about mental health, develop community and specialist mental health services, and strengthen the mental health workforce. Notable developments include:

- An awareness campaign by the MH4U project funded by the Swiss Agency for Development and Cooperation (SDC).
- Capacity-building by international organizations and volunteers in Donetsk and Luhansk oblasts.
- The national Mental Health Gap Action Programme (mhGAP) initiative, launched in 2019, focusing on managing common mental health conditions in primary healthcare.
- Support from USAID for the Common Elements Treatment Approach (CETA) for anxiety, depression, and PTSD.
- Implementation of scalable psychological interventions like WHO Problem Management Plus (PM+), Doing What Matters in Times of Stress (DWM), Skills for Psychological Recovery (SPR), and low-intensity cognitive behavioral therapy (CBT).
- Introduction of Community Mental Health Teams (CMHTs) providing recovery-oriented care, which have expanded across the country.
- Development of standards for social services for individuals with mental health conditions by Ukraine's Ministry of Social Policy.
- Initiatives to protect children's rights, inclusive education for children with special needs, and the promotion of a barrier-free environment.
- Community engagement and local mental health leadership efforts in Mariupol, Donetsk oblast.
- Launch of the WHO Special Initiative for Mental Health (SIMH) in Ukraine in 2019, focusing on policy advocacy and quality mental health interventions.
- Participation in the MHPSS Minimum Services Package (MSP) project since 2021.

Membership in the Pan-European Mental Health Coalition, aimed at mainstreaming mental health in development and humanitarian efforts.

The transition from a humanitarian focus to one of development and back to humanitarian context in 2022 has prompted Ukraine to adapt existing investments to meet the country's growing mental health needs. The government has formulated a plan to restore Ukraine, including its healthcare system, by 2032. The progress achieved in recent years forms a foundation for smoother emergency responses and further recovery initiatives.

**Intervention packages and practices contextualized and introduced in Ukraine during the period 2014–2022**

Below are listed those interventions/actions targeting frontline responders, health and social care staff:

- Trainings and support using psychological first aid (PFA) and psychosocial support skills (by MHPSS TWG Ukraine partners, partners of Health, Education and Protection Clusters)
- Self-help stress management for individuals: Doing What Matters in Times of Stress (DWM) guide, delivered with support from a helper or without guidance (by WHO, NGOs, ICRC,

MoH, Ministry of Veterans Affairs, Ministry of Social Policy, PHC, secondary and tertiary health-care facilities)

Self-help stress management for groups: Self- Help Plus (SH+), which includes DWM as a core tool) for groups of up to 30 individuals Translation of the SH+ package is ongoing, with TOT and implementation planned (by WHO)

2. **The well-being guide: reduce stress, recharge and build inner resilience. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2022.**

**Aim**:

The guide is for individual self-care, and for peers and teams who work together. Each section can be tested or incorporated within regular meetings with a focus on caring for the carers. Exercises help to regulate stress, calm when distressed, promote sleep, and strengthen inner resilience.

**Target group:**

The exercises in this guide are for all humanitarian staff, volunteers and for recipients of mental health and psychosocial support services.

**Content**:

- When feeling overwhelmed and distressed
- When anxious and nervous
- When wanting to calm down
- Strengthening my inner resources
- When going to sleep

3. **WHO Ukraine Strengthening National Capacity for Mental Health and Psychosocial Support During the War:WHO support to Ukraine in 2022**

**Service Package <u>(long term support)</u>**

The WHO, in collaboration with MDM, introduced the MHPSS Minimum Service Package (MHPSS MSP) in Ukraine. This package outlines essential activities of utmost importance to address the immediate critical needs of populations affected by emergencies. Grounded in existing guidelines, available evidence, and expert consensus, the MHPSS MSP offers a comprehensive and costed package to put these guidelines and standards into practice. The goal is to enhance coordination, predictability, and equity in responses, optimizing the use of limited resources and thereby improving the scale and quality of programming. Furthermore, WHO translated the IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings (Version 2.0) into Ukrainian. This translated document guides the assessment, research, design, implementation, and monitoring and evaluation of mental health and psychosocial support (MHPSS) programs in emergency settings. While initially designed for emergency contexts, including prolonged crises, the framework may also be relevant during the transition from emergency to development, encompassing disaster risk reduction initiatives.

"The roadmap is a consensus of all stakeholders regarding priority actions in the field of mental health and psychosocial support in Ukraine, in different sectors such as health, social work, education, as well as for different population groups (veterans and their families, internally displaced persons, people with disabilities, people who have experienced gender-based violence, people affected by landmines and other groups)."

***Online Platforms/Tools:***

1. **Digital Tool (Self-help Application) - WHO Ukraine Strengthening National Capacity for Mental Health and Psychosocial Support During the War:WHO support to Ukraine in 2022**

**Aim:** To create self-help strategies and stress management tools to support the Ukrainian population experiencing stress.WHO supported the "Better Me" application team in introducing a new section «Doing what matters in Times of Stress» to the application.

**Target group:** General population

**Language:** Ukrainian

2. **Mental health foundation UA Mental Help (MHPSS Online platform)**

**Aim**:

Support mental health of the Ukrainian nation, strive to teach Ukrainians to listen to themselves and not be afraid to reach out to psychologists if they need support. Areas of support are the following:

*Mental help*

Mental health and psychosocial support for Ukrainians. The target group is the civilian population, both adults and children.

*Psychoeducation*

Through psychoeducation, Ukrainians are encouraged to take care of their emotional and mental health and to consult a psychologist if they feel discomfort.

*Community*

Building a community of caring people in Ukraine, where one can meet like-minded people and get social support.

3. **Mental Health Helpline (MHPSS Online platform)**

**Aim**:

psychological care of employees, "Help for helpers."

For the support of volunteers, together with Diversity Hub and Air Liquide Foundation,a series of webinars for helpers. those available in English are listed below:

- Burnout prevention among volunteers
- How to help in face of disasters? First psychological help for volunteers
- PTSD, Post-traumatic stress – what to do? Simple tips for leaders

**Target Group:** mental health specialists, helpers

4. **Mental Health Helpline (Digital Tool (Self-help Application)**

**Aim:**

A self-help tool provides access to professional psychological care. Consultations are tailored to the nature of the situation. It is the employee who chooses the consultant, confidentiality is guaranteed.

You can reach out to consultants anywhere, discreetly, avoiding awkward meetings in the waiting room. A team of certified mental health professionals to choose from, taking personal responsibility for the support process.

**Target group:** population

5. **"Mental Help" — free psychological assistance for Ukrainian people**

**Aim:**

To make psychological help available and convenient for Ukrainians, the UN Global Compact Network Ukraine has launched the "Mental Help" project. It aims to provide free psychological services to people affected by Russia's war against Ukraine. The project has been developed with the support of UKRSIBBANK BNP Paribas Group, Schneider Electric Corporation, Fondation de France, and the UN Global Compact Network France.

**Target group:** Ukrainian people

**Event type:** Armed conflict

***Conference Topics and Content***

Since the war in Ukraine began in 2022, the conference has been actively addressing crucial topics in the realm of mental health. Participants have engaged in discussions on traumatic stress reactions, exploring symptoms and explanatory theories, including the impact on brain functional changes. The relationship between the emergency kit and theoretical assumptions has also been discussed.

Vicarious trauma and secondary traumatization have been thoroughly explored, with a focus on theoretical understanding and effective coping mechanisms. This includes addressing

insecurities and chronic helplessness, highlighting the importance of self-care strategies for individuals dealing with such challenges.

The conferences had also provided a platform for in-depth discussions on various forms of violence, offering theoretical insights and models of explanation for self-directed, interpersonal, and collective violence. Significantly, the role of social support in mitigating the impact of violence has been underlined.

In the context of crisis intervention and the management of difficult emotions, the conference covered essential aspects such as the stages of crisis intervention, short-term treatment approaches, and strategies for effective grief management.

By addressing these critical topics, the conference aimed to contribute to the understanding and support of individuals and helpers affected by the armed conflict in Ukraine.

## II. Best practice examples of previously (until 2022) developed interventions that serve to the specific needs of affiliated and spontaneous, unaffiliated volunteers

***Manuals:***

1. **2012 Caring for Volunteers: A Psychosocial Support Toolkit**

**Aim:**

This toolkit aims to help the helpers before, during and after a crisis. It contains definitions of concepts, examples, tips and worksheets.

**Target group:** helpers

**Content:**

- Resilience, risk and responsibility
- Communicating the message
- Response Cycle and Volunteer Psychosocial Support: Before, During and after
- Psychological first Aid for Volunteers
- Monitoring and evaluation of Volunteer support

2. **International Federation of Red Cross (IFRC) (2015) Caring for Volunteers - Training Manual**

**Aim:** The aim of the manual is to enhance the preparedness and effectiveness of volunteers in crisis or catastrophe situations. The manual takes a holistic approach by not only emphasizing the importance of volunteers in assisting beneficiaries during crisis situations but also prioritizing the well-being of the volunteers themselves. It recognizes that volunteers are

essential individuals in crises who may face challenges, stress and risks threatening their own well-being in the process. By providing strategies to recognize and address potential risks and signs of stress, the manual ensures that volunteers are not only effective in their support to beneficiaries but also equipped to take care of their own mental and emotional well-being.

**Target group:** Volunteers

**Content:** The manual encompasses essential concepts and definitions required by field trainers. The manual incorporates sessions on self-care, peer support, and Psychological First Aid (PFA), along with guidance on establishing a support system for volunteers, as well as monitoring and evaluation.Furthermore, the training incorporates a valuable sessions on creating an action plan to follow up on the training's outcomes. Accompanying the manual are two sets of PowerPoint presentations: the first, frequently referenced in the manual, and the second (ToT), intended for use in a Training of Trainers workshop.

***Training materials:***

1. **Psychosocial support for volunteers and staff - Trainer Manual for helper;Project: Psychological First Aid and Psychosocial Support In Complex Emergencies (PFA-CE) funded by the European Union.**

**Aim:** The aim of PFA-CE is to enhance the competencies of staff and volunteers in Psychological First Aid (PFA) and Psychosocial Support (PSS). It also seeks to strengthen the disaster response capabilities of emergency and volunteer organizations in Europe. Additionally, the initiative strived for the active engagement of affected communities, families, and groups in emergency response. It included coordination and support for new volunteer categories, such as spontaneous volunteers.

The handbook for trainers provides a concise overview of caring for volunteers and staff. The training emphasizes stress management and the keeping of mental health and well-being.

**Target group:** Staff and volunteers; spontaneous volunteers.

**Content:** There are two available training modules: one designed for staff and volunteers seeking psychosocial support and another tailored for team leaders. First module covers introductory training for volunteers and staff focused on the National Society's organizational structure, command and communication in the field, safety protocols, registration processes, and guidance on leaving affected areas. The emphasis is on providing fundamental information about stress, self-care, coping strategies, support structures, and aftercare.

Module for team leaders provides basic information about the support framework before, during, and after an emergency. It covers psychosocial support, offers recommendations for team leaders, and suggests psychosocial interventions. Both modules include comprehensive materials with instructions, information, good practice examples, and exercise ideas to better prepare the target audience for their roles.

***Guidelines:***

1. **International Federation of Red Cross (IFRC) (2019) Guidelines for Caring for Staff and Volunteers in Crises**

**Aim:** To provide psychosocial support to staff and volunteers who have witnessed and experienced the impact of crises. This involves addressing their individual emotional challenges, suffering, loss, devastation, injury, and death. This recognition is essential for sustaining their resilience and overall mental health.

**Target Group:** Staff (Red Cross and Red Crescent) and Volunteers

**Content:** The diversity of reactions people may have based on various factors, such as the nature and severity of the event, personal experiences, and cultural background are discussed in the guideline. The guideline is not only addressing the immediate physical consequences but also acknowledging the emotional and social aspects of recovery. The guideline sheds light on the multifaceted risks that staff and volunteers may face when responding to crisis situations. It's concerning to see how personal, interpersonal, working conditions, and organizational issues can collectively impact their well-being. Furthermore the specific structure, format and content for individual and group support meetings, important aspects of PFA and ethical issues are discussed.

2. **OPSIC-Project Operationalising Psychosocial Support in Crisis (2016) The Comprehensive Guideline on Mental Health and Psychosocial Support (MHPSS) in Disaster Settings**

*(Developed by: University of Innsbruck, the University of Zagreb and the Amsterdam Medical Center in close collaboration with the other OPSIC partners, including Danish Red Cross, Denmark; Nederlandse Organisatie voor Toegepast Natuurwetenschappelijk Onderzoek (TNO), Netherlands; Arq Impact, Netherlands; Magen David Adom, Israel; Servicio de Asistencia Municipal de Urgencia y Rescate (SAMUR), Spain; Tripitch, Netherlands; and Crisis Management Research and Training (CRiSMART), Sweden.)*

**Aim:** This comprehensive guideline "points users to relevant guidelines, resources and tools for planning and implementing MHPSS programmes, at all phases of response and in all types of disasters and with all possible target groups".

**Target group:** Decision-makers, crisis managers and mental health practitioners.

**Event type:** Various natural and human-caused disasters

**Content:**The OPSIC Project conducted a thorough examination of established guidelines and best practice studies in order to align methods and tools with all applicable target groups,

emergency types, and response phases. The comprehensive MHPSS guideline encompasses 51 Action Sheets designed as planning tools for various professionals, including general crisis managers, psychosocial crisis managers, and mental health practitioners. Additionally, there's a user-friendly handbook for MHPSS planning tools, which includes all 51 Action Sheets. It's available for download as a PDF document, and the Action Sheets can be individually downloaded as well.

### 3. Inter-Agency Standing Committee (IASC, 2007-2017) Guidelines on Mental Health and Psychosocial Support in Emergency Settings

**Aim:**

The guidelines embody the perspectives of professionals from diverse geographical locations, fields, and sectors - so called “good practice among practitioners”. Essentially, they emphasize the importance of an inter-agency framework that enables effective coordination, identifies useful practices, and flags potentially harmful practices. Furthermore, these guidelines recommend specific psychological and psychiatric interventions addressing specific problems and facilitates an integrated approach to address the most urgent mental health and psychosocial issues in emergency situations.

**Target Group:** Humanitarian actors, staff and volunteers

**Event Type:** Armed conflict and natural disasters

**Content:** Special sections of guidelines are describing the ways to organize orientation and training of aid workers in mental health and psychosocial support. As well as strategies to prevent and manage problems in mental health and psychosocial well-being among staff and volunteers.

The guidelines can be used as:

-A guide for programme planning and design

-Advocacy for better practice

-Resource for interventions or actions

-A coordinating tool

-Checklist to identify gaps

**Language:**English, Ukrainian, Russian, Arabic, Spanish, Chinese, French, Japanese, Korean, Nepali, Polish, Portuguese, Tajic

***References:***


- **International Federation of Red Cross (IFRC) (2023) Community-based Psychosocial Support Volunteer Manual.** https://pscentre.org/?resource=23071&wpv_search=true&selected=single-resource

- **International Federation of Red Cross (IFRC) (2019) Guidelines for Caring for Staff and Volunteers in Crises** https://pscentre.org/?resource=guidelines-for-caring-for-staff-and-volunteers-in-crises&wpv_search=true&selected=single-resource

- **International Federation of Red Cross (IFRC) (2015)** Caring for volunteers - training material https://pscentre.org/?resource=caring-for-volunteers-a-training-manual&wpv_search=true&selected=single-resource

- Center for Social Sciences (CSS) (2023) Psychological Crisis Intervention Manual available at: http://css.ge/?p=1783&lang=ka

- **Digital Tool (Self-help Application) - WHO Ukraine Strengthening National Capacity for Mental Health and Psychosocial Support During the War:WHO support to Ukraine in 2022 available at:** https://cdn-auth-cms.who.int/media/docs/default-source/mental-health/special-initiative/who-mhpss-support-to-ukraine_feb_2023.pdf

- **WHO Armenia - 2023** https://www.who.int/europe/news/item/21-02-2023-who-implements-activities-to-address-urgent-mental-health-and-psychosocial-needs-of-vulnerable-populations-in-regions-of-armeni

- OPSIC-Project Operationalising Psychosocial Support in Crisis (2016) The Comprehensive Guideline on Mental Health and Psychosocial Support (MHPSS) in Disaster Settings https://www.uibk.ac.at/media/filer_public/46/63/466318bc-660a-429e-a314-4c0e043134ae/opsic-mhpss-comprehensive-guideline-june-2016.pdf

- Psychosocial support for volunteers and staff - Trainer Manual for helper;Project: Psychological First Aid and Psychosocial Support In Complex Emergencies (PFA-CE) funded by the European Union.

  https://pfa-ce.eu/uploads/PFA-CE_Volunteer_and_staff_support_Helpers_trainermanual_2019.pdf

- **Inter-Agency Standing Committee (IASC, 2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings**
  https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007

- Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/mhpss_framework_ukraine_eng.pdf

- **Mental health foundation UA Mental Help** https://uamentalhelp.org/en/psychological-help/

- **Mental Health Helpline** https://mhhelpline.com/en/resources/#webinary-ukr

- **Mental Health Helpline** https://app.mhhelpline.com/en/login

- **The well-being guide: reduce stress, recharge and build inner resilience. IFRC Reference Centre for Psychosocial Support, Copenhagen, 2022.** https://pscentre.org/wp-content/uploads/2022/02/The-Well-being-Guide-Reduce-stress-recharge-and-build-inner-resilience.pdf?wpv_search=true

- **2012 Caring for Volunteers: A Psychosocial Support Toolkit** https://pscentre.org/?resource=caringforvolunteersers&wpv_search=true&selected=single-resource

- **"Mental Help" — free psychological assistance for Ukrainian people** https://globalcompact.org.ua/en/news/mental-help-free-psychological-assistance-for-ukrainians/

## 9.2 Survey (example that was sent out in Armenia, and only slightly adapted in other countries, english version)

## INTRODUCTION

We are carrying out this survey study to understand how armed conflicts affect the mental health and daily life of helpers. The study is part of an EU-funded project (WhoCares, No. 101101719), in which we try to identify challenges of helpers in armed conflicts and ways to address these by the means of staff and volunteer support initiatives.

Research is carried out by the Armenian Red Cross, University of Innsbruck, University of Kyiv, Tbilisi State University, Ilia State University, Georgian Red Cross and Austrian Red Cross.

We would like to invite you to take part in this survey. You are under no obligation to participate, but if you do choose to do that, it will take approximately 15 minutes.

We will ask you questions about:

- Who you are (e.g., your age, where you live, your occupation)

- Experiences you may have had during the armed conflict in Armenia (e.g. if you had to leave your home, if you witnessed gunfire or bombing)

- How your mental health may have changed since the conflict commenced (e.g. changes in your feelings)

- How you deal with stressful experiences (e.g. looking for help or advice from others, turning to work or trying to find comfort in spiritual beliefs)

**We will ask you questions that may be difficult to answer. We will ask you questions about changes in your own mental health. If you believe that answering these types of questions will cause you to feel emotionally distressed or upset, please think carefully as to whether or not you would like to participate.**

If you choose to participate and find yourself becoming distressed at any time, you may stop and withdraw from the study. You may also contact ***[xxx].***

**Provisions for confidentiality and data storage:**

Your responses will be treated with complete confidentiality and all the information that you provide will be completely anonymous. The research team will never have access to any information that could be used to determine your identity. All of your responses will be collected, stored, and used in full compliance with the European Commission's General Data Protection Regulations about personal data protection. Using google forms, data will be stored on the servers of googleand after downloading the data, stored on password-protected, secured, and networked computers. Following principles of open science, we will share all data collected with researchers across the world so that its value can be maximized. As the data are completely anonymous, there is no chance that the data you provide can ever be linked back to you.

**Voluntary participation and informed consent:**

Participation in this study is voluntary. You can refuse to take part if you want to. If you begin to answer the questions and wish to stop, you may do so at any time. If you decide that you would like to participate in this study, you will be asked to provide informed consent by checking a box. By doing so, you will be provided access to the survey questions.

**Ethical Approval for this Study:**

Ethical approval for this survey has been provided by the Review Board of the University of Innsbruck.

**Contact Details of Research Team:**

Should you have any questions prior to, during, or after the research, you may contact: ***[XXX]***

**I have read and understood the information above** ☐

## JOB SPECIFICS

**A.1.** The following questions ask about the helper activities that you carry out.

Please indicate to which of the following groups you identify. If your occupation is different from the listed items, please specify it in the separate field (A 1.1).

| | | |
|---|---|---|
| Doctor | No | Yes |
| Nurse | No | Yes |
| Medical staff (other) | No | Yes |
| Teacher | No | Yes |
| Educational staff (other) | No | Yes |
| Social Worker | No | Yes |
| Psychologist | No | Yes |
| MHPSS Service Provider (other) | No | Yes |
| Other Staff in a humanitarian organisation (Red Cross or other) | No | Yes |
| volunteer but not affiliated to an organisation | No | Yes |
| volunteer in the Red Cross | No | Yes |
| volunteer in any other humanitarian organisation | No | Yes |

**A.1.1** Other occupation: _____

**A.2**. How long have you been working in that occupation/volunteer activity? (if you identified to more than one group, please chose the one you are engaged in the most):

| | |
|---|---|
| Less than 1 year | ☐ |
| 1-2 years | ☐ |
| 3-5 years | ☐ |

| | |
|---|---|
| 6-10 years | ☐ |
| More than 10 years | ☐ |

**A.3** How often do you work with beneficiaries (e.g. clients/patients/students/other receivers of help) that have been affected by the armed conflict (approx.)?

| | |
|---|---|
| (Almost) everyday | ☐ |
| more than once per week | ☐ |
| once per week | ☐ |
| less | ☐ |

**B**. The following statements are related to your work situation and how you experience this situation. Please state how often each statement applies to you.

| Primary symptoms | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| At work, I feel mentally exhausted | ☐ | ☐ | ☐ | ☐ | ☐ |
| After a day at work, I find it hard to recover my energy | ☐ | ☐ | ☐ | ☐ | ☐ |
| At work, I feel physically exhausted | ☐ | ☐ | ☐ | ☐ | ☐ |
| I struggle to find any enthusiasm for my work | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel a strong aversion towards my job | ☐ | ☐ | ☐ | ☐ | ☐ |
| I'm cynical about what my work means to others | ☐ | ☐ | ☐ | ☐ | ☐ |
| At work, I have trouble staying focused | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | | | | |
|---|---|---|---|---|---|
| When I'm working, I have trouble concentrating | ☐ | ☐ | ☐ | ☐ | ☐ |
| I make mistakes in my work because I have my mind on other things | ☐ | ☐ | ☐ | ☐ | ☐ |
| At work, I feel unable to control my emotions | ☐ | ☐ | ☐ | ☐ | ☐ |
| I do not recognize myself in the way I react emotionally at work | ☐ | ☐ | ☐ | ☐ | ☐ |
| At work I may overreact unintentionally | ☐ | ☐ | ☐ | ☐ | ☐ |

**C**. Please respond to each item regarding how you felt in the **last two weeks**.

| | At no time | Some of the time | Less than half the time | More than half the time | Most of the time | All of the time |
|---|---|---|---|---|---|---|
| I have felt cheerful and in good spirits | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I have felt calm and relaxed. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I have felt active and vigorous. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I woke up feeling fresh and rested. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| My daily life has been filled with things that interest me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D.1.** In this section, we will ask you about different things **you may have experienced** during the armed conflict or beneficiaries (e.g. clients, patients, students or other receivers of help) you worked with have experienced. We will then ask you about some reactions you may have had to these experiences.

Please indicate if you or your beneficiaries experienced any of these events.

| | No | Yes, I experienced this | Yes, my beneficiaries experienced this |
|---|---|---|---|
| 1. My home was damaged or destroyed. | | | |
| 2. Someone close to me (e.g., parent, sibling, neighbour, friend) had their home damaged or destroyed. | | | |
| 3. I had to take shelter in an underground location. | | | |
| 4. I witnessed the destruction of local infrastructure. | | | |
| 5. I had or chose to move to another part of my country. | | | |
| 6. I had or chose to move to another country. | | | |
| 7. My loved ones were displaced. | | | |
| 8. I lost my job (temporarily or for an extended period). | | | |
| 9. I experienced extreme financial hardship. | | | |
| 10. I was unable to access necessities like food, water, electricity, or heating. | | | |
| 11. I was unable to access essential healthcare like medicines or visiting a doctor. | | | |
| 12. I was unable to sleep for prolonged periods of time. | | | |
| 13. I heard air raid sirens. | | | |
| 14. I heard or saw bombing, artillery or gun fire. | | | |
| 15. I was stopped by military patrols. | | | |
| 16. My hometown was occupied by invading forces. | | | |
| 17. I was forcibly separated from my children. | | | |
| 18. I was forcibly separated from my partner. | | | |
| 19. I was kidnapped or held hostage. | | | |
| 20. Someone close to me (e.g., parent, sibling, neighbour, friend) was kidnapped or held hostage. | | | |
| 21. I was tortured. | | | |
| 22. Someone close to me (e.g., parent, sibling, neighbour, friend) went missing. | | | |
| 23. I experienced sexual violence. | | | |

| | | | |
|---|---|---|---|
| 24. I or my partner experienced a miscarriage. | | | |
| 25. I saw dead bodies or mutilated body parts. | | | |
| 26. I had to touch dead bodies or mutilated body parts (e.g., moved or buried dead bodies). | | | |
| 27. Someone close to me (e.g., parent, sibling, neighbour, friend) died in the armed conflict. | | | |
| 28. Someone close to me (e.g., parent, sibling, neighbour, friend) was physically hurt in the armed conflict. | | | |
| 29. I was physically hurt in the armed conflict. | | | |
| 30. I took part in defensive operations. | | | |
| 31. I shot at the enemy forces. | | | |
| 32. I was shot at by the enemy forces. | | | |
| 33. I killed a member of the enemy forces. | | | |
| 34. Is there any other event that you experienced that you would like to tell us about? | | | |

**D.2.** Please give a brief description of this event: _____

**D.3**. Please indicate which of these experiences you found most distressing (by selecting the number that corresponds to the worst event you experienced): _____

**E.1**. The following questions represent reactions people sometimes have following a very stressful life event. We would like to know if you have had any of these experiences **because of things you have experienced during the conflict.**

Thinking about the most distressing experience that you just selected, please read each item carefully and indicate how much you have been bothered by each problem in the past month.

0 = Not at all
1 = A little bit
2 = Moderately
3 = Quite a bit
4 = Extremely

| | | | | | |
|---|---|---|---|---|---|
| Having upsetting dreams that replay part of the experience or are clearly related to the experience? | 0 | 1 | 2 | 3 | 4 |
| Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now? | 0 | 1 | 2 | 3 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)? | 0 | 1 | 2 | 3 | 4 |
| Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)? | 0 | 1 | 2 | 3 | 4 |
| Being “super-alert”, watchful, or on guard? | 0 | 1 | 2 | 3 | 4 |
| Feeling jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |

**E.2** In the past month have the above problems:

| | | | | | |
|---|---|---|---|---|---|
| Affected your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| Affected any other important part of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |

**F.** These items ask what you've been doing to cope with your experiences. Obviously, different people deal with things in different ways, but we’re interested in how **you've** tried to deal with it. Each item says something about a particular way of coping. We would like to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

1 = I haven't been doing this at all
2 = I've been doing this a little bit
3 = I've been doing this a medium amount
4 = I've been doing this a lot

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| I've been turning to work or other activities to take my mind off things. | | | | |
| I've been concentrating my efforts on doing something about the situation I'm in. | | | | |
| I've been saying to myself "this isn't real.". | | | | |
| I've been using alcohol or other drugs to make myself feel better. | | | | |
| I've been getting emotional support from others. | | | | |
| I've been giving up trying to deal with it. | | | | |
| I've been taking action to try to make the situation better. | | | | |

| | | | | |
|---|---|---|---|---|
| I've been refusing to believe that it has happened. | | | | |
| I've been saying things to let my unpleasant feelings escape. | | | | |
| I've been getting help and advice from other people. | | | | |
| I've been using alcohol or other drugs to help me get through it. | | | | |
| I've been trying to see it in a different light, to make it seem more positive. | | | | |
| I've been criticizing myself. | | | | |
| I've been trying to come up with a strategy about what to do. | | | | |
| I've been getting comfort and understanding from someone. | | | | |
| I've been giving up the attempt to cope. | | | | |
| I've been looking for something good in what is happening. | | | | |
| I've been making jokes about it. | | | | |
| I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. | | | | |
| I've been accepting the reality of the fact that it has happened. | | | | |
| I've been expressing my negative feelings. | | | | |
| I've been trying to find comfort in my religion or spiritual beliefs. | | | | |
| I've been trying to get advice or help from other people about what to do. | | | | |
| I've been learning to live with it. | | | | |
| I've been thinking hard about what steps to take. | | | | |
| I've been blaming myself for things that happened. | | | | |
| I've been praying or meditating. | | | | |
| I've been making fun of the situation. | | | | |

Thanks for participating. On the last page of the survey we will ask you some last questions that allow us to specifically analyse data with regard to sociodemographic aspects.

**G.1** What is your gender?

| | |
|---|---|
| Male | 1 |
| Female | 2 |

| | |
|---|---|
| other | 3 |

**G.2** How old are you? _____ (years)

**G.3** Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

**G.4.1** Do you live in an area that is currently involved in combat actions?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

**G4.2** If yes, how often do combat actions occur in your territory?

| | |
|---|---|
| (Almost) everyday | ☐ |
| more than once per week | ☐ |
| once per week | ☐ |
| less | ☐ |

**G4.3** If yes, how severe or threatening are these combat actions in your perception?

| | |
|---|---|
| very severe | ☐ |
| severe | ☐ |
| mildly severe | ☐ |
| not severe | ☐ |

**G.5**. Do you live in a Rural or urban area?

| | |
|---|---|
| rural | 1 |
| urban | 2 |

## 9.3 Focus Group / Interview Guide

### General Question

Please describe how you as a helper (volunteer/doctor/nurse/social worker/psychologist/teacher) contribute to the response since the beginning of the conflict (Ukraine/Nagorno Karabakh).

- Please describe what changed in the way you work since the start of the conflict.
- What are the main changes in your personal lives since the start of the crisis?
- How did the situation for you as a helper change over the course of the conflict until now?

### Challenges

What have been the main challenges for you as a helper (volunteer/doctor/nurse/social worker/psychologist/teacher) during the conflict?

- Can you tell an example from your activities in which these challenges (or one of the challenges) emerge?
- What are the main challenges you have noticed in other helpers since the beginning of the conflict?
- Sometimes challenges can be addressed through training or support measures. What training needs do you perceive? Please explain.
- What do you wish was being done differently during the crisis? (by yourself/your organization/your community/other people)

### Stress management

Please tell me an example of what you do to overcome the challenges you experience.

- What do you normally do to overcome difficulties/deal with stress in your job/volunteering activities?
- How do you receive support as a helper?
- What role do others play in supporting you? For examples your organization, colleagues, friends or relatives.
- Would you like to share examples or self-care tips, that you use or recommend?

**Positive aspects**

Please describe what aspects motivate you in your helper's activities.

Often, despite the challenges, people experience growth in crisis. That can include e.g. changes in the perception of life, relationships or new possibilities that emerged. In what areas have you experienced growth?

- New possibilities
- personal strengths
- strengths of your community
- strengths of your organisation
- relationships/social factors
- own view on life

**Outlook (optional)**

What are your wishes/plans if the conflict continues?

**Background information**

Age

Profession

In which area

Experience

Family situation