

## **The stress of war. Recommendations for the protection of mental health and well-being for both Ukrainian refugees as well as Poles supporting them**

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### **Summary**

The presence of large numbers of Ukrainians looking for refuge in Poland is a new experience for Poles. The ongoing war and the uncertainty of the situation of those displaced may cause anxiety and lead to stressful reactions, exacerbated by endlessly circulating information on hostilities. Therefore, the sense of security may be threatened not only among Ukrainians who have fled to Poland, but also among people who support Ukrainians, who offer them help and shelter. Prolonged support, if not accompanied by proper selfcare can increase the risk of burnout as well as lead to distressful emotional states, such as a feeling of helplessness, hopelessness, reluctance to provide further help, or even demonstrate hostility.

The article presents the situation and current psychosocial needs of Ukrainian refugees in Poland and provides a set of recommendations regarding the organization of mental health care in the face of the ongoing war in Ukraine. There are available tools to use by Polish specialists and lay helpers to support Ukrainian refugees. The Mental Health and Psychosocial Support (MHPSS) Intervention Pyramid, developed by the Inter-Agency Standing Committee, is used to classify suggested interventions. Appropriate care should be available to both refugees as well as the host population involved in their care.

**Key words:** stress of war, psychological support for refugees, Ukrainian refugees' psychosocial needs

### **Introduction**

The war that has been going on in Ukraine for years, the worsening of which has been taking place since February 2022, may affect not only the health and life of people living in war zones, but also the citizens of neighboring countries, including Poland

[1, 2]. A few million Ukrainians (mainly women with children) have been in Poland for several months, fleeing the war and looking for help in Poland, for long- or short-term shelter. As of August 2022<sup>1</sup>, close to 4 million Ukrainian refugees have been registered for temporary protection in Europe, with 1.2 million being officially documented in Poland and more than 5 million having crossed the Ukrainian – Polish border seeking help [2]. Additionally, more than 3 million have crossed the border back to Ukraine while many displaced people are not officially documented.

The presence of large numbers of Ukrainians looking for refuge in Poland is a new experience for Poles. The ongoing war and the uncertainty of the situation of those displaced may cause anxiety and lead to stress reactions, exacerbated by endlessly circulating information on hostilities. Therefore, the sense of security may be threatened not only among Ukrainians who have fled to Poland, but also among people who support Ukrainians, who offer them help and shelter. Prolonged support, if not accompanied by proper rest can increase the risk of burnout as well as lead to emotional distress such as a feeling of helplessness, hopelessness, reluctance to provide further help, or even demonstrate hostility. These are normal reactions that may arise in this extreme situation [3, 4].

This article presents the situation and current psychosocial needs of Ukrainian refugees in Poland and provides a set of recommendations regarding the organization of mental health care in the face of the ongoing war in Ukraine. Through a psychosocial perspective, the first author shares her experience on working with Ukrainian refugees and Polish volunteers and healthcare workers. In the second part, the authors present their collaborative work on a set of recommendations of psychosocial interventions that can be implemented in emergency settings such as the one in Poland involving the hosting of Ukrainian refugees. Psychological assistance, in various dimensions, should be available to both refugees as well as the host population involved in their care.

It is obvious that not every person fleeing the war and staying in Poland has or tries to get refugee status. From the first author's own practice, it is observed that many Ukrainians do not want to seek international protection since they plan to return to their homeland quickly and some have already done so. For the sake of convenience, it was decided in this article to refer to people fleeing the war with the umbrella term "refugees". It is worth emphasizing, however, that the content described concerns people who are fleeing the war and might not necessarily have refugee status.

### **War as a crisis and its impact on mental health**

War in academic handbooks is among the greatest stressors. A state of war meets all the criteria of a crisis from a psychological point of view because it is a new, sudden

<sup>1</sup> United Nations High Commissioner for Refugees, 2022. *Ukraine Refugee Situation*. <https://data.unhcr.org/en/situations/ukraine/location?secret=unhcrrestricted> (retrieved: 1.07.2023)

situation that requires different ways of coping than before [5]. Moreover, for many people, it is a direct threat to living conditions, including a threat to health and life. In addition, war causes a series of crises that have a significant impact on the well-being and mental health of people experiencing hostilities and witnessing them, ranging from the financial crisis, through the refugee crisis, to the humanitarian crisis [1].

Broken families and orphaned children transported to Poland require support and readiness of the society and the Polish government to support activities. Loneliness and the lack of the presence of close people can have a negative impact on mental health and is another source of stress. Reports on the rape of Ukrainian women and girls by Russian soldiers indicate the need for support and protection against further sexual and gender-based violence. Disturbing information on sexual abuse in countries where refugees seek help indicates the need to verify, inter alia, volunteers helping refugees, educate on counteracting violence and finally provide psychological help in the event of sexual violence [6].

The situation of war, chaos, movement and travel, the purpose of which is to escape from hostilities, is also a time of increased danger of trafficking in human beings and human organs. Education in this area and an efficient system of counteracting these practices are essential. Unfortunately, there are few activities in Poland related to building awareness of counteracting trafficking in human beings. Further efforts are needed in this area [6].

Lack of proper support, including psychological support, may result in failure to cope with trauma and the development of serious mental health disorders, e.g., post-traumatic stress disorder (PTSD). Research shows that 22% of people experiencing war may experience depressive disorders, anxiety disorders, PTSD, bipolar disorder, and schizophrenia in the following years. Depressive and anxiety disorders correlate with age, and depressive disorders are more often diagnosed among women [7, 8].

Interviews conducted in the first months of the war at reception points in Poland among Ukrainians fleeing the war and volunteers helping them indicate specific difficulties experienced by Ukrainians seeking help in Poland, which are their current sources of stress. Social and everyday living problems rank among the most frequent, while difficulties in mental health are concretely visible [6]. When organizing help for refugees, it is necessary to be aware of several key challenges concerning the social and mental spheres, which influence each other.

### **Challenges from the field**

#### **Financial limitations**

Refugees may have difficulties in withdrawing cash in Poland and may thus have a lack of funds to meet basic life needs. At the time of writing this article, hundreds

of Ukrainians, mainly mothers with children, apply for humanitarian aid every day at the refugee assistance centers in Warsaw and other Polish cities.

### Instability at the place of residence

Centers for refugees providing support and help are not places where Ukrainians want to live long with their families. As a rule, these are temporary stays. These facilities are not well prepared for a longer stay because, for example, they are crowded and there is often no privacy. In some cases, refugees cannot count on long-term hospitality in the homes and apartments of Poles who have welcomed them. There is also a lack of apartments/rooms in Polish cities for refugees to rent. Ukrainian refugees are also often unable to judge how long they want to stay in Poland, which makes it difficult to provide them with accommodations.

### Lack of or limited information

People coming to our country may not have sufficient knowledge concerning, e.g., life in Poland, rules of coexistence, or the rights of refugees or people fleeing from war zones but without refugee status. Discrimination against third-country nationals entering from Ukraine is a significant problem. International organizations, such as the United Nations High Commissioner for Refugees (UNHCR)<sup>2</sup> and the International Organization for Migration (IOM)<sup>3</sup> warn of segregation and discrimination toward migrant populations fleeing Ukraine. It is essential to protect the human rights of all those who are seeking help.

## **Mental health problems**

### Sleep problems

Two extremes are observed: either refugees complain about having difficulties falling asleep due to the living conditions (e.g., crowded reception centers), or they spend entire days in bed, alternating between sleeping and reading messages on their mobile phones, so they cannot fall sleep at night. In both cases, proper rest, which is necessary in stressful situations, is disrupted.

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<sup>2</sup> Ukraine: UN experts concerned by reports of discrimination against people of African descent at border (OHCHR); UNHCR chief condemns 'discrimination, violence and racism' against some fleeing Ukraine (UN News).

<sup>3</sup> Discrimination and Racism Against Third Country Nationals Fleeing Ukraine Must End: IOM Director General (International Organization for Migration).

### Separation from families and friends

Most of the people fleeing from hostilities are forced to separate from family members who cannot leave Ukraine. This may be due to their health or age; older parents have difficulty fleeing, while males (husbands, brothers, sons) aged 18-60 must stay in the country to fight or serve the country in other ways, for example, physicians providing healthcare support to those remaining in Ukraine. Living in Poland, in safe conditions, when relatives are in constant threat, is a very difficult experience, often reported by refugees. This relates to the “survivor syndrome” [9] manifested by, inter alia, strong sense of guilt, increased anxiety and worry, and strong mental discomfort.

In Poland there is also a large group of young people aged 16-17, who crossed the border on their own. They might be seeking help at reception points and have no idea what to do next or skills to deal with the situation. These people are particularly at risk of experiencing violence or harm. Being alone, with lack of knowledge of the language and lack of supervision from more experienced adult caregivers, can cause them to become lost. Often, they want to return to Ukraine eventually, where they feel better despite the threatening situation. In Ukraine they have friends, activities, and interests. In Poland, without proper support, they often feel disconnected from their roots, places and people they know, uncertain about the future.

### Fear and anxiety

Ukrainians fleeing the war and staying in Poland speak of fear for their relatives who stayed behind. They express uncertainty about the future, the possibility of receiving help, and the readiness of support from Polish citizens and other European countries. Increasingly, they also share the challenges and emotions associated with their war experiences, e.g., experiencing bombing, living in shelters, and witnessing assault, rape, and death.

### Experiencing loss

The loss currently faced by refugees concerns the loss of relationships as well as the loss of their current lifestyle, work, education, or property. It is an equally painful and difficult experience that causes, inter alia, an imbalance in the sense of security, self-worth, and agency. More and more people experience the death of relatives, acquaintances, and friends. Many times, bereaved people did not have a chance to “say goodbye” before the death of loved ones, because the person died on the battlefield or because of attacks by Russian troops on civilian facilities. Often, it is also impossible to say goodbye by attending a funeral or even burying a deceased person. Many people are missing, and the bodies of the dead have not been found so far. This is a particular source of stress that makes the mourning process very difficult [10].

### Difficulty taking care of health

Mothers interviewed in a study [6] emphasized concern for the well-being of their children. People with chronic diseases (mental and somatic), who had to stop treatment in Ukraine due to military operations, are in a particularly difficult situation. They need medications/therapies systematically, e.g., dialysis patients, cancer patients, patients with intellectual or motor disabilities. Immediate, adequate therapy is not always possible.

Most of the described psychosocial difficulties are characteristic of people who experience severe stress, including war-related stress, and have been observed in other populations [8]. Hence, when organizing assistance to refugees currently staying in Poland, it is worth taking advantage of the experiences of countries and organizations that have previously provided this type of assistance to other refugee groups around the world [11, 12].

### Recommendations for the protection of mental health of refugees

Below are the basic guidelines for organizing support in the field of mental health protection of refugees from Ukraine for use by mental health specialists in Poland. The recommendations are based on research and previous experiences of other countries supporting people fleeing from hostilities, which were prepared in cooperation with the World Health Organization [13, 14] and constitute standards for the organization of mental health work. Additionally, an analysis of the needs of refugees in the field of mental health and people (specialists and volunteers) involved in mental health protection in Poland in the first months of the war in Ukraine was included [6].

Adverse experiences, such as war, can often trigger various responses in individuals and communities. According to Papadopoulos [15], people might experience distressful psychological reactions, develop a mental health problem, remain unchanged through the situation (resilience) or even experience personal growth (adversity activated development). Under this perspective it is important to avoid pathologizing refugee experience since an extreme situation can often trigger emotional difficulties. An appropriate response would facilitate their processing of adverse events and provide evidence-based psychosocial treatment in different levels. A four-level pyramid of the mental health support is a scheme that helps to organize support for refugee mental health [16].

In the IASC (Inter Agency Standing Committee) model, depending on the level of needs, the key implementing stakeholders of mental health protection are various groups, including the entire society [16]. The cooperation of various sectors, such as NGOs, municipalities, international organizations, and civil society is crucial to promote comprehensive implementation of such interventions. It is specifically emphasized that non-specialized professionals as well as community members or peer

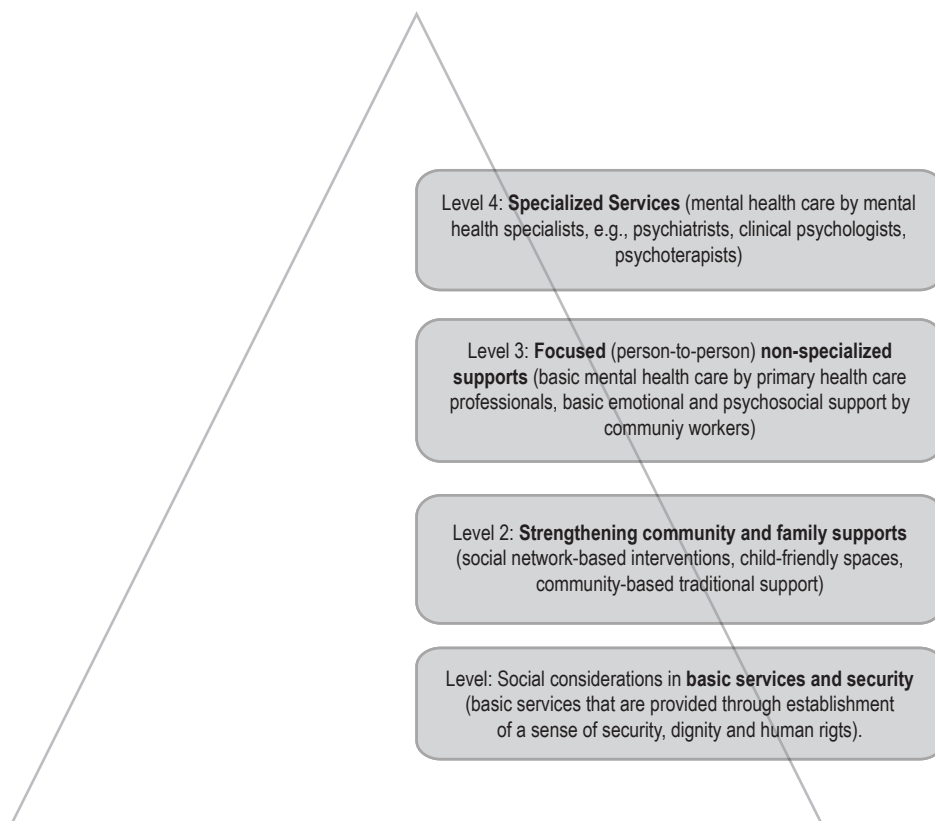


Figure 1. **Intervention Pyramid (Inter Agency Standing Committee, 2007)**

source: created based on <https://interagencystandingcommittee.org/system/files/2022-05/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28Polish%29.pdf>

support workers, can have a key role in community-based interventions for refugee mental health. Throughout the interventions, it is important to ensure that human rights of beneficiaries are protected and that those that provide help are also well cared for. Mental health promotion, both universal targeting the whole population of a specific area as well as selecting high risk groups, is an integral part of interventions that can run throughout Level 1 to Level 3 of the pyramid. In this perspective, coping strategies are facilitated, and social networks are empowered to provide access to appropriate support. Additionally, actively involving refugees as helpers for other refugees is also a widely supported principle (IASC + other references). Examples of such involvement might have to do with providing psychosocial care after training with appropriate supervision, preparing humanitarian transport, caring for children, conducting handi-craft workshops, preparing meals, and presenting Ukrainian cuisine. Concentration

on a specific activity or manual work is one of the ways to divert attention from the difficult reality of war and uncertain future, and works to reduce tension, bringing a very positive effect on the sense of control, agency, and self-efficacy. Refugees who support other refugees may feel needed again and see the sense of the current situation. The sense of meaningfulness and agency are elements of the sense of coherence, and thus essential elements of mental health.

### **Level 1. Basic services and security**

At this level, the most important thing is to provide refugees from Ukraine with a sense of security in all possible areas, namely:

#### Physical security

Its scope includes, for example, taking care of the place of residence, food, securing basic needs, e.g., medical, such as medicines, hygiene products, medical care. When organizing a place to stay, it is important that it is a permanent place, available as long as a person needs it, where people can feel safe and comfortable. Murphy et al. [17] emphasize how overcrowded accommodation and poor resources for hygiene protection can increase healthcare needs for Ukrainian refugees.

This basic service is not easy to offer, as the refugees themselves do not know how long they will stay in a particular local area in Poland. The number of people returning to Ukraine has increased in recent months as has been previously documented. The situation of fleeing a country where hostilities take place is usually very dynamic.

In addition to the permanence of the place of residence, it is important that its inhabitants have a basic sense of privacy. It is worth paying attention to how friendly and safe a given place is for women, children, and the elderly. These are the groups that are currently seeking shelter in Poland more frequently and are highly vulnerable.

#### Emotional security

The key is to help build emotional resilience which works as a protective factor for future adversities. It is a very good practice to unite families or, if this is not possible, facilitate help through connecting with neighbors, friends from Ukraine or other people who speak their language. Contact with other refugees can help with coping with stress, as well as exchanging reliable information where people can find help or work.

#### Information security

Access to reliable information is a crucial element for the well-being of refugees. Ben Farhat et al. [18] document how lack of reliable information can be associated



with high uncertainty and worse mental health outcomes. Additionally, as highlighted specifically for Ukrainian refugees, scarcity of reliable information can increase the risk of human trafficking and other forms of exploitation [19].

### Education

In the case of refugees, as well as the entire society, education on effective ways of coping with stress and taking care of one's health and well-being is necessary. It is very important that people who host refugees in their homes and work in various places where they may encounter them (e.g., offices, stores, public transport) understand the situation of those fleeing from war, their various reactions and respond in a calm and appropriate manner while coping well with their emotions, such as anxiety. Integrating educational activities involving both Polish and Ukrainian cultures and traditions as well as presentation of similarities and differences is also important. Knowledge of culture and awareness of differences reduces mutual fear and is a very important element in counteracting discrimination and shaping prejudices. Education can take place, for example, through the dissemination of information posters, brochures, press materials, TV, and radio broadcasts.

It is worth emphasizing that at this level of mental health protection, the safety and well-being of Poles is also very important, as they are a host society and essentially contribute to community attitudes and social relations. Ukrainian citizens fleeing the war join this society. Mental health workers can actively engage in education, participate in the preparation of information materials, and respond to invitations to educational and information programs on the radio and TV. As mental health specialists, they can disseminate reliable knowledge about mental health, e.g., coping with stress, and thus reduce the tension that may arise in society. A useful tool that can be downloaded for free, available in many languages, including Polish, Ukrainian, and Russian is EmotionalAid<sup>4</sup> – stress coping scheme. It is a collection of exercises that are an effective response to various levels of stress. Presentation and practice with training participants of the five steps of coping with stress according to the proposed scheme, provides the opportunity to apply these methods independently in various stressful situations.

### Psychological First Aid (PFA)

Psychological First Aid (PFA) is an important resource developed by the World Health Organization, War Trauma Foundation and World Vision International (2022) that can help educate mental health care workers and other essential staff working on the first level of welcoming refugees [20]. Its aim is to ensure safety of both refugees and the community supporting them, facilitate access to the appropriate resources and

<sup>4</sup> <https://emotionaid.com/home/toolkit/>

help respond appropriately to those affected by an emergency situation. Information on PFA is publicly available<sup>5</sup>.

## **Level 2. Community and family supports**

The majority of people escaping from hostilities are women, children, and the elderly, who, as mentioned, are more vulnerable to danger and violence. It may happen that, for various reasons, some family members travel alone. While escaping from Ukraine to Poland, many children were looked after by strangers, sometimes by chance. Many children were orphaned because of the hostilities. On the one hand, it is very important to support refugee families by giving them the opportunity to contact, meet, live together, and find their family members. On the other hand, it is worth supporting social groups, e.g., religious, neighborhood, local, and professional, to build a network of mutual support and daily help.

### Supporting parent-refugees

In the case of entire families fleeing war, adults need support not only in caring for their children but also in dealing with their own emotions and protecting their own and their children's mental health. Educational workshops (e.g., on how stress works and how to shape appropriate and effective ways of coping with stress) may be helpful. Emotionally stable caregivers are a significant resource for children and adolescents. Such workshops can be carried out in support centers for refugees, but also in schools, kindergartens, community centers and parishes. It is important for them to be integrated in the everyday life and places where refugees are likely to meet and have regular activities. Workshops can be conducted on-site or online. The latter form requires appropriate equipment and access to the Internet, which is not always possible. Yet, it gives a chance to benefit from the training for people from outside urban cities or those who have difficulties in getting around.

Daytime centers for children are very useful, where in quiet, safe conditions, under the supervision of professional educators, children can spend time, meet other children, play, and learn. During this time, mothers have the opportunity to complete formalities, work, or rest.

### Functioning in accordance with own culture and beliefs

Efforts should be made to ensure that refugees can, as far as possible, continue a way of life consistent with their culture and beliefs and have contact with people who

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<sup>5</sup> <https://apps.who.int/iris/bitstream/handle/10665/352503/WHO-EURO-2022-37325-37325-63907-pol.pdf?sequence=1&isAllowed=y>.

speak their language (Ukrainian or Russian). This is especially important, for example, in the process of experiencing loss and in mourning. For instance, religious centers and groups that can receive refugees and provide support for them, play an important role here. It is important that people working with refugees understand these needs and are aware of them. Cultural differences are often visible in this area, so knowing them can be very helpful in the support process.

#### Training of NGO employees and volunteers supporting refugees

Such training could include, among others, the main principles of protection against violence, ways of coping with one's own emotions, basics effective communication, and positive psychology. All these elements should allow for better coping with the tension and experiences related to the support of refugees. They can be very important resources or support existing ones. Training can take place in an institution that organizes help and be dedicated to a given group of employees/volunteers or be in the form of support groups organized, for example, by specialists working in mental health centers or universities. Many of these employees had not previously dealt with people struggling with these kinds of difficulties – i.e., with a direct threat to health and life and the trauma of warfare. People working in support professions may themselves feel overwhelmed and overburdened by the scale of the phenomenon. Therefore, important guidelines and training activities have been developed that should help reduce the stress caused by this experience, such as the Psychosocial Dimension of the Refugee Condition – Synergic Approach [15].

#### Support for education staff

Education staff must have appropriate tools that can be implemented in the process of including and integrating children at all levels of the education system [21]. It is therefore crucial to ensure good practices in the education process through special training concerning working with refugees and to share information about working with refugee students and pupils among the education staff (e.g., supervisions). There are ready-made, free materials worth studying, such as *Dzieci-uchodźcy. Standardy, narzędzia diagnozy i wsparcie psychologiczne* [22].

#### Enabling refugees to learn Polish and find and maintain employment

Knowing the language of the country of residence strengthens the sense of security and control. Professional activity, in turn, facilitates coping with the stress of war and gives a sense of agency and effectiveness.

### Supporting cooperation between refugees and Polish society

Joint charity events, concerts, and social gatherings during which it is possible to learn about the traditions and elements of culture and art of both nations can help such integration.

### Supporting cultural integration

Cultural integration should take place by introducing Poles to Ukrainian culture, and refugees to Polish culture. It should be emphasized that the refugees themselves should be involved in the activities supporting refugees. At this level of caring for well-being, it is very important to cooperate with the Ukrainians themselves, who can share their ways of coping, helping others to strengthen their sense of agency, but also offer suggestions to Poles regarding what type of support for refugees would be the most adequate and effective, because they can more easily and accurately assess the current needs of their compatriots, knowing the cultural nuances and differences in mentality. At this stage, the key is to understand the current needs of refugees and adequately respond to them.

### **Level 3. Focused, non-specialized supports**

This type of support is provided by a family doctor, social workers, teachers, clergy i.e., specialists in fields other than mental health protection, as well as volunteers working daily, e.g., in many non-governmental organizations. The emotional support is mainly aimed at reducing tension [23], thanks to which the individual can better cope with the situation and try to solve everyday problems. This type of support may be provided to refugees by various specialists working with them in various places in Poland – starting from reception points and ending with workplaces where refugees are employed. Acceptance and calmness of the support person can be very important and sufficient to adequately help, and this type of activity does not have to be realized by mental health professionals. Firstly, there are not enough specialists to provide emotional support for everyone in a war situation. Secondly, it is a type of skill and help that can be delivered by anyone on a one-to-one basis. It is important to prepare supporters, for which the materials presented below may be helpful.

Wilson et al. [24] document the importance of involving nurses and interdisciplinary teams to facilitate a comprehensive response for the needs of refugees worldwide. The systematic review and meta-analysis by Turrini et al. [25] (2019) provides ample evidence on the effectiveness of psychosocial interventions, which to a large extent involved peer providers and non-specialized personnel.

### Effective ways to deal with stress

These methods are useful for everyone in their daily life and can be passed on to the supported people – refugees. A valuable source of materials is Self-Help Plus (SH+) [26] which is a group-based course for stress management aimed at adults. Additionally, *Doing What Matters in Times of Stress* [27] is also a brief educational tool on how to respond to adversity addressing practical skills and providing concrete exercises on coping with stress.

#### Information on counteracting violence and protection against abuse (e.g., sexual abuse)

As mentioned, refugees have often experienced and/or witnessed violence in their own country. Protection from further harm is key. Training materials have been developed by specialists [14] and are freely available<sup>6</sup>.

#### Peer-provided emotional support addressing problems related to anxiety, depression and PTSD

Problem Management Plus (PM+), developed by the World Health Organization [28] in 2016, has since been widely tested in various settings, with documenting the effectiveness of the intervention [29-31]. It requires rigorous training and supervision and can be implemented to help adults experiencing distress. Both an individual as well as a group version has been developed. It involves psychoeducation on mental health problems as well as concrete strategies based on Cognitive Behavioral Treatment (CBT) principles, relating to behavioral activation, stress management and problem solving. A similar intervention aimed at adolescents is being tested, called Early Adolescent Skills for Emotions (EASE) [32].

#### Training of employees and volunteers supporting refugees, including refugees among them, in mental health promotion

Knowing how to strengthen mental health as well as the symptoms of various mental health disorders makes it possible to identify mental health crises in refugees and helpers and thus redirect them to mental health specialists for professional diagnosis and treatment. This is further discussed in the WHO document from 2016 entitled the mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders in non-specialized health settings [33]. An important tool for implementing scalable, low-intensity interventions aiming for quality assurance and

<sup>6</sup> <https://interagencystandingcommittee.org/system/files/2021-03/IASC%20Guidelines%20for%20Integrating%20Gender-Based%20Violence%20Interventions%20in%20Humanitarian%20Action%2C%202015.pdf>.

competence building among non-specialist is EQUIP<sup>7</sup>. It involves e-learning courses, tools for monitoring competence development and role-play-based training relating to foundational helping skills and other competencies. EQUIP has also been found effective in implementing various tools for psychosocial support [34, 35].

#### **Level 4. Specialized services**

This level of intervention includes support from mental health specialists, e.g., psychiatrists, clinical psychologists, and psychotherapists and enables the treatment of refugees with mental health disorders, e.g., in connection with the trauma during hostilities (e.g., PTSD). It is important to remember that among those who come to Poland there are also those who have been experiencing a long-term mental health crisis or chronic somatic and neurological diseases. Minas and Lavdas [36] emphasize the lack of psychosocial rehabilitation services experienced in host countries around the world relating to refugees and migrants with severe mental illness. Such a population would require systematic treatment and medical and therapeutic care in Poland. Therefore, of importance are:

- (a) Creating centers where refugees can receive psychiatric and psychological support, both for children and adolescents, as well as families and adults.
- (b) Cooperation with the existing centers and health centers, which, having developed infrastructure, can support the mental health of refugees.
- (c) Cooperation with the private sector and non-governmental organizations that can support government activities financed by the National Health Fund.

It is important that the offered assistance is not one-off or limited in time (e.g., only for two months). When opening places of support and treatment for refugees, a long-term action plan should be prepared. Suddenly stopping support for procedural reasons is an additional source of stress and can have a negative impact on mental health. However, if the funds for support guarantee short-term activities, it is very important that the people benefiting from such assistance are informed about it from the beginning and are aware of how long they can count on support and what to expect in each place.

Addressing sustainability, it is important to consider how scalable, low-intensity interventions can be implemented in collaboration with existing services. In such a way, trained professionals or volunteers can still carry out some activities, even when strictly project-bound funding has stopped. Building such expertise within community-based organizations, municipalities or even more specialized health care units can ensure the continuity of care for refugees [2].

<sup>7</sup> <https://equipcompetency.org/en-gb>.

## Conclusions

The Polish government has pledged to help refugees from Ukraine, including the provision of mental health care until the end of 2022 [6]. Raising awareness of the whole society and training employees from sectors other than medical may help in the proper protection of mental health of refugees and the people supporting them. Dividing the organization of mental health care into the four levels described above and offering support depending on the needs, ranging from building a basic sense of security, acceptance, and support for meeting the needs of refugees, to the level of highly specialized psychological and psychiatric assistance, enables the use of the resources of the entire society and specialists in an appropriate manner. By activating refugees themselves and training employees and volunteers of various sectors and fields of support, the goal of mental health promotion is spread across many environments, which mental health professionals themselves cannot cope with in these new, difficult conditions. Therefore, key recommendations are:

1. To provide diagnosis and treatment by clinical psychologists, psychiatrists, and psychotherapists to people in a mental health crisis and to integrate trained and supervised non-specialists. It is estimated that 22% of those affected by conflict may develop mental health disorders. Introducing a stepped care model in mental health may facilitate prevention of mental disorders through treatment of emotional distress in the community (self-help groups, focused psychosocial interventions) while also providing clear pathways for specialist care to those that require such help. Such support is both evidence of good practice as well as ethical based, on the values of safety and doing no harm, respect for the dignity of each person and acceptance.
2. Widespread dissemination of information on mental health and its promotion, which is helpful for all refugees and the communities supporting them. There are materials and tools that can strengthen communication skills, coping with emotions and stress, and one's own well-being, which is crucial in the process of helping others. The available information can also be used in everyday work with refugees.
3. Cross-sectoral and institutional cooperation and coordination of activities. The quality of the support offered depends on the preparation of specialists, but also on their cooperation. Mental health is a value that in many areas (family, school, work, place of residence) can be strengthened, but also weakened or threatened. Therefore, it is very important that workers in various sectors have a basic understanding of mental health and its protection, and the ability to react appropriately in a mental health emergency.
4. Training and sharing reliable knowledge on mental health, as well as verification of the work of people supporting refugees. It is the task of mental health specialists, research centers and academic institutions, who, using their competences, can transfer and update knowledge, and carry out research and produce evidence on effective support for refugees and people providing help to this population.

5. Using the experience of practitioners and researchers from other countries who helped refugees, victims of war in the previous years (e.g., Greece, Israel). Adapting the available materials to Polish and Ukrainian context, both linguistic and cultural, can be very helpful and increase the effectiveness of the support. Many intervention manuals as well as WHO documents and other guidelines for establishing and providing appropriate help are officially translated in Ukrainian, Russian and Polish, additionally to their English versions.
6. Prioritizing collaborative practices in mental health care. Actively engaging people who share common experiences and backgrounds with refugees as well as their caregivers is in line with scalable, peer-led approaches in mental health as well as in the refugee field.

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