



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

Report on National best practices, needs, challenges and gaps

SHORT VERSION

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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.

In this report we summarize the research findings. For a more comprehensive overview and analysis please find our full study report on www.whocares-pps.info or send a request to the authors.

2. Study Design

The *Who Cares* project employed a **mixed-methods approach** to analyze the needs, challenges, and mental health impacts on helpers working in conflict-affected regions. The methodology combined **quantitative surveys, qualitative interviews and focus groups, workshops, and literature analysis** to ensure a comprehensive understanding of the mental health and psychosocial support (MHPSS) needs of frontline workers. The study focused on various categories of helpers, including **Medical staff** (nurses, doctors), **Teachers and educational personnel, Social workers and psychologists, MHPSS service providers and Volunteers (both affiliated and unaffiliated).**

Literature. A systematic review of existing literature and guidelines was conducted to assess Best practices in MHPSS interventions, new training models adapted for conflict settings, long-term support strategies for frontline workers and emerging interventions for spontaneous and affiliated volunteers.

Survey. A structured **online survey** was designed to measure the **psychological impact** of working in conflict zones. Key areas assessed included **Negative mental health outcomes** (Trauma, burnout, risk of depression), **Positive outcomes** (General well-being) and **Influencing factors** (Coping strategies, job specifics, trauma exposure, gender, and occupational background).

- 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 general well-being was evaluated using the WHO-5 questionnaire (Krieger et al., 2014; Topp et al., 2015).
- The participants' primary and secondary exposure to traumatic experiences was assessed using a war-related stressor list developed by Karatzias et al. (2023).
- Traumatization was evaluated using the first part of the International Trauma Questionnaire (ITQ) by Cloitre et al. (2018).
- Coping strategies of participants were assessed using the Brief-COPE. The Brief-COPE is a 28-item questionnaire, developed by Carver (1997).
- The final section contained questions about the participants sociodemographic information. The survey was distributed via Google Forms across Armenia, Georgia, and Ukraine during the summer of 2023. Statistical analyses were performed using Excel and SPSS.

Focus Groups/Interviews. Additionally within the *Who Cares* project, we conducted qualitative research through 2 focus groups and 4 interviews (15 participants) in Armenia, 5 focus groups, 1 group interview, and 5 individual interviews in Georgia, and 20 in-depth interviews with medical staff, MHPSS providers, educators, and volunteers in Ukraine to gain deeper insights into the experiences and challenges faced by helpers in conflict-affected regions.

National 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.

3. Key Findings from Survey

Sample. The survey included 653 participants, primarily from Ukraine, with a predominantly female sample across all three countries.

- **Occupations:** Most participants were volunteers, mainly for the Red Cross Societies and other organizations. Other significant groups included educational staff, medical staff (doctors, nurses), and MHPSS staff (psychologists, social workers). Some participants also had additional occupations alongside volunteering.
- **Job Experience:** The sample was balanced regarding job experience (measured by tenure).
- **Living Areas:** Most participants lived in urban areas.
 - Armenia: Nearly one-third of respondents lived in areas with ongoing combat.
 - Ukraine: Over 40% lived in combat zones.
 - Georgia: This was not surveyed as there were no active conflicts within Georgia, though respondents were involved in humanitarian efforts for displaced Ukrainians.
- **Exposure to Affected Populations:**
 - Ukraine: 60.96% of respondents worked daily with combat-affected beneficiaries.
 - Armenia: 23.28% had daily contact.
 - Georgia: 49.38% worked with affected groups.

Depression Risk. 41.4% of Armenian, 34.6% of Georgian, and 38.7% of Ukrainian respondents scored below well-being thresholds, indicating a significant risk of depression.

Burnout Risks. 13.8% of Armenian, 5% of Georgian, and 8.6% of Ukrainian helpers showed signs of burnout.

PTSD Symptoms. 7.8% of Armenian, 11.1% of Georgian, and 9.3% of Ukrainian respondents exhibited PTSD-related symptoms.

Coping. Helpers relied on adaptive and maladaptive coping strategies, with some groups showing high levels of self-blame and emotional exhaustion. 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.

Influencing Factors. Overall, primary and secondary exposure factors played key roles in mental health risks, but patterns varied across countries. Effect sizes were small, so the following differences should be handled carefully in interpretation. We found the following significant differences.

Ukrainian Respondents

- Women showed higher burnout and PTSD levels than men, but no gender differences in depression risk.
- Greater exposure to primary stressors correlated with higher burnout, PTSD symptoms, and lower well-being.
- Secondary exposure was linked to higher burnout but not PTSD or well-being and was more common in younger individuals.
- Educational staff had higher PTSD and burnout risks than non-educational staff, but no such differences were found for medical, MHPSS staff, or volunteers.
- Surprisingly, more frequent work with affected individuals correlated with **lower** burnout.
- Urban residents had higher burnout scores than rural residents, while exposure to combat areas had no significant impact.

Armenian Respondents

- No significant gender differences in mental health indicators.
- No major effects of combat exposure or urban vs. rural living on mental health.
- Secondary exposure correlated with PTSD symptoms but not burnout or well-being.
- Primary exposure was linked to higher burnout but not PTSD or well-being.

Georgian Respondents

- No significant gender differences or urban vs. rural effects on mental health.
- Job experience was linked to better well-being but not burnout.
- Secondary exposure strongly correlated with burnout but not PTSD or well-being.

4. Key Findings from Interviews and Focus Groups

Armenian Focus Groups/Interviews. Two focus groups and 5 Interviews were conducted.

Personal and Emotional Impact:

- Many helpers struggled with emotional exhaustion due to direct and indirect exposure to traumatic events.
- MHPSS workers felt pressure to remain emotionally strong despite needing support themselves.
- Volunteers, educators, and medical staff faced increased workloads and stress during and after armed conflicts.

Challenges in Providing Support:

- **Psychologists** felt the expectation to be emotionally neutral, making it difficult to show vulnerability.
- **Volunteers** highlighted the **low public awareness of safety protocols** during armed conflicts, leading to unnecessary risks.

- Volunteers reported **exhaustion from constant mobilization** and the emotional burden of working with displaced families.
- Many volunteers engaged in **self-organized efforts** without clear institutional support, leading to burnout.

Coping Strategies and Training Needs:

- **Teachers** leaned on **collegial support** but lacked structured professional help.
- **Psychologists** highlighted the **importance of separating work and personal life** to avoid secondary trauma.
- **Training requests** focused on **peer exchange, practical psychological preparedness, and informal workshops**, rather than formal top-down approaches.

Georgian National Workshop. 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:

- More effective internal communication activities with the volunteers and helpers during and after their field work
- 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
- Regular awareness raising initiatives for students (future doctors, helpers) about the topics which are the main focus of the Who Cares project
- 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.

Ukrainian Interviews. 20 in-depth interviews with medical staff, MHPSS providers, educators, and volunteers were conducted.

Emotional and Psychological Impact:

- Many helpers reported **secondary trauma exposure**, particularly medical workers and MHPSS staff who worked with victims of war.
- Volunteers and educators faced **continuous stress**, as conflict conditions made their work unpredictable.
- Helpers struggled with **feelings of powerlessness**, as they could not prevent the suffering they witnessed daily.

MHPSS Challenges and Training Gaps:

- **Medical workers** found it difficult to balance professional duties with **personal emotional distress**, especially in hospitals treating war casualties.
- **Psychologists and social workers** noted the **high demand for mental health services**, but limited access to structured supervision or peer support.

- **Educators** had to manage **traumatized students** while also facing **personal safety concerns** in high-risk areas.

Coping Mechanisms and Support Needs:

- Many helpers relied on **colleagues and peer discussions** for emotional support.
- **Online psychological support** (including telehealth and chat-based counseling) became an important tool for professionals and volunteers.
- Requests for **long-term supervision and structured self-care programs** were frequently mentioned among MHPSS workers.

Policy and Organizational Recommendations:

- Establish **regular supervision** for MHPSS professionals to reduce emotional exhaustion.
- Expand **digital mental health support** to increase accessibility for helpers.
- Strengthen **national-level MHPSS frameworks** to integrate support services into crisis response systems.

Ukrainian National Workshop. During the Workshop the following difficulties and needs were discussed.

Difficulties

- 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.

5. Literature

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