Building a veteran support system in Ukraine from scratch, and amid limited resources during the ongoing war

Summary of key findings and recommendations from the 13th and 14th International Sakharov Conferences in Lithuania that brought together over 1,500 experts, mental health professionals, military and veterans (from Ukraine and abroad), civil society organizations as well as government officials.[1]

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The war in Ukraine has put approximately one in four Ukrainians at risk of mental disorders. This includes an increased prevalence of substance use and somatic problems, as well as a higher risk of PTSD and depression.

From experiences with veterans in other countries, 2/3 of those involved in combat consequently suffer from mental health challenges. Minor symptoms will fade away with time, but up to 10% will develop severe mental injuries, such as severe depression, recurrent panic attacks, post-traumatic stress disorder (PTSD) or others, that need continuous medical and psychiatric care. Children of parents with PTSD are also at an increased risk of developing mental health problems.

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[1] How to Win a Lasting Peace, May 18-19, 2023 – report at https://fgip-global.org/wp-content/uploads/2024/08/a5-report-conference-en-ok-1.pdf and Hidden Wounds of War, May 21-23, 2024 – report at https://fgip-global.org/wp-content/uploads/2025/01/A5_Hidden_Wounds_Report_final-1.pdf

Most mental health professionals are concentrated in specialized care facilities, such as mental health hospitals or dispensaries, narcological or psychoneurological dispensaries and institutions. Before the war, there were 58 psychiatric hospitals in Ukraine and 148 psychoneurological internats, of which 10% to 15% have been destroyed since the full-scale invasion. Probably up to one-third of the medical personnel has fled the country of whom many will not return.

Although reforms have been implemented in recent years, in spite of the war, the institutionalization of persons with severe mental health challenges in Ukraine's existing facilities is still the norm, and not the exception.[2] In this system, people see their fundamental human rights constantly violated, with no possibility for redress. Those confined to social care homes are most likely to stay there for the rest of their lives.[3]

Ukrainian citizens have distrusted mental healthcare services since the Soviet Union because of the massive human rights abuses and the internment of dissidents in psychiatric institutions.[4] A 2021 study[5] of Ukrainian adults showed that 75 percent of respondents still "agreed that psychiatric hospitals seem more like prisons than places where the mentally ill can be cared for."

With regards to mental health and psycho-social support (MHPSS), a study in 2017[6] showed veterans in particular avoid seeking out MHPSS services due to stigma, with those who seek out support seen as "weak." Similarly, there is a persistent belief among veterans "that psychiatry is . . . a punitive system and a recommendation for psychiatric help is seen as a punishment."[7] While the need for MHPSS support is today much more recognized amongst military and veterans[8], many veterans feel they cannot fully trust or relate to MHPSS providers who have not previously served in the military.

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[2] **The *Lancet Psychiatry* Commission on mental health in Ukraine.** Pinchuk, Irina et al.; The Lancet Psychiatry, Volume 11, Issue 11, 910 – 933: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(24)00241-4/abstract

[3] FGIP carried out multiple assessments in the period 2015-2019 together with the Office of the Ombudsman for Human Rights of the Verkhovna Rada and later also with the Ministry of Social Policy, see e.g. https://fgip-global.org/wp-content/uploads/2024/06/ss-fin-eng-1.pdf

[4] See Van Voren, R,: Cold War in Psychiatry, Rodopi 2010. The political abuse of psychiatry in the USSR was most widespread in Ukraine and Russia and affected at least one-third of the political prisoners. Until 1988 more than ten million Soviet citizens were on a psychiatric register which greatly limited their social rights.

[5] www.ncbi.nlm.nih.gov/pmc/articles/PMC8127637/

[6] https://documents1.worldbank.org/curated/en/310711509516280173/pdf/120767-WP-Revised-WBGUkraineMentalHealthFINALwebvpdfnov.pdf

[7] https://documents1.worldbank.org/curated/en/310711509516280173/pdf/120767-WP-Revised-WBGUkraineMentalHealthFINALwebvpdfnov.pdf

[8] https://vmhce.knu.ua/en/mental-health-of-veterans-and-their-families-the-study-results-indicate-an-urgent-need-for-support/

Snapshot of current mental health support system of Ukrainian military and veterans

- Active Ukrainian soldiers and veterans with mental health challenges are currently treated in rehabilitation centers run by various ministries, as well as at private rehabilitation centers and abroad.

- Non-military frontline support staff continues to rely mostly on the existing general mental health rehabilitation services, only available in Ukrainian and Russian.

- In most rehabilitation centers, staff and mental health care professionals have not been sufficiently trained on the specific methodologies to treat trauma that affect soldiers, both military professionals and volunteers. Also, in most centers the focus is on physical rehabilitation with limited or no mental health care support.

- Secondary victimization/traumatization is likely when veterans suffer further harm not as a direct result of frontline experience but due to the manner in which institutions and other individuals deal with them

Areas for improvement in the country's systems and responses

The below list on shortcomings in and recommendations for Ukraine's mental health system has been defined and unanimously agreed upon by the conferences' participants and other experts from Western Europe and Ukraine in 2023[9]:

- **Investing in solutions that are quick to implement, with a strong component to be developed into long-term reforms:** The war exposed the slow and inadequate changes in the organization and functioning of various systems within Ukraine, including the mental health system. This highlights the importance of implementing timely and effective reforms to address the evolving needs of the population in general, and veterans in particular.

- **Developing a social support system:** The experience gained from the war emphasizes the need to study and learn from it to develop a comprehensive social support system that can effectively address mental health and psychosocial issues and replace outdated mental health systems. Very specific attention needs to be given to community care, and the role of veteran families, both spouses and children, in contributing to stronger mental health of veterans.

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[9] https://fgip-global.org/wp-content/uploads/2024/08/a5-report-conference-en-ok-1.pdf

- **Increasing understanding of mental health and trauma:** The war revealed a limited understanding of mental health and trauma within Ukrainian society, further emphasizing the importance of promoting awareness, education, and training on mental health- and trauma-informed policies and practices in the different fields (e.g. pedagogy, social work, rehabilitation, management, etc.) to better support those affected.

- **Developing a program of mobile mental health teams:** Lessons from the war have also demonstrated the value of mobile mental health services, which were organized since 2014 and have proven to be highly useful in 2022 as well. The implementation of online consultations and other innovative methods has become vital in the reformation of the mental health system, allowing for increased accessibility and flexibility in delivering mental health support.

- **Need for upgrading prison mental health system:** Addressing mental health needs requires recognizing the long-lasting effects of war on populations mental health, among other problems: mental distress, anxiety, possible violent behavior which might increase domestic and community violence and consequently – prison population. The prison system must efficiently address mental health needs of prisoners, and the prison mental health system in Ukraine needs rebuilding.

Roadmap to reform

Following the findings of 2023, participants, in 2024[10], defined the following roadmap to reform the mental health support system in Ukraine:

Work to rebuild Ukraine should be organized throughout three major blocks:
- health (physical, mental, dental, motoric skills, etc.);
- social-economic dimension (economic education and training, new qualifications and jobs); It will be important to enhance the number of professionals: those who underwent training may in turn provide training to the other providers of services.
- social and dignity needs of families and communities (such as places of residence, etc.).

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[10] https://fgip-global.org/wp-content/uploads/2025/01/A5_Hidden_Wounds_Report_final-1.pdf

While mental health is specifically address in the health block, it plays a vital role and can be find cross-cutting through the social-economic dimension and the needs of families and communities.

Given the limited resources available, strategies have been identified to be the most appropriate for Ukraine to build a holistic veteran support system in Ukraine. With regards to mental health, it is vital to:

1. **Adapt Existing Methods**
    *   Adapt evidence-based protocols to Ukraine's unique context, including transgenerational trauma, home-soil combat, non-military recruits, and female veterans; assess risks case-by-case without reinventing standards .
    *   Integrate veterans strategically from development phases via focus groups, peer networks, and shared treatment decisions with families; establish a hub linking NGOs.
    *   Promote shared decision-making for treatment plans, including families, and offer professional orientation courses for non-military background veterans.
    *   Develop low-risk immediate response strategies for trauma, focusing on self-treatment and de-escalation.
    *   Train non-specialists for psychosocial support (listening, rapport-building) and implement task-shifting or mid-link specialists to optimize personnel.

2. **Build Training and (Peer) Support**
    *   Prioritize peer-to-peer support for active combatants, veterans, and families, with certified training, supervision, and designated roles (e.g., one per platoon).
    *   Target diverse groups: active soldiers, wounded, disabled/elderly veterans, families (spouses/children separately), civilians near frontlines, and society at large.
    *   Deliver training before, during, and after deployment; create physical/digital hubs, interactive maps for accessibility, and state communication campaigns.
    *   Break stigma via psychoeducation, anti-bullying programs, correct language leaflets, and employer training for veteran hiring.
    *   Test methodologies in hospitals; leverage animal therapy, HR matching for disabled veterans, and family hubs for loss/grief.

3. **Conduct Targeted Research**
    *   Target research on soldiers/veterans (frontline vs. post-deployment), families/communities, gender differences, and societal perceptions; use mixed methods and longitudinal studies.

- Build multidisciplinary teams led by nationals, partnering with grassroot organizations/churches for outreach; prioritize trust-building and data protection.

4. **Enhance Integration**
   - Integrate military/civilian healthcare with clear pathways, mobile teams/telemedicine, peer programs, and reduced bureaucracy for mental health access.
   - Enhance family/community support via education, school awareness, sports/animal therapy, and community-based care over institutionalization.
   - Improve coordination: map NGO activities, refine legislation for demobilization/employment/disabled access, and launch public awareness campaigns.

Three-level mental health intervention analysis

The [Veteran Mental Health Center of Excellence (VMHCE)](#)[11] has been established in 2024 as an academic knowledge center by the Federation Global Initiative on Psychiatry (FGIP), the Taras Shevchenko National University of Kyiv and Kings College in London (UK), to play a leading contributing role to the implementation of the above mentioned strategies. The three focal areas of the center are research, methodology and training. The 2023 conference report functions as a roadmap for the further development of the VMHCE.

In 2025, the VMHCE published the results of the first independent research study based on a survey among military, veterans and their families (a second, much larger study is currently awaiting funding approval by the National Research Council):

- **Topic:** Assessment of mental health needs of military personnel, veterans, and their families during wartime.
- **Aim:** To identify current problems and needs in order to inform the improvement and planning of relevant support services.
- **Participants:**
   - 588 respondents (military personnel and their family members)
   - 25 focus group participants (veterans, widows, wives, and mothers of service members)

The study resulted in a three-level mental health intervention analysis that should serve as a baseline for policy development and support to build a holistic veteran mental health system in Ukraine:

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[11] https://fgip-global.org/wp-content/uploads/2025/01/A5_Hidden_Wounds_Report_final-1.pdf

3-level mental health intervention analysis

Intervention groups	Interventions for military and their support network **stationed at the front**	Interventions for **retired soldiers** and their support network	Intervention for **families** of soldiers, those who retired from service, or perished
	Soldiers on active duty: mental health care support provided by UAF **"Internationals"** fighting for Ukraine: no access to UAF mental health care support due to language barrier, no place or social network to go to where to relax and recover inbetween frontline missions	**Veterans**: rely on Ukraine public health care system that does not take into account direct frontline experiences **Veterans in conflict with the law**: Traumatized veterans with only little access to targeted rehabilitation unable to return to civilian have a high risk of committing crimes **Women veterans**: frontline experiences excarberated by physical violence such as sexual assault or harrassement, prevalence severe mental health challenges amongst women twice as high as among men	**Parents, partner, spouses:** constant worry for loved ones, loss of stability, possible secondary traumatization through understanding what their loved ones have experienced and empathetically sharing in their struggles **Children:** attachments are frequently disrupted due to the loss of parents, extreme preoccupation of parents in protecting and finding subsistence for the family, and emotional unavailability of depressed or distracted parents.

| National data collection on needs 2025 | **Support prioritites:**
Rehabilitation, housing, employment, disability, grief counseling, education, and peer support. Most respondents selected multiple areas of need with employment (46.2%) and mental health needs (45.4%) being constantly on top of the results. | **Support prioritites:**
Veterans were more likely than active-duty personnel to seek support from various organizations (50% vs. 19%), most commonly for housing, legal aid, mental health, and employment.

While veterans often turned to public services and community organizations, 65.2% felt their needs were only partially met. | **Support prioritites:**
Mental health support (46.5%) was the most cited need. Key challenges included high stress, loneliness, anxiety and depression, single parenting, and a lack of support.

Family members of military personnel and veterans prioritize services such as rehabilitation, mental health support, disability assistance, healthcare, grief counseling, and support groups.

For post-war needs, mental health support is the top priority for both individuals (66.9%) and families (55.2%), followed by healthcare services. |